

SENATE BILL 255

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3lr2694
CF HB 322

By: **Senator Hester**

Introduced and read first time: January 25, 2023

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 7, 2023

CHAPTER _____

1 AN ACT concerning

2 **Public Health – Home– and Community–Based Services for Children and Youth**

3 FOR the purpose of requiring the Maryland Department of Health to expand access to and
4 provide reimbursement for certain wraparound, intensive in–home, and case
5 management services; requiring the Governor to include in the annual budget bill
6 certain appropriations to fund certain behavioral health services and supports; and
7 generally relating to home– and community–based services for children and youth.

8 BY adding to

9 Article – Health – General

10 Section 15–1101 ~~and 15–1102~~ through 15–1103 to be under the new subtitle

11 “Subtitle 11. Home– and Community–Based Services for Children and Youth”

12 Annotated Code of Maryland

13 (2019 Replacement Volume and 2022 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

15 That the Laws of Maryland read as follows:

16 **Article – Health – General**

17 **SUBTITLE 11. HOME– AND COMMUNITY–BASED SERVICES FOR CHILDREN AND**
18 **YOUTH.**

19 **15–1101.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “FAMILY-CENTERED TREATMENT” MEANS AN EVIDENCE-BASED PRACTICE USED TO STABILIZE YOUTH IN THE HOME BY ADDRESSING UNDERLYING FUNCTIONS OF BEHAVIOR IN ORDER TO REDUCE DISRUPTIONS IN THE HOME, SCHOOL, AND COMMUNITY.

(C) “FUNCTIONAL FAMILY THERAPY” MEANS A FAMILY-BASED PREVENTION AND INTERVENTION PROGRAM FOR HIGH-RISK YOUTH THAT ADDRESSES COMPLEX AND MULTIDIMENSIONAL PROBLEMS THROUGH CLINICAL PRACTICE THAT IS FLEXIBLY STRUCTURED AND CULTURALLY SENSITIVE.

(D) “HIGH-FIDELITY WRAPAROUND MODEL” MEANS A RESEARCH-BASED MODEL OF CARE COORDINATION THAT USES A HIGHLY STRUCTURED, TEAM-BASED, FAMILY-CENTERED MANAGEMENT PROCESS TO MEET THE NEEDS OF CHILDREN AND ADOLESCENTS WHO EXPERIENCE COMPLEX EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH NEEDS.

(E) “MENTAL HEALTH CASE MANAGEMENT PROGRAM” MEANS A PROGRAM THAT PROVIDES AN IDENTIFIED SUBSET OF WRAPAROUND SERVICES.

(F) “1915(I) MODEL” MEANS THE 1915(I) INTENSIVE BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND FAMILIES PROGRAM ESTABLISHED UNDER TITLE 10, SUBTITLE 9, CHAPTER 89 OF THE CODE OF MARYLAND REGULATIONS.

(G) “VALUE-BASED PURCHASING” MEANS FINANCIALLY INCENTIVIZING PROVIDERS TO MEET SELECTED OUTCOME MEASURES.

(H) “WRAPAROUND SERVICES” MEANS SERVICES PROVIDED TO CHILDREN AND YOUTH WITH INTENSIVE MENTAL HEALTH NEEDS AND THEIR FAMILIES IN THEIR COMMUNITIES, INCLUDING:

(1) INTENSIVE CARE COORDINATION;

(2) CHILD AND FAMILY TEAM MEETINGS; AND

(3) PLANS OF CARE THAT ARE INDIVIDUALIZED TO EACH FAMILY AND INCLUDE:

(I) FORMAL SUPPORTS, INCLUDING INDIVIDUAL AND FAMILY THERAPY; AND

(II) INFORMAL SUPPORTS, INCLUDING INTENSIVE IN-HOME SERVICES, RESPITE CARE, MOBILE CRISIS RESPONSE AND STABILIZATION, FAMILY PEER SUPPORT, EXPERIENTIAL THERAPIES, AND FLEXIBLE FUNDS FOR GOODS AND SERVICES THAT ARE IDENTIFIED IN THE PLAN OF CARE.

15-1102.

(A) THE DEPARTMENT SHALL ENSURE THAT CARE COORDINATORS DELIVERING SERVICES UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE MANAGEMENT PROGRAM RECEIVE TRAINING IN THE DELIVERY OF SERVICES UNDER A HIGH-FIDELITY WRAPAROUND MODEL.

