

Inseparable 2025 - SB 790 FAV - EPSDT No Diagnosis

Uploaded by: Angela Kimball

Position: FAV

inseparable

February 28, 2025

Senate Finance Committee
Maryland General Assembly
East Miller Senate Building, Room 3
Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB0790—Maryland Department of Health—Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Dear Chair Beidle, Vice-Chair Hayes, and Members of the Committee:

On behalf of Inseparable, a national nonprofit mental health advocacy organization, I write to urge your support of SB790. This legislation would establish a workgroup to create a plan to implement recommendations from the Centers for Medicare and Medicaid Services (CMS) to enhance children's mental health.

Maryland has long recognized the urgent need to support the wellbeing of children and has made important investments to do so. Recent data is beginning to show [improvements](#) among the state's youth, yet more needs to be done—particularly to identify children who are struggling and get them help earlier, before symptoms get worse and more costly and complex to treat.

Fortunately, CMS' new guidelines for [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) services (mandatory for all state Medicaid programs' coverage of children), offer a promising path "to ensure that individual eligible children get the health care they need, when they need it, in the most appropriate setting." Inseparable is grateful to Delegate Woods and the many cosponsors of HB1083 for recognizing this unique opportunity to ensure that Maryland takes thoughtful advantage of CMS' guidance. Specifically, the bill will result in a Department of Health workgroup of stakeholders to create a plan that addresses EPSDT guidance, including screening and assessment, services to build skills for mental health, and services to address worrisome signs or symptoms with or without a diagnosis.

We respectfully urge the Committee to issue a favorable report on SB790 and continue Maryland's leadership in supporting children's mental health.

Respectfully,



Angela Kimball
Chief Advocacy Officer

SB0790_MHAMD_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV

Senate Bill 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Senate Finance Committee

March 4, 2025

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 790, with the sponsor amendments.

SB 790 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. Of particular note is CMS's guidance on diagnosing behavioral health conditions in children:

“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.”¹

Currently in Maryland, however, a provider must assign a behavioral health diagnosis within the first three appointments, regardless of the person's age, in order 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.

This change is needed, since 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

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

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, there are growing concerns about the over-diagnosis or misdiagnosis of children and youth,² which is much more likely to occur under Maryland's existing Medicaid policy.

The Mental Health Association of Maryland would be happy to support the effort however we can.

For this reason, MHAMD supports SB 790 with the sponsor amendments and urges a favorable report.

² 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>

SB 790.pdf

Uploaded by: Ashley Clark

Position: FAV

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January 28, 2025

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The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – SB 790: Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Dear Chairwoman Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

To prevent adverse childhood experiences and the lifelong repercussions, it is critical that healthcare providers bolster early childhood intervention strategies as primary prevention measures. These early interventions not only result in prevention and early identification of mental illness but also ultimately decrease the long-term burden of mental illness over a lifetime. Indirectly, these interventions may also reduce academic failures, substance use and chronic medical illnesses into adulthood. Obvious benefits of early screening and interventions promote child and family mental health and well-being, which is ultimately beneficial for all.

We urge the committee to issue a favorable report on this critical legislation. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

Children's National Testimony - SB 790 - Sarah Bar

Uploaded by: Austin Morris

Position: FAV



Children's National.

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ChildrensNational.org

**Testimony of Sarah Barclay Hoffman
Program Manager, Community Mental Health CORE
Children's National Hospital**

**SB 790: Maryland Department of Health – Workgroup to Implement Early and Periodic Screening,
Diagnostic, and Treatment Requirements
Position: FAVORABLE
March 4, 2205
Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 790. My name is Sarah Barclay Hoffman, and I am a Program Manager for Mental Health Policy and Advocacy within the Community Mental Health CORE at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. We also provide a comprehensive range of behavioral health services for Maryland children and youth.

Children's National is strongly supportive of SB 790, which would require the Maryland Department of Health (MDH) to convene a workgroup to implement federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. EPSDT is a bedrock of our nation's Medicaid program and ensures robust health coverage for children. The goal of EPSDT is to ensure that children who are covered get the right care, at the right time, and in the most appropriate setting. SB 790 requires implementing recommendations from the Centers for Medicare and Medicaid Services State Health Official Letter #24-005: *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements*, including the following critical behavioral health components:ⁱ 1) screening and assessment of behavioral health conditions; 2) feasibility of implementing the DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood as a diagnostic tool for patients under the age of 5 years; 3) community-based services to correct and ameliorate a wide range of behavioral health conditions; and 4) services to: (i) ensure children's behavioral health; (ii) address early symptoms of concern, with or without a diagnosis; and (iii) address urgent and crisis needs.

