

Decision Document

**House Appropriations Committee
Health and Social Services Subcommittee
2023 Session**

D11A0401
Office of the Deaf and Hard of Hearing

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Cost Estimates for Regulation of Interpreters: Fraudulent American Sign Language (ASL) interpretation inhibits deaf and hard of hearing individuals’ ability to access complete and accurate information critical to enable them to live safely and independently. Maryland lacks a statewide certification or registration requirement for ASL interpreters working in the State. Policy options put forth by the Office of Deaf and Hard of Hearing (ODHH) in response to committee narrative in the 2020 Joint Chairmen’s Report were to enact legislation that establishes a State licensing board managed by ODHH to ensure that interpreters working in Maryland hold proper certifications, amend existing statute to require ODHH to regulate ASL interpreters, develop a Maryland State quality assurance program or participate in the existing State of Texas Board for Evaluation of Interpreters certification program to assess interpreters’ skills and knowledge (a quality assurance effort rather than a licensing or regulatory program), or authorize through statute a right to action as a mechanism to hold fraudulent interpreters accountable.

The committees request that ODHH submit a report with the following information for each of the policy recommendations listed previously:

- the State agency that would lead or participate in implementation and management of any related functions;
- estimated costs to the State for each policy option; and
- potential challenges or drawbacks to implementing the recommended policies.

Information Request	Author	Due Date
Cost estimates for options to regulate interpreters	ODHH	August 31, 2023

D12A02
Department of Disabilities

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Concur with Governor's allowance.

Concur.

D26A07
Department of Aging

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Program Participation and Waitlists: Preliminary fiscal 2023 data suggests that during the first half of the fiscal year, waitlists in Senior Care, the Senior Assisted Living Subsidy (SALS), and the Congregate Housing Services Program (CHSP) increased, and participation in each program decreased despite increased funding for each program. The committees are interested in continuing to monitor the waitlists in these programs. The Maryland Department of Aging (MDOA) should submit a report with data as of June 30, 2023, with the following information:

- the number of individuals on waitlists for Senior Care, SALS, CHSP in each of the local Area Agencies on Aging (AAA) that provide these services;
- the number of individuals participating in Senior Care, SALS, and CHSP in each of the local AAAs that provide these services;
- amount of funding allocated to each local AAA for each program with waitlists (Senior Care, SALS, CHSP) in fiscal 2023;
- actual local AAA expenditures on each program in fiscal 2023, including funding that may have been realigned between programs;
- MDOA-approved fiscal 2024 spending plans by jurisdiction for these programs; and
- strategies MDOA will adopt to support AAAs to reduce waitlists and how fiscal 2024 funding will support these efforts.

Information Request	Author	Due Date
Report on waitlists and program participation	MDOA	September 29, 2023

D26A07
Department of Aging

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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2. Adopt the following narrative:

Concur.

Update on Federal Stimulus Spending: As of December 2023, the Maryland Department of Aging (MDOA) reports that the local Area Agencies on Aging (AAA) had spent 60% of its Coronavirus Response and Relief Supplemental Appropriation (CRRSA) award, which expires September 2023. As of December 2023, MDOA has not shared its spending plan or actual expenditures of American Rescue Plan Act (ARPA) funding, which expires September 2024. The committees are interested in monitoring MDOA’s ongoing efforts to ensure that these funds are spent prior to expiration. As a result, the committees request that MDOA submit two reports with an update on MDOA’s spending plan for the remaining stimulus funding. MDOA should submit a report with data as of August 1, 2023, and February 1, 2024, with the following information:

- expenditures to date by source of federal stimulus funding for the CRRSA and the ARPA by AAA; and
- fiscal 2024 spending timelines by local AAA and MDOA administrative costs of CRRSA and ARPA funds.

Information Request	Author	Due Date
Update on federal stimulus spending	MDOA	September 1, 2023 March 1, 2024

D27L00
Maryland Commission on Civil Rights

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Employee Recruitment and Retention Update: The Maryland Commission on Civil Rights (MCCR) indicates that high workloads and inability to offer competitive salaries to investigative staff impede recruitment and retention efforts. The committees request that MCCR submit a report providing the following information:

- number of individuals by classification that have left the agency fiscal 2020 through the close of fiscal 2023;
- length of tenure in dates;
- analysis of the reasons given by employee for leaving, if available;
- number of these individuals by fiscal year leaving the agency that took a comparable position, if available; and
- description of recruitment and retention efforts undertaken in fiscal 2022.

Information Request	Author	Due Date
Employee recruitment and retention update	MCCR	September 15, 2023

D27L00
Maryland Commission on Civil Rights

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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2. Adopt the following narrative:

Concur.

Update on Backlogged and Open Cases: The Maryland Commission on Civil Rights (MCCR) most recently reported a backlog of 273 cases that have yet to be assigned to an investigator. As of October 2022, there were 435 open cases, 431 of which were unresolved for more than one year. The committees request a report providing an update with the following data as of July 1, 2023:

- current number of open and pending cases, by case type;
- number of cases that have been unresolved for more than one year;
- average case processing times by case type for fiscal 2023;
- number of filled investigator staff positions and caseload size by unit; and
- current average staff to caseload ratios by case type and a comparison to the staff to caseload ratios held at similar offices in other jurisdictions.

Information Request	Author	Due Date
Update on backlogged and open cases	MCCR	September 15, 2023

D53T00
MD Institute Emergency Medical Services Systems

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Concur with Governor's allowance.

Concur.

D78Y01
Maryland Health Benefit Exchange

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

No response.

State Innovation Waiver Applications: The Maryland Health Benefit Exchange (MHBE) has indicated that it is considering submitting additional State Innovation Waiver applications, including to extend the State Reinsurance Program. Given the implications of these waivers on the activities of the agency and the budget for the agency, the committees are interested in remaining informed of MHBE’s activities in these areas. The committees request that MHBE notify the committees of any applications for State Innovation Waivers that it submits during fiscal 2024 and the financial decision of those applications.

Information Request	Author	Due Date
Notification of applications for State Innovation Waivers and decisions on those applications	MHBE	As needed, within 20 days of any application and decision on any application

2. Adopt the following narrative:

No response.

Reinsurance Program Costs and Forecasts: The committees are interested in monitoring the costs of the State Reinsurance Program and future funding needs. The committees request that the Maryland Health Benefit Exchange (MHBE) submit a report that provides an updated forecast of spending and funding needs.

Information Request	Author	Due Date
Reinsurance program costs and forecast	MHBE	September 30, 2023

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Add the following language to the general fund appropriation: Concur.

Further provided that \$100,000 of this appropriation made for the purpose of administrative expenses may not be expended until Maryland Department of Health (MDH) submits a report to the budget committees detailing ongoing operational impacts of the cybersecurity incident on agency operations including specifically the impacts on the licensing and renewal activities of the Health Professional Boards and Commissions. The report should include for the impact on Health Professional Boards and Commissions information on the number of licenses, renewals, and investigations that were delayed as a result of the incident as well as how MDH assisted the boards in addressing challenges in licensing processing and completing investigations that resulted from the impact of the incident on the systems of the Health Professional Boards and Commissions. The report shall be submitted by September 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall be reverted if the report is not submitted to the budget committees.

Explanation: The 2022 Joint Chairmen’s Report included committee narrative requesting a report on the impact of the cybersecurity incident on the Health Professional Boards and Commissions. As of February 15, 2023, this report has not been submitted. This language restricts funds in the Executive Direction Program of MDH pending a report on any ongoing impacts on agency operations of the incident as well as specific information on the impact on the Health Professional Boards and Commissions.

Information Request	Author	Due Date
Report on ongoing operational impacts of the cybersecurity incident	MDH	September 1, 2023

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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2. Add the following language to the general fund appropriation:

Concur in part. Agency requests a due date of December 15, 2023.

Further provided that \$250,000 of this appropriation made for the purposes of Executive Direction may not be expended until the Maryland Department of Health (MDH) submits a report to the budget committees on staffing vacancies throughout MDH. The report shall address barriers to attracting and maintaining staff, including:

- (1) a comparison of compensation at MDH and other comparable administrative positions at the federal and local levels;
- (2) a comparison of compensation of direct care staff to other private and nonprofit health care settings;
- (3) an evaluation of the impact of recent annual salary review adjustments and any other compensation benefits or incentives offered by MDH;
- (4) discussion of recruitment and retention strategies for the MDH workforce; and
- (5) the potential long-term impacts of the Facilities Master Plan on MDH staffing alignment.

The report shall be submitted by August 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The committees are concerned about the persistently high vacancy rates in MDH. Language in the fiscal 2023 Budget Bill restricted funds pending a report on the reasons for vacancies and efforts to recruit and retain employees, which was to be submitted October 1, 2022. As of February 2, 2023, the report had not been submitted. As of December 31, 2022, the vacancy rate in the MDH Administration was 13.32%, overall higher than the same period the prior year, with high vacancy rates found in both direct care institutions and administration. This language restricts funds pending

M00A01
MDH Administration

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a report on barriers to recruitment and retention throughout MDH, including salary comparisons to other similar positions elsewhere in government or in different private or nonprofit care settings.