(B) THE DEPARTMENT SHALL PROVIDE REIMBURSEMENT FOR:

(1) WRAPAROUND SERVICES DELIVERED BY CARE COORDINATORS UNDER A HIGH-FIDELITY WRAPAROUND MODEL UNDER THE 1915(I) MODEL OR A MENTAL HEALTH CASE MANAGEMENT PROGRAM THAT IS COMMENSURATE WITH INDUSTRY STANDARDS FOR THE REIMBURSEMENT OF THE DELIVERY OF WRAPAROUND SERVICES;

(2) INTENSIVE IN-HOME SERVICES DELIVERED BY PROVIDERS USING FAMILY-CENTERED TREATMENT, FUNCTIONAL FAMILY THERAPY, AND OTHER EVIDENCE-BASED PRACTICES UNDER THE 1915(I) MODEL THAT IS COMMENSURATE WITH INDUSTRY STANDARDS FOR THE REIMBURSEMENT OF THE DELIVERY OF FAMILY-CENTERED TREATMENT, FUNCTIONAL FAMILY THERAPY, AND OTHER EVIDENCE-BASED PRACTICES; AND

(3) AT LEAST ONE PILOT PROGRAM UTILIZING VALUE-BASED PURCHASING FOR CASE MANAGEMENT SERVICES.

(C) BEGINNING IN FISCAL YEAR 2024, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL FUND 100 SLOTS IN THE MENTAL HEALTH CASE MANAGEMENT PROGRAM FOR CHILDREN OR YOUTH WHO ARE NOT ELIGIBLE FOR PROGRAM SERVICES AND WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT.

~~(D) THE DEPARTMENT SHALL EXPAND ELIGIBILITY CRITERIA TO ENSURE THAT ALL CHILDREN WHO ARE MEDICAID ELIGIBLE WILL BE ABLE TO UTILIZE THE 1915(I) MODEL.~~

~~(E)~~ (D) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL OPERATING BUDGET BILL THE FOLLOWING AMOUNTS TO FUND CUSTOMIZED GOODS AND SERVICES FOR YOUTH RECEIVING SERVICES UNDER THE 1915(I) MODEL OR MENTAL HEALTH CASE MANAGEMENT PROGRAM:

(1) \$150,000 FOR FISCAL YEAR 2025;

(2) \$250,000 FOR FISCAL YEAR 2026; AND

(3) \$350,000 FOR FISCAL YEAR 2027 AND EACH FISCAL YEAR THEREAFTER.

15-1103.

(A) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2023, THE DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON ENROLLMENT IN:

(1) THE 1915(I) MODEL; AND

(2) CHILD AND ADOLESCENT CASE MANAGEMENT SERVICES.

(B) THE REPORT SHALL INCLUDE:

(1) THE TOTAL NUMBER OF CHILDREN AND ADOLESCENTS SERVED BY EACH PROGRAM;

(2) WHETHER THE NUMBER REPRESENTS AN INCREASE OR A DECREASE IN THE NUMBER SERVED; AND

(3) ANY STEPS THE DEPARTMENT HAS TAKEN TO INCREASE ENROLLMENT IN THE PROGRAMS.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2024, the Maryland Department of Health, in consultation with stakeholders, shall:

(1) review for the model established under § 1915(i) of the Social Security Act:

(i) current eligibility requirements and provider reimbursement rates generally, including value-based purchasing options; and

(ii) current eligibility requirements and provider reimbursement rates for child and adolescent mental health case management services, including for youth with primary substance use disorders; and

(2) submit recommendations for expanding eligibility and enrollment in these programs to the General Assembly, in accordance with § 2-1257 of the State Government Article.

(b) On or before December 1, 2023, the Department shall consult early childhood community-based services stakeholders to ensure that services comparable to those available under the 1915(i) model are available for young children with acute or high intensity behavioral health needs.

~~(c) (1) On or before December 1, 2023, and quarterly thereafter, the Department shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article, on enrollment in:~~

~~(i) the 1915(i) model; and~~

~~(ii) child and adolescent case management services.~~

~~(2) The report shall include:~~

~~(i) the total number of children and adolescents served by each program;~~

~~(ii) whether the number represents an increase or a decrease in the number served; and~~

~~(iii) any steps the Department has taken to increase enrollment in the programs.~~

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2023.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.