



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

March 5, 2025

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

Re: House Bill 1083 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements – Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for House Bill (HB) 1083 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.

HB 1083 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 (Medical Assistance) 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 the Medical Assistance Program being proposed at the federal level. In addition to changes regarding the operations and financing of the Medical Assistance Program, 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 horizontal line underneath the name.

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

In the Health and Government Operations Committee:

AMENDMENTS TO HOUSE BILL 1083

(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”.