Information Request	Author	Due Date
MDH staffing and salary study	MDH	August 1, 2023

3. Add the following language to the general fund appropriation: Concur.

Further provided that \$250,000 of this appropriation made for the purposes of Executive Direction may not be expended until the Maryland Department of Health submits a report to the budget committees on the time to placement for court-involved patients and efforts to improve the timeliness of placement to align with statutorily required timeframes. The report shall be submitted by July 1, 2023, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The budget committees were concerned with the increasing delays seen in the placement for court-involved patients. Language in the fiscal 2023 Budget Bill restricted funds pending a report on this topic to be submitted by October 1, 2022, but as of February 13, 2023, had not been submitted. The legislative mandates have been in place since fiscal 2019 requiring individuals who are either incompetent to stand trial (IST) or not criminally responsible (NCR) to be admitted within 10 business days. While this mandate was largely met in the first year, subsequent years have had longer placement times for IST/NCR patients, and according to Managing for Results data, performance declined further in fiscal 2022. This language restricts funding pending a report on the reasons for placement delays and the efforts being made to improve the timeliness of placement for NCR/IST patients within the legislatively mandated 10-day period.

M00A01
MDH Administration

<u>Amount</u> <u>Change</u>	<u>Position</u> <u>Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House</u> <u>Decisions</u>	<u>Senate</u> <u>Decisions</u>
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Information Request	Author	Due Date
Efforts made to improve timeliness of NCR/IST placements	Maryland Department of Health	July 1, 2023

4. Add the following language to the general fund appropriation: Concur.

Further provided that \$100,000 of this appropriation made for the purposes of Executive Direction may not be expended until the Maryland Department of Health submits a report on patient and staff safety, including how the Managing for Results data and measures are collected and calculated. The report shall be submitted by September 1, 2023, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: Committee narrative in the 2022 Joint Chairmen’s Report requested that the Maryland Department of Health (MDH) submit a report on efforts to improve reporting on measures of patient and staff safety and recommendations for uniform measures of patient and staff safety. Although updated Managing for Results (MFR) data was submitted for fiscal 2024, as of February 13, 2023, MDH had not submitted the associated report and there is no description of how the data for the measure is collected and processed to produce the reported rate data in the MFR.

Information Request	Author	Due Date
Uniform reporting of patient and staff safety measures	MDH	September 1, 2023

M00A01
MDH Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
5. Reduce funds for the acceleration of provider rate increases. The funding in the fiscal 2024 allowance was provided for the full fiscal year, while the effective date of the \$15 minimum wage would be October 1, 2023. This action reduces the funding for acceleration of provider rate increases by 25% to align funds with the effective start date of the new requirement.	-\$ 54,558,322 GF -\$ 48,795,855 FF		Concur in part. The agency states they are currently working with DBM regarding this adjustment.		

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CP 1. Reduce funds for the acceleration of provider rate increases. The funding in the fiscal 2024 allowance was provided for the full fiscal year. This action reduces the funding for acceleration of provider rate increases by 50% to provide a January 1, 2024 date for the acceleration of the provider rate increase.	- \$109,116,644 GF -\$ 54,558,322 - \$97,591,710 FF -\$ 48,795,855				
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CP 2. Modify the following language on the general fund appropriation:

, provided that ~~\$109,116,644~~~~218,233,288~~ of this appropriation is contingent upon enactment of legislation accelerating the implementation of Maryland’s minimum wage law

Explanation: This action is a technical amendment to align the funding that is contingent on legislation with the action taken to reduce the appropriation to provide the provider rate increase on January 1, 2024.

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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CP 3. Modify the following language on the federal fund appropriation:

, provided that \$~~97,591,710~~^{95,183,419} of this appropriation is contingent upon enactment of legislation accelerating the implementation of Maryland’s minimum wage law

Explanation: This action is a technical amendment to align the funding that is contingent on legislation with the action taken to reduce the appropriation to provide the provider rate increase on January 1, 2024.

6. Adopt the following narrative:

Concur.

Opioid Restitution Fund (ORF) Revenues and Expenditures: The Maryland Department of Health (MDH) has reported a schedule of payments into the ORF and to local jurisdictions in fiscal 2023 resulting from the Janssen and Distributors lawsuit settlement. The Office of the Attorney General (OAG) has also published a full schedule and table of distributed funds across jurisdictions for this specific settlement. However, there are several other lawsuits that have been settled, including the McKinsey & Company and Purdue Pharma lawsuits for which there are records of contribution to the ORF, including in information published by OAG. Therefore, the committees request that the MDH submit a report including the following:

- a summary history of settlements that have contributed to the ORF since its institution in 2019 and a schedule of settlement funds received and anticipated separately by settlement and fiscal year;
- a breakdown of settlement fund distribution across local and State governments separately by settlement and fiscal year; and
- how ORF funds, if any, were used by State agencies in fiscal 2019 through 2022. This description should include the program and subprogram where the described expenditures occurred; and

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- actual and projected closing fund balances for fiscal 2022 through 2024.

Information Request	Author	Due Date
ORF revenues and expenditures	MDH	October 1, 2023

7. Add the following language to the general fund appropriation: Concur.

Further provided that \$100,000 of this appropriation made for the purposes of hospital administration may not be expended until the Maryland Department of Health (MDH) submits a report on the number of applications and admissions for chronic care hospitals and the Holly Center, including the following information:

- (1) the number of applicants, by program, service line, and facility separately by year since calendar 2017;
- (2) the number of these applicants, by program, service line, and facility who were ultimately admitted to these facilities separately by year since calendar 2017;
- (3) for applicants not admitted, the top reasons for failure to admit, by program, service line, and facility, separately by year since calendar 2017;
- (4) efforts being made by MDH, if any, to increase program participation and number of applicants into programs at these facilities;
- (5) overall licensed bed capacity by program, service line, and facility annually separately by year 2017; and
- (6) average daily staffed bed capacity by program, service line, and facility separately by year since calendar 2017.

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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The report shall be submitted by August 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The committees are interested in the number of applicants seeking admission into either of the State’s chronic care hospitals at Deer’s Head Hospital Center (DHHC) and Western Maryland Hospital Center (WMHC) as well as the Holly Center. In particular, the committees are interested in the share of applicants to these facilities that ultimately receive services, the extent to which outstanding need exists for these services, and what efforts can be made to increase service utilization. Committee narrative in the 2022 Joint Chairmen’s Report requested a report on this information, which was due on July 1, 2022. As of February 13, 2023, this report had not been submitted. This language restricts funds pending a report on the applications, admissions, and bed capacity for the chronic care hospitals and Holly Center.

Information Request	Author	Due Date
Report on applicants and capacity at WMHC, DHHC, and Holly Center	MDH	August 1, 2023

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CP 4. Adopt the following narrative:

Security Attendant Training: The committees are interested in learning more about changes in the training provided to security attendants. The committees request that the Maryland Department of Health (MDH) submit a report on changes in training for security attendants, including:

M00A01
MDH Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- information on the types of training options provided for security attendants, any differences in the training options by types of curriculum, and reasons for any changes in training options in recent years;
- how many individuals select each training option;
- impacts of the differences in training on roles as a security attendant (if any); and
- the number of security attendants by facility MDH plans to hire in fiscal 2024.

Information Request	Author	Due Date
Report on correctional training for security attendants	MDH	July 1, 2023

M00B0103
MDH Office of Health Care Quality

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
1. Reduce general funds and federal funds to reflect an increase in the budgeted turnover rate for existing positions from 0% to 7%.	-\$ 1,229,405 GF -\$ 530,325 FF				Disagree.	
2. Adopt the following narrative:					Disagree.	

Survey Activities and Reporting Following Ransomware Attack: The December 4, 2021 ransomware attack on the Maryland Department of Health significantly impacted the Office of Health Care Quality (OHCQ) due to employees losing access to the database used to manage survey and certification activities until May 3, 2022. The committees are concerned that OHCQ is delayed in reporting fiscal 2022 actual survey activities through its annual Managing for Results (MFR) submission. Therefore, the committees request that OHCQ provide a status update and timeline for restoring office operations and meeting reporting requirements. This status update should include the fiscal 2022 actual survey data that is reported in OHCQ's annual MFR submission.

Information Request	Author	Due Date
Report on survey activities following ransomware attack	OHCQ	October 1, 2023

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CP 1. Adopt the following narrative:

Medication and Diagnosis Reporting in Nursing Homes and Assisted Living Facilities: The committees are interested in medication and diagnosis reporting practices in nursing homes and assisted living facilities in Maryland. Therefore, the committees request that the Maryland Department of Health (MDH) submit a report on data collection and reporting requirements related to medication and diagnosis. In the report, MDH should:

M00B0103
MDH Office of Health Care Quality

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- review State and federal reporting requirements on diagnosis and medication usage and prescribing in Maryland nursing homes and assisted living facilities;
- provide data gathered by Maryland nursing homes and assisted living facilities on diagnosis and medication usage and prescribing for the latest three calendar years available;
- review statutory and regulatory changes in other states that allow for more transparency related to medication and diagnosis data and reporting in nursing homes and assisted living facilities, including changes to data reporting systems and any other operational changes; and
- offer recommendations for statutory, regulatory, and operational changes that would improve data collection and reporting on medication and diagnosis in Maryland nursing homes and assisted living facilities.

Information Request	Author	Due Date
Report on medication and diagnosis reporting in nursing homes and assisted living facilities	MDH	November 1, 2023

M00B0104
MDH Health Professional Boards and Commissions

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
1.	Add the following language to the special fund appropriation: <u>, provided that \$150,000 for the Board of Dental Examiners, made for the purposes of the Health Professional Boards and Commissions, may not be expended until the Maryland Department of Health submits a report addressing steps being taken to ensure the Board of Dental Examiners can meet its initial licensing, renewal, and investigation timeliness goals, including information on the specific actions being taken to improve performance in each of these years and, if applicable, revised data covering the fiscal 2018 through fiscal 2022 performance for each measure if the prior submitted data is determined to be inaccurate. The report shall be submitted by July 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall be canceled if the report is not submitted to the budget committees.</u>				

Disagree. The report was submitted after the analysis was published.