Children's National affirms the clinical importance and need of each of the above foci. Additionally, we emphasize the critical nature of the workgroup's intention to ensure appropriate services are available and covered by Medicaid, to address concerns or early symptoms, without the requirement of a diagnosis. The CMS State Health Official Letter #24-005 is clear that a behavioral health diagnosis should not be required and that requiring a diagnosis is inconsistent with EPSDT policy:

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. As with a physical health condition, states must ensure that behavioral health symptoms that are identified through screening are addressed in a timely way, as waiting for an illness to develop rather than addressing symptoms when they arise is not consistent with section 1905(r)(5) of the Act.ⁱⁱ

The CMS State Health Official Letter #24-005 builds upon additional recent federal guidance that explicitly addressed children's behavioral health. The 2022 Center for Medicaid and CHIP Services Informational Bulletin, *Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth*, states:

Prevention and early identification of health conditions is a key component of EPSDT. Early detection of mental health and substance use issues is crucial to the overall health of children and youth, and may reduce or eliminate the effects of a condition if detected and treated early. This makes routine screenings, early identification, and engagement in treatment as early as possible critical for children and youth. States are encouraged to...Avoid requiring a behavioral health diagnosis for the provision of EPSDT services.ⁱⁱⁱ

Pediatric medicine and scientific literature are aligned with EPSDT and the above guidances – prevention and/or mitigation of behavioral health conditions is possible; services work; and prevention must be a policy and financing priority. The Institute of Medicine, in a seminal report on prevention of behavioral health disorders in youth, underscores the evidence base:

Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral (MEB) disorders are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders. Although individuals who are already affected by a MEB disorder should receive the best evidence-based treatment available, interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families, and society that these disorders entail. Most MEB disorders have their roots in childhood and youth.^{iv}

In addition to supporting best practices and scientific knowledge, SB 790 also addresses a community need identified by Children's National Hospital in the 2022 Community Health

Needs Assessment (CHNA) and further defined in the 2022-2025 Community Health Improvement Plan.^v As a federal requirement for nonprofit hospitals, the CHNA utilized systematic, comprehensive data collection to identify the needs of the community we serve. That analysis identified neighborhoods with the lowest Childhood Opportunity Index (COI) scores, including six in Prince George's County, Maryland. One of the priority goals is Improving Access to Health Care and Health Insurance Coverage. A key strategy is to advocate for a high quality and easily accessible behavioral health service continuum inclusive of services, covered by insurance, that can prevent and/or mitigate behavioral health conditions.

Finally, our practicing behavioral health clinicians at Children's National frequently note that preventive interventions are highly efficacious for children and families, but often difficult to offer due to lack of insurance coverage. They note how critical it is to have a full continuum of services, from promotion and prevention to treatment and crisis services. SB 790 would help to advance the reach and impact of the continuum of care in Maryland, with an emphasis on prevention and early intervention, including for Maryland's youngest residents.

Through a comprehensive workgroup process as outlined in SB 790, with formative and regular input from clinicians, behavioral health providers, youth, parents, caregivers, advocates, and other key stakeholders, in partnership with MDH, Maryland can be a leader in implementing EPSDT best practices. From our clinical and research experiences, Children's National is confident that SB 790 will improve behavioral health outcomes for Maryland children and ultimately decrease costs through prevention and early identification of behavioral health conditions.

I applaud Senator Augustine for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 790. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

Austin Morris, Government Affairs Manager

almorris@childrensnational.org

ⁱ Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

ⁱⁱ See page 41 at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

ⁱⁱⁱ See page 6 at <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>

^{iv} Institute of Medicine. 2009. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12480>.

