



Joint Chairmen’s Report – Operating Budget, April 2024

At the conclusion of each Session, the Chairs of the Senate Budget & Taxation Committee and the House Appropriations Committee release the Joint Chairmen’s Report (JCR). This Report specifies actions that the Committees’ request be taken by State agencies to study certain items and submit reports to the Committees prior to the start of the next Session. Below is a listing of requested reports affecting the health care industry as well as the report language. The full JCR can be found at [Joint Chairmen's Report 2024 Session \(maryland.gov\)](https://www.maryland.gov/joint-chairmen-report-2024-session).

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D26A07
Department of Aging

Committee Narrative

D26A07.03 Community Services

Report on Senior Care Funding Adequacy: The Maryland Department of Aging (MDOA) Senior Care program is provided by all local jurisdictions in the State and serves more than 5,000 individuals. Since fiscal 2023, the annual appropriation for Senior Care has included funding enhancements to address large waitlists in the program. Fiscal 2023 data suggests that with even modest increases in funding, local Area Agencies on Aging (AAA) are able to expand this service to significantly increase participation while reducing waitlist sizes. The fiscal 2024 working appropriation, after accounting for a planned reversion, totals \$13.9 million with \$4 million intended to address waitlists. The fiscal 2025 allowance continues funding at these levels. Given the recent increases in Senior Care appropriations, the committees are interested in understanding the actual need to serve those in need of Senior Care services in the local jurisdictions. The committees request that the MDOA submit a report providing the following data:

- the number of individuals participating in Senior Care by local AAAs as of September 30, 2024;
- the number of individuals on the Senior Care waitlist by local AAAs as of September 30, 2024;
- the total funding expended on Senior Care in fiscal 2024 by each AAA; and
- the estimated level of funding needed to meet service demands by AAAs.

| Information Request | Author | Due Date |
|---------------------------------|---------------|------------------|
| Participation and funding needs | MDOA | December 1, 2024 |

Update on the Longevity Ready Maryland (LRM) Initiative: Established by executive order in January 2024, the LRM Initiative will connect State agencies to develop strategies to prioritize the needs of the older population in Maryland across State government. The Maryland Department of Aging (MDOA) will oversee the initiative and staff workgroups and publish two reports with recommendations and a roadmap for interagency collaboration and program development. As of January 2024, MDOA is planning investments in data tools, including a data dashboard to better collect, track, and analyze data to inform its work. MDOA is required by executive order to submit a preliminary report in July 2025 and a final report in July 2026. To understand how fiscal 2024 and 2025 spending may be used to advance the goals of this initiative, the committees request that MDOA submit a report with the following data as of October 30, 2024:

D26A07

- planned and completed expenses related to the LRM Initiative in fiscal 2024 and 2025;
- a brief timeline of activities and milestones leading up to the 2026 final report; and
- a list of agencies participating in the initiative.

| Information Request | Author | Due Date |
|------------------------------|---------------|-------------------|
| Update on the LRM Initiative | MDOA | December 15, 2024 |

Report on Prince George’s County Local Area Agency on Aging (AAA) Operations and Spending: The Maryland Department of Aging (MDOA) received \$3.6 million in federal stimulus funding through the Coronavirus Response and Relief Supplemental Appropriation Act between fiscal 2021 and 2023. MDOA distributed the funding to the 19 local AAAs to support program expenditures, and the funding expired September 30, 2023. Prince George’s County was 1 of 5 AAAs that did not completely expend its appropriation, leaving \$84,056 in federal funds unspent. Prince George’s County cited staffing challenges as the main reason for being unable to fully expend the appropriation. The committees are concerned about the ability of local jurisdictions to direct available funding to administer local services and request that MDOA and the Prince George’s County AAA submit a report on the former’s operations, including:

- an organizational chart of Prince George’s County AAA fiscal and operations units, indicating vacant positions;
- a description of revenue and expenditure process for receiving grants and funding programs;
- a list of fiscal 2023 and 2024 aggregated local, State, and federal revenue, and expenditures by program; and
- a description of barriers and challenges to receiving, processing, and spending funding.

| Information Request | Author | Due Date |
|---|------------------------------------|-----------------|
| Report on Prince George’s County AAA operations | MDOA Prince George’s County AAA | August 1, 2024 |

D55P00
Department of Veteran Affairs

Committee Narrative

D55P00.05 Veterans Home Program

Quarterly Reports on Charlotte Hall Veterans Home (CHVH) Facility Operations, Staffing, and Federal Ratings: The Maryland Department of Veterans Affairs (MDVA) oversees the operation of CHVH, the only assisted-living and skilled-nursing care for veterans and their spouses in the State. The committees are interested in how the new management contractor operates CHVH and its efforts on increasing staffing and residency numbers. Additionally, the committees are concerned with the low ratings from the federal Centers for Medicare and Medicaid Services (CMS) surrounding nursing home facility performance. The committees request that MDVA submit quarterly reports in collaboration with the CHVH contractor on the progress of CHVH’s operations; census numbers; staffing levels; efforts to increase census and staffing numbers; the number of resident complaints and resident complaints by type of complaint; as well as any report, rating, or fine from CMS. In each quarterly report, the report should note the period covered by the data and corresponding dates.

| Information Request | Author | Due Date |
|---|---------------|---|
| Request on status of CHVH operations, staffing, and federal ratings | MDVA | July 1, 2024 October 1, 2024 January 1, 2025 April 1, 2025 |

D78Y01
Maryland Health Benefit Exchange

Committee Narrative

D78Y01.03 Reinsurance Program

Reinsurance Program Costs and Forecasts: The committees are interested in monitoring the costs of the State Reinsurance Program and future funding needs. The committees request that the Maryland Health Benefit Exchange (MHBE) submit a report that provides an updated forecast of spending and funding needs.

| Information Request | Author | Due Date |
|--|---------------|--------------------|
| Reinsurance program costs and forecast | MHBE | September 30, 2024 |

F10A02
Office of Personnel Services and Benefits
Department of Budget and Management

Budget Amendments

F10A02.01 Executive Direction

Add the following language to the general fund appropriation:

. provided that \$100,000 of this appropriation made for the purpose of administration may not be expended until the Department of Budget and Management (DBM) submits a report to the budget committees that includes:

- (1) comparative analyses that State employee health plans have prepared under the Mental Health Parity and Addiction Equity Act, 42 U.S.C. § 300gg-26(a)(8), for plans offered for plan years 2022 and 2023, or the most recent two years available;
- (2) DBM’s assessment of each health plan’s compliance with the Parity Act; and
- (3) the number and nature of complaints that have been filed with DBM from calendar years 2018 through 2023 categorizing complaints as filed by plan members, participants, or providers regarding coverage denials or limitations for mental health and/or substance use disorder benefits through state employee health plans.

The report shall be submitted by November 1, 2024, 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.

Explanation: The General Assembly is interested in receiving more information regarding the State’s compliance with the Mental Health Parity and Addiction Equity Act, which prevents group health plans that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations than on medical or surgical benefits.

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Mental Health Parity and Addiction Equity Act compliance report | DBM | November 1, 2024 |

F10A02

| | | |
|--|---------------------|-------------------------|
| Amend appropriation for the purposes indicated: | <u>Funds</u> | <u>Positions</u> |
| 1. Increase the turnover expectancy for a new position to 25%. | -36,651 | GF |
| Total Change | -36,651 | 0.00 |

| <u>Effect</u> | <u>Allowance</u> | <u>Appropriation</u> | <u>Amount Change</u> | <u>Position Change</u> |
|----------------------|-------------------------|-----------------------------|-----------------------------|-------------------------------|
| Position | 30.00 | 30.00 | | 0.00 |
| General Fund | 4,148,049 | 4,111,398 | -36,651 | |
| Total Funds | 4,148,049 | 4,111,398 | -36,651 | |

Committee Narrative

Health Insurance Account Closeout Report: The committees request a report on the fiscal 2024 closeout of the Employee and Retiree Health Insurance Account. This report shall include:

- the closing fiscal 2024 fund balance;
- the actual provider payments due in the fiscal year broken out by medical payments for active employees, medical payments for non-Medicare-eligible retirees, medical payments for Medicare-eligible retirees, prescription drug payments for active employees, prescription drug payments for non-Medicare-eligible retirees, and prescription drug payments for Medicare-eligible retirees;
- State employee and retiree contributions, broken out by active employees, non-Medicare-eligible retirees, and Medicare-eligible retirees;
- an accounting of rebates, recoveries, and other costs, broken out into rebates, recoveries, and other costs associated with active employees, non-Medicare-eligible retirees, and Medicare-eligible retirees;
- any closeout transactions processed after the fiscal year ended; and
- actual incurred but not received costs.

F10A02

| Information Request | Author | Due Date |
|---|-------------------------------------|-----------------|
| Report on fiscal 2024 closeout data for the Employee and Retiree Health Insurance Account | Department of Budget and Management | October 1, 2024 |

Quarterly Medical, Dental, and Prescription Plan Performance: In recent years, the State has implemented different strategies to contain medical and prescription costs. The committees request that the Department of Budget and Management (DBM) submit quarterly reports on plan performance of the State's prescription, medical, and dental plans.

- Medical and dental reports should provide utilization and cost data broken out by plans as well as actives, non-Medicare-eligible retirees, and Medicare-eligible retirees. The reports should include utilization per 1,000 plan participants; unit cost and per member costs for hospital inpatient services; hospital outpatient services; professional inpatient services; professional outpatient services; and ancillary services, provided by the State's health plans.
- Prescription reports should provide information on the highest cost prescription drugs by category of treatment; the prescription drugs accounting for the largest increases in drug spending; the top 25 most costly individual prescription drugs in generic, brand, biologics, and specialty drug categories; recent drug patent expirations; and upcoming new drug patent approvals. Additionally, the reports should include data on the cost drivers and drug trends by actives, non-Medicare retirees, and Medicare retirees.

| Information Request | Author | Due Date |
|---|--------|--|
| Quarterly State medical, dental, and prescription drug plan performance reports | DBM | September 15, 2024 December 15, 2024 March 15, 2025 June 15, 2025 |

Update on Recommendations for Modernizing State Recruitment: The committees are interested in the State's progress toward adopting recommendations made in the January 2024 report of the Task Force on the Modernization of the State Personnel Management System (SPMS).