Explanation: The Board of Dental Examiners has not been able to meet their established timeliness goals for initial licensing and renewals, and investigations over the last five fiscal years. This language restricts funding budgeted for the Board of Dental Examiners until the Maryland Department of Health (MDH) submits a report to the budget committees on the steps being taken to assist the board in reaching their Managing for Results (MFR) goals and corrects any data that may be inaccurate.

Information Request	Author	Due Date
Report on the Board of Dental Examiners MFR Goals	MDH	July 1, 2023

M00F
MDH Public Health Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
1. Add the following language to the general fund appropriation:			Concur in part. The agency concurs, but requests a report due date of December 15, 2023 (instead of November 1, 2023).		
<u>, provided that \$250,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits a report to the budget committees on public health personnel recruitment and retention. The report shall include:</u>					
(1) <u>an analysis of the causes of public health staffing shortages at the State and local health department (LHD) levels;</u>					
(2) <u>LHD vacancy rates as of June 2020, 2021, 2022, and 2023;</u>					
(3) <u>an evaluation of how the State’s COVID-19 pandemic response activities impacted recruitment and retention of State and LHD personnel;</u>					
(4) <u>a discussion of salary enhancements, programs, and any other strategies that the department is implementing to recruit and retain public health staff;</u>					
(5) <u>an evaluation of how the department spent COVID-19-related federal funds to expand, recruit, and train the public health workforce, including any performance measures or data collected on how this funding filled vacant slots and improved retention; and</u>					
(6) <u>a discussion of any partnerships or programs with higher education institutions to recruit students and recent graduates to work for the department.</u>					
<u>The report shall be submitted by November 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.</u>					

M00F
MDH Public Health Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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Explanation: The budget committees are concerned by the vacancy rate in the Maryland Department of Health (MDH), specifically the vacancies among the public health workforce both at the State and local levels. This language restricts funding until MDH submits a report with data on MDH and LHD staffing levels and evaluations of how recent salary adjustments and COVID-19-related federal funds to strengthen the public health workforce have worked in filling vacant positions and improving retention, among other information.

Information Request	Author	Due Date
Report on public health personnel recruitment and retention	MDH	November 1, 2023

2. Adopt the following narrative: Concur.

Report on Status of Accreditation and Autopsy Backlog: The Office of the Chief Medical Examiner (OCME) holds full accreditation from the National Association of Medical Examiners (NAME) through May 2023. As of January 2023, OCME is in violation of NAME’s standard for a maximum medical examiner (ME) to caseload ratio of 325 autopsies per year, which puts maintaining OCME’s full accreditation in jeopardy. While not mandatory to conduct medical examinations, being accredited by NAME improves the public’s trust that the office is performing its work in a proper environment and limits questions about the validity of MEs’ findings at trials. Therefore, the committees request that OCME prepare a report with an update on its caseload to ME ratio and the office’s accreditation status as of July 15, 2023. The report should include:

- the outcome of NAME’s inspection, if it has taken place by the time of report deadline, or anticipated inspection date;
- the steps OCME has taken or plans to take to address the Phase II violation related to the high caseload ratio;

M00F
MDH Public Health Administration

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- the current ME to caseload ratio;
- the number of vacant ME positions; and
- an updated recruitment and retention strategy.

Information Request	Author	Due Date
Report on status of accreditation and autopsy backlog	OCME	August 30, 2023

3. Adopt the following narrative: Concur.

Report on the Public Health Services Data Modernization Project: The Maryland Department of Health (MDH) has funding for a new Public Health Services Data Modernization Project. MDH has said that the project will focus on delivering data-related initiatives that result in more relevant, accurate, timely, and efficient data to support the needs of day-to-day public health practice across four domains of health information system assessment; data exchange and interoperability; data governance; and data analytics, visualization, and reporting. As of this writing, additional details have not been submitted regarding the scope, timeline, and schedule for the project. Therefore, the committees request that MDH prepare an update on the project implementation, including:

- project objectives and goals;
- specifications of the project, such as intended product, output, functionality, and anticipated benefits;
- project timeline with major milestones; and

M00F
MDH Public Health Administration

Amount **Position** **Agency Response Hearing Notes** **House** **Senate**
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- intended users of the system, identifying MDH agencies and types of roles who will engage with the system.

Information Request	Author	Due Date
Report on the Public Health Services Data Modernization Project	MDH	August 1, 2023

M00F03
MDH Prevention and Health Promotion Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

No response.

Operating Costs of Mobile COVID-19 Vaccine Clinics and Missions: The committees are interested in receiving information regarding the cost of contracting with third-party vendors, excluding State-affiliated, county, and local partners, for mobile COVID-19 vaccine clinics and missions to improve vaccine uptake. This information was also requested in the 2022 Joint Chairmen’s Report; however, a report had not been submitted as of February 8, 2023. The committees request that the Maryland Department of Health (MDH) submit a report to the committees and the Joint Audit and Evaluation Committee on operating costs for vaccine clinics and missions held in calendar 2021, 2022, and 2023 year to date, including:

- the cost per mobile vaccine clinic/mission operated by third-party nongovernmental vendors in each calendar year, including costs by fund type, available federal fund sources used to support these vaccination efforts, and costs broken out by use of funds (such as personnel, vaccine supplies, transportation, contractual services, and any other costs); and
- the cost per COVID-19 vaccine dose administered at a mobile vaccine clinic/mission operated by third-party nongovernmental vendors by fund type.

Information Request	Author	Due Date
Report on mobile COVID-19 vaccine clinics and missions	MDH	August 1, 2023

2. Adopt the following narrative:

No response.

Ready Reserve for Laboratory Testing: The committees requested in the 2022 Joint Chairmen’s Report that the Maryland Department of Health (MDH) submit a report regarding the State’s readiness to scale up laboratory testing in response to

M00F03

MDH Prevention and Health Promotion Administration

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new COVID-19 variants and surges as well as potential other pandemics, disease outbreaks, or bioterrorism attacks. As of February 8, 2023, MDH had not provided a report. Therefore, the committees request that MDH submit a report on the feasibility of establishing a ready reserve of Clinical Laboratory Improvement Amendment licensed laboratories in the State, including how laboratories would maintain the following resources:

- laboratory testing equipment and facilities; and
- laboratory personnel, including but not limited to, full- or part-time staff and on-call staff who periodically train, practice, and participate in drills and exercises to rapidly respond to emergencies that require a surge in clinical laboratory testing.

Information Request	Author	Due Date
Report on ready reserve for laboratory testing	MDH	August 1, 2023

3. Adopt the following narrative: Concur.

Medicaid Claiming in School-based Health Centers (SBHC): The committees are concerned that the Maryland Department of Health (MDH) identified multiple structural barriers preventing SBHCs from successfully billing Medicaid for somatic and behavioral health services provided to students. Therefore, the committees request that MDH submit a report on Medicaid claims for SBHCs and SBHC grant allocations. The report should include:

- an analysis of Medicaid claims for SBHC services in calendar 2021, 2022, and 2023 year-to-date, including the number of SBHCs that bill through Medicaid;

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MDH Prevention and Health Promotion Administration

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|---|--------------------------|----------------------------|--------------------------------------|----------------------------|-----------------------------|
| <ul style="list-style-type: none"> ● efforts by MDH to expand Medicaid claiming for SBHC services and specific program changes or activities that have limited the impact of barriers for SBHCs billing Medicaid; ● fiscal 2023 and 2024 SBHC grant allocations by jurisdiction and by use, specifying how many new SBHCs were established with grant funding in both fiscal years; and ● the number of SBHCs operating as of July 1, 2023, by jurisdiction. | | | | | |

Information Request	Author	Due Date
Report on Medicaid claiming in SBHCs	MDH	October 1, 2023

M00L
MDH Behavioral Health Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Add the following language to the general fund appropriation: Concur.

, provided that \$500,000 of this appropriation made for the purposes of executive direction may not be expended until the Maryland Department of Health submits a report to the budget committees on the recoupment of overpayments and forgiveness of overpayments to providers. The report shall be submitted by January 14, 2024, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The nearly eight-month estimated payments period required due to the failed launch of the new Administrative Services Organization resulted in overpayments to providers originally estimated to be \$360 million. The Maryland Department of Health (MDH) has been managing the ongoing recoupment and forgiveness to providers for these overpayments, and the remaining balance to be recouped stands at \$112 million. MDH plans to complete recoupment in December 2023. This language restricts funding pending a report on the closeout status of recoupment and timeline data of total amount recouped per month for the full recoupment period lasting August 2020 through December 2023.

Information Request	Author	Due Date
Report on provider overpayment recoupment and forgiveness	MDH	January 14, 2024

2. Add the following language to the general fund appropriation: Concur.

Further provided that \$100,000 of this appropriation made for the purposes of executive direction may not be expended until the Behavioral Health Administration submits statewide data on telebehavioral health utilization in the Public Behavioral Health System. The data shall be submitted with the Managing for Results (MFR) submission for the fiscal 2025 budget, and the budget committees shall have 45 days

M00L
MDH Behavioral Health Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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from the date of the receipt of the MFR submission to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: Telebehavioral health utilization in rural areas saw notable increases during the pandemic. In order to form a clearer picture of telebehavioral health service needs across the State, the budget committees included committee narrative in the 2022 Joint Chairmen’s Report requesting that the Maryland Department of Health (MDH) Behavioral Health Administration submit expanded MFR data for statewide utilization of telebehavioral health services. This language restricts funding pending the submission of statewide data on telebehavioral health utilization across the State.

