COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF MARYLAND

Board of Directors

Johnnie Fielding
President
Leading by Example

Dimitri Cavathas
Past President
HealthPort

Wunmi Fadiora-Adediji
Treasurer
Hope Health System

Kevin Keegan
Secretary
Catholic Charities

Charles Anderson
University of Maryland

Andrea Caroll
Everstand

Johnathan Davis
Baltimore Crisis Response

Ann Ebhojiaye
Community Residences

Michelle Grigsby-Hackett
Affiliated Sante

Holly Ireland
Crossroads Community

Jennifer McGlothlin-Renault
Arrow Child & Family Ministries

Kim Morrill
Aspire Wellness Center

Victoria Morgan
Partnership Development Group

Laura Mueller
WIN Family Health

Scott Rose
Sheppard Pratt

Katie Rouse
On Our Own of Maryland

Alyssa Sanders
EveryMind

Russ Weber
Key Point Health Services

January 27, 2025

Jordan Fisher Blotter
Director, Office of Regulation and Policy Coordination
Maryland Department of Health
201 West Preston Street, Room 534
Baltimore, MD 21201
via email to mdh.regs@maryland.gov

RE: Notice of Proposed Action 24-213-P, 24-211-P

Dear Ms. Fisher Blotter:

Please accept this letter as the formal comment from the Community Behavioral Health Association of Maryland (CBH) on Notices 24-213-P and 24-211-P, proposed regulations expanding the scope of Medicaid-reimburseable mental health services available to Maryland children in school settings.

CBH is the voice of Maryland's community-based behavioral health providers. Our members include 128 licensed outpatient mental health clinics throughout Maryland. According to our most recent survey, therapists employed by CBH member clinics offer school-based mental health services to 67% of Maryland schools.

CBH strongly supports increasing the capacity of schools to meet the mental health and addiction-related needs of Maryland students, and we welcome Medicaid playing a larger role in funding school-based behavioral health services.

Despite sharing this goal with the Department, we are alarmed and dismayed with the Department's approach to increasing school capacity. The policies reflected in Notices 24-213-P and 24-211-P build capacity by creating a competing delivery site within schools that competes with community providers and has the potential to disrupt continuity of care for vulnerable Maryland children.

Increasing Competition Does Not Expand Scarce Workforce

As you are aware, the Maryland Health Care Commission recently released a report indicating that Maryland has half the behavioral health workforce required to meet current need.[1] Federal data indicates that Maryland schools pay social workers almost 20% more than community clinics.[2] By forming more competition for Maryland's already-inadequate workforce – in settings capable of offering higher salaries – the Department creates a likelihood of worsening problems for foster

[1] Maryland Health Care Commission, "Investing in Maryland's Behavioral Health Talent" (October 2024).
[2] U.S. Dept. of Labor, Bureau of Labor Statistics, "Occupational Employment and Wage Statistics: Maryland" (May 2023) (average school social worker salary of $71,870 compares to behavioral health social worker salary of $60,200, or 19% less).

youth,[3] as well as youth in kinship care and low-income children accessing publicly-funded behavioral health services.

Moreover, it is unclear how or if schools are capable of fulfilling their obligations to ensure continuity of care for children receiving school-based behavioral health services. Will school-based therapists be available during vacations or summers? If not, how will children be transferred to community clinics during the summer?

Same-Day Service Exclusions and Care Continuity Must Be Resolved Prior to Implementation

In addition to exacerbating workforce shortages, the proposed regulations may disrupt care for children currently receiving public behavioral health services. The combination of service prohibitions can already lead to denials of community-based services when children receive a Medicaid-funded service through their IEP. Allowing schools to serve as specialty mental health clinics under COMAR 10.63 raises the possibility that a child receiving a therapy session in school may be disallowed from receiving medication management or additional therapy sessions – including with parents – from community-based clinics.[4]

We note that similar combination-of-service barriers recently caused the federal government to withdraw proposed regulations in its effort to expand Medicaid in school settings. Specifically, the Department of Education noted in its withdrawal of the regulations:

> A number of commenters raised concerns about instances where students with disabilities were denied reimbursement for and access to Medicaid services provided outside of school as a result of the student's school accessing the student's public benefits for services provided in school. … As part of our technical assistance efforts, the Department engaged with stakeholders to better understand the existing implementation challenges for school-based Medicaid … However, at this time, and with the limited time and resources remaining during this administration, the Department has not been able to fully analyze and develop responsive ways to address the State and local policies and practices that may be contributing to barriers in accessing Medicaid reimbursement for services provided outside of school.[5]

To ensure effective, non-disruptive care to Maryland children, it is essential that same-day exclusions and continuity of care planning be resolved in advance of any implementation of Medicaid billing for school-based services.

---

[3] Dept. of Legislative Services, "FY2025 Budget Analysis" at p. 20 ("The largest share of the vacancies (282.53) is within the Child Welfare services program, which is the largest share of positions authorized within SSA, and primarily includes social worker and other caseworker positions. … as of December 2023, vacancies within SSA represent the largest share of total vacancies across DHS."). See also DLS, "DHS FY2025 Budget Overview," at pp. 14-15.

[4] See Carelon, "MHA – Combination of Service Review" (May 2023).

[5] Federal Register/Vol. 89, No. 248/Friday, December 27, 2024/ Federal Register :: Assistance to States for the Education of Children With Disabilities; Withdrawal

January 27, 2025

Prioritize Collaboration Models of Care

Finally, we note that a number of opportunities to strengthen the capacity of Maryland schools have not yet been fully realized by the Department, including the opportunity to plan for Certified Community Behavioral Health Clinics (CCBHCs) to partner with schools for delivery of behavioral health services and supports in school settings, or the dissemination of best practices for community partnered school-based behavioral health services by the Maryland Department of Health.[6]

Given the severity of Maryland's behavioral health workforce shortage, meaningful collaboration across care settings is the only approach best suited to increasing access to care. We strongly urge the Department to prioritize policy solutions that truly increase access to care, such as CCBHCs and community partnerships.

We welcome any questions or further discussion about the recommendations described here. Thank you for the opportunity to share our concerns with the Department, and please contact me at shannon@mdcbh.org if you need more information. Thank you for your time and consideration.

Sincerely,

Shannon Hall
Executive Director

[6] MD Code - Education, § 7-440(b)(1).