The committees request that Department of Budget and Management (DBM) submit a report by October 1, 2024, that includes:

- all actions taken toward implementing the recommendations of the task force;

M00A01
Office of the Secretary
Maryland Department of Health

Budget Amendments

M00A01.01 Executive Direction

Add the following language to the general fund appropriation:

Further provided that \$500,000 of this appropriation made for the purposes of Executive Direction may not be expended until the Maryland Department of Health (MDH) submits a report to the budget committees on recruitment and new positions at MDH. The report shall include the following:

- (1) an evaluation of the impact of fiscal 2023 annual salary review adjustments and any other compensation benefits or incentives offered by MDH; and
- (2) a detailed breakout of new positions and contractual conversions departmentwide and by office in fiscal 2025.

The report shall be submitted by August 15, 2024, 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 purposes and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: Language in the fiscal 2023 and 2024 Budget Bill restricted funds pending reports on the reasons for vacancies and efforts to recruit and retain MDH employees, and MDH submitted one of the required reports on February 19, 2024. Although the January 2024 vacancy rate in MDH Administration decreased more than 3 percentage points compared to the vacancy rate in January 2023, MDH continues to report large numbers of vacancies in its administrative offices and at State facilities. The General Assembly remains interested in understanding the impact of recent compensation adjustments, recruitment strategies, and new fiscal 2025 positions on MDH staffing levels. This language restricts funds pending a report on additional information related to recruitment and new positions throughout MDH.

| Information Request | Author | Due Date |
|--------------------------------|---------------|-----------------|
| MDH staffing and salary update | MDH | August 15, 2024 |

M00A01

Committee Narrative

Overdose Response Efforts: As the opioid crisis evolves and overdoses in Maryland rise, the committees are interested in understanding the range and effectiveness of strategies that the Maryland Department of Health (MDH) is implementing to address the crisis. The committees request that MDH include in the annual report for the Commission on Behavioral Health Care Treatment and Access a list of departmentwide and interdepartmental initiatives designed to address substance use disorder among Maryland residents. Initiatives should include statewide efforts managed by MDH and be inclusive of preventive, educational, recovery, and other relevant supportive services and programs. Specifically, the annual report should include:

- initiative names and brief descriptions of their function and activities;
- list of deliverables, goals, and outcomes, as applicable of the group or project;
- other agencies or nongovernmental entities involved with the initiative;
- date of establishment and date of termination (if applicable);
- MDH's plan to continue the effort, including anticipated date to end or reevaluate project outcomes; and
- costs associated with each project from inception through the end of fiscal 2024, including unspent allocated funds.

Implementation of Recommendations from Financial Compliance Audit: In the Statewide Review of Budget Closeout Transactions for Fiscal Year 2022 released in January 2023, the Office of Legislative Audits (OLA) included findings related to a review of 16 Maryland Department of Health (MDH) accounts and identified \$3.5 billion in federal fund revenue that lacked proper supporting documentation. This finding was repeated in OLA's fiscal 2023 closeout audit, which found that \$2.3 billion in federal fund revenue lacked proper documentation. In an October 2023 fiscal compliance audit for the MDH Office of the Secretary and Other Units, OLA covered MDH's federal fund accounting policies and procedures and published findings related to MDH's failure to recover federal revenue, lack of adequate processes to verify receipt of federal fund reimbursement requests, and deficit balance in the Medicaid clearing account (which receives and reallocates federal funds to appropriate expenditure accounts). As of November 2023, MDH had implemented 13 of 28 recommendations published by OLA. The committees are interested in MDH's progress toward meeting the goal of implementing all recommendations by the close of fiscal 2024 to address the deficiencies in its federal fund accounting procedures. The committees request that MDH submit a report with the following information, as of August 1, 2024:

M00A01

- the status of implementing each of the 28 recommendations published by OLA;
- a brief description of personnel and budgetary changes associated with implementing each recommendation;
- an indication of which recommendations, if any, were not implemented by June 30, 2024, and the reasons they were not implemented by that date or will not be implemented; and
- if applicable, estimated implementation dates for each recommendation that had not been completed by August 1, 2024.

| Information Request | Author | Due Date |
|---|---------------|-------------------|
| Report on implementation of recommendations from financial compliance audit | MDH | September 1, 2024 |

M00B0104
Health Professional Boards and Commissions
Maryland Department of Health

Budget Amendments

REGULATORY SERVICES

M00B01.04 Health Professionals Boards and Commissions

Add the following language to the special fund appropriation:

, provided that \$100,000 for the Board of Dental Examiners, \$100,000 for the Board of Pharmacy, and \$100,000 for the Board of Professional Counselors and Therapists made for the purposes of administrative expenses may not be expended until a joint report is submitted by the Maryland Department of Health detailing the backlog of cases to be investigated by each board, plans to remedy the low completion percentage of the timely complaint investigation goal, and a timeline for improvement on annual performance goals. The report shall be submitted by August 1, 2024, 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 be canceled if the report is not submitted to the budget committees.

Explanation: Several of the health professional boards have missed their annual Managing for Results performance goals relating to timely investigations for the last five fiscal years. This language restricts funds from the boards that have missed these goals for five consecutive years until the Maryland Department of Health (MDH) submits a joint report outlining plans to correct the low percentage of timely investigations and clear any case backlogs.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on the Health Professional Boards and Commissions' timely investigation goal | MDH | August 1, 2024 |

Committee Narrative

M00B01.05 Board of Nursing

Maryland Board of Nursing Infrastructure Operations Transfer: Chapters 222 and 223 of 2023 temporarily repeal the Maryland Board of Nursing's (BON) authority to employ staff, define the duties of its staff, and employ an executive director. Instead, authority of the board's infrastructure and oversight operations are assigned to the Secretary of Health. The committees request that the Maryland Department of Health (MDH) and BON submit a joint report detailing

M00B0104

the implementation of the transfer of BON infrastructure operations to MDH Office of the Secretary, including:

- how general funds within MDH Office of the Secretary and corresponding reimbursable funds within BON were spent in fiscal 2024;
- a list of the board's activities that were determined to be infrastructure operations and were transferred to MDH Office of the Secretary;
- a breakdown of each agency's role in infrastructure operations and the positions performing infrastructure and oversight duties; and
- details on BON and MDH Office of the Secretary's plan to transition infrastructure operations back to BON beginning in fiscal 2026.

| Information Request | Authors | Due Date |
|---|----------------|-----------------|
| Report on transfer of BON infrastructure operations | MDH BON | August 1, 2024 |

M00F
Public Health Administration
Maryland Department of Health

Budget Amendments

DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES

M00F01.01 Executive Direction

Add the following language to the general fund appropriation:

. provided that \$250,000 of this appropriation made for the purpose of Executive Direction may not be expended until the Maryland Department of Health (MDH) and the Department of Budget and Management submit a report to the budget committees on the Core Public Health Services funding formula, including how it is distributed across the 24 local health departments (LHD) and how MDH determines the local match required for each LHD. The report shall include the following information:

- (1) the amount of LHD funding allocated in the prior fiscal year that should be included in the base amount for the purpose of calculating the formula each year, specifying whether the base amount should include salary adjustments;
- (2) a comparison of the annual formula growth to actual LHD expenditure growth, by jurisdiction, between fiscal 2022 through 2025;
- (3) details regarding the methodology and rationale for determining LHD funding allocation by jurisdiction;
- (4) actual non-State LHD expenditures by jurisdiction allocated to LHD in fiscal 2022 through 2024;
- (5) any recommendations to change the formula;
- (6) the local match percentage and amount required for each jurisdiction in each year from fiscal 2021 through 2025;
- (7) a description of how the local match percentage was applied in each fiscal year; and
- (8) recommendations to adjust the local match calculation to prevent burdensome increases in local funding requirements.

The report shall be submitted by October 1, 2024, 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 to the budget committees.

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Explanation: Section 2-302 of the Health – General Article mandates formula funding for Core Public Health Services (funding for LHD) with an annual adjustment factor set to inflation and population growth. The formula, as currently written in statute, does not account for ongoing expenditures related to annual general salary increases, salary increments, or health insurance costs. In addition, increases in the State allocation to LHDs resulted in significant increases in the amount of local match funding required for each LHD in fiscal 2024, and this will likely be the case in fiscal 2025 as well. This language restricts funding until the Maryland Department of Health (MDH) and the Department of Budget and Management (DBM) submit a report on the funding formula calculation, recent actual LHD expenditures, and recommendations for any changes to the formula.

| Information Request | Authors | Due Date |
|-------------------------------|------------|-----------------|
| Report on LHD funding formula | MDH DBM | October 1, 2024 |

Add the following language to the general fund appropriation:

Further provided that \$100,000 of this appropriation made for the purpose of Executive Direction in the Office of the Deputy Secretary for Public Health Services may not be expended until the Maryland Department of Health, in consultation with the Office of the Attorney General, submits a report to the budget committees on improving oversight of the physician dispensing process. The report should include the following:

- (1) a summary of the agencies' roles in overseeing the permit process for physician dispensing of controlled dangerous substances (CDS) and non-CDS;
- (2) a description of permit requirements for physicians to dispense non-CDS, including the rationale behind the permit requirements;
- (3) a description of the steps that would be needed to transfer oversight authority to the Board of Physicians and the resulting impact on the Office of Controlled Substances Administration; and
- (4) anticipated operational and fiscal impacts of changing the dispensing permit for non-CDS from the provider level to facility level.

The report shall be submitted by September 1, 2024, 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 to the budget committees.