Information Request	Author	Due Date
Statewide telebehavioral health utilization	MDH	With the submission of the fiscal 2025 MFR data

3. Add the following language to the general fund appropriation: Concur.

Further provided that \$100,000 of this appropriation made for the purposes of program direction may not be expended until the Behavioral Health Administration submits a report to the budget committees on patient access to Medication Assisted Treatment (MAT) in the Public Behavioral Health System. The report should include detail on the prevalence of MAT providers by jurisdiction and a discussion of barriers to the access or further availability of MAT for individuals with substance use disorders. The report shall be submitted by September 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

M00L
MDH Behavioral Health Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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Explanation: The General Assembly is interested in information on the availability and prevalence of MAT statewide as well as any barriers to access to MAT. This language restricts funding pending a report on the prevalence of MAT providers by jurisdiction and any barriers to access.

Information Request	Author	Due Date
Availability of access to MAT	Behavioral Health Administration	September 1, 2023

4. Adopt the following narrative: No response.

Provider Reimbursement Data: The committees are interested in better understand the spending on provider reimbursements by service type for spending outside of the Medicaid Behavioral Health Provider Reimbursements program. The committees request that the Maryland Department of Health (MDH) provide reports including data on provider reimbursements by service type separately for provider reimbursement spending in M00L01.02 (Community Services) and M00L01.03 (Community Services for Medicaid State Fund Recipients). The reports should include data through September 1 for the first report, December 31 for the second report, and March 31 for the third report. The data should be provided for fiscal 2024 and the same period for the two prior fiscal years. The first report should also include final fiscal 2023 data by service type separately for M00L01.02 and M00L01.03 along with the data for the prior two fiscal years.

Information Request	Author	Due Date
Non-Medicaid provider reimbursement	MDH	September 30, 2023 January 20, 2024 April 20, 2024

M00L
MDH Behavioral Health Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
5.	Add the following language to the general fund appropriation:		No response.		

Provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.03 Community Services for Medicaid State Fund Recipients or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements. Funds not expended or transferred shall be reverted or canceled.

Explanation: This language restricts the entire appropriation for substance use disorder treatment, uninsured treatment, or other community service grants for that purpose or for provider reimbursements in M00L01.03 Community Services for Medicaid State Fund Recipients or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements.

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CP 1. Add the following language to the general fund appropriation:

, provided that \$70,000,000 of this appropriation for infrastructure investments may only be expended for one-time investments. Further provided that \$1,800,000 of this appropriation made for the purpose of infrastructure improvements may be expended only for renovation and expansion of existing hospital services at Brook Lane Hospital to improve access to care of youth in need of inpatient hospitalization. Funds not expended for one-time infrastructure investments including for renovation and expansion of existing hospital services at Brook Lane Hospital may not expended for any other purpose and shall revert to the General Fund.

Explanation: This action restricts the use of the behavioral health infrastructure investments to one-time purposes. This action also specifically restricts \$1.8 million of these funds to be used for renovation and expansion of existing hospital services at Brook Lane Hospital.

M00L
MDH Behavioral Health Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
6. Add the following language to the general fund appropriation:			Disagree. The plan is being discussed with DBM, and MDH will share it as soon as possible.		

, provided that \$50,000,000 of this appropriation made for the purpose of behavioral health investments may not be expended until the Maryland Department of Health submits a report to the budget committees outlining specific programmatic uses and corresponding allocations of the funds. The report should include details on how the funds will be used to address specific needs, including the timeliness of court placements, youth in hospital overstays, crisis service expansion, and any other newly determined goals. The report shall be submitted by July 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The fiscal 2024 budget includes funding for unspecified behavioral health investments. The General Assembly is interested in understanding the use of this funding, with details on the allocation of funds by use including addressing youth in hospital overstays, timely court-involved patient placement, and expansion of crisis services, or any other priority. This language restricts the funding behavioral health investments pending submission of a report on the planned uses of the funds.

Information Request	Author	Due Date
Planned uses of funding for behavioral health investments	Maryland Department of Health	July 1, 2023

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CP 2. Add the following language to the general fund appropriation:

Further provided that \$50,000,000 of this appropriation made for the purpose of behavioral health investments may not be expended until the Maryland Department of Health submits a report to the budget committees outlining specific **one-time** programmatic uses and corresponding allocations of the funds. The report should

M00L
MDH Behavioral Health Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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include details on how the one-time funds will be used to achieve the department's goals for behavioral health improvements on how the funds will be used to address specific needs, including the timeliness of court placements, youth in hospital overstays, crisis service expansion, and any other newly determined goals. The report shall be submitted by July 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The fiscal 2024 budget includes funding for unspecified behavioral health investments. The General Assembly is interested in understanding the use of this funding, ~~with details on the allocation of funds by use including addressing youth in hospital overstays, timely court involved patient placement, and expansion of crisis services, or any other priority.~~ This language restricts a portion of the funding for behavioral health investments pending submission of a report on the planned uses of the funds.

Information Request	Author	Due Date
Planned uses of funding for behavioral health investments	Maryland Department of Health	July 1, 2023

- | | | | |
|----|--|-------------------|--|
| 7. | <p>Reduce the general fund appropriation for behavioral health infrastructure investments to reflect availability of federal funds for this purpose. American Rescue Plan Act (ARPA) funds of \$20 million for the Mental Health Block Grant and Substance Abuse Block grant remain unspent and are not included in the fiscal 2024 budget. The department is authorized to process a budget amendment replacing the reduction with the \$20 million in remaining ARPA grants.</p> | -\$ 20,000,000 GF | <p>Disagree. The ARPA awards already have an approved budget and plan submitted to the U.S. Substance Abuse and Mental Health Services Administration and any changes need federal approval.</p> |
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M00L
MDH Behavioral Health Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
8. Add the following language to the general fund appropriation:			No response.		
<p><u>Provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.02 Community Services or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements. Funds not expended or transferred shall be reverted or canceled.</u></p> <p>Explanation: This language restricts the entire appropriation for Medicaid State Funded Mental Health Services for that purpose or for provider reimbursements in M00L01.02 Community Services or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements.</p>					
9. Add the following language to the general fund appropriation:			No response.		
<p><u>Provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.03 Community Services for Medicaid State Fund Recipients or M00L01.02 Community Services. Funds not expended or transferred shall be reverted or canceled.</u></p> <p>Explanation: This language restricts the entire appropriation for Medicaid behavioral health provider reimbursements for that purpose or for provider reimbursements in M00L01.03 Community Services for Medicaid State Funded Recipients or M00L01.02 Community Services.</p>					
10. Reduce the general fund appropriation made for provider reimbursements due to enrollment trends.	-\$ 40,000,000 GF		Disagree. The agency believes there is uncertainty in future enrollment trends.		

M00L
MDH Behavioral Health Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
11. Reduce the fiscal 2023 deficiency appropriation in the Community Services program for provider reimbursements which overstates costs due to a budgeting error.	-\$ 14,000,000	GF	Disagree. The agency is working with DBM to address this item in a supplemental budget.		
12. Reduce the general fund share of the fiscal 2023 deficiency appropriation in Medicaid Behavioral Health provider reimbursements which overstates costs due to a budgeting error.	-\$ 86,000,000	GF	Disagree. The agency is working with DBM to address this item in a supplemental budget.		

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CP 3. Add the following language to the general fund appropriation:

, provided that \$100,000 of this appropriation made for the purpose of program direction may not be expended until the Maryland Department of Health submits the report required under Section 7.5-209 of the Health – General Article on behavioral health services data for children and young adults that was due on December 1, 2022. The report shall be submitted by July 1, 2023, to the Senate Budget and Taxation Committee, Senate Finance Committee, House Appropriations Committee, and House Health and Government Operations Committee. The budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The committees are concerned that required data reports on children’s behavioral health services have not been submitted since 2019. This language restricts funding pending a report and submission of the report that was due on December 1, 2022, as required by Section 7.5-209 Health – General, on behavioral health services data for children and young adults.

M00L
MDH Behavioral Health Administration

		<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
Information Request	Author						
Annual report on behavioral health services for children	Behavioral Health Administration						
			Due Date				
			July 1, 2023				

M00M
MDH Developmental Disabilities Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Add the following language: No response.

, provided that no funds in the Community Services program may be expended for the purpose of transitioning additional providers into the Long Term Services and Supports (LTSS) system until the Maryland Department of Health (MDH) submits a report to the budget committees detailing the number of providers and participants to be transitioned in fiscal 2024 and the estimated increase in payments to the providers if any forecast as a result of the transition to LTSS. MDH shall certify in the report that adequate funds are included in the fiscal 2024 budget to cover the expected increase in provider payments from the transition planned during the fiscal year. This report should include transition dates and expected costs by service type. The report shall be submitted by July 1, 2023.

Explanation: The budget committees continue to be concerned about the costs associated with the transition to LTSS and the timeline for transition. This language restricts funds in the Community Services program for the purpose of transitioning new providers into the LTSS system until a report has been submitted detailing the providers and participants to be transitioned in fiscal 2024 and the estimated increase in payments to providers.

Information Request	Author	Due Date
Report on the transition and cost of providers and participants transitioned to the Long Term Services and Supports system	MDH	July 1, 2023

2. Add the following language to the general fund appropriation: Concur.

, provided that since the Developmental Disabilities Administration (DDA) has had four or more repeat audit findings in the most recent fiscal compliance audit issued by the Office of Legislative Audits (OLA), \$100,000 of this agency's administrative appropriation may not be expended unless:

M00M
MDH Developmental Disabilities Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
(1)						
<u>DDA has taken corrective action with respect to all repeat audit findings on or before November 1, 2022; and</u>						
(2)						
<u>a report is submitted to the budget committees by OLA listing each repeat audit finding along with a determination that each repeat finding was corrected. The budget committees shall have 45 days from the receipt of the report to review and comment to allow for funds to be released prior to the end of fiscal 2024.</u>						

Explanation: The Joint Audit and Evaluation Committee has requested that budget bill language be added for each unit of State government that has four or more repeat audit findings in its most recent fiscal compliance audit. Each agency is to have a portion of its administrative budget withheld pending the adoption of corrective action by the agency, and a determination by OLA that each finding was corrected. OLA shall submit a report to the budget committees on the status of repeat findings.