^v More information on the Children's National CHNA and CHIP available at: <https://www.childrensnational.org/in-the-community/child-health-advocacy-institute>

SB 790_MFN_FAV__EPSDT Workgroup.pdf

Uploaded by: Beth Morrow

Position: FAV



Testimony Concerning SB 790

“Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements”

Submitted to the Senate Finance Committee

March 4, 2025

Position: Support

Maryland Family Network (MFN) strongly supports **SB 790: “Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.”** This bill requires Maryland’s Department of Health (MDH) to convene a workgroup including **early childhood behavioral health** experts to ensure the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment- EPSDT) meet the needs of all of Maryland’s children including young children. When we support the behavioral health needs of young children, we improve their school readiness and prevent much more serious mental health issues when they are older. **SB 790 deserves your favorable consideration.**

Maryland Family Network’s mission is to ensure young children have strong families, quality early learning environments, and a champion for their interests. Since 1945, MFN has worked to improve the availability and quality of child care and early childhood education as well as other supports for children and families in Maryland. We have been active in state and federal debates on child care policy and are strongly committed to ensuring that children, along with their parents, have access to high-quality, affordable programs and educational opportunities.

In 2021, the United States Surgeon General issued an Advisory on youth mental health, urging an increased focus on the behavioral health of young people.¹ According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression² and 20-30% of adults living with children report those children experiencing anxiety.³ On September 26, 2024, the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”⁴ This guidance from CMS includes some recommendations related to early childhood mental health that would be valuable improvements to Maryland’s current array of behavioral health services. Intervening early with young children can prevent much more serious behavioral health issues when these children are older and can also ensure that they are better equipped to perform well in school from an early age.

¹ <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>

² <https://datacenter.aecf.org/data/tables/11212-adults-ages-18-to-24-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2501,2485,2475,2470,2460,2461,2421,2420,2102,2101/any/21604>

³ <https://datacenter.aecf.org/data/tables/11217-adults-living-in-households-with-children-who-felt-nervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>

⁴ [Here is the full SHO # 24-005.](#)

Screening and Assessment of Behavioral Health Concerns

The first topic included under the purview of SB 790's taskforce is screening and assessment. In Maryland, clinicians are required to render a diagnosis (even for young children) within three visits with that child. However, this does not align with best practice recommendations. As the Harvard University Center on the Developing Child explains:

Significant mental health problems can and do occur in young children. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.⁵

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health diagnosis. SHO #42-005 states explicitly that:

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 5.⁶ (Emphasis added, internal citations omitted)

Currently in Maryland, early child behavioral health clinicians cannot bill for behavioral health services unless that child has a diagnosis. A simple way for Maryland's Department of Health to eliminate this roadblock for families with children would be to allow behavioral health clinicians to bill for "Z codes." There are many states that allow behavioral health providers to bill for these codes. They relate to Social Determinants of Health including housing instability, food insecurity, and many issues that families living in poverty face. For behavioral health providers embedded in pediatric and family medicine practices, those issues are present and are being addressed with young children far more often than diagnoses found in the Diagnostic and Statistical Manual of Mental Disorders (DSM). SB 790 will allow early child mental health experts and clinicians to work with Maryland Medicaid to overcome that limitation and ensure it is not a barrier to families who need services.

DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood

The second topic for the SB 790 EPSDT task force to consider is allowing usage of Zero to Three's DC: 0-5 Diagnostic Classification tool for children ages 5 and under. The DC: 0-3 (as it was initially named) was the "first developmentally based system for diagnosing mental health and developmental disorders in infants

⁵ <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

⁶ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf> at p.41.

and toddlers.”⁷ This diagnostic tool is tailored to the developmental differences of how behavioral health issues present in children ages 5 and under as compared to older individuals. Allowing behavioral health providers in Maryland to use this tool will ensure that young children’s issues are identified early and accurately and thus can be treated more effectively.

SB 790 is an important step in ensuring Maryland’s behavioral health system meets the needs of the youngest Marylanders. **Maryland Family Network urges the Senate Finance Committee to issue a favorable report on SB 790.**

⁷ <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>

MC Federation of Families Testimony SB 790 FAVORAB

Uploaded by: Celia Serkin

Position: FAV



Montgomery County Federation of Families for Children's Mental Health, Inc.
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301-879-5200 (phone number)
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March 4, 2025

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.”¹

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,² 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.

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

² 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>

Maryland Catholic Conference_FAV_SB790.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 4, 2025

Senate Bill 790

**Maryland Department of Health - Workgroup to Implement Early and Periodic
Screening, Diagnostic, and Treatment Requirements
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 790 requires the Maryland Department of Health to convene a workgroup to implement Early and Periodic Screening, Diagnostic, and Treatment requirements; requiring the workgroup to create a plan to implement the recommendations in a certain Centers for Medicare and Medicaid Services State Health Official letter; and requiring the Department to report the findings and recommendations of the workgroup to the General Assembly by December 1, 2025.