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Explanation: The committees are concerned that the process by which physicians are permitted to dispense non-CDS is inefficient and can result in unnecessary delays in dispensing non-CDS prescriptions. The committees are interested in opportunities to streamline the permit process by transferring oversight responsibilities from the Maryland Department of Health (MDH) Office of Controlled Substances Administration to the Board of Physicians or by changing parameters of the permit requirement. This language restricts funding for administrative purposes pending a joint report from MDH and the Office of the Attorney General (OAG) on the current dispensing permit process and impact of changes to the process.

| Information Request | Authors | Due Date |
|---|----------------|-------------------|
| Report on physician dispensing permit process | MDH OAG | September 1, 2024 |

Committee Narrative

OFFICE OF POPULATION HEALTH IMPROVEMENT

M00F02.01 Office of Population Health Improvement

Registered Nurse (RN) Degree Apprenticeship Program Study: The budget committees direct the Maryland Department of Health (MDH), in consultation with the Maryland Department of Labor (MDL), the State Board of Nursing, and other stakeholders, to study the feasibility of developing and implementing an RN degree apprenticeship program in Maryland. Relevant stakeholders may include representatives from community colleges and four-year universities; the Maryland Nurses Association; the Maryland Association of County Health Officers; the Maryland Organization of Nurse Leaders; the Maryland Nursing Workforce Center at the University of Maryland, Baltimore Campus; among others. MDH, in consultation with MDL and other stakeholders, should submit a report with findings and recommendations by June 30, 2025. The report should include:

- a review of existing models of nurse apprenticeship programs in other jurisdictions, including programs in other states and countries;
- recommendations on the framework for RN and licensed practical nurse degree apprenticeship programs, including addressing implementation questions such as how an apprenticeship model may provide the full range of supervised clinical education experiences and meet national and State standards to ensure the portability of nursing licensure;
- recommendations for sustainable funding models; and

M00F

- a framework for postgraduate transition to practice programs that may benefit from dual recognition as an industry-recognized apprenticeship program by the U.S. Department of Labor and a Practice Transition Accreditation Program by the American Nurses Credentialing Center.

| Information Request | Author | Due Date |
|--|-------------------------------|-----------------|
| Report on nurse degree apprenticeships | MDH, in consultation with MDL | June 30, 2025 |

M00F03
Prevention and Health Promotion Administration
Maryland Department of Health

Budget Amendments

M00F03.01 Infectious Disease and Environmental Health Services

Amend the following language on the general fund appropriation:

, provided that ~~\$10,000,000~~ \$2,000,000 of this appropriation is contingent upon passage of legislation establishing the Center for Firearm Violence Prevention and Intervention.

Explanation: This action is technical and amends language that makes the funding for the Center for Firearm Violence Prevention and Intervention contingent on the enactment of legislation. A separate action reduces the funding for the Center for Firearm Violence Prevention and Intervention to provide \$2,000,000.

Amend appropriation for the purposes indicated:

| | <u>Funds</u> | <u>Positions</u> |
|--|--------------|------------------|
| 1. Reduce general funds for the Center for Firearm Violence Prevention and Intervention based on the October 1, 2024, effective date, startup delays, and May 2025 submittal date of a State Plan intended to guide the center’s work. A separate action modifies the language establishing the contingent appropriation to align with this reduction. | -8,000,000 | GF |
| Total Change | -8,000,000 | 0.00 |

| <u>Effect</u> | <u>Allowance</u> | <u>Appropriation</u> | <u>Amount Change</u> | <u>Position Change</u> |
|--------------------|--------------------|----------------------|----------------------|------------------------|
| Position | 350.80 | 350.80 | | 0.00 |
| General Fund | 34,028,628 | 26,028,628 | -8,000,000 | |
| Special Fund | 40,771,080 | 40,771,080 | 0 | |
| Federal Fund | 131,070,969 | 131,070,969 | 0 | |
| Total Funds | 205,870,677 | 197,870,677 | -8,000,000 | |

M00F03

Committee Narrative

Efforts to Fill Long-term Vacant Positions: As of February 9, 2024, the Maryland Department of Health (MDH) Prevention and Health Promotion Administration (PHPA) reported 39 vacancies, with 4 positions being vacant for more than one year. The committees request that MDH submit a report regarding the 4 long-term vacant positions, including:

- the status of the positions, indicating if the positions have been filled as of the submission of the report;
- if applicable, candidates' actual or anticipated start dates; and
- recruitment strategies used to fill the positions.

| Information Request | Author | Due Date |
|--|--------|--------------|
| Report on status of long-term vacant positions in PHPA | MDH | July 1, 2024 |

Budget Amendments

M00F03.04 Family Health and Chronic Disease Services

Add the following language to the general fund appropriation:

, provided that \$100,000 of this appropriation made for the purpose of administration in the Prevention and Health Promotion Administration may not be expended until the Maryland Department of Health submits a report on performance measures and evaluation of the Maryland Prenatal and Infant Care Grant Program. The report shall include, for fiscal 2023 through 2025 year to date:

- (1) a list of grantees by local jurisdiction;
- (2) a description of how each grant award was spent or will be spent;
- (3) performance measures and data collected from each grantee; and
- (4) a description of the department's evaluation activities and performance goals to assess the effectiveness of the Maryland Prenatal and Infant Care Grant Program.

M00F03

The report shall be submitted by October 1, 2024, 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 the 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 to the budget committees.

Explanation: This language restricts funding for administrative purposes until the Maryland Department of Health (MDH) submits a report on performance measures and evaluation of the Maryland Prenatal and Infant Care Grant Program administered by the Prevention and Health Promotion Administration.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on performance monitoring of the Maryland Prenatal and Infant Care Grant Program | MDH | October 1, 2024 |

Add the following language to the general fund appropriation:

Further provided that \$100,000 of this appropriation made for the purpose of program direction in the Prevention and Health Promotion Administration may not be expended until the Maryland Department of Health submits a report on the administration of the Maryland Pediatric Cancer Fund. The report shall include:

- (1) the status of regulations to determine allocations from the fund;
- (2) a description of the criteria for determining fund allocations;
- (3) a description of the planned uses of each grant award; and
- (4) if no awards have been distributed, a timeline for beginning distribution of grants in fiscal 2025.

The report shall be submitted by November 1, 2024, 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 the 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 to the budget committees.

M00F03

Explanation: Chapters 253 and 254 of 2022 established the Maryland Pediatric Cancer Fund and required the Maryland Department of Health (MDH) to administer the fund to distribute pediatric cancer research grants, which could also support prevention and treatment. This language restricts funding for program direction until MDH submits a report on the administration of the Pediatric Cancer Fund.

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Report on Maryland Pediatric Cancer Fund administration | MDH | November 1, 2024 |

Committee Narrative

Performance Measures Related to Public Health Effects of Adult-use Cannabis: Chapter 26 of 2022 (Cannabis Reform) established the Cannabis Public Health Fund within the Maryland Department of Health (MDH) Prevention and Health Promotion Administration (PHPA) and charged PHPA with administering the fund to address the health effects associated with the legalization of adult-use cannabis. Considering this new State investment in cannabis-related public health activities, the committees request that PHPA submit a report detailing goals, objectives, and performance measures and outcomes related to public health effects of adult-use cannabis legalization that will be incorporated into future annual Managing for Results (MFR) submissions. Performance measures should include, but not be limited to, the prevalence of cannabis use among Maryland adults and youth shown separately. The report should include actual fiscal 2024 data for each planned performance measure related to the public health effects of adult-use cannabis legalization and a timeline for inclusion of the selected performance measures in MFR submissions.

| Information Request | Author | Due Date |
|--|---------------|------------------|
| Performance goals and measures related to public health effects of adult-use cannabis legalization | MDH | November 1, 2024 |

Care Coordination for Children with Special Needs: Beginning in fiscal 2024, the Maryland Department of Health (MDH) transitioned administration of the Care Coordination for Children with Special Needs program under the Prevention and Health Promotion Administration from a nonprofit organization to a grant program for local health departments (LHD) to apply for funding to offer services under the program. The committees are concerned that this transition has potentially led to children formerly served by the program losing access. The committees request that MDH submit a report on the transition of the program from a nonprofit organization to LHDs, including:

M00F03

- actual fiscal 2023 and 2024 expenditures on the Care Coordination for Children with Special Needs program by fund type;
- the locations of program sites and program coverage areas by local jurisdiction before and after the transition;
- the number of children served by the Care Coordination for Children with Special Needs program by jurisdiction before and after the transition;
- a description of MDH’s efforts to connect program participants served by the nonprofit organization with programs administered by LHDs;
- a list of LHDs that applied for grants and a list of LHDs that received grants through the program in fiscal 2024 and 2025;
- the reasons that LHDs chose not to apply for grants under the program; and
- a description of any efforts taken by MDH to encourage LHDs to apply for grants, inform LHDs of the availability of grants, and to provide technical assistance.

| Information Request | Author | Due Date |
|--|---------------|-----------------|
| Report on Care Coordination for Children with Special Needs program administration | MDH | October 1, 2024 |

M00L
Behavioral Health Administration
Maryland Department of Health

Budget Amendments

M00L01.01 Program Direction

Add the following language to the general fund appropriation:

provided that \$250,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health (MDH) submits two reports to the budget committees on the recoupment and forgiveness of overpayments to providers, and the transition to a new Administrative Services Organization (ASO). The first report shall include:

- (1) the status of completion of recoupment as of July 1, 2024, and if not yet completed, the report should include estimated date of completion;
- (2) the ending balance as of July 1, 2024, if process not yet completed;
- (3) the final amount recouped and forgiven at time of completion;
- (4) a brief explanation of the rationale behind forgiving providers, if provided;
- (5) a summary of the transition plan for the new ASO, including a timeline of key milestones in the transition process; and
- (6) concerns or risks anticipated with this transition and how MDH plans to address these concerns.