Information Request	Author	Due Date
Status of corrective actions related to the most recent fiscal compliance audit	OLA	45 days before the release of funds

3. Add the following language to the general fund appropriation:

Further provided that \$100,000 of this appropriation made for the purpose of administrative expenses may not be expended until the Maryland Department of Health (MDH) submits a report to the budget committees regarding (1) the reasons for the fiscal 2022 decline in the percent of people served by Developmental Disabilities Administration's (DDA) community services programs who were enrolled in a DDA Medicaid waiver program and (2) efforts to increase the percent of individuals served through DDA waivers. The report shall be submitted by July 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending receipt of these reports may not be transferred by

No response. Agency did not reference the restriction, but has asked to submit updated data.

M00M
MDH Developmental Disabilities Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: In fiscal 2022, the share of individuals served by DDA in community services programs who were enrolled in a DDA waiver program dropped by 10 percentage points. When individuals are not served in waiver programs, federal fund reimbursements are not provided, and the State loses access to additional sources of funding. This language restricts funds budgeted for administration until MDH submits a report to the budget committees explaining the decline in community services participants being served in all DDA waivers.

Information Request	Author	Due Date
Report on decline in community services participants being served in all DDA waivers	MDH	July 1, 2023

ADDITIONAL DLS RECOMMENDATION

Add the following language to the general fund appropriation:

1. , provided that \$100,000 of this appropriation made for the purpose of administrative expenses may not be expended until the Maryland Department of Health (MDH) submits a report to the budget committees on the status of the people served by Developmental Disabilities Administration’s (DDA) community services program who were enrolled in a DDA Medicaid waiver program. The report should include:
 - (1) the number of individuals served in the community services program;
 - (2) the number of those enrolled in the DDA waiver program separately by waiver;

M00M
MDH Developmental Disabilities Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
(3) <u>the percent of individuals served through DDA waivers;</u>					
(4) <u>a comparison of the fiscal 2024 Managing for Results (MFR) data as submitted with the budget and any revised data showing changes to the total number of individuals served and the numbers enrolled in waivers, including explanations for the difference; and</u>					
(5) <u>a discussion of how the data is expected to be submitted going forward to ensure an accurate count.</u>					

Explanation: MDH reported that the MFR data that was provided to the Department of Legislative Services was incorrect and subsequently provided revised data. The committees remain interested in the status of individuals served across DDA’s waiver programs as well as the accuracy of the data provided. This language would restrict \$100,000 until MDH submits a report discussing the program and reconciles the data initially provided with any revised data.

Information Request	Author	Due Date
Report on updated MFR data related to the community services waiver program	MDH	July 1, 2023

4. Add the following language to the general fund appropriation: No response.

Further provided that \$1,000,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health (MDH) submits a report each quarter to the budget committees regarding the ongoing transition to a fee-for-service (FFS) reimbursement system and spending forecasts for the Developmental Disabilities Administration (DDA) Community Services program transitions. The report shall include:

(1) a timeline for forecasting general fund spending in the Community Services program based on actual utilization and reimbursement billed through the

M00M
MDH Developmental Disabilities Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
<u>Long Term Services and Supports (LTSS) system following the transition to an FFS model, including a discussion of how the spending will be forecast during the transition period;</u>					
(2)	<u>utilization by service type, including the number of claims and claims spending in LTSS to support the general fund forecasting;</u>				
(3)	<u>if available, MDH spending forecasts by year;</u>				
(4)	<u>the number of individuals receiving DDA-funded services and providers transitioned to the LTSS system, including the timing of the transition including those transitioned in fiscal 2024 to date;</u>				
(5)	<u>a cost analysis of the rates paid to providers that were transitioned to the LTSS system as part of the LTSS pilot program and how DDA's reimbursements compare to estimated payments that would have been made under the prospective payment model;</u>				
(6)	<u>a breakdown of providers transitioned to LTSS by size of provider; and</u>				
(7)	<u>an updated timeline for transition of individuals and providers to the LTSS system.</u>				

The reports shall be submitted quarterly, \$250,000 may be available to be released following the submission of each report, and the budget committees shall have 45 days from the date of the receipt of each report to review and comment. Funds restricted pending receipt of these reports may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: DDA is overhauling its Community Services system by implementing new service definitions, establishing new rates based on an FFS reimbursement model, and transitioning to Medicaid's existing LTSS system for billing and service authorization. These changes should improve DDA's data collection and spending

M00M
MDH Developmental Disabilities Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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forecast abilities compared to the current prospective payment model. This language restricts funds budgeted for administration until MDH submits quarterly reports to the budget committees on the transition to the system and spending forecasts following the transition to a new rate structure.

Information Request	Author	Due Date
Report on Community Services utilization data collection and spending forecasts	MDH	July 1, 2023 October 1, 2023 January 1, 2024 April 1, 2024

5. Add the following language: No response.

All appropriations provided for program M00M01.02 Community Services are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose.

Explanation: The Maryland Department of Health has previously reported increasing net general fund transfers out of the Developmental Disabilities Administration Community Services program, mainly to cover shortfalls elsewhere in the department. This annual language restricts funds appropriated to the Community Services program to that use only and prevents budgetary transfers.

M00Q01
MDH Medical Care Programs Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the reports are not submitted to the budget committees.

Explanation: This language restricts funds budgeted for administrative purposes until the Maryland Department of Health (MDH) submits quarterly reports with data and status updates related to the Medicaid and Maryland Children’s Health Program eligibility redetermination process.

Information Request	Author	Due Date
Quarterly reports on Medicaid and Maryland Children’s Health Program eligibility redetermination	MDH	July 15, 2023 October 15, 2023 January 15, 2024 April 15, 2024

2. Add the following language to the general fund appropriation: No response.

Further provided that \$250,000 of this appropriation made for the purpose of administration in the Office of the Deputy Secretary for Health Care Financing may not be expended until the Maryland Department of Health (MDH) Medical Care Programs Administration submits a report, in consultation with the MDH Behavioral Health Administration and MDH Developmental Disabilities Administration, on current Medicaid rates, rate enhancements, and rate-setting studies. The report shall include the following information for each provider type:

- (1) a timeline for when the current rate structure and rates were determined;
- (2) the method for determining and establishing the current rate structure and rates, including whether a rate-setting study was conducted (and if not, the reason for a rate-setting study not being conducted), and a discussion of how actual provider expenditures were taken into account in setting rates;
- (3) a summary of recent rate increases and enhancements;

M00Q01
MDH Medical Care Programs Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
(4)	<u>the status of any ongoing rate-setting studies and plans for future rate-setting studies; and</u>				
(5)	<u>a description of any federal requirements affecting the rate structure, such as whether rates must be actuarially sound, must cover certain costs, or cannot differ across certain service types, geographic locations, or provider types.</u>				

The report shall be submitted by October 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: This language restricts funds budgeted for administrative purposes until MDH submits a report on current Medicaid rate structures and rate-setting studies. The report shall provide information on rates for all provider types funded through the Medical Care Programs Administration (Medicaid), Behavioral Health Administration (BHA), and Developmental Disabilities Administration (DDA) separately, including disaggregating provider types within each administration. Language in the fiscal 2023 Budget Bill also restricted funds pending the submission of a report on Medicaid rates and rate-setting studies, but MDH had not provided the requested report as of February 20, 2023.

Information Request	Author	Due Date
Report on Medicaid rates and rate-setting studies	Medicaid BHA DDA	October 1, 2023

M00Q01
MDH Medical Care Programs Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
3. Add the following language:						
<p><u>Provided that all appropriations provided for program M00Q01.03 Medical Care Provider Reimbursements are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose except that funds may be transferred to program M00Q01.07 Maryland Children’s Health Program. Funds not expended or transferred shall be reverted or canceled.</u></p> <p>Explanation: This budget language restricts funding for Medical Care Provider Reimbursements to that purpose only and prevents budgetary transfers to any program except M00Q01.07 Maryland Children’s Health Program.</p>						
4. Reduce general funds within the Medicaid program and authorize a budget amendment to be processed to replace these funds with special funds in recognition of available Cigarette Restitution Fund support. This reduction in Cigarette Restitution Fund balance would maintain an estimated fiscal 2024 closing balance of \$4.2 million.	-\$ 15,000,000	GF			Disagree.	
5. Reduce funding for Medicaid reimbursements based on reduced enrollment and hospital services spending expectations.	-\$ 70,000,000	GF			Disagree.	
	-\$ 45,000,000	FF				

ADDITIONAL DLS RECOMMENDATIONS

Add'l	Reduce funding for Medicaid reimbursements based	-\$115,000,000	GF
1.	on reduced enrollment and hospital services spending expectations.	\$ 70,000,000	
		-\$ 45,000,000	FF

M00Q01
MDH Medical Care Programs Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
Addl' Reduce funding in the fiscal 2023 proposed deficiency	-\$15,000,000	GF				
2. appropriation for Medicaid reimbursements based Managed Care Organization recoveries from the calendar 2020 risk corridor.						
6. Adopt the following narrative:						Concur.
<p>Community First Choice (CFC) Program and Home- and Community-based Options (Community Options) Waiver Financial and Registry Data: Recent efforts to expand home- and community-based services have led to significant increases in CFC program expenditures, including spending under the Community Options waiver. The committees request that the Maryland Department of Health (MDH) submit two reports on CFC program spending. The reports should include monthly enrollment, utilization, and cost data that aligns with actual budget expenditures under the CFC program, and the initial report should include data that reconciles to actual spending in fiscal 2022 and 2023. Each report should also provide:</p> <ul style="list-style-type: none"> ● the number of Community Options waiver slots filled in fiscal 2023 and fiscal 2024 year to date; ● the number of Community Options waiver applications sent to individuals on the registry each month and the results of that outreach (including the number of applications returned and processed); ● updates on changes to registry operations to improve efficiency in taking individuals off of the registry and efforts to determine financial and medical eligibility for individuals while they remain on the registry; ● the number of individuals on the Community Options waiver registry; and 						

M00Q01
MDH Medical Care Programs Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- an update on any activities or efforts to implement the plan to reduce the Community Options waiver registry by 50% submitted to the General Assembly in February 2023.

