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Expanding Reimbursement for School-Based Mental Health Providers Will Help Ensure Youth Access to Mental Health Services

Position Statement Supporting House Bill 82

Submitted to the Health and Government Operations Committee

Maryland, like most of the country, is in the midst of a youth mental health crisis. Thousands of Maryland’s youth face mental health challenges that require evaluation and treatment by mental health professionals. Ensuring every child has timely access to the mental health care they need is critical in tackling this crisis. Schools are an important setting for providing mental health services. Youth aged 12-17 are almost as likely to receive mental health services in an educational setting (15%) compared to a specialty mental health provider (17%).¹ Expanding reimbursements for services provided at school will help retain and attract more school-based mental health professionals at this moment when schools are struggling to keep and hire qualified staff. **The Maryland Center on Economic Policy supports House Bill 82 because it will ultimately help retain and increase school based mental health providers and prioritize youth mental health.**

For almost 30 years, Medicaid has paid for eligible school physical and behavioral health services included in students’ Individualized Education Programs (IEP) or Individualized Family Service Plan (IFSP). In 2014, the Centers for Medicare and Medicaid Services (CMS) announced a policy shift that allows states more flexibility in their school-based Medicaid programs. Schools can now seek reimbursement for all covered services to **all** children enrolled in Medicaid. Maryland is currently not among the states that have begun to bill Medicaid for services in schools that go beyond IEPs and IFSPs. ²

HB 82 will require the Maryland Department of Health (MDH), by December 1, 2023, to apply for a Medicaid State Plan Amendment (SPA) that authorizes the State to provide for reimbursement for medically necessary school-based behavioral health services provided to all individuals enrolled in Medicaid or the Maryland Children’s Health Program (MCHP) regardless of whether services are provided under an Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP), as well as Medicaid and MCHP administrative claiming. MDH must provide regular training and technical assistance to local educational agencies (LEAs) and school-based mental health professionals on Medicaid enrollment, billing, documentation, and other topics. For services provided under the SPA, each LEA must be responsible for the State share of the cost of covered services.

Currently in Maryland schools, psychological counseling and social work services must be provided or supervised by a licensed mental health professional in order to qualify for Medicaid reimbursement, yet many school providers may not meet this threshold. Thus, there is a need to expand reimbursement in order to holistically meet and address the mental health of Maryland's youth.

1 in 8 young people in Maryland are dealing with anxiety or depression, a rate that has increased over the course of the pandemic.³ In fact, the State's rate of anxiety and depression for children ages 3-17 jumped by 36%, from 9.4% (105,000 young people) to 12.8% (143,000 young people) between 2016 and 2020.⁴ Maryland children experienced anxiety and depression at a slightly higher rate than the national average in 2020. To tackle this crisis, schools should increase the presences of social workers, psychologists and other mental health professionals on staff and strive to meet the 250-to-1 ratio of students to counselors recommended by the American School Counselor Association. Expanding reimbursement eligibility will not only help retain but attract more mental health providers at a critical time.

For these reasons, the Maryland Center on Economic Policy respectfully requests that the Health and Government Operations Committee make a favorable report on House Bill 82.

Equity Impact Analysis: House Bill 82

Bill summary

House Bill 82 ensures that services provided by a school-based mental health provider working within their scope of practice, including specified providers must be reimbursable through the Medicaid State Plan Amendment. On obtaining federal approval, MDH must update its regulations, provider manuals, and other sub-regulatory guidance to reflect programmatic changes.

Background

Currently in Maryland, school districts, nonpublic schools, and local lead agencies bill and receive payments (with federal matching funds) for Medicaid reimbursable services. Medicaid pays for health care services, case management, and coordination on a fee-for-service basis for services rendered to Medicaid-eligible participants as part of an IEP or IFSP, pursuant to the federal Individuals with Disabilities Education Act. The Maryland State Department of Education is responsible for providing the state share of these costs via an intergovernmental transfer to MDH, which are budgeted as reimbursable funds. Reimbursable service coordination activities include an initial IEP/IFSP team meeting and assessment, periodic review meetings, and ongoing monthly service coordination. Maryland Medicaid does not currently employ administrative claiming.

Equity Implications

- Nationally, nearly 10% of high schoolers attempted suicide in 2019, but among students of color the numbers were alarmingly higher with 12% of Black students, 13% of students of two or more races, and more than 25% of American Indian or Native Alaskan high schoolers having attempted suicide.⁴
- High poverty areas with community school programs that often serve children of color are most in need of behavioral health services.

Impact

House Bill 82 would likely **improve racial, health and economic equity** in Maryland.

¹ National Alliance on Mental Health, Mental Health Services in Schools <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools>

² Dr. John Campos and Superintendent Dereck Simmons, Maryland Consortium on Coordinated Community Supports, Best Practices Subcommittee, Maryland Department of Health, Jan.2023

<https://health.maryland.gov/mchrc/Documents/2022%20Consortium/01%20-%20Website%20Documents/Best%20Practices%20Subcommittee%20-%20Presentation%201.17.23.pdf>

³ Annie E. Casey Foundation Kids Count Data Center, “Children and Teens with Anxiety or Depression in Maryland,”

<https://datacenter.kidscount.org/data/tables/11429-children-and-teens-with-anxiety-or-depression?loc=22&loct=2#detailed/2/22/false/574,1729,37,871,870/any/22085,22084>

⁴ Annie E. Casey Foundation, 2022 KIDS COUNT Data book, <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>