The second report shall include:

- (1) a summary of the transition plan for the new ASO, including a timeline of key milestones in the transition process; and
- (2) concerns or risks anticipated with this transition and how MDH plans to address these concerns.

The first report shall be submitted by August 1, 2024, and the second report shall be submitted by December 1, 2024. The budget committees shall have 45 days from the date of the receipt of the second 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 to the budget committees.

Explanation: Untimely and inaccurate provider payments issued by the Administrative Services Organization ASO led to the Maryland Department of Health (MDH) issuing provider

M00L

reimbursements based on prior year estimates, resulting in the overpayment of some providers. Since fiscal 2021, MDH has been recouping and forgiving overpayments to reduce the balance owed to the State. As of January 2023, the balance was \$112 million, and MDH reported that it planned to complete the recoupment and forgiveness process by December 31, 2023. Language in the fiscal 2024 Budget Bill restricted funds pending a report providing an update on the status of recoupment. As of March 6, 2024, the report has not been submitted, and MDH has indicated recoupment will continue through the end of fiscal 2024. In addition, because the transition to the current ASO vendor resulted in significant complications with provider reimbursements, the committees are concerned about the transition to the new ASO. This language restricts funds until MDH submits a report by August 1, 2024, that provides an update on the overpayments and progress toward completing recoupment, as well as information on the transition plan and a second report providing an updating on the transition plan.

| Information Request | Author | Due Date |
|---|----------------------------------|------------------------------------|
| Report on recoupment, forgiveness, and ASO transition | Behavioral Health Administration | August 1, 2024 December 1, 2024 |

Add the following language to the general fund appropriation:

Further provided that \$250,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits three reports to the budget committees on reimbursements to non-Medicaid providers. The reports shall include provider reimbursement spending in M00L01.02 and M00L01.03, separated by service type. The reports shall include data through September 1 for the first report, December 31 for the second report, and March 31 for the third report. The data shall be provided for fiscal 2025 and the same period for the two prior fiscal years. The first report shall also include final fiscal 2024 data by service type separately for M00L01.02 and M00L01.03 along with the data for the prior two fiscal years. The first report shall be submitted by September 30, 2024, the second report by January 20, 2025, and the third report by April 20, 2025, and the budget committees shall have 45 days from the date of the receipt of the third 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 to the budget committees.

Explanation: The committees are interested in better understanding the spending on provider reimbursements by service type for spending outside of the Medicaid Behavioral Health Provider Reimbursements program. This language restricts funds pending submission of three reports on non-Medicaid provider reimbursements.

| Information Request | Author | Due Date |
|--|-------------------------------|--|
| Report on non-Medicaid provider reimbursements | Maryland Department of Health | September 30, 2024 January 20, 2025 April 20, 2025 |

M00L

Committee Narrative

Update on Long-term Vacancies: As of December 31, 2023, the Maryland Department of Health Behavioral Health Administration (BHA) had 9 vacancies which had been vacant for at least one year. The committees are concerned about the impact of long-term vacancies on State operations and request that BHA submit an update on its long-term vacancies, including:

- the titles and classifications of the 9 positions that had been vacant for more than one year;
- the date each position became vacant;
- the status of the 9 positions, indicating if the positions have been filled as of the submission of the report; and
- actions taken by BHA to recruit for these vacant positions.

| Information Request | Author | Due Date |
|-------------------------------|--------|--------------|
| Update on long-term vacancies | BHA | July 1, 2024 |

Budget Amendments

M00L01.02 Community Services

Amend the following language to the general fund appropriation:

, provided that ~~\$3,014,086~~ \$2,556,174 of this appropriation shall be reduced contingent upon the enactment of legislation authorizing the transfer of excess special fund balance from the State Board of Examiners of Professional Counselors, the State Board of Occupational Therapy Practice, and the State Board of Examiners of Psychologists.

Explanation: This is a technical amendment that would modify the Budget Reconciliation and Financing Act (BRFA) provision authorizing the use of special fund balances from three State Boards in the Behavioral Health Administration. The transfers included in the BRFA as introduced would reduce the proportion of special funds in the State Boards of Occupational Therapy Practice and Examiners of Psychologists from 198% to 68% of the allowance, and 169% to 117% of the allowance, respectively. The amended language reflects an action taken in the BRFA to reduce the total amount of special funds transferred from two of the boards to leave more balance available to the boards.

M00L

Amend the following language to the general fund appropriation:

Further, provided that \$3,000,000 of this appropriation is contingent upon the enactment of legislation establishing ~~county grants for~~ Assisted Outpatient Treatment programs.

Explanation: This action is a technical amendment to amend the contingent language. SB 453 and HB 576 of 2024 as introduced do not establish county grants for Assisted Outpatient Treatment programs but instead require counties to create these programs.

Add the following language:

Further provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.03 Community Services for Medicaid State Fund Recipients, M00Q01.03 Medical Care Provider Reimbursements, or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements. Funds not expended or transferred shall be reverted.

Explanation: This language restricts the entire general fund appropriation for substance use disorder treatment, uninsured treatment, or other community service grants for that purpose or for provider reimbursements in M00L01.03 Community Services for Medicaid State Fund Recipients, M00Q01.03 Medical Care Provider Reimbursements, or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements.

Add the following language to the special fund appropriation:

provided that \$5,000,000 of this appropriation is contingent upon the enactment of SB 362 or HB 352 authorizing the use of balance from the Senior Prescription Drug Assistance Program to support behavioral health services for individuals without medical insurance.

Explanation: Funding is available through the Senior Prescription Drug Assistance Program (SPDAP), which provides assistance to subsidize prescription medication expenses for certain Medicare-eligible individuals, because the program has experienced declining enrollment. The fiscal 2025 allowance for the Behavioral Health Administration (BHA) includes \$5 million from the SPDAP special fund to provide behavioral health services to people without medical insurance. Because this is not an allowable expense in fiscal 2025 under statute, BHA will have a general fund deficit of \$5 million for this purpose unless legislation authorizes the use of these funds for behavioral health purposes. This language makes the funding contingent on the enactment of SB 362 or HB 352 authorizing the use of these funds for this purpose.

M00L

M00L01.03 Community Services for Medicaid State Fund Recipients

Add the following language to the general fund appropriation:

provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.02 Community Services, M00Q01.03 Medical Care Provider Reimbursements, or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements. Funds not expended or transferred shall be reverted.

Explanation: This language restricts the entire general fund appropriation for provider reimbursements in M00L01.03 Community Services for Medicaid State Fund Recipients for that purpose or for transfer to M00L01.02 Community Services, M00Q01.03 Medical Care Provider Reimbursements, or M00Q01.10 Medicaid Behavioral Health Provider Reimbursements.

M00M
Developmental Disabilities Administration
Maryland Department of Health

Budget Amendments

M00M01.02 Community Services

Add the following language:

All appropriations provided for program M00M01.02 Community Services are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose.

Explanation: The Maryland Department of Health has previously reported increasing net general fund transfers out of the Developmental Disabilities Administration Community Services program, mainly to cover shortfalls elsewhere in the department. This annual language restricts funds appropriated to the Community Services program to that use only and prevents budgetary transfers.

Add the following language to the general fund appropriation:

, provided that \$500,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits a report to the budget committees regarding the ongoing transition to a fee-for-service reimbursement system and year-to-date expenditures for that system. The report shall include fiscal 2025 Long Term Services and Supports utilization and spending by service type (residential services, meaningful day services, personal support services, and other services), including the number of claims, the number of services provided, and the total payments for each service type by month through November 2024.

The report shall be submitted by January 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 receipt of the 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 to the budget committees.

Explanation: The Developmental Disabilities Administration (DDA) is overhauling its Community Services system by implementing new service definitions, establishing new rates based on a fee-for-service reimbursement model, and transitioning to Medicaid's existing Long Term Services and Supports (LTSS) system for billing and service authorization. These changes should improve DDA's data collection and spending forecast abilities compared to the current prospective payment model. This language restricts funds budgeted for administration until the Maryland Department of Health (MDH) submits a report to the budget committees on the transition to the LTSS system and spending forecasts following the transition to a new rate structure. Since DDA anticipates completing the transition by September 1, 2024, DDA should

M00M

also provide year-to-date spending data in LTSS by service type once all providers are transitioned to LTSS.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on year-to-date spending data in the LTSS system | MDH | January 1, 2025 |

Add the following language to the general fund appropriation:

Further provided that \$500,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits a report including:

- (1) the amounts of the upfront lump sum payments to providers in fiscal 2023 and fiscal 2024 during the provider transition to the Long Term Services and Supports system;
- (2) the reason for the additional upfront lump sum payments; and
- (3) the status, plan, and timeline for recouping duplicate payments.

The report shall be submitted by October 1, 2024, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending receipt of the 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 to the budget committees.

Explanation: The Developmental Disabilities Administration had increased expenditures in fiscal 2023 due to additional provider payments during the transition to Medicaid's existing Long Term Services and Supports system for billing and service authorization. This language restricts funds budgeted for administration until the Maryland Department of Health (MDH) submits a report to the budget committees on the upfront lump sum payments during this transition and the plan for recouping advance payments.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on upfront lump sum payments and plan to recoup advance payments | MDH | October 1, 2024 |

M00M

Committee Narrative

Self-directed Services Spending: Chapters 736 and 737 of 2022 (the Self-Direction Act) prohibited the Developmental Disabilities Administration (DDA) within the Maryland Department of Health from setting a limit on the dollar amount individuals can expend on individual-directed and family-directed goods and services (IFDGS) as long as the individuals do not receive services in excess of their annual approved budgets. The committees request that DDA submit a report detailing the formulation of and expenditures on individualized budgets within the self-directed services model, including:

- detail on how individualized budgets within the self-directed services model are formulated and how the process and resulting budgets differ from budgets formulated within the traditional services model;
- the number of individuals in the self-directed services model and in the traditional services model in fiscal 2024;
- a comparison of total approved person-centered plan (PCP) budgets and total spending and average approved PCP budget per person and average spending per person for individuals in the self-directed services model and traditional services model shown separately and reported as actual data for fiscal 2023 and 2024;
- the number of IFDGS requests, average amount for each request, and total amounts expended on IFDGS in fiscal 2023 and 2024, broken down by the following categories: (1) recruitment and advertising; (2) day to day administrator; and (3) other goods and services;
- the percentages of individuals in the self-directed services model with approved IFDGS services spending (1) above the proposed cap but below \$7,000; (2) between \$7,000 and \$10,000; and (3) over \$10,000;
- a description of DDA's review process for IFDGS requests, including common reasons IFDGS requests are denied and the number of request denials in fiscal 2023 and 2024;
- proposed recommendations to improve or expand the review process for IFDGS requests, including the number of positions and administrative costs that would be required to expand review of IFDGS services; and
- proposed recommendations to balance timely access to services for participants, while meeting federal home and community-based services waiver program integrity requirements.