Information Request	Author	Due Date
Report on CFC program and Community Options waiver financial and registry data	MDH	August 1, 2023 December 1, 2023

7. Adopt the following narrative: No response.

Rate Adjustments for Dental Services under the Medical Assistance (Medicaid) Program: The committees are interested in the Maryland Department of Health’s (MDH) implementation of a reimbursement rate increase for dental services covered under Medicaid in fiscal 2023. The committees request that MDH submit a report by December 1, 2023, that includes:

- the percentage increase in Medicaid reimbursement rates for dental services overall and by service type budgeted in fiscal 2023 over fiscal 2022 dental rates and fiscal 2024 over fiscal 2023 dental rates;
- a comparison of fiscal 2024 Medicaid dental rates and commercial insurance rates for dental services in Maryland;
- a comparison of fiscal 2023 and 2024 rate increases for Medicaid dental services and recent rate increases for other Medicaid medical services; and
- additional adjustments to Medicaid dental rates that would need to be considered as part of the implementation of a permanent adult dental services benefit under the Medicaid program.

M00Q01
MDH Medical Care Programs Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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This report was also requested in the 2022 Joint Chairmen’s Report, but as of February 20, 2023, MDH had not submitted a report.

Information Request	Author	Due Date
Report on reimbursement rates for dental services under Medicaid	MDH	December 1, 2023

8. Adopt the following narrative: No response.

Employed Individuals with Disabilities (EID) Program Eligibility Requirements:

The EID Program, also known as the Medicaid Buy-in, extends medical assistance to working Marylanders with disabilities. Individuals ages 18 to 64 are eligible if they meet certain work and income requirements, with the income of the individual’s spouse included in eligibility determination. The fiscal 2023 budget included \$4.6 million to expand EID Program eligibility by removing the current income threshold of 300% of federal poverty guidelines and allowing both the income of an individual and individual’s spouse to be disregarded during the eligibility determination process. Considering the eligibility expansion, the committees request that the Maryland Department of Health (MDH) submit a report on the EID Program including:

- the actual EID Program enrollment in fiscal 2021, 2022, 2023, and 2024 year to date, noting the number of participants enrolling and remaining enrolled in the program due to recent eligibility expansion and the number of participants by age grouping including 18 to 59 and 60 and older;
- the actual number of EID Program participants who were disenrolled and applicants who were denied due to turning 65 years old, not meeting maximum age requirements, surpassing the income eligibility threshold, and surpassing the asset threshold, reported separately by reason and by month in fiscal 2022, 2023, and 2024 year to date;

M00Q01
MDH Medical Care Programs Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- the actual number of EID Program participants that reported getting married or otherwise updated their income for eligibility determination to include their spouse’s income, reported separately by month in fiscal 2022, 2023, and 2024 year to date;
- the projected EID Program enrollment in fiscal 2024 for individuals ages 65 and older and ages 16 to 18, if program eligibility were extended to these groups;
- the actual EID Program expenditures in fiscal 2022, 2023, and 2024 year to date, with expenditures for eligibility expansion labeled separately;
- the actual EID Program expenditures in fiscal 2023 and projected EID Program expenditures in fiscal 2024, with expenditures for eligibility expansion labeled separately in both years; and
- a timeline and description of how EID Program eligibility was expanded in fiscal 2022 and 2023.

This report was also requested in the 2022 Joint Chairmen’s Report, but as of February 20, 2023, MDH had not submitted a report.

Information Request	Author	Due Date
Report on EID Program eligibility requirements	MDH	January 15, 2024

M00Q01
MDH Medical Care Programs Administration

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
9.						

Provided that all appropriations provided for program M00Q01.07 Maryland Children’s Health Program are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose except that funds may be transferred to program M00Q01.03 Medical Care Provider Reimbursements. Funds not expended or transferred shall be reverted or canceled.

Explanation: This budget language restricts funding for the Maryland Children’s Health Program to that purpose only and prevents budgetary transfers to any program except M00Q01.03 Medical Care Provider Reimbursements.

COLOR PAGE ITEMS

CP 1. Adopt the following narrative:

Home and Community-based Options (Community Options) Waiver Care Plan Backlog: During the 2023 session, the Maryland Department of Health (MDH) reported a backlog in reviewing and approving care plans for the Community Options Waiver. The committees are concerned about the impacts of this backlog on waiver participants and home- and community-based services (HCBS) providers, such as delays in receiving HCBS and increased risk of hospitalization. Therefore, the committees request that MDH submit monthly reports beginning July 1, 2023, on the progress in addressing the outstanding care plan backlog. The report should discuss current efforts underway and recommendations to address the care plan backlog, including the feasibility of allowing medical adult day care center and other HCBS nurses to temporarily review care plans. Additionally, the report should detail the following information by county:

- the average number of days to approve a care plan;
- the total number of pending care plans at the beginning of each month;

M00Q01
MDH Medical Care Programs Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- the number of new care plans received in the prior month; and
- the number of care plans approved by the end of the prior month.

Information Request	Author	Due Date
Report on the Community Options Waiver care plan backlog	MDH	July 1, 2023, and monthly thereafter

CP 2. Adopt the following narrative:

Remote Services Model for Adult Medical Day Care: The committees are interested in understanding the Maryland Department of Health’s (MDH) efforts, in consultation with the Medical Adult Day Care Advisory Committee, to develop a remote services model for medical adult day care clients and centers. Therefore, the committees request that MDH submit a report on the progress in developing the remote services model for medical adult day care and applying for federal approval.

Information Request	Author	Due Date
Report on a remote services model for adult medical day care	MDH	October 1, 2023

M00R01
MDH Health Regulatory Commissions

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Evaluation of the Maryland Primary Care Program (MDPCP): Given the role of MDPCP in transforming care in the State under the Total Cost of Care (TCOC) model, the committees request information on the effectiveness of the program. In particular, this evaluation should focus on cost savings from MDPCP reducing unnecessary utilization or hospitalization for patients participating in MDPCP over the increased expenditures from provider incentives. The evaluation should include reporting on the racial and ethnic diversity of the program, any efforts to improve minority representation in the program, and improve data collection on racial and ethnic diversity of providers. The evaluation should also consider existing disparities in primary care access and ways in which the State can address these disparities. Further, given the anticipated benefits that the outcome-based credits have against MDPCP’s care management fees, the committees are interested in aggregate costs of the care management fees against TCOC, the amount that outcome-based credits have discounted these expenses, and MDPCP’s contribution to the achievement and maximization of the current and future outcome-based credits and other population health goals.

Information Request	Author	Due Date
Evaluation of MDPCP	Health Services Cost Review Commission	October 1, 2023

N00A01
DHS Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Add the following language to the general fund appropriation: Concur.

, provided that \$100,000 of this appropriation made for the Office of the Secretary may not be expended until the Department of Human Services (DHS) submits a report to the budget committees detailing the department’s efforts to improve oversight of the local department of social services (LDSS) to ensure compliance with State law and regulations and DHS policy as well as improve oversight of procurement processes as included as a repeat finding in the fiscal compliance audit of Local Department Operations released by the Office of Legislative Audits in March 2022. The report shall also detail steps LDSS are taking to resolve repeat audit findings identified in the March 2022 fiscal compliance audit. The report shall be submitted by November 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall be canceled if the report is not submitted to the budget committees.

Explanation: Due to concern over repeat audit findings, the Joint Audit and Evaluation Committee has requested language restricting funds until repeat audit findings are resolved. Given the unique nature of the Local Department Operations audit, which reviews DHS Office of Inspector General audit reports on each LDSS, this language represents a modification to the standard language. This language restricts funds within the Office of the Secretary pending information on efforts by the department to improve oversight of LDSS as well as information on the steps taken by LDSS to address the repeat audit findings.

Information Request	Author	Due Date
Report on efforts to improve oversight of LDSS	DHS	November 1, 2023

N00A01
DHS Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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2. Adopt the following narrative: Concur.

Recruitment and Retention Strategy Update: The Department of Human Services (DHS) is experiencing departmentwide vacancy rates nearly double its vacancy rates from fiscal 2019. Given the agency’s recent adoption of multiple recruitment and retention efforts, the committees request that DHS submit a progress update on the impact of its strategy. The report should include the following information:

- a summary of DHS’ new recruitment marketing strategy, including recommendations from the marketing consultant;
- the status of the update to qualification requirements for the child support specialist job series;
- detail on how the department reallocated savings from higher than budgeted vacancies and how much of these savings were reverted or canceled; and
- a compensation comparison of similar jurisdictions of positions with the highest vacancy rates.