This legislation proposes the creation of a workgroup to study and recommend strategies for early and periodic screening, diagnosis, and treatment of behavioral health conditions in children. Early intervention is crucial in supporting a child's healthy development and laying the foundation for success in adulthood. Many children require additional services to address behavioral or mental health challenges, and timely professional assistance can significantly improve their long-term well-being. Without early detection, behavioral and developmental conditions can escalate, potentially hindering a child's academic progress, social development, and participation in extracurricular activities. Undiagnosed conditions requiring specialized educational approaches or behavioral support can leave children struggling unnecessarily. By identifying gaps in the current healthcare system, this workgroup would help ensure that families have access to the resources they need to support their children.

Ensuring access to early screening affirms the dignity and worth of every child by promoting their well-being and development. No family should have to navigate an inadequate healthcare system when seeking necessary services for their child. Additionally, this legislation upholds

parental rights by equipping parents with a clearer understanding of developmental milestones and the resources available for intervention when needed. An epidemiological study found that 13.6% of children aged 4–11 experience a mental health disorder within a 12-month period, with ADHD and anxiety disorders being the most common.¹ This highlights the urgency of proactive screening and intervention to provide children with the support they need to thrive. By prioritizing early detection while maintaining parental involvement, this legislation ensures that families can make informed decisions in the best interest of their children.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 790**.

Thank you for your consideration.

¹ <https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm>

2025 MASHN SB 790 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



<https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

Maryland Association of School Health Nurses



Bill Number: Senate Bill 790 – Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Committee: Senate Finance Committee

Hearing Date: March 4, 2025

Position: Support

The Maryland Association of School Health Nurses supports *Senate Bill 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements*. This bill requires the Maryland Department of Health to convene a workgroup on behavioral health screenings for children in Medicaid’s Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program. We are hopeful that recent guidance from the Centers for Disease Control and Prevention on the EPSDT Program could expand access to behavioral health screening for children in Maryland. The guidance advises that “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”.¹

We ask for a favorable report. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

2025 MASHN SB 790 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



<https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

Maryland Association of School Health Nurses



Bill Number: Senate Bill 790 – Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Committee: Senate Finance Committee

Hearing Date: March 4, 2025

Position: Support

The Maryland Association of School Health Nurses supports *Senate Bill 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements*. This bill requires the Maryland Department of Health to convene a workgroup on behavioral health screenings for children in Medicaid’s Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program. We are hopeful that recent guidance from the Centers for Disease Control and Prevention on the EPSDT Program could expand access to behavioral health screening for children in Maryland. The guidance advises that “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”.¹

We ask for a favorable report. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

2025 MOTA SB 790 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 790
Title:	Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements
Hearing Date:	March 4, 2025
Position:	Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 790 – Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements*. The bill will require the Maryland Department of Health to convene a workgroup to implement Early and Periodic Screening, Diagnostic, and Treatment requirements.

The Centers for Medicare and Medicaid Services (CMS) State Health published Official Letter #24–005: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements for children, and the workgroup created by this bill will create a plan to implement the recommendations in the letter. This is the most comprehensive EPSDT guidance that CMS has released in a decade and provides updated and timely guidance to protect the health of our children. This includes screening, assessment, and services for behavioral health conditions in young children, a population and need area commonly addressed by occupational therapy practitioners. MOTA supports the charge of the workgroup and the guidance in the CMS letter.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

testimony for SB 790-signed.pdf

Uploaded by: Joyce Harrison

Position: FAV

February 28, 2025

Senate Finance Committee

TESTIMONY IN SUPPORT of SB 790

“Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements”

Position: Support

The Infant Mental Health Association of Maryland and District of Columbia (IMHA MD-DC), established in 2018, is an affiliate of the World Association for Infant Mental Health (WAIMH). WAIMH is a not-for-profit organization of scientific, clinical and educational professionals whose central aim is to promote the mental well-being and the healthy development of infants and very young children throughout the world, and to generate and disseminate scientific knowledge. The Maryland affiliate is a multidisciplinary group of committed early childhood professionals whose mission is to promote healthy social, emotional, cognitive and physical development of infants from pre-conception through early childhood.

