



Maryland Department of Health Behavioral Health Administration
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
February 24, 2022

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
February 28, 2022

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis.

Given the known prevalence of telebehavioral health services in rural parts of Maryland and the presumed importance that these services offer in expanding access to MH treatment throughout the State, DLS recommends adopting committee narrative that requests BHA include data on the statewide prevalence of telebehavioral health services with future MFR submissions (pg. 9, 36).

MDH Response: The Department respectfully does not agree. As BHA nor Behavioral Health - Medicaid do not have access to the entire universe of telebehavioral health services in Maryland, it would not be possible to gather data on the statewide prevalence of these services. BHA can include the data that it does collect on the Public Behavioral Health System. Additionally the Maryland Health Care Commission has begun a comprehensive telehealth study based on the HB 123 and SB 3 in last year legislation. This study may have more complete data than the department can provide at this time. Please see the [MHCC site](#) for additional information.

DLS recommends adopting committee narrative requesting a report from BHA on the availability and barriers to access for MAT. This report should also include data on the distribution of MAT providers throughout the State and include outcome-based performance measures for MAT. (pg. 9, 36)

MDH Response: The Department concurs, but requests a due date of December 1, 2022.

DLS recommends deleting double-budgeted and mistakenly budgeted federal funds provided through the fiscal 2022 deficiency and the federal funds mistakenly carrying through in fiscal 2023 in M00L01.02 and M00IL01.3. However, DLS recommends

maintaining the fiscal 2023 federal funds in M00Q01.10 to allow for spending authority of the rate increases into fiscal 2023. (pg. 12)

MDH Response: The Department concurs with this recommendation. Please note that Supplemental Budget No. 1 addresses this issue by providing general funds to support HCBS rate increases within the two BHA programs.

Given DLS's concerns with general fund adequacy discussed later in this analysis, the department should comment on the availability of new State funds to support the enhancement of HCBS and the associated rate increases. (pg. 12)

MDH Response: The State funds are generated through the reinvestment of the 10% FMAP. New state dollars will be required to maintain the rate increase and peer recovery supports services starting April 1, 2024. Until then, the enhanced federal dollars will be reinvested back into the program and used to support the general fund share. States are only prohibited from using the enhanced funds to supplant any activities that started before April 1, 2021.

Our latest proposed spending plan can be found here:
<https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>.

MDH should comment on the availability of additional block grant funding not yet reflected in the fiscal 2023 allowance. (pg. 17)

MDH Response: BHA is awaiting notification from SAMHSA on another State Opioid Response grant award. We expect the federal government to provide updates soon.

Given the wide range of general fund adequacy, including potential surpluses, DLS recommends adding budget bill language to restrict the use of provider reimbursements in the behavioral health budget to that purpose, including funds provided via deficiency appropriation. (pg. 20, 35, 36).

MDH Response: The Department concurs.

The department should comment on the planned uses of this funding [DLS anticipates \$10 million in this budget for further forgiveness; no-offset provider funding collection], given that no-offset providers have had collections already pursued against them. (pg. 26)

MDH Response: The Department anticipates using the remaining \$10 million deficiency to 1) repay providers owing less than \$10,000 for any recoupment they made, 2) account for unsuccessful collection from no-offset providers, and 3) account for any future decisions made by the Governor around provider forgiveness.

However, as these funds were only provided for the purpose of forgiveness, DLS recommends adding budget bill language that restricts the \$13 million in the general funds deficiency to only be used for provider forgiveness of overpayments for those owing less than \$25,000 or be reserved for provider reimbursements. Further, DLS recommends

adopting separate budget bill language restricting funds from the Secretary's budget pending submission of a report that outlines the forgiveness program used by the department to expend the \$13 million fiscal 2022 general fund deficiency. (pg. 27, 35)

MDH Response: The Department respectfully does not agree with this recommendation; MDH supports the Governor's budget. The Department is happy to provide the requested reports.

[The budget committees were interested in the impact that this implementation would have in the State and added committee narrative to the 2021 JCR requesting a report on the 988 implementation. The Greater Baltimore Regional Integrated Crisis System (GRBICS), funded in part with support from the Health Services Cost Review Commission's catalyst grant program, is another new tool in the State to address growing MH needs. The 2021 JCR also requested a report on GRBICS and, in particular, the care traffic control system of this program. At the time of this writing, neither of these reports have been submitted.] MDH should comment on when these outstanding responses to the JCR will be submitted. (pg. 33)

MDH Response: The Department is steadily working on these reports and intends to submit them as soon as possible.