
Health and Social Services Subcommittee

Additional Pages

March 19, 2025

DLS Recommendation

D76

Maryland Office of the Inspector General for Health

Supplemental Budget No. 1

D76A01.01 Maryland Office of the Inspector General for Health

Amend appropriation for the purposes indicated:	<u>Funds</u>	<u>Positions</u>
1. Delete 4.0 new positions added in Supplemental Budget No. 1 due to the availability of vacant positions that can be reallocated from elsewhere in the Executive Department.		-4.00
Total Change		-4.00

M00L
Behavioral Health Administration
Maryland Department of Health

M00L01.02 Community Services

Amend language for the purposes indicated:	<u>Funds</u>	<u>Positions</u>
1. Reduce the general fund appropriation for behavioral health investments due to the inclusion of funding for services that are billable to Medicaid.	-9,900,000 -6,900,000	GF
Total Change	-9,900,000 -6,900,000	

Budget Amendment

M00L01.02 Community Services

Add the following language to the general fund appropriation:

Further provided that \$3,000,000 of this appropriation made for the purpose of behavioral health investments may not be expended for that purpose and may be used only to address pediatric hospital overstays. Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund.

Explanation: This action restricts funds within the Community Services program to be used only to address hospital overstays among children and youth.

M00L
Behavioral Health Administration
Maryland Department of Health

Budget Amendment

M00L01.02 Community Services

Add the following language to the general fund appropriation:

Further provided that \$500,000 of this appropriation made for the purpose of harm reduction in the Behavioral Health Administration may not be expended for that purpose, but instead may be used only to provide funding to public higher education institutions for the purpose of providing drug detection products to students. Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund.

Explanation: This action restricts funds within the Community Services program to be used only to provide funds to public higher education institutions for the purpose of providing drug detection products to students.

M00L
Behavioral Health Administration
Maryland Department of Health

Committee Narrative

M00Q01.10 Medical Care Provider Reimbursements

Adopt the following narrative:

Study on Cost Savings Associated with Certified Community Behavioral Health Clinics (CCBHC): Chapter 275 of 2023 requires the Maryland Department of Health (MDH) to apply for federal planning, demonstration, and implementation grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand CCBHCs in the State. The Budget and Reconciliation Financing Act (BRFA) of 2025 includes a provision that would eliminate this requirement. SAMHSA issued a CCBHC planning grant to MDH in fiscal 2025 totaling \$926,053, but MDH has estimated implementation costs to be unmanageable, given the State's economic outlook. The budget committees are interested in understanding the potential cost savings associated with investing in CCBHCs as well as the feasibility of leveraging federal funding for this purpose in the future. The committees request that MDH, in partnership with the Hilltop Institute, submit a report including the following information:

- anticipated implementation costs to participate in the demonstration program and a description of the methodology used to estimate these costs;
- potential payment for services, including prospective payment methodologies;
- a cost benefit analysis of the CCBHC model that includes potential cost savings related to emergency department visits and potentially avoidable hospital utilization, as well as improved health outcomes for CCBHC participants;
- data collection and analytic needs under the model;
- CCBHC implementation costs and cost savings in other U.S. states;
- description of impact on funding, service delivery, and types of services provided by Maryland CCBHCs currently in operation, should the federal SAMHSA planning and demonstration grants not be pursued; and

- impact on eligibility to participate in the planning and demonstration grant program in the future, should the current SAMHSA award not be accepted.

Information Request	Author	Due Date
Study on cost savings associated with CCBHCs	Behavioral Health Administration	May 1, 2026

M00L
Behavioral Health Administration
Maryland Department of Health

Committee Narrative

M00L01.02 Community Services

Adopt the following narrative:

Report on Spending to Address Pediatric Hospital Overstays: In recent years in Maryland, bed capacity at State hospital centers and other inpatient settings has not sufficiently met the demand for inpatient behavioral health services. The Behavioral Health Administration (BHA) funds multiple programs to expand the number of appropriate beds to discharge adults and children ready to leave a State hospital as well as programs to support their transition back into their communities. The committees are interested in ensuring that BHA is investing funding in fiscal 2026 to address hospital overstays among children and youth and request that the Maryland Department of Health (MDH) submit a report including the following information:

- a fiscal 2026 spending plan for programs and services aimed at addressing pediatric overstays;
- a description of programs and services included in the spending plan;
- summary of any challenges that BHA foresees in fully expending funds per the spending plan; and
- actual fiscal 2026 expenditures from these programs as of October 31, 2025.

Information Request	Author	Due Date
Report on spending to address pediatric hospital overstays	MDH	December 1, 2025

DLS Recommendation

M00L Behavioral Health Administration Maryland Department of Health

Supplemental Budget No. 1

M00L01.02 Community Services

Amendment No. 3

On page 74, in line 33, after “Physicians” insert “, further provided that \$2,430,383 of this appropriation is contingent upon the enactment of HB 352 or SB 321 of 2025 **allowing the use of Opioid Restitution Funds for this purpose**”.

Explanation: This modification is a technical amendment to clarify the provision in the Budget Reconciliation and Financing Act of 2025 upon which the appropriation is contingent.

DLS Recommendation

M00M Developmental Disabilities Administration Maryland Department of Health

Supplemental Budget No. 1

M00M01.02 Community Services

Amend the following language:

Amendment No. 4

On page 77, in line 9, strike beginning with “Further” through “Program” in line 13 and in line 15~~21~~ strike beginning with “, provided” “Further” through “Program.” in line 20~~25~~.

Explanation: This action makes a technical change to correct the line references to strike the correct contingent language.