The Infant Mental Health Association strongly supports **SB 790: “Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.”** This bill requires Maryland’s Department of Health (MDH) to convene a workgroup including **early childhood behavioral health** experts to ensure the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment- EPSDT) meet the needs of all of Maryland’s children including young children. When we support the behavioral health needs of young children, we improve their school readiness and prevent much more serious mental health issues when they are older. **SB 790 deserves your favorable consideration.**

In 2021, the United States Surgeon General issued an Advisory on youth mental health, urging an increased focus on the behavioral health of young people.¹ According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression² and 20-30% of adults living with children report those children experiencing anxiety.³ On September 26, 2024, the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health

¹ <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>

² <https://datacenter.aecf.org/data/tables/11212-adults-ages-18-to-24-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2501,2485,2475,2470,2460,2461,2421,2420,2102,2101/any/21604>

³ <https://datacenter.aecf.org/data/tables/11217-adults-living-in-households-with-children-who-felt-nervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>



Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”⁴ This guidance from CMS includes some recommendations related to early childhood mental health that would be valuable improvements to Maryland’s current array of behavioral health services. Intervening early with young children can prevent much more serious behavioral health issues when these children are older and can ensure that they are better equipped to perform well in school from an early age.

Screening and Assessment of Behavioral Health Concerns

The first topic included under the purview of SB 790’s taskforce is screening and assessment. In Maryland, clinicians are required to render a diagnosis (even for young children) within three visits with that child. However, this does not align with best practice recommendations. As the Harvard University Center on the Developing Child explains:

Significant mental health problems can and do occur in young children. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.⁵

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health diagnosis. SHO #42-005 states explicitly that:

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 5.⁶ (Emphasis added, internal citations omitted)

Currently in Maryland, early child behavioral health clinicians cannot bill for behavioral health services unless that child has a diagnosis. A simple way for Maryland’s Department of Health to eliminate this roadblock for families with children would be to allow behavioral health clinicians to bill for “Z codes.” Many states allow behavioral health providers to bill for these codes. They relate to Social Determinants of Health including housing instability, food insecurity, and many issues that families living in poverty face. For behavioral health providers embedded in pediatric and family medicine practices, those issues are present and are being addressed with young children far more often than diagnoses found in the Diagnostic and Statistical Manual of Mental

⁴ [Here is the full SHO # 24-005.](#)

⁵ <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

⁶ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf> at p.41.



Infant Mental Health Association of Maryland & DC

C/O MHAMD
1301 York Rd, Suite 505
Lutherville, MD 21093

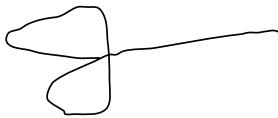
imha.mddc@gmail.com

Disorders (DSM). SB 790 will allow early child mental health experts and clinicians to work with Maryland Medicaid to overcome that limitation and ensure it is not a barrier to families who need services.

DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood

The second topic for the SB 790 EPSDT task force to consider is allowing usage of Zero to Three's DC: 0-5 Diagnostic Classification tool for children ages 5 and under. The DC: 0-3 (as it was initially named) was the "first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers."⁷ This diagnostic tool is tailored to the developmental differences of how behavioral health issues present in children ages 5 and under as compared to older individuals. Allowing behavioral health providers in Maryland to use this tool will ensure that young children's issues are identified early and accurately and thus can be treated more effectively.

SB 790 is an important step in ensuring Maryland's behavioral health system meets the needs of the youngest Marylanders. **Maryland Family Network urges the Senate Finance Committee to issue a favorable report on SB 790.** Thank you in advance for your consideration of this important issue.



Joyce Harrison, MD
Child and Adolescent Psychiatrist
Associate Professor of Psychiatry and Behavioral Science
Johns Hopkins School of Medicine

Past President
Infant Mental Health Association of Maryland and DC

⁷ <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>



2025_SB 790 EPDST Wrokgroup. FAVORABLE. kay connor

Uploaded by: Kay Connors

Position: FAV

February 27, 2025

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

Madam Chair and members of the committee, thank you for the opportunity to submit testimony in support of HB1083.