Information Request	Author	Due Date
Recruitment and retention strategy update	DHS	November 1, 2023

3. Adopt the following narrative: Concur.

Report on External Utilization of the Maryland Total Human Services Integrated Network (MD THINK): The Department of Human Services (DHS) began the MD THINK project in fiscal 2017 and, as of December 2022, has completed the transition phase of the project for its department. Other State agencies, including

N00A01
DHS Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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agencies within the Maryland Department of Health, have also transitioned to using MD THINK as their information technology platform. To understand the extent agencies besides DHS could benefit from the new system, the committees request that DHS submit a summary of external agency participation with MD THINK. The report should include:

- list of non-DHS agencies that have transitioned, or plan to transition to, the MD THINK platform;
- implementation timeline for the identified potential transitions agencies, including the transition of the Department of Juvenile Services into the Child, Juvenile, and Adult Management System; and
- cost estimates for the transition phase for each agency.

Information Request	Author	Due Date
Report on external utilization of MD THINK	DHS	September 1, 2023

N00B
DHS Social Services

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Hospital Stays by Youth in Out-of-home Placements: The committees continue to be concerned about children and youth experiencing stays in emergency rooms or inpatient hospital settings longer than is medically necessary. Data has been requested on hospital stays by youth in out-of-home placement for several years. In an effort to continue to monitor this issue, the committees request that the Department of Human Services (DHS) submit a report that provides for each month of the period October 2022 through September 2023:

- the number of youths in out-of-home placements served in emergency rooms for psychiatric evaluation or crisis and the average length of stay (ALOS) by month;
- the number of youths in out-of-home placement served separately by medical hospitals and inpatient psychiatric hospitals and ALOS by month;
- the number of days that youth in out-of-home placements served in hospitals were in the hospital longer than was deemed medically necessary by either the hospital or a judicial finding separately by type of hospital; and
- the placement type after discharge separately by type of hospital, including identifying the number of youths placed out-of-state after discharge for fiscal 2023.

Information Request	Author	Due Date
Report on hospital stays, average length of stay, and placement after discharge	DHS	December 1, 2023

N00B
DHS Social Services

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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2. Adopt the following narrative:

Concur.

Implementation of Provisions of the Family First Prevention Services Act (FFPSA): The committees are interested in being updated on steps taken to continue efforts to implement evidence-based prevention practices and other services under provisions of the FFPSA and the outcomes of those programs and services for families served through the child welfare system. The committees request that the Department of Human Services (DHS) submit a report including:

- a list of all evidence-based practices being implemented through fiscal 2023, including data on jurisdiction and number of families or children served during the fiscal year, and any changes planned for evidence-based practices being implemented during fiscal 2024;
- a discussion of how DHS evaluates these programs, including the outcomes achieved and the effectiveness at preventing occurrences of maltreatment for each program;
- the current number of providers in the State that have received designation as a Qualified Residential Treatment Program (QRTP) to allow for federal reimbursement under the FFPSA, including if any additional providers received this designation during fiscal 2023;
- the status of the approval of the State’s revised Cost Allocation Plan; and
- a description of activities completed and outcomes achieved in fiscal 2023 in relation to the Center for Excellence for Foster Family Development.

Information Request	Author	Due Date
Update on the implementation of provisions of the federal FFPSA	DHS	December 15, 2023

N00B
DHS Social Services

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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3. Adopt the following narrative: Concur.

Implementation of the New Foster Care Provider Rate Structure: The committees are interested in receiving an update on steps taken during fiscal 2023 and 2024 as part of the development of the new foster care provider rate structure for providers who have rates set by the Interagency Rates Committee. In response to committee narrative included in the 2022 Joint Chairmen’s Report, the Department of Human Services (DHS) indicated that it had fully executed a contract with a vendor for actuarial services and that work on rate revision would begin in fiscal 2023, in preparation for implementation of the new provider rate structure in calendar 2025. The committees request that DHS submit a report on the status of implementation, including the status of any necessary amendments to the State Medicaid Plan to allow for clinical care costs to be eligible for reimbursement, and an update on the implementation timeline.

Information Request	Author	Due Date
Status of implementation of the new provider rate structure	DHS	December 31, 2023

4. Add the following language to the general fund appropriation: Concur.

, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose. Funds not expended shall revert to the General Fund.

Explanation: This annual language restricts general funds appropriated for foster care maintenance payments to that use only. This restriction prevents a transfer of general funds to other programs that might create or increase a deficit in spending in the Foster Care Maintenance Payments program (N00G00.01).

N00B
DHS Social Services

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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5. Add the following language to the general fund appropriation: Concur.

, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose except that funds may be transferred to program N00G00.01 Foster Care Maintenance Payments. Funds not expended or transferred shall revert to the General Fund.

Explanation: This annual language restricts general funds appropriated for the Child Welfare Services program to that use only or for transfer to N00G00.01 Foster Care Maintenance Payments.

6. Adopt the following narrative: Concur.

Child Welfare Caseload Data: The committees believe that maintaining an adequate child welfare workforce is essential to improving outcomes for children entering the State’s care. Therefore, in order to maintain oversight of this important issue, the committees request that the Department of Human Services (DHS) report to the committees on the number of cases and positions required based on the caseload to meet the Child Welfare League of America (CWLA) caseload standards, by jurisdiction, for the following caseload types current within 70 days:

- intake screening;
- child protective investigation;
- consolidated in-home services;
- interagency family preservation services;
- services to families with children – intake;
- foster care;

N00B
DHS Social Services

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
<ul style="list-style-type: none"> ● kinship care; ● family foster care; ● family foster homes – recruitment and new applications; ● family foster homes – ongoing and licensing; ● adoption; ● interstate compact for the placement of children; and ● caseworker supervision. 					

The committees also request that DHS discuss specific actions taken by the department and local departments of social services to reallocate positions, including the number of positions reallocated by type (caseworker or supervisor) between jurisdictions and identifying the jurisdictions that these positions were transferred from and to, in order to ensure that all jurisdictions can meet the standards for both caseworkers and supervisors. Specifically, DHS should discuss efforts to fill vacant positions in jurisdictions that had shortfalls in caseworker and supervisor positions, including Baltimore and Prince George’s counties, which had the largest shortfalls for caseworker positions among jurisdictions as of September 1, 2022.

In addition to caseload data, the committees also request that the report contain an update on the status of work done by CWLA to implement new workload standards for child welfare and the efforts by DHS to improve recruitment and retention of caseworkers.

N00B
DHS Social Services

Information Request	Author	Amount <u>Change</u>	Position <u>Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
Report on caseload data and filled positions assigned by jurisdiction for specified caseload types	DHS			December 1, 2023		

N00H00
DHS Child Support Administration

Amount
Change

Position
Change

Agency Response Hearing Notes

House
Decisions

Senate
Decisions

1. Adopt the following narrative:

Concur.

Child Support Performance Reports: The federal government evaluates states' performance against five measures to determine federal incentive payments: paternity establishment; support order establishment; collections on current support; cases paying toward arrears; and cost effectiveness. Recent data from the Department of Human Services (DHS) Child Support Administration (CSA) shows that the agency is falling behind the federal performance goals in each of the five areas. Considering CSA's recent transition of its primary data system, the Child Support Management System (CSMS), to make its agency's processes and tasks more efficient, the committees are interested to understand how this new system is helping CSA achieve its performance goals.

The committees request that DHS submit three reports on performance using data as of June 30, 2023; September 30, 2023; and December 31, 2023. Each report should include the following:

- a discussion of factors affecting performance in the quarter;
- the State's aggregate performance set against the five performance measures used to determine federal incentive payments;
- each jurisdiction's performance set against the five performance measures used to determine federal incentive payments;
- the number of cases in each jurisdiction in the quarter;
- specific tasks related to each of the five performance measures that are streamlined, made more efficient, or made more complicated by the new CSMS; and

N00H00
DHS Child Support Administration

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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- the number of staff in each jurisdiction who have been trained and those who have yet to be trained in the new CSMS.

Information Request	Author	Due Date
Child support performance reports	DHS	August 15, 2023 November 15, 2023 February 15, 2024

N00I00
DHS Family Investment

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Contractual Full-time Equivalent (FTE) Transitioned to State Regular Positions: The Department of Human Services (DHS) used a portion of a three-year Supplemental Nutrition Assistance Program (SNAP) administrative grant available through the American Rescue Plan Act (ARPA) to support contractual FTEs to assist in case processing. DHS indicated that those hired as contractual FTEs through this grant would have an opportunity to transition to State regular positions. Through January 6, 2023, DHS reported that 47 contractual FTEs had converted to State regular positions. The SNAP administrative grant funds are expected to be fully utilized by the end of fiscal 2023 and are required under the ARPA to be used by September 30, 2023. The committees are interested in the final number of those that transitioned. The committees request that DHS submit a report detailing the final number of unique contractual FTEs hired under this grant, the number that transitioned to State regular positions as family investment specialists, the number that transitioned to any other regular State regular positions within DHS, the number that left the role without transitioning to a State regular position, and a summary of reasons why those that left this role without transitioning failed to transition.

Information Request	Author	Due Date
Report on contractual FTE transitions to State regular positions	DHS	November 1, 2023

N00100
DHS Family Investment

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
2.					
<p>Add the following language to the general fund appropriation:</p> <p><u>, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose. Funds not expended shall revert to the General Fund.</u></p> <p>Explanation: This language restricts the general funds appropriated for Assistance Payments, which support public benefit programs administered by the Department of Human Services, to that use only. This restriction prevents a transfer of general funds to other programs. This language is consistent with actions on other entitlement programs.</p>			Disagree. Agency prefers to have flexibility in the budget.		
3.					
<p>Reduce funds for the Supplemental Nutrition Assistance Program (SNAP) due to lower anticipated benefit levels. The fiscal 2024 allowance assumes average benefits will increase despite the end of Emergency Allotments, which have increased benefits on average by \$170 per month according to the Department of Human Services. This reduction still provides funding beyond what is currently expected to be required for SNAP benefits to support program needs if caseloads rise, to provide appropriation if needed for the new federal Summer Electronic Benefit Transfer program, and Pandemic Electronic Benefit Transfer benefits that may be issued in fiscal 2024. Federal funds not needed to issued benefits for SNAP are not received from the U.S. Department of Agriculture.</p>			Concur.		