M00Q01
Medical Care Programs Administration
Maryland Department of Health

Committee Narrative

M00Q01.03 Medical Care Provider Reimbursements

Adopt the following narrative:

Medicare and Medicaid Coverage of End-stage Renal Dialysis (ESRD) Patients: The committees request that the Maryland Department of Health (MDH) submit a report on Medicare and Medicaid coverage for dually eligible ESRD patients. The report should review Medicare application requirements for ESRD patients in Maryland, specifying Medicare application and eligibility requirements for ESRD patients enrolled in Medicaid. Additionally, the report should include:

- a review of other state policies and processes for enrollment of ESRD patients under 65 years old in Medicaid and Medicare;
- a review of Medicare eligibility and coverage of ESRD patients enrolled in Medicaid to assess Medicare eligibility gaps;
- potential gaps in coverage for ESRD patients enrolled in Medicaid and ways to address these gaps; and
- a process to assist ESRD patients enrolled in Medicaid to apply for Medicare, or if this process is not feasible, a rationale for why a process to assist ESRD patients apply for Medicare would not be feasible.

Information Request	Author	Due Date
Report on Medicare coverage of dually eligible ESRD patients	MDH	September 1, 2025

DLS Recommendation

M00Q01
Medical Care Programs Administration
Maryland Department of Health

Supplemental Budget No. 1

M00Q01.03 Medical Care Provider Reimbursements

Amend appropriation for the purposes indicated:	<u>Funds</u>	<u>Positions</u>
1. Reduce funds for biomarker testing, delaying implementation due to the State's fiscal condition.	-6,000,000 GF -9,600,000 FF	
Total Change	-15,600,000	0.00

M00Q01.10 Medicaid Behavioral Health Provider Reimbursements

Amend appropriation for the purposes indicated:	<u>Funds</u>	<u>Positions</u>
1. Reduce funds for biomarker testing, delaying implementation due to the State's fiscal condition.	-2,000,000 GF -3,200,000 FF	
Total Change	-5,200,000	0.00

N00B
Social Services Administration
Department of Human Services

Budget Amendment

N00B00.04 General Administration – State

Add the following language to the general fund appropriation:

Further provided that \$500,000 of this appropriation made for the purpose of administrative expenses may not be expended until the Department of Human Services submits a report to the budget committees that provides data on hospital **and hotel** stays by children and youth in out-of-home placements. The report shall include, for each month of the period October 2023 through September 2025:

- (1) the number of youth in out-of-home placement served in emergency rooms for psychiatric evaluation or crisis and the average length of stay (ALOS) by month;
- (2) the number of youth in out-of-home placement served separately by medical hospitals and inpatient psychiatric hospitals and ALOS by month;
- (3) the number of days that youth in out-of-home placements served in hospitals were in the hospital longer than was deemed medically necessary by either the hospital or a judicial finding separately by type of hospital; and
- (4) the placement type after discharge separately by type of hospital, including identifying the number of youths placed out-of-state after discharge for fiscal 2024 and 2025.

In addition, the report shall include, for each month of the period October 2024 through September 2025:

- (1) **the number of unique and total youth in out-of-home placements placed in hotels, by jurisdiction;**
- (2) **the ALOS for youth in out-of-home placements placed in hotels; and**
- (3) **summary information on youth placed in hotels by age category.**

The report shall be submitted by **December 1, 2025**, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted.

Explanation: The General Assembly continues to be interested in monitoring data about children and youth experiencing stays in emergency rooms or inpatient hospital settings longer than is medically necessary. In order to maintain oversight over this issue, the budget committees have adopted annual narrative in recent years requesting that the Department of Human Services provide a report on hospital stays by children and youth in out-of-home placements. **The General Assembly is also interested in understanding more about the number of children and youth experiencing stays in hotels.** This language withholds funding until a report with data related to hospital **and hotel** stays is submitted, which contains current data as of September 1, 2025.

Information Request	Author	Due Date
Report on hospital and hotel stays	Department of Human Services	December 1, 2025

N00B
Social Services Administration
Department of Human Services

Committee Narrative

N00G00.01 Foster Care Maintenance Payments

Adopt the following narrative:

Costs Associated with Youths in Out-of-home Placements Placed in Hotels: The committees are interested in receiving data on the costs associated with placing youths in out-of-home placements in hotels. The committees request that the Department of Human Services (DHS) include in the fiscal 2027 budget subprogram-detail for fiscal 2025 actual (**to the extent possible**), fiscal 2026 working, and fiscal 2027 allowance that separately identifies payments and anticipated payments for youth in out-of-home placements placed in hotels paid through the Foster Care Maintenance Payments program. **The data should be provided as a subprogram within N00G00.01 Foster Care Maintenance Payments and in detail provided with submission of the fiscal 2027 allowance on spending by placement type.**

Information Request	Author	Due Date
Costs associated with youths in out-of-home placements placed in hotels	DHS	With submission of the fiscal 2027 allowance

Sections

Budget Amendment

Add the following section:

SECTION XX State Child Fatality Review Team

SECTION XX. AND BE IT FURTHER ENACTED, That \$100,000 of the general fund appropriation of the Department of Human Services (DHS) Social Services Administration and \$100,000 of the general fund appropriation for the Maryland Department of Health (MDH) Prevention and Health Promotion Administration may not be expended until MDH and DHS submit a joint report to the budget committees indicating that the State Child Fatality Review Team has met publicly, the dates of the meetings to discuss child fatalities, a summary of the meeting, and the anticipated date for release of the annual report. The report shall be submitted by November 15, 2025, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted.

Explanation: The General Assembly is interested in receiving updates on the State Child Fatality Review Team. This language withholds funds in DHS and MDH pending submission of a joint report detailing meetings of the State Child Fatality Review Team and the release of the annual report.

Information Request	Author	Due Date
Report on meeting discussing child fatalities	DHS MDH	November 15, 2025