M00M

| Information Request | Authors | Due Date |
|---|----------------|------------------|
| Report on self-directed services and IFDGS spending | DDA | October 31, 2024 |

M00Q01
Medical Care Programs Administration
Maryland Department of Health

Budget Amendments

M00Q01.01 Deputy Secretary for Health Care Financing

Add the following language to the general fund appropriation:

, provided that since the Maryland Department of Health Medical Care Programs Administration (MCPA) has had four or more repeat audit findings in the most recent fiscal compliance audit issued by the Office of Legislative Audits (OLA), \$100,000 of this agency's administrative appropriation may not be expended unless:

- (1) MCPA has taken corrective action with respect to all repeat audit findings on or before November 1, 2024; and
- (2) a report is submitted to the budget committees by OLA listing each repeat audit finding along with a determination that each repeat finding was corrected. The budget committees shall have 45 days from the date of the receipt of the report to review and comment to allow for funds to be released prior to the end of fiscal 2025.

Explanation: The Joint Audit and Evaluation Committee has requested that budget bill language be added for each unit of State government that has four or more repeat audit findings in its most recent fiscal compliance audit. Each agency is to have a portion of its administrative budget withheld pending the adoption of corrective action by the agency and a determination by OLA that each finding was corrected. OLA shall submit a report to the budget committees on the status of repeat findings.

| Information Request | Author | Due Date |
|---|---------------|-------------------------------------|
| Status of corrective actions related to the most recent fiscal compliance audit | MCPA | 45 days before the release of funds |

M00Q01.02 Office of Enterprise Technology – Medicaid

Amend the following language on the general fund appropriation:

, provided that this appropriation shall be reduced by \$216,845 contingent upon the enactment of legislation ~~extending the spending authority of the Integrated Care Network Fund into fiscal 2025~~ authorizing the transfer of excess special fund balance from the Health Information Exchange Fund in fiscal 2025.

M00Q01

Explanation: This action is a technical correction to amend contingent language reducing general funds to refer to the Health Information Exchange Fund and to make the reduction contingent on legislation authorizing the transfer of special fund balance in fiscal 2025.

Strike the following language on the federal fund appropriation:

~~provided that \$216,845 of this appropriation is contingent upon the enactment of legislation extending the spending authority of the Integrated Care Network Fund into fiscal 2025.~~

Explanation: This action strikes contingent language on the federal fund appropriation for the Office of Enterprise Technology as a technical correction. The language specifies that \$216,845 in federal funds are contingent on legislation extending the spending authority of the Integrated Care Network Fund, which is a special fund.

M00Q01.03 Medical Care Provider Reimbursements

Add the following language:

Provided that all appropriations provided for program M00Q01.03 Medical Care Provider Reimbursements are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose except that funds may be transferred to program M00Q01.07 Maryland Children's Health Program. Funds not expended or transferred shall be reverted or canceled.

Explanation: This language restricts funding for Medical Care Provider Reimbursements to that purpose only and prevents budgetary transfers to any program except M00Q01.07 Maryland Children's Health Program.

Committee Narrative

Community First Choice (CFC) Program and Home and Community-based Options (Community Options) Waiver Financial and Registry Data: Recent efforts to expand home and community-based services have led to significant increases in CFC program expenditures, including spending under the Community Options waiver. The committees request that the Maryland Department of Health (MDH) submit a report on CFC program spending. The report should include monthly enrollment, utilization, and cost data that aligns with actual fiscal 2024 and year-to-date fiscal 2025 budget expenditures under the CFC program. Additionally, the report should provide:

- the number of Community Options waiver slots filled and funded in fiscal 2024 and 2025 year to date;

M00Q01

- the number of Community Options waiver applications sent to individuals on the registry each month and the results of that outreach (including the number of applications returned and processed);
- an update on changes to registry operations to improve efficiency in taking individuals off of the registry and efforts to determine financial and medical eligibility for individuals while they remain on the registry;
- an update on MDH staffing supporting the Community Options waiver, including the number of vacant regular and contractual positions and the status of procuring additional staffing assistance;
- the number of individuals on the Community Options waiver registry as of June 30, 2024;
- an update on activities or efforts to implement the plan to reduce the Community Options waiver registry by 50% submitted to the General Assembly in February 2023; and
- details regarding the timing and amount of funds transferred from the Dedicated Purpose Account for End the Wait initiatives and to improve provider capacity.

| Information Request | Author | Due Date |
|--|---------------|-----------------|
| Report on CFC program and Community Options waiver financial and registry data | MDH | August 1, 2024 |

Quarterly Medicaid Enrollment Change and Application Processing: The Maryland Department of Health (MDH) will complete its 12-month unwinding process following the COVID-19 public health emergency on April 1, 2024, in which the department redetermined all Medicaid and Maryland Children’s Health Program (MCHP) participants’ eligibility. To continue to monitor the redetermination process after the unwinding period, the committees request that MDH submit quarterly reports with the following enrollment data on a monthly basis and divided by eligibility category:

- the number of eligibility renewals completed, including the number and share that were automatically renewed;
- the number of new individuals enrolled;

M00Q01

- measures of churn that reflect the number of individuals enrolled who previously received Medicaid or MCHP coverage and the timeframe of when they were last enrolled; and
- the number of individuals disenrolled, shown by reason for disenrollment, identifying procedural disenrollments and disenrollments due to overscaled income, aging out, and other common reasons for disenrollment.

Additionally, the committees request that the quarterly reports include the following administrative data on a monthly basis:

- call center volume, average wait times, and any other data related to call center activities that are required to be submitted to the Centers for Medicare and Medicaid Services; and
- measures of application processing times and the total number of applications processed for Modified Adjusted Gross Income (MAGI) cases and non-MAGI cases shown separately.

| Information Request | Author | Due Date |
|--|---------------|---|
| Quarterly reports on Medicaid and MCHP enrollment and applications | MDH | July 15, 2024 October 15, 2024 January 15, 2025 April 15, 2025 |

Recruitment and Retention of Anesthesiologists in Maryland: The committees request that the Maryland Department of Health (MDH), the Maryland Health Care Commission (MHCC), and the Health Services Cost Review Commission (HSCRC) in coordination with the Maryland Society of Anesthesiologists study barriers in the recruitment and retention of anesthesiologists. The study should also include recommendations to eliminate identified barriers. Additionally, the committees request that the agencies submit a joint report that outlines the findings and recommendations resulting from the study. The report should include, but not be limited to, the following information:

- the proportion of anesthesiologists' patient mix in hospital settings and ambulatory surgical facilities across Maryland that are covered by public payers;
- the average commercial payment rate for anesthesiologists nationally and in Maryland;
- the average commercial payment rate for anesthesiologists compared to current Medicare and Medicaid reimbursement rates;

M00Q01

- a comparison of the average commercial payment rates for anesthesiologists and other physicians as a percentage of Medicare reimbursement rates;
- a comparison of average commercial payment rates and Medicare and Medicaid reimbursement rates for pediatric anesthesiologists versus anesthesiologists serving adults;
- a description of other compensation provided to anesthesiologists that is not included in reimbursement rates, such as stipends;
- the number of anesthesia groups, hospitals, ambulatory surgical facilities, and any other settings where anesthesia is provided that have hired temporary or contractual staffing for anesthesiologists;
- impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on recruitment and retention efforts;
- impacts of current commercial, Medicare, and Medicaid reimbursement rates for anesthesiologists on hospital and other care settings' access to anesthesia services; and
- a description of challenges that Maryland and other states are facing in the procurement of anesthesiology services related to provider acquisition.

| Information Request | Author | Due Date |
|--|----------------------|-------------------|
| Report on recruitment and retention of anesthesiologists in Maryland | MDH MHCC HSCRC | December 15, 2024 |

Reimbursement for Maternal Fetal Medicine: The committees request that the Maryland Department of Health (MDH), in consultation with the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC), study reimbursement rates under the Medicaid program for services provided by maternal fetal medicine specialists. In order to assist MDH in completing this study, the committees request that MHCC and HSCRC provide all payer claim data to MDH that is necessary to complete the study. Additionally, the committees request that MDH submit a report that outlines the findings resulting from the study. The report should include the following information:

- the Current Procedural Terminology (CPT) codes billed by physicians identified as maternal fetal medicine specialists under Medicaid;

M00Q01

- the timing of when Medicaid reimbursement rates for each CPT code identified was last adjusted;
- the number of claims and funding amounts that have been billed through Medicaid for the identified CPT codes;
- demographic information for Medicaid participants receiving services billed as the identified CPT codes;
- the volume of claims billed through commercial insurers for the identified CPT codes; and
- a comparison of Medicaid, Medicare, and average commercial reimbursement rates for the identified CPT codes.

| Information Request | Author | Due Date |
|--|----------------------|-------------------|
| Report on reimbursement of maternal fetal medicine | MDH MHCC HSCRC | December 15, 2024 |

Nursing Home Participation in Medicaid and Reported Revenues: The committees are interested in nursing home participation in the Medicaid program and revenue by geographic area. The committees request that the Maryland Department of Health (MDH) submit a report on nursing homes serving Medicaid participants. The report should provide data for nursing homes participating in Medicaid, including revenue by local jurisdiction and for-profit and not-for-profit status.

| Information Request | Author | Due Date |
|---|---------------|-------------------|
| Report on nursing home Medicaid participation and revenue | MDH | December 15, 2024 |

Proposed Federal Rule on Medicaid Long-term Care Data Reporting: In spring 2023, the federal Centers for Medicare and Medicaid Services published a proposed rule referred to as Ensuring Access to Medicaid Services, which would create new home and community-based services (HCBS) data reporting requirements among other changes. The committees request that the Maryland Department of Health (MDH) submit a report detailing the provisions in the final rule and plans to operationalize the rule in Maryland. In addition, the report should include the process that MDH will take to collect and report the following information from long-term care providers generally (nursing home and HCBS providers):

M00Q01

- revenues allocated to salaries and wages of all direct care workforce nonadministrative staff, including registered nurses (RN), licensed practical nurses (LPN), certified nurse aides, noncertified or resident care aides, directors of nurses, and in-house clerical staff who regularly interact with residents, program participants, and caregivers; and
- revenues allocated to contracted nursing care services.

