June 7, 2023

Mark Luckner, Executive Director
Community Health Resources Commission
45 Calvert Street, Suite 336
Annapolis, MD 21401

Re: Consortium on Coordinated Community Supports RFP

Dear Mark:

First, I want to impart how much I appreciate the Consortium's efforts to coordinate a transparent and inclusive process as you pursued the tasks assigned by the legislature. The complexity inherent in the current policy landscape surrounding the expansion of school-based behavioral health services has not made this task an easy one. Your efforts are appreciated.

Over the past year, we have had many conversations about CBH's concerns regarding efforts in Maryland to stand up a Medicaid behavioral health workforce in schools. You and your team have not only been willing to hear these concerns, but have proactively addressed some of those which were directly pertinent to the Consortium's tasks, including adding language to pre-RFP materials that require Consortium funds to be used to supplement rather than supplant existing behavioral health services delivered in schools.

I am writing today because the May 18, 2023, CMS guidance on Medicaid school-based services has exacerbated rather than alleviated many of our concerns about reform to school-based behavioral health services. The CMS guidance allows flexibilities to states which essentially enable the creation of a separate behavioral health delivery system for schools than that which currently exists in the community. It allows schools to bill for the same services at a higher rate than community providers, eliminates the requirement for license parity between community and school providers, and significantly reduces the complexity and administrative burden involved with authorization and billing for services provided by schools.

These flexibilities create disparities in the cost and administrative burden for delivering and billing for Medicaid services between community providers and school-based providers. In the midst of a workforce crisis that has forced many community behavioral health providers to reduce capacity because they cannot fill critical staff positions – in part due to staff turnover already attributable to higher-paying school-based positions – our members remain gravely concerned.

For better or worse, the Consortium's work has become intricately intertwined with the conversation about Medicaid in schools. The creation of "hubs" within the Consortium's chosen model raises the same overall concerns about the creation of a wholly separate behavioral health system for schools. It is our understanding that these hubs would eventually support the infrastructure for a new school-based Medicaid behavioral health system. The imbalance between the Medicaid requirements expected of providers within the community and those within schools could decimate the public behavioral health system and jeopardize the services now available to children and their families outside of the classroom. As the nation finds itself confronting a youth mental health crisis, this transfer of capacity to the school setting without access to a wider continuum of services which community Medicaid providers bring to bear, will not serve children and families—especially those with the most acute needs. The Maryland General Assembly recognized the importance of community behavioral health services for youth – and the need to strengthen those services – in its passage of HB 322/SB 255 (Public Health – Home- and Community-Based Services for Children and Youth) last session.

For these reasons, we urge the Consortium to pause its plans for the "hub" entities until Maryland stakeholders involved with school mental health service delivery can determine the best approach to any large-scale reforms to our current school behavioral health service delivery and payment model. Instead, we urge the release of services grants this summer to enable the expansion of community-partnered school mental health treatment services in the fall. This approach would be consistent with the intent of the advocates who originally appealed to the legislature for Kirwan funds to be earmarked to support the activities of community behavioral health providers serving students in schools that are not reimburseable by Medicaid.

As you know, Maryland has a rich infrastructure of community clinic/school partnerships which enable the delivery of behavioral health services to students in Maryland public schools. CBH members alone have clinicians on the ground in 969 of Maryland's 1,449 public schools (67%) and deliver services to more than 20,000 students per year. Outpatient mental health clinics (OMHCs) bill Medicaid and other insurers for these services. They also bring clinical infrastructure to bear, including an array of clinicians, with varying specialties and cultural competencies, operating under supervision and with existing quality and compliance standards in place.

We urge the Consortium, alongside Maryland Medicaid, the Department of Health and all leaders collectively responsible for ensuring access to high-quality behavioral health services for children and youth, to build upon this existing infrastructure in our efforts to enhance and expand services in schools. CBH understands that there are additional federal dollars available to states that can support efforts to build upon existing infrastructure. In order to accomplish both, we offer the following suggestions:

- **Medicaid-reimbursed behavioral health services delivered in schools should be:**
    1. Rendered by licensed clinicians employed by community behavioral health organizations;
    2. Paid at the same rate as community-based BH services;
    3. Subject to the same Medicaid processes for authorization and claims payment as community Medicaid BH services.

  In the event that a Medicaid-reimbursed behavioral health service is delivered by a school-employed personnel, the matching fund will be paid by the school or local LEA.

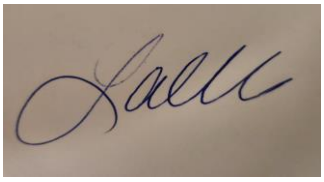
- **Medicaid dollars are now available to support schools to more fully engage in the partnerships with community behavioral health providers. Administrative claiming services should be those activities performed by school-employed staff and reimbursed by Medicaid, including**:

    1. Assisting with benefits enrollment;
    2. Referral and coordination of services;
    3. Evaluation of service effectiveness;
    4. Assessment of future needs.

- **State dollars earmarked under the Maryland Consortium for Coordinated Community Supports should be designated to support community providers which are not reimbursable by Medicaid or other insurers including:**
    1. Teacher consultations, participation in IEP or IFSP meetings, and coordination of services;
    2. Behavioral health services to children who are uninsured or undocumented;
    3. Prevention services to students without a formal mental health diagnosis.

We appreciate and value all of your work on behalf of the Consortium and the Community Health Resources Commission, which has been so instrumental in supporting community behavioral health services. We offer these recommendations for your consideration in the spirit of continued partnership in all efforts to ensure access to high-quality mental health and substance use services for all Marylanders.

Sincerely,



Lauren Grimes
Director of Children's Services Advocacy

cc: Hon. Edward Kasemeyer