N00I00
DHS Family Investment

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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4. Adopt the following narrative:

Concur.

Application Processing Times, Denials, and Case Closures: The committees remain interested in tracking the timeliness of application processing as well as reasons for denials and case closures. The committees request that the Department of Human Services (DHS) submit quarterly reports that contain:

- the number of applications processed by benefit type for Temporary Cash Assistance (TCA), Supplemental Nutrition Assistance Program (SNAP), and Temporary Disability Assistance Program (TDAP) separately by month;
- the average number of days to process applications by benefit type for TCA, SNAP, and TDAP separately by month;
- the percentage of applications processed in 0 to 30 days, 31 to 45 days, and longer than 45 days by benefit type for TCA, SNAP, and TDAP separately by month of application;
- the number and percentage of applications denied by benefit type for TCA, SNAP, and TDAP separately by month;
- the number and percentage of applications denied by reason for denial and by benefit type for TCA, SNAP, and TDAP separately by month;
- the number of case closures by benefit type for TCA, SNAP, and TDAP separately by month; and
- the reasons for case closure by benefit type for TCA, TDAP, and SNAP separately by month.

The first report should include data for May through July 2023, and each subsequent report should provide data for the appropriate quarter.

N00100
DHS Family Investment

		<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
Information Request	Author		Due Date				
TCA, TDAP, and SNAP applications and case closures	DHS		September 29, 2023 December 29, 2023 March 29, 2024 June 30, 2024				

N00100
DHS Family Investment

<u>Amount</u> <u>Change</u>	<u>Position</u> <u>Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House</u> <u>Decisions</u>	<u>Senate</u> <u>Decisions</u>
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5. Adopt the following narrative:

Concur.

Summer Supplemental Nutrition Assistance Program (SNAP): Chapters 635 and 636 of 2019 created a supplemental benefit for children receiving the Summer SNAP in jurisdictions that chose to implement the program. The program began in fiscal 2021. The committees are interested in continuing to monitor the operation of the program and understanding how it may align or duplicate the new nationwide Summer Electronic Benefit Transfer (EBT) program expected to begin in 2024. The committees request that the Department of Human Services (DHS) provide two reports with the following information:

- the number of children served by participating jurisdiction;
- the benefit level provided by jurisdiction;
- the number of children in participating jurisdictions that are not able to receive benefits due to insufficient funding by jurisdiction; and
- participation rates by jurisdiction.

In addition, the first report should also provide information on the number of jurisdictions that applied for the program funding; how the determination for funding was made by jurisdiction; the total funding available for benefits, including the local match by jurisdiction and any funding provided by jurisdictions beyond the amount required; and how jurisdictions determined which children would receive the benefit. The first report should also address efforts to implement the new nationwide Summer EBT program, including how or whether the State's Summer SNAP will align or duplicate the new program.

The first report should cover the summer portion of the program (June, July, and August 2023), while the second report should cover the winter portion of the program (December 2023).

N00I00
DHS Family Investment

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Information Request	Author	Due Date
Children receiving benefits through the Summer SNAP for Children Act	DHS	October 1, 2023 March 1, 2024

6. Adopt the following narrative: Concur.

Identifying Spending on Separate Benefit Programs: The committees continue to be interested in understanding the Supplemental Nutrition Assistance Program spending separately from federal supplemental benefits. Although the Pandemic Electronic Benefit Transfer (P-EBT) program is expected to end with the 2022-2023 school year and summer 2023 program, a new nationwide Summer Electronic Benefit Transfer (EBT) program is expected to begin in 2024. The committees request that the Department of Human Services (DHS) and the Department of Budget and Management (DBM) separately identify in subprogram detail spending related to the P-EBT program in the fiscal 2023 actual and, to the extent applicable, the fiscal 2024 working appropriation. The committees also request that DHS and DBM separately identify in subprogram detail spending related to the Summer EBT program beginning in the budget submission for fiscal 2025 (including any funding required for fiscal 2024).

Information Request	Author	Due Date
P-EBT and Summer EBT costs	DHS DBM	With the submission of the fiscal 2025 allowance and annually thereafter

N00100
DHS Family Investment

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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7. Add the following language to the general fund appropriation: Concur.

, provided that since the Department of Human Services (DHS) Family Investment Administration has had four or more repeat audit findings in the most recent fiscal compliance audit issued by the Office of Legislative Audits (OLA), \$100,000 of this agency’s administrative appropriation may not be expended unless:

- (1) DHS has taken corrective action with respect to all repeat audit findings on or before November 1, 2023; and
- (2) a report is submitted to the budget committees by OLA listing each repeat audit finding along with a determination that each repeat finding was corrected. The budget committees shall have 45 days from the receipt of the report to review and comment to allow for funds to be released prior to the end of fiscal 2024.

Explanation: The Joint Audit and Evaluation Committee has requested that budget bill language be added for each unit of State government that has four or more repeat audit findings in its most recent fiscal compliance audit. Each agency is to have a portion of its administrative budget withheld pending the adoption of corrective action by the agency and a determination by OLA that each finding was corrected. OLA shall submit a report to the budget committees on the status of the repeat findings.

Information Request	Author	Due Date
Status of corrective actions related to the most recent fiscal compliance audit	OLA	45 days before the release of funds

N00I0006
DHS Office of Home Energy Programs

<u>Amount</u> <u>Change</u>	<u>Position</u> <u>Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House</u> <u>Decisions</u>	<u>Senate</u> <u>Decisions</u>
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1. Adopt the following narrative:

Concur.

Energy Assistance Application Processing Times and Denial Rates: The committees are interested in continuing to monitor energy assistance application processing times by local administering agencies (LAA) and overall program denial rates. The committees request that the Department of Human Services (DHS) provide by LAAs:

- the number of applications received;
- the average number of days to process an applications; and
- the number and percent of applications processed within 30 days, 55 days, and longer than 60 days.

The report should also note any changes in application processing times occurring during fiscal 2024 due to the transition of the administration of programs from LAAs to local departments of social services as part of efforts to implement a unified administrative model for categorical eligibility determinations for energy assistance programs.

In addition, the committees request that DHS provide application denial rates separately by benefit type as well as the share of application denials by reason separately by benefit type. Data should also include the number of applications initially denied due to incomplete information that were subsequently cured due to applicants providing missing information within the additional three months, as allowed for under Chapters 638 and 639 of 2021. Fiscal 2023 end-of-year actual data for denial rates should be included in the report as well as fiscal 2024 data current through November 1, 2023.

N00I0006
DHS Office of Home Energy Programs

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response</u>	<u>Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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Information Request	Author	Due Date
Application processing times and denial rates	DHS	December 31, 2023

2. Adopt the following narrative: Concur.

Implementation of Categorical Eligibility for Energy Assistance Programs: The committees are interested in continuing to be updated on administrative changes to energy assistance programs and request that the Department of Human Services (DHS) submit a report providing an update on the status of the implementation of categorical eligibility for energy assistance. The DHS Office of Home Energy Programs (OHEP) has begun to take necessary steps to implement categorical eligibility to reduce administrative costs, simplify the application process, and reduce denial rates, and previously indicated that key changes would be implemented prior to July 1, 2023, including:

- integration of the OHEP Data Management System with DHS’s new Enrollment and Eligibility system; and
- establishment of a centralized administrative model through local departments of social services (LDSS) for energy assistance programs.

The report should include an update on the status of these items, in addition to updates on the following:

- the status of an amendment to the Low Income Home Energy Assistance Program State model plan reflecting the option for qualifying applications for the Maryland Energy Assistance Program through this mechanism, and the status of any legislation enacted during the 2023 session amending the State’s Electric Universal Services Program (EUSP) statute to reflect the option for qualifying applications to the EUSP program through this mechanism;

N00I0006
DHS Office of Home Energy Programs

	<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
<ul style="list-style-type: none"> ● the role that non-LDSS local administering agencies have provided during the transition period and will continue to provide in the areas of outreach and other assistance following the transition of program administration to the LDSS model; and ● estimated budgetary impacts of the implementation of categorical eligibility, including actual or estimated cost savings for program administration resulting from a centralized administrative model and estimated cost changes due to any changes in program eligibility enacted for the fiscal 2024 program year. 					

Information Request	Author	Due Date
Report on the status of the implementation of categorical eligibility and other administrative changes	DHS	December 1, 2023

S00A
Department of Housing and Community Development

<u>Amount Change</u>	<u>Position Change</u>	<u>Agency Response Hearing Notes</u>	<u>House Decisions</u>	<u>Senate Decisions</u>
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1. Adopt the following narrative:

Concur.

Broadband Initiatives: The committees remain interested in understanding how funding for broadband programs is allocated. Given the expansion of funding and the deployment of funds through multiple subsidy and grant programs, the committees request that the Department of Housing and Community Development (DHCD) and the Department of Budget and Management (DBM) separately identify funding for the Office of Statewide Broadband in a unique program code and further identify specific initiatives in subprogram detail.

Information Request	Author	Due Date
Broadband funding	DHCD DBM	With the submission of the fiscal 2025 allowance, or with earlier budget documentation as appropriate