The report should also include a review of the average hourly wage rate for private duty nursing services, including RNs and LPNs, in nearby states and the labor market overall. Finally, the report should discuss licensure requirements for residential service agencies to provide RN oversight, outlining the scope of work, associated costs, and coverage of these costs in provider reimbursement rates.

| Information Request | Author | Due Date |
|---|---------------|--|
| Report on federal rule on long-term care data reporting | MDH | Within 180 days of the release of the final federal rule |

Medicaid Reimbursement of School-based Behavioral Health Services: The committees are interested in the Maryland Department of Health’s (MDH) efforts to expand Medicaid reimbursement of school-based behavioral health services. The committees request that MDH submit a report providing an update on federal approval and implementation of this expansion. The report should outline, if applicable:

- differences in rates for community-based and school-based behavioral health services reimbursed by Medicaid;
- differences in authorization and billing processes for community-based and school-based behavioral health services reimbursed by Medicaid;
- differences in provider credentials and requirements for community-based and school-based behavioral health services reimbursed by Medicaid;
- potential impacts of the expansion on the community behavioral health workforce and recommendations to mitigate any negative effects; and
- potential impacts of the expansion on access to community-based behavioral health services and recommendations to increase access to services.

M00Q01

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Report on Medicaid reimbursement of school-based behavioral health services | MDH | January 15, 2025 |

End the Wait Initiatives to Increase Provider Capacity: Chapter 464 of 2022 (the End the Wait Act) required the Maryland Department of Health (MDH) to develop plans to reduce the waitlists for Medicaid home and community-based services (HCBS) waiver programs by 50% beginning in fiscal 2024. MDH indicated that wait lists and registries for HCBS waiver programs have grown, and some authorized slots have not been filled due to the limited capacity of the HCBS provider network. Funding is included in the fiscal 2024 and 2025 budgets for end the wait initiatives, and a portion of the funds are specifically allocated to improve HCBS provider capacity. The committees request that MDH submit a report on end the wait initiatives, including:

- the efforts taken in fiscal 2024 and 2025 year to date to implement the HCBS waiver reduction plans;
- an analysis of the extent of Medicaid HCBS provider capacity shortages, detailing the Medicaid HCBS waiver programs and local jurisdictions with the lowest supply of available slots and providers; and
- actual uses of funding in fiscal 2024 and planned uses of funding in fiscal 2025 to improve HCBS provider capacity; and
- any other efforts by MDH to improve HCBS provider capacity.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on end the wait initiatives related to provider capacity | MDH | October 1, 2024 |

M00Q01

Budget Amendments

M00Q01.04 Benefits Management and Provider Services

| Amend appropriation for the purposes indicated: | <u>Funds</u> | <u>Positions</u> |
|---|--------------|------------------|
| 1. Reduce funding for increased health insurance costs as a technical correction. These expenditures are double budgeted as funding is already budgeted in the Statewide Account within the Department of Budget and Management for this purpose. | -77,392 GF | |
| | -213,365 FF | |
| Total Change | -290,757 | 0.00 |

| <u>Effect</u> | <u>Allowance</u> | <u>Appropriation</u> | <u>Amount Change</u> | <u>Position Change</u> |
|--------------------|-------------------|----------------------|----------------------|------------------------|
| Position | 323.50 | 323.50 | | 0.00 |
| General Fund | 21,557,673 | 21,480,281 | -77,392 | |
| Federal Fund | 57,845,927 | 57,632,562 | -213,365 | |
| Total Funds | 79,403,600 | 79,112,843 | -290,757 | |

M00Q01.07 Maryland Children's Health Program

Add the following language:

Provided that all appropriations provided for program M00Q01.07 Maryland Children's Health Program are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose except that funds may be transferred to program M00Q01.03 Medical Care Provider Reimbursements. Funds not expended or transferred shall be reverted or canceled.

Explanation: This language restricts funding for the Maryland Children's Health Program to that purpose only and prevents budgetary transfers to any program except M00Q01.03 Medical Care Provider Reimbursements.

M00Q01

M00Q01.10 Medicaid Behavioral Health Provider Reimbursements

Add the following language to the general fund appropriation:

, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, or M00Q01.03 Medical Care Provider Reimbursements. Funds not expended or transferred shall be reverted.

Explanation: This language restricts the entire general fund appropriation for provider reimbursements in M00Q01.10 Medicaid Behavioral Health Provider Reimbursements to that purpose or for transfer to M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, or M00Q01.03 Medical Care Provider Reimbursements.

Fiscal 2024 Deficiency

M00Q01.10 Medicaid Behavioral Health Provider Reimbursements

Add the following language to the general fund appropriation:

, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, or M00Q01.03 Medical Care Provider Reimbursements. Funds not expended or transferred shall be reverted.

Explanation: This language restricts the entire general fund deficiency appropriation for fiscal 2023 provider reimbursements in M00Q01.10 Medicaid Behavioral Health Provider Reimbursements to that purpose or for transfer to M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, M00Q01.03 Medical Care Provider Reimbursements.

Add the following language to the general fund appropriation:

, provided that these funds are to be used only for the purposes herein appropriated, and there shall be no transfer to any other program or purpose except that funds may be transferred to programs M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, or M00Q01.03 Medical Care Provider Reimbursements. Funds not expended or transferred shall be reverted.

M00Q01

Explanation: This language restricts the entire general fund deficiency appropriation for fiscal 2024 provider reimbursements in M00Q01.10 Medicaid Behavioral Health Provider Reimbursements for that purpose or for transfer to M00L01.02 Community Services, M00L01.03 Community Services for Medicaid State Fund Recipients, or M00Q01.03 Medical Care Provider Reimbursements.

M00R01
Health Regulatory Commissions
Maryland Department of Health

Committee Narrative

M00R01.01 Maryland Health Care Commission

Private Payer Coverage of Ambulatory Surgical Facilities: The committees are interested in understanding individuals’ access to services provided at ambulatory surgical facilities paid for by private payers. The committees request that the Maryland Health Care Commission (MHCC) conduct a comprehensive study on the policies and procedures for including ambulatory surgical facilities in private payer plans. Additionally, the committees request that MHCC submit an interim report by December 15, 2024, and a final report by June 1, 2025, with findings and recommendations resulting from the study. The report should include:

- a detailed analysis of the cost differential between procedures performed in hospitals and procedures performed in freestanding facilities; and
- an assessment of the impact of integrating ambulatory surgical facilities with the Total Cost of Care Model or its successor model under the States Advancing All-Payer Health Equity Approaches and Development model (also referred to as the AHEAD model) administered by the Centers for Medicare and Medicaid Services.

| Information Request | Author | Due Date |
|--|---------------|-------------------|
| Interim report on private payer coverage of ambulatory surgery centers | MHCC | December 15, 2024 |
| Final report on private payer coverage of ambulatory surgery centers | MHCC | June 1, 2025 |

Budget Amendments

M00R01.02 Health Services Cost Review Commission

Add the following language to the special fund appropriation:

provided that \$125,000 of this appropriation made for the purpose of administration in the Health Services Cost Review Commission (HSCRC) may not be expended until HSCRC, in consultation with the Maryland Health Care Commission (MHCC), submits a report evaluating findings and recommendations from the Commission to Study Trauma Center Funding in Maryland. Specifically, the report should discuss:

M00R01

- (1) the difference in incremental trauma expenses and standby payments incorporated in regulated hospital rates versus actual incremental trauma costs and standby costs that are subject to HSCRC rate regulation;
- (2) plans to audit annual supplemental schedules of regulated trauma costs provided to HSCRC by trauma hospitals;
- (3) pending the results of the audit, efforts to ensure all regulated costs for the four primary specialties are accounted for in regulated hospital rates;
- (4) plans to consider covering additional incremental costs that are subject to HSCRC rate regulation;
- (5) the status of aligning data systems with the Maryland Health Care Commission and Maryland Institute for Emergency Medical Services Systems to enable more complete analysis of trauma care and costs; and
- (6) specific timelines for implementing recommendations made by the Commission to Study Trauma Center Funding in Maryland.

The report shall be submitted by October 1, 2024, 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 be canceled if the report is not submitted to the budget committees.