Taghi Modarressi Center for Infant Study is a program within the Division of Child and Adolescent Psychiatry, Department of Psychiatry at the **University of Maryland School of Medicine**. The team of child psychiatrists, psychologists, social workers, counselors, and trainees delivers Infant Early Childhood Mental Health multidisciplinary assessment, diagnosis, and treatment and lead novel workforce strategies/training to expand high quality IECMH services in Maryland. Taghi Modarressi Center for Infant Study/Division of Child and Adolescent Psychiatry is pleased to support **SB 790: Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements**. This bill requires Maryland’s Department of Health (MDH) to convene a workgroup including *early childhood behavioral health* experts to ensure the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment- EPSDT) meet the needs of all of Maryland’s children including young children. **SB 790 deserves your favorable consideration.**

The proposed workgroup will explore best practices and policies to allow a patient under the age of 18 years old to receive evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, promotion, education, or outreach. When we support the behavioral health needs of young children and apply best practices as outlined in the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”¹, we improve their school readiness and prevent more serious and costly mental health issues when they are older.

Our Center leads the Center of Excellence for Infant and Early Childhood Mental Health in Maryland. We offer a variety of training and expert consultation to help parents and providers, and decision makers understand that young children can experience **significant mental health problems and providing screening, assessment and treatment is highly effective in treating these conditions**. We hear stories of young children not

receiving adequate screening, assessment, and treatment for conditions like Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Trauma and Stress related disorders. We have evidence-based treatments for these conditions that are most effective when offered in the early years of development. When parents and caregivers are prepared with knowledge and skills and have access to mental health interventions, children can thrive and reach their full potential.

The following information includes priorities areas that the workgroup can explore to help MDH reach the highest possible standards when serving Maryland children and youth.

Increase access to treatment and reduce the stigma of a diagnosis: SB 790 will bring together experts and parents with lived experience to make recommendations that remove barriers to access such as allowing limited behavioral health services without requiring a mental health diagnosis which also helps to overcome concerns about stigma.

The Workgroup and can investigate the benefits of MDH opening “Z codes” and allowing behavioral health clinicians to bill for “Z codes.” Several states allow behavioral health providers to bill for these codes. They relate to social determinants of health including housing instability, food insecurity, and many issues that families living in poverty face. Using Z codes would support best practices to engage families in early childhood mental health services by reducing the stigma associated with giving a young child a diagnosis and it would align with treatment goals to prevent the negative impact of impact of stress on young children and address social determinants of health.

The Workgroup could also explore the benefits of using developmentally appropriate DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Another topic for the HB 1083 EPSDT workgroup to consider is allowing usage of Zero to Three’s DC: 0-5 Diagnostic Classification tool for children ages five and under. The DC: 0-5 is the “first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers.”² This diagnostic tool reflects how developmental differences and behavioral health issues present in children ages five and under as compared to older individuals. Allowing behavioral health providers in Maryland to use this tool will ensure that young children’s issues are identified early, accurately, and thus can be treated more effectively.

HB 1083 is a major step in eliminating barriers to the critical behavioral health services an increasing number of young people need. Taghi Modarressi Center for Infant Study/Division of Child and Adolescent Psychiatry, **urges the House Health and Government Operations Committee to issue a favorable report on SB 790.**

Thank you for your consideration of this written testimony,

Kathleen (Kay) Connors, LCSW-C
Instructor, University of Maryland School of Medicine

Executive Director, Taghi Modarressi Center for Infant Study, Division of Child,
and Adolescent Psychiatry
Director, Baltimore-Linking Actions to Unmet Needs in Children's Health

1. [sho24005 1.pdf](#)
2. [DC:0-5™ Manual and Training | ZERO TO THREE](#)

Testimony_SB0790_SenAugustine.pdf

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

PRESIDENT PRO TEMPORE

Executive Nominations Committee

Education, Energy and the
Environment Committee



THE SENATE OF MARYLAND
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Malcolm.Augustine@senate.state.md.us

March 04, 2025

The Honorable Pamela G. Beidle
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB0790 Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Position: **Favorable With Amendment**

Chair Beidle and Members of the Committee,

The Problem:

- In September 2024, the Centers for Medicare and Medicaid Services (CMS) issued a State Health Official letter outlining best practices for states to improve Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) compliance.¹ One of the primary recommendations was to eliminate the requirement for a formal behavioral health diagnosis before services are provided. Understanding how to apply this guidance is essential to improving Maryland's Medicaid behavioral health system.
- A key issue is the requirement that children must have a formal behavioral health diagnosis before receiving services. This restriction can delay critical interventions, particularly for children under five, whose symptoms may not fit neatly into diagnostic categories. Without early access to necessary care, children and their families face increased challenges in managing developmental and behavioral health concerns.
- EPSDT benefit is a crucial part of Medicaid, designed to ensure that children and adolescents under 21 receive necessary preventive, dental, mental health, and specialty services.¹ However, despite EPSDT's intent to provide comprehensive care, significant barriers exist in accessing behavioral health services, particularly for young children.

