

Children's Behavioral Health Coalition

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House Bill 82 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

House Health and Government Operations Committee

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TESTIMONY IN SUPPORT WITH AMENDMENTS

The Maryland Children's Behavioral Health Coalition is comprised of representatives from mental health, consumer, family and professional associations all working together to improve the quality and accessibility of behavioral health assessment, treatment and recovery services for children and youth in Maryland. We are in support of House Bill 82, which has a goal of expanding access to behavioral health service access for children within our schools. However, we want to ensure there are no unintended consequences of this bill, and as such would propose amendments be adopted to address a few key items:

Supplement not Supplant: Maryland has a robust infrastructure of partnerships between schools and community behavioral health providers. These community agencies employ mental health clinicians who work on site at hundreds of schools and to tens of thousands of Maryland's kids. They deliver services to children referred for care with Medicaid and many private insurances; most often, these providers then bill for these services under their outpatient mental health clinic. This model ensures that insurance participation is maximized, and that existing billing infrastructure is utilized to reduce duplication of effort. Students can also then take advantage of a wider array of behavioral health services offered in the community, which are available throughout the summer and holidays when school services are inaccessible.

The Maryland Consortium on Coordinated Community Supports is focusing efforts to do both of these things: 1) emphasizing partnerships with community providers and 2) ensuring that services delivered with these funds are expanding behavioral health services in schools rather than replacing them. Alignment of Consortium and Medicaid reform efforts is critical.

Workforce Crisis: The disbursement of Kirwan funding over the past few years has shed light on how the workforce crisis can be exacerbated if funding and regional staffing plans do not work together. When counties made their own mental health hires directly, community providers saw significant turnover of their clinical workforce to positions in school mental health services paying higher salaries. The result is decreased access to services for children in the community even if access in schools might be temporarily expanded. The loss of additional staff will lengthen waitlists, and potentially force community providers to exit current school partnerships.

Medicaid Billing Exclusions Complex Medicaid billing rules, including the prohibition of billing the same service in the same day, could pose potentially serious coordination challenges that

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could cause a reduction of service access for children and unbillable services for community providers. Currently, schools bill for some mental health services delivered to children with IEPs. As a result, community providers see a small number of services that they cannot bill for as the school has already done so for that child. If schools begin to bill Medicaid for services to more children, the increase in unbillable services for community providers will increase exponentially.

We applaud the intent of this bill, and have already been in conversation with the bill sponsors about our concerns. We would hope that this bill could move forward with amendments that address these areas of concern, and ultimately help Maryland lead in expanding behavioral health service access to all school-age youth. **As such, we urge a Favorable report, with amendments, on HB 82.**