Explanation: Chapters 341 and 342 of 2023 established the Commission to Study Trauma Center Funding in Maryland to study the adequacy of trauma center funding. This language restricts funding for administrative purposes until HSCRC, in consultation with MHCC, submits a report evaluating findings and recommendations from the Commission to Study Trauma Center Funding in Maryland.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on trauma center funding recommendations | HSCRC MHCC | October 1, 2024 |

Committee Narrative

Evaluation of the Maryland Primary Care Program (MDPCP) and Update on Outcome Based Credits: The Maryland Department of Health (MDH) and the Health Services Cost Review Commission (HSCRC) have indicated that an independent evaluation is being conducted for the MDPCP. Given the role of the MDPCP in transforming care in the State under the Total Cost of Care model, the committees request that HSCRC, in consultation with the MDPCP

M00R01

Project Management Office within MDH, provide the independent evaluation of the MDPCP to the committees. The independent evaluation should include information on the effectiveness of the program. In particular, this evaluation should outline cost savings from the MDPCP reducing unnecessary utilization or hospitalization for patients participating in the MDPCP over the increased expenditures from provider incentives. Further, given the anticipated benefits that the outcome-based credits have on total cost of care metrics, the committees request information on the amount that outcome-based credits have discounted costs and MDPCP's contribution to the achievement and maximization of the current and future outcome-based credits and other population health goals. If the independent evaluation does not include this specified information, then HSCRC and MDH should provide supplemental materials to the committees with the requested information. In addition to the independent evaluation, HSCRC should also provide an update on the timing of federal approval for the two remaining outcome-based credits and results for the outcome-based credit related to diabetes prevention.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Evaluation of the MDPCP and status of outcome-based credits | HSCRC MDH | October 1, 2024 |

Budget Amendments

M00R01.03 Maryland Community Health Resources Commission

Add the following language to the special fund appropriation:

, provided that it is the intent of the General Assembly that the Consortium on Coordinated Community Supports within the Maryland Community Health Resources Commission (MCHRC) procure a closed-loop referral and data reporting platform. The platform shall ensure individuals are referred to appropriate behavioral health services and allow MCHRC to ensure that services have been rendered through accurate, consistent, and timely submission of key reporting metrics associated with Consortium on Coordinated Community Supports programs. In procuring the closed-loop referral platform, MCHRC shall account for:

- (1) the scalability of the platform;
- (2) the ease of implementation for community providers;
- (3) person-centered longitudinal records;

M00R01

(4) bi-directional referral capabilities; and

(5) reporting and analytics tools available.

Explanation: Chapter 36 of 2021 (the Blueprint for Maryland’s Future – Implementation) established the Consortium on Coordinated Community Supports within MCHRC to develop partnerships to meet student behavioral health needs and other related challenges. The fiscal 2025 budget includes \$110 million in special funds from the Blueprint for Maryland’s Future Fund for Consortium activities, with increased minimum funding levels required in future fiscal years. Given the scale of this investment, the General Assembly is interested in ensuring that relevant technology infrastructure is put in place to allow appropriate data elements to be collected for each grantee and reported in a standardized electronic format to the consortium on a regular basis. This language expresses the intent of the General Assembly that the consortium within MCHRC procure a closed-loop referral and data reporting platform to promote consistent reporting and allow the evaluation of the effectiveness of consortium spending while identifying gaps in behavioral health service areas.

Add the following language to the special fund appropriation:

Further provided that no more than \$12,000,000 of this appropriation made for the purpose of the Maryland Consortium on Coordinated Community Supports may be used to reimburse the Medical Care Programs Administration within the Maryland Department of Health for school-based behavioral health services provided on a fee-for-service basis through a Medicaid waiver.

Explanation: The Budget Reconciliation and Financing Act of 2024 includes a provision that expands the use of funds budgeted for the Maryland Consortium on Coordinated Community Supports to include reimbursing the Medical Care Programs Administration within the Maryland Department of Health for school-based behavioral health services provided on a fee-for-service basis through a Medicaid waiver. This language specifies that no more than \$12 million in special funds from the Blueprint for Maryland’s Future Fund budgeted for the Consortium may be used for this purpose.

Amend appropriation for the purposes indicated:

| | <u>Funds</u> | <u>Positions</u> |
|--|--------------|------------------|
| 1. Reduce special funds from the Blueprint for Maryland’s Future Fund for the Consortium on Coordinated Community Supports due to the delayed timing of grant distribution for community supports partnerships providing student behavioral health services. | -70,000,000 | SF |
| Total Change | -70,000,000 | 0.00 |

M00R01

| <u>Effect</u> | <u>Allowance</u> | <u>Appropriation</u> | <u>Amount Change</u> | <u>Position Change</u> |
|--------------------|--------------------|----------------------|----------------------|------------------------|
| Position | 10.00 | 10.00 | | 0.00 |
| Special Fund | 133,000,000 | 63,000,000 | -70,000,000 | |
| Total Funds | 133,000,000 | 63,000,000 | -70,000,000 | |

Committee Narrative

Consortium on Coordinated Community Supports Grants: Chapter 36 of 2021 (the Blueprint for Maryland’s Future – Implementation) established the Maryland Consortium on Coordinated Community Supports within the Maryland Community Health Resources Commission (MCHRC) to develop coordinated community supports partnerships and administer grants to meet students’ holistic behavioral health needs. The committees are interested in monitoring the over \$110 million in Blueprint for Maryland’s Future Fund expenditures for this purpose in fiscal 2024 and fiscal 2025. The committees request that MCHRC submit a report on consortium grants, including:

- grantees, by jurisdiction and use of funding, that received consortium grants in fiscal 2024 and 2025 year to date;
- the amount of Blueprint funding distributed as of July 1, 2024, remaining funds that were carried over for use in future fiscal years, and the amount of canceled funding that will be available for future awards;
- the number of students and schools to be served by each grantee or project;
- an update on the amount of Consortium grant funding spent on new authorized uses that are contingent on the Budget Reconciliation and Financing Act of 2024; and
- the timing for award and distribution of grants using Consortium funding allocated in fiscal 2025.

| Information Request | Author | Due Date |
|-----------------------------|---------------|------------------|
| Report on Consortium grants | MCHRC | November 1, 2024 |

N00A01
Office of the Secretary
Department of Human Services

Committee Narrative

N00A01.01 Office of the Secretary

Maryland Total Human-services Integrated Network (MD THINK) Status and Utilization of Resources: The Department of Human Services (DHS) has encountered several challenges during the implementation of the MD THINK program. The committees request that DHS submit a report providing information on the program’s implementation status, including:

- an updated timeline detailing the status of past, present, and future phases of the MD THINK project;
- details of the allocation and utilization of financial resources within the program for fiscal 2023, 2024, and 2025;
- impact of the implemented improvement efforts on the overall functionality and efficiency of the MD THINK program, including providing insights into how these changes have reduced system errors, improved user experience, and altered project timelines;
- an updated list of non-DHS agencies that have transitioned, or plan to transition, to the MD THINK platform, implementation timeline and cost estimates for the transition phase for each agency; and
- details on upcoming initiatives or strategies aimed at achieving long-term functionality.

| Information Request | Author | Due Date |
|---|---------------|-------------------|
| Report on MD THINK status and utilization | DHS | December 15, 2024 |

Report on Department of Human Services (DHS) Administration Efforts to Fill Vacant Positions: As of December 31, 2023, DHS Administration had 66 vacant positions, 13 of which had been unfilled for more than one year. Given recent departmentwide efforts to bolster employee recruitment, the committees are interested in monitoring vacancies within the DHS Administration. The committees request that DHS submit a report that should include:

- status of 13 positions that have been vacant for more than one year;

N00A01

- planned or enacted changes to vacant positions, including reclassifications and position terminations; and
- active recruitment efforts to fill vacant positions.

| Information Request | Authors | Due Date |
|---|----------------|-----------------|
| Report on DHS Administration to fill vacant positions | DHS | August 1, 2024 |

N00B
Social Services Administration
Department of Human Services

Budget Amendments

N00B00.04 General Administration – State

Add the following language to the general fund appropriation:

, provided that since the Department of Human Services (DHS) Social Services Administration has had four or more repeat audit findings in the most recent fiscal compliance audit issued by the Office of Legislative Audits (OLA), \$250,000 of this agency’s administrative appropriation may not be expended unless:

- (1) DHS has taken corrective action with respect to all repeat audit findings on or before November 1, 2024; and
- (2) A report is submitted to the budget committees by OLA listing each repeat audit finding along with a determination that each repeat finding was corrected. The budget committees shall have 45 days from the date of the receipt of the report to review and comment to allow for funds to be released prior to the end of fiscal 2025.

Explanation: The Joint Audit and Evaluation Committee (JAEC) has requested that budget bill language be added for each unit of State government that has four or more repeat audit findings in its most recent fiscal compliance audit. Each agency is to have a portion of its administrative budget withheld pending the adoption of corrective action by the agency and a determination by OLA that each finding was corrected. OLA shall submit a report to the budget committees on the status of repeat findings.

If OLA reports that an agency failed to completely resolve or make adequate progress toward resolving those repeat audit findings, JAEC requests that \$250,000 in general funds is withheld from each agency’s appropriation in the fiscal year following the OLA report until more satisfactory progress has been made toward resolution of those repeat findings.

| Information Request | Author | Due Date |
|---|---------------|-------------------------------------|
| Status of corrective actions related to the most recent fiscal compliance audit | OLA | 45 days before the release of funds |

N00B

Add the following language to the general fund appropriation:

Further provided that \$250,000 of this appropriation made for the purpose of administrative expenses may not be expended until the Department of Human Services (DHS) submits a report to the budget committees on the number of child welfare services cases and positions required based on the caseload to meet the Child Welfare League of America (CWLA) caseload standards, by jurisdiction, for the following caseload types, as of September 1, 2024:

- (1) intake screening;
- (2) child protective investigation;
- (3) consolidated in-home services;
- (4) interagency family preservation services;
- (5) services to families with children - intake;
- (6) foster care;
- (7) kinship care;
- (8) family foster care;
- (9) family foster homes - recruitment and new applications;
- (10) family foster homes - ongoing and licensing;
- (11) adoption;
- (12) interstate compact for the placement of children; and
- (13) caseworker supervision.

The report shall also include a discussion of specific actions taken by the department and local departments of social services to reallocate positions, including the number of positions reallocated by type (caseworker or supervisor) between jurisdictions and identifying the jurisdictions that these positions were transferred from and to, in order to ensure that all jurisdictions can meet the standards for both caseworkers and supervisors.