What SB0790 does:

- This bill requires the Maryland Department of Health to convene a workgroup of key stakeholders to provide guidance for the potential implementation of CMS’s EPSDT recommendations. The workgroup will bring together:
 - Maryland Department of Health
 - Behavioral health clinicians and pediatric specialists
 - Parents and caregivers of children receiving EPSDT services
 - Child and family advocacy groups
 - Young people with lived experience in the behavioral health system
- By gathering input from those directly affected by Medicaid’s behavioral health policies, the workgroup will help shape an implementation strategy that effectively removes unnecessary barriers to care.

How SB0790 helps:

- By implementing a stakeholder-driven approach, this bill ensures that Maryland’s Medicaid program is in a position to be responsive to the needs of children and families. By implementing workgroup suggested outcomes could lead to:
 - Improved access to behavioral health services for young children without requiring a formal diagnosis
 - More timely and effective interventions that support children’s emotional and developmental well-being
 - A family-centered approach that incorporates the perspectives of caregivers and young people
 - Stronger alignment with federal guidance, ensuring compliance with CMS recommendations
- This bill represents a proactive step in strengthening Maryland’s Medicaid program by ensuring that children receive the behavioral health services they need when they need them. Through this stakeholder collaboration, Maryland can develop policies that may foster better health outcomes for its youngest residents.

In summary, this bill represents a vital step towards better health outcomes for some of our youngest and most vulnerable Marylanders through working with stakeholders to create proposals for long-term solutions.

Amendment Description: Amendment to the bill will utilize an existing workgroup within the Behavioral Health Care Treatment and Access Commission/Behavioral Health Advisory Council to dedicate some sessions on EPSDT to meet the bill’s requirements.

Chair Beidle and members of the committee, I ask for your favorable report with amendment.

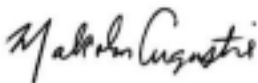
1. Centers for Medicare & Medicaid Services. Best practices for adhering to early and periodic screening, diagnostic, and treatment (EPSDT) requirements. 2024. https://search.proquest.com/regulatoryinsight/view/app-gis/regulatory-guidance/hhs_20240926_bestpracticesforadheringtoearlya.

In the Senate Finance Committee:

AMENDMENTS TO Senate BILL 0790

(First Reading File Bill)

On page 1, in line 10, strike “a workgroup” and insert “the Behavioral Health Care Treatment and Access Commission / Behavioral Health Advisory Council: Youth Behavioral Health, Individuals with Intellectual / Developmental Disabilities, and Individuals with Complex Behavioral Health Needs Workgroup”.



Sincerely, Senator Malcolm Augustine
President Pro Tempore -- District 47 – Prince George’s County

NCADD-MD - 2025 SB 790 FAV - EPSDT - Senate.pdf

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 4, 2025

Senate Bill 790 - Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

Support

NCADD-Maryland supports Senate Bill 790. This bill would require the Maryland Department of Health to convene a workgroup of stakeholders to inform implementation of recommendations from the Centers for Medicare and Medicaid Services (CMS). In September of 2024, CMS published a State Health Official letter on Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.

Among the best practices is not requiring that a child have a specific behavioral health diagnosis for the provision of services. This is especially important, according to CMS, when children under the age of 5 are being served.

Last year we supported legislation that would have allowed children enrolled in Medicaid to access behavioral health services without a diagnosis. As the Maryland Department of Health suggested that policy would lead to significant expenditures, advocates have taken the new State Health Official letter on Best Practices and proposed a workgroup to look at implementation.

Best practices cannot be effectively implemented without being informed by clinicians, parents, and young people who have direct experience in the provision or utilization of the existing behavioral health care system. This bill would ensure that input from those with direct experience with Maryland's system be taken into account by Medicaid as implementation plans are developed.

When very young children are in need of services, it is important that specialists be involved. We support the sponsor's amendment to specify that early childhood mental health specialists be a part of the workgroup.

