



Montgomery County Federation of Families for Children's Mental Health, Inc.  
Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, MD 20904  
301-879-5200 (phone number)  
301-879-0012 (fax number)  
info@mcfof.org (email)      www.mcfof.org (website)

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**Senate Finance Committee**  
**SB 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements**  
**TESTIMONY IN SUPPORT**

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. MC Federation of Families has been providing family peer services to families in Montgomery County for almost 20 years. Our Family Peer Specialists are parents who have raised or are currently raising children with these challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

**MC Federation of Families supports SB 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.** This bill would require that a workgroup be convened with providers, stakeholders and the Department of Health to determine how MDH will implement the recent guidance from the Center for Medicare and Medicaid Services (CMS) regarding the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

EPSDT is a federal law that requires Medicaid to cover a broad array of preventive and treatment services to children under the age of 21 who are eligible for Medicaid. The goal is to identify problems early and intervene as soon as possible. In September 2024, CMS put out new guidance to states related to the EPSDT benefit that included comprehensive recommendations about behavioral health screening, assessment, and treatment. A key point of the CMS's guidance on diagnosing behavioral health conditions in children is:

“States should avoid requiring an EPSDT-eligible child to have a specific behavioral health diagnosis for the provision of services, as screenings may identify symptoms that require attention but do not meet diagnostic criteria. This may be particularly salient when addressing the developmental and behavioral health needs of children under age 5.”<sup>1</sup>

Currently in Maryland, a provider must assign a behavioral health diagnosis within the first three appointments, regardless of the person's age, to bill Medicaid for behavioral health services. SB 790 directs the Department of Health to determine how they will revamp this policy, to align Maryland's practices with CMS guidance.

Over the almost two decades of working with families, MC Federation of Families has witnessed how diagnosing youth, particularly very young children, can be extremely challenging even for the most skilled clinicians. It can be hard to identify mental health conditions in children because typical childhood growth involves rapid change, and the symptoms of a condition can vary depending on a child's age. Often it is only by working with a child and family over time that some clarity can emerge. In addition, we are concerned about the overdiagnosis or misdiagnosis of children and youth,<sup>2</sup> which is much more likely to occur under Maryland's existing Medicaid policy.

**MC Federation of Families supports SB 790 with the sponsor amendments and urges a favorable report.**

<sup>1</sup> CMS. Best practices for adhering to EPSDT Requirements (September 26, 2024). <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

<sup>2</sup> Eva Merten et al. Overdiagnosis of mental disorders in children and adolescents (in developed countries). Child and Adolescent Psychiatry and Mental Health. (2017) Accessed March 1, 2024. <https://capmh.biomedcentral.com/articles/10.1186/s13034-016-0140-5>