The report shall also include an update on the status of work done by CWLA to develop new workload standards for child welfare staffing, the completion by DHS of its child welfare workforce analysis, and broader efforts by DHS to improve recruitment and retention of caseworkers.

N00B

The report shall be submitted by November 1, 2024, 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 committees believe that maintaining an adequate child welfare workforce is essential to improving outcomes for children entering the State's care. In order to maintain oversight over this issue, the committees have adopted annual narrative in recent years requesting that DHS provide a report on the number of cases and positions required based on the caseload to meet CWLA caseload standards. This language withholds funding until a report with data related to the CWLA caseload standards is submitted, which contains current data as of September 1, 2024.

| Information Request | Author | Due Date |
|--|--------|------------------|
| Report on caseload data and filled positions assigned by jurisdiction for specified caseload types | DHS | November 1, 2024 |

Committee Narrative

Hospital Stays by Youth in Out-of-home Placements: The committees continue to be concerned about children and youth experiencing stays in emergency rooms or inpatient hospital settings longer than is medically necessary. Data has been requested on hospital stays by children and youth in out-of-home placements for several years. In an effort to continue to monitor this issue, the committees request that the Department of Human Services (DHS) submit a report that provides data for each month of the period October 2023 through September 2024 on:

- 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;
- the number of youth in out-of-home placement served separately by medical hospitals and inpatient psychiatric hospitals and ALOS by month;
- 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
- 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.

Data reported for each of these areas should be broken out by region of the State or, where possible, by jurisdiction, based on the location of the youth's residency.

N00B

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Report on hospital stays, ALOS, and placement after discharge | DHS | December 1, 2024 |

Implementation of Provisions of the Family First Prevention Services Act (FFPSA): The committees are interested in continuing to receive updates on the implementation of evidence-based prevention practices and other services under provisions of the federal FFPSA, and the outcomes of those programs and services for families and children served. The committees request that the Department of Human Services (DHS) submit a report including:

- a list of all evidence-based practices being implemented through fiscal 2024, including data on jurisdiction and the number of families and children served during the fiscal year;
- any new evidence-based practices being implemented during fiscal 2025;
- the status of the updated five-year Title IV-E prevention services plan;
- data on the effectiveness of implemented evidence-based practices at preventing occurrences of subsequent maltreatment and out-of-home placements from occurring as well as an evaluation of any other outcomes related to parent and child well-being;
- the current number of providers in the State that have received designation as a Qualified Residential Treatment Program (QRTP) to allow for federal reimbursement under the FFPSA, including if any additional providers received this designation during fiscal 2024 and if future solicitations of applications for QRTP designation are planned;
- the status of the approval of the State's revised cost allocation plan, including a discussion of the current ability of DHS to seek federal reimbursement for evidence-based prevention practices; and
- the number of children and families served, and outcomes achieved through the Center for Excellence in Resource Family Development in fiscal 2024.

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Update on the implementation of provisions of the federal FFPSA | DHS | November 1, 2024 |

N00G00
Local Department Operations
Department of Human Services

Budget Amendments

N00G00.01 Foster Care Maintenance Payments

Add the following language to the general fund appropriation:

Further provided that these funds are to be used only for the purposes herein appropriated, and there shall be no budgetary transfer to any other program or purpose. Funds not expended shall revert to the General Fund.

Explanation: This annual language restricts general funds appropriated for foster care maintenance payments to that use only. This restriction prevents a transfer of general funds to other programs that might create or increase a deficit in spending in the Foster Care Maintenance Payments program (N00G00.01).

Add the following language to the general fund appropriation:

Further provided that \$1,000,000 of this appropriation made for the purposes of rate reform and provider rate increases may not be expended until the Department of Human Services submits a report to the budget committees on the implementation of the new foster care provider rate structure for providers who have rates set by the Interagency Rates Committee. The report shall include details on the use of funding included in the fiscal 2025 allowance for this purpose, including the individual purposes that this funding will be used to support, and an updated timeline on when each component of the new provider rate structure will be implemented. The report shall also include an update on the approval of amendments to the State Medicaid Plan to allow for clinical care costs to be eligible for reimbursement and when federal reimbursement will be able to be first sought for these costs. In addition, the report shall discuss the use of the funding for provider rate increases including how the funding included in the fiscal 2025 allowance will be used in conjunction with funding supporting rate reform or otherwise. The report shall be submitted by July 1, 2024, 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 to the budget committees.

Explanation: The fiscal 2025 allowance for the Department of Human Services (DHS) Social Services Administration includes \$28.3 million to fund implementation efforts of a new provider rate structure, in addition to \$12 million provided for rate increases. However, no details have been provided about how the funding will support the rate reform effort. This language restricts funds until DHS submits a report on the implementation of the new foster care provider rate structure, and details on the specific uses of funds included in the fiscal 2025 allowance for this purpose, and how separate funding related to a provider rate increase will support these efforts.

N00G00

The language also requires an updated timeline on when DHS estimates that various components of the new provider rate structure will be implemented. DHS is encouraged to submit the report well in advance of July 1, 2024 so the funds for rate increases can be released prior to the beginning of the fiscal year.

| Information Request | Author | Due Date |
|---|---------------|-----------------|
| Report on the new foster care provider rate structure | DHS | July 1, 2024 |

Fiscal 2024 Deficiency

N00G00.01 Foster Care Maintenance Payments

| Amend appropriation for the purposes indicated: | <u>Funds</u> | <u>Positions</u> |
|--|----------------|------------------|
| 1. Reduce a portion of the general fund deficiency appropriation for increased placement costs within the Foster Care Maintenance Payments program. This reduction reduces the size of the proposed fiscal 2024 deficiency appropriation for this program from \$28.4 million to \$21.4 million and would leave a projected general fund surplus of \$5.2 million for the program in the case of increased placements and costs during the remainder of fiscal 2024. | -7,000,000 | GF |
| Total Change | -7,000,000 | 0.00 |

| <u>Effect</u> | <u>Allowance</u> | <u>Appropriation</u> | <u>Amount Change</u> | <u>Position Change</u> |
|--------------------|-------------------|----------------------|----------------------|------------------------|
| General Fund | 28,426,097 | 21,426,097 | -7,000,000 | |
| Total Funds | 28,426,097 | 21,426,097 | -7,000,000 | |

R00A01

was distributed and whether the program will directly impact student learning loss. To ensure proper oversight of this program and funding, the committees request that MSDE report by December 1, 2024, on the Maryland Leads program. The report should include the following information:

- a summary of progress on Maryland Leads objectives to date;
- LEA implementation plans by Maryland Leads subprogram;
- expenditures by LEA and subprogram for fiscal 2023 and 2024, including expenditures on personnel;
- summative assessments or outcome measures, by LEA and program, implemented to remediate student learning loss;
- documentation of improvements in literacy and math proficiency, by LEA, grade, and subprogram, as the result of Maryland Leads initiatives; and
- a plan and timeline to share updates on Maryland Leads implementation and outcomes with the public, either on the MSDE website, LEA websites, or by other means.

| Information Request | Author | Due Date |
|----------------------------|---------------|------------------|
| Report on Maryland Leads | MSDE | December 1, 2024 |

Information on Type I Diabetes: The budget committees are concerned about access to informational material for parents and guardians regarding Type I diabetes in children provided by the Maryland State Department of Education (MSDE), both in printed material and on the department's website. The budget committees request that MSDE, in collaboration with the Maryland Department of Health (MDH), provide materials on Type I diabetes to each local education agency, county board of education, charter school, as well as post relevant materials on MSDE's website. This information should be provided and posted no later than January 1, 2025, and include, at a minimum:

- a description of Type I diabetes; risk factors; and stages;
- screening opportunities for children displaying warning signs of this disease and a description of screening processes and test result implications; and
- recommendations on follow-up care with medical professionals upon identification and diagnosis.

R00A01

Additionally, a report containing copies of the printed material and information on the process for developing and distributing the material should be submitted to the budget committees no later than January 15, 2025.

| Information Request | Author | Due Date |
|--------------------------------|---------------|------------------|
| Information on Type I diabetes | MSDE MDH | January 15, 2025 |

Study on Noncertificated Education Support Professionals: The budget committees are concerned about pay equity and pathways to educator certification and other certificated positions for noncertificated education support professionals who are employed by local education agencies (LEA). Chapters 531 and 532 of 2022 Education Support Professionals – Bonus and Report required the Maryland State Department of Education (MSDE) to collect and report data on the number of noncertificated education support professionals by LEA and distribute bonuses based on this count. The budget committees request that by December 1, 2024, MSDE, along with other relevant stakeholders, investigate and report to the budget committees on these two issues. Regarding pay equity, this information should include profession, LEA, years of employment, experience, qualifications, certifications, and any other aspect of pay equity identified by stakeholders relevant to this request. Regarding possible pathways for noncertificated education support professionals to educator certification or other certificated positions within LEAs, this information should include programs for this purpose by LEA, number of individuals pursuing educator certification or other types of certifications, and costs for these programs.

| Information Request | Author | Due Date |
|---|---------------|------------------|
| Report on noncertificated education support professionals | MSDE | December 1, 2024 |

Feasibility Study for a State School for the Arts: The budget committees request that the Maryland State Department of Education (MSDE) study the feasibility of a State School for the Arts in Prince George’s County or Baltimore City. The study should be submitted to the budget committees by December 1, 2024, and investigate all aspects of establishing this school in Prince George’s County or Baltimore City, including, but not limited to: location; possible grade levels; curriculum; arts programs to be offered; a timetable for implementation; projected startup costs; and dollar amount of projected ongoing costs. The committees request that the study also provide, if available, examples of similar schools in other states that are currently operational and details as to how those schools were established and implemented. As part of this study, MSDE should also consult with the Baltimore City School for the Arts and a public official from an Arts school that offers professional certifications as part of its curriculum.