We ask the committee to give Senate Bill 790 a favorable report.

SB 790 - FIN - MDH - LOSWA.docx (2).pdf

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 4, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

Re: Senate Bill (SB) 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements – Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 790 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.

SB 790 requires the Department to convene a workgroup of behavioral health professionals, advocates, and families with experience navigating the behavioral health system to create a plan to implement certain Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. Specifically, the workgroup must develop a plan to implement the recommendations in the Centers for Medicare and Medicaid Services (CMS) State Health Official (SHO) letter #24-005¹ and report its findings and recommendations to the General Assembly by December 1, 2025. The Department notes that due to limited resources, a Health Policy Analyst Advanced will need to be hired to staff the workgroup, resulting in a total fiscal impact of \$96,043 (\$48,022 State general funds, \$48,022 federal funds).

The EPSDT requirements, established by Section 1905(a)(4)(B) and (r) of the Social Security Act entitle Medicaid-eligible children to a greater scope of services than adult beneficiaries. Through the Maryland Healthy Kids/EPSDT Program within the Maryland Medical Assistance (Medicaid) Program, the Department currently ensures that Maryland youth have access to the required EPSDT services.

The Department is in the process of reviewing SHO #24-005. The guidance includes recommendations for Medicaid programs in three areas: (1) Promoting EPSDT awareness and accessibility, (2) Expanding and using the child-focused (EPSDT) workforce and (3) Improving

¹ Centers for Medicare and Medicaid Services (2024). State Health Official #25-005: Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements. Available: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>; accessed 14 Feb. 2025.

care for EPSDT-eligible children with specialized needs. Several initiatives are already underway that align closely with the best practices recommended by CMS, including:

- Requiring managed care organizations (MCOs) to design performance improvement projects that target prenatal and postpartum care, well-child visits, and childhood vaccines in an effort to promote EPSDT awareness and accessibility and including information about EPSDT services in member materials and on the Department's website;
- Increasing reimbursement rates for multiple developmental and behavioral health screenings required as part of the Health Kids Preventive Schedule by 10 percent effective January 1, 2025 to increase screening rate completion by providers;²
- Permitting providers to deliver medically necessary services via telehealth, including physical therapy, occupational therapy, and speech therapy, and covering the collaborative care model;
- Requiring each MCO to employ a Special Needs Coordinator to assist children with special health care needs with navigating Medicaid benefits, especially EPSDT-related benefits, as well as work closely with case management and other professionals to assist members with accessing specialists and other assistance in their communities;
- Incentivizing MCOs through the Population Health Incentive Program (PHIP) to increase well-child screening rates for children receiving Supplemental Security Income (SSI) to improve care for children with specialized care; and
- In addition to the special needs services provided through HealthChoice MCOs, Maryland Medicaid also has a fee-for-service program for Rare and Expensive Case Management Services (REM) for children who meet specific diagnostic criteria, and is a voluntary program.³

The Department notes there are significant changes to Medicaid being proposed at the federal level. In addition to changes regarding the operations and financing, the Department anticipates that under the new administration, CMS may rescind certain guidance issued during the Biden administration, including the EPSDT guidance in SHO #24-005. The Department recommends an amendment to utilize an existing workgroup that can dedicate some sessions on EPSDT to meet the bill's requirements, the Behavioral Health Care Treatment and Access Commission/Behavioral Health Advisory Council: Youth Behavioral Health, Individuals with Intellectual/Developmental Disabilities, and Individuals with Complex Behavioral Health Needs Workgroup.

² PT 67-25:

<https://health.maryland.gov/mmcp/provider/Documents/transmittals/PT%2067-25%20Screening%20and%20Assessment%20Professional%20Rate%20Increase.pdf>

³ REM Program: <https://health.maryland.gov/mmcp/Pages/remprogram.aspx>

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is written in a cursive style with a large, stylized "R" and "M".

Ryan B. Moran, Dr.P.H., MHSA
Acting Secretary

In the Finance Committee:

AMENDMENTS TO SENATE BILL 790

(First Reading File Bill)

On page 1, in line 10, strike “a workgroup” and insert “the Behavioral Health Care Treatment and Access Commission / Behavioral Health Advisory Council: Youth Behavioral Health, Individuals with Intellectual / Developmental Disabilities, and Individuals with Complex Behavioral Health Needs Workgroup”.