

HB1618/709530/1

BY: Budget and Taxation Committee

AMENDMENTS TO HOUSE BILL 1618
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike in their entirety lines 2 and 3 and substitute “Behavioral Health Act of 2016”; in line 4, after “of” insert “requiring a substance use disorder services program to submit annually to the Department of Health and Mental Hygiene financial statements and salary information in accordance with certain regulations; requiring the Department to adjust the rate of reimbursement for certain community providers each fiscal year by the rate adjustment included in a certain State budget; requiring that the Governor's proposed budget for a certain fiscal year, and for certain fiscal years thereafter, include certain rate adjustments for certain community providers based on the funding provided in certain legislative appropriations; requiring, under certain circumstances, managed care organizations to pay a certain rate for a certain time period for services provided by community providers and to adjust the rate of reimbursement for community providers in certain fiscal years by certain percentages; defining certain terms; providing for the application of certain provisions of this Act; requiring the Department to submit a certain report to the Governor and the General Assembly on or before a certain date in certain years, beginning on or before a certain date; authorizing the Department to require certain community providers to submit certain information to the Department in the form and manner required by the Department; requiring the Department to submit a certain report to the Governor and the General Assembly on or before a certain date; requiring, beginning with reimbursements paid after a certain date, that certain funding provided to community providers be linked to certain outcome measures;”; strike beginning with “the” in line 16 down through “services” in line 18 and substitute “funding for behavioral health providers and services”; and after line 18, insert:

“BY repealing and reenacting, with amendments,
Article - Health - General
Section 10-901.1”

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Annotated Code of Maryland
(2015 Replacement Volume)

BY adding to

Article - Health – General
Section 16-201.3
Annotated Code of Maryland
(2015 Replacement Volume)”.

AMENDMENT NO. 2

On page 2, after line 5, insert:

“Article – Health – General

10–901.1.

(a) A community mental health services program AND A SUBSTANCE USE DISORDER SERVICES PROGRAM shall submit annually financial statements and salary information in accordance with the Department’s regulations.

(b) The Administration may impose a penalty not exceeding \$500 per day per violation for each day a violation occurs on a licensee that fails to comply with subsection (a) of this section.

16–201.3.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “COMMUNITY PROVIDER” MEANS A COMMUNITY–BASED AGENCY OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION

OR THE MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH MENTAL DISORDERS, SUBSTANCE-RELATED DISORDERS, OR A COMBINATION OF THESE DISORDERS.

(3) "RATE" MEANS THE REIMBURSEMENT RATE PAID BY THE DEPARTMENT TO A COMMUNITY PROVIDER FROM THE GENERAL FUND OF THE STATE, MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL FUNDS, OR A COMBINATION OF THESE FUNDS.

(B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE HEALTH SERVICES COST REVIEW COMMISSION.

(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE DEPARTMENT SHALL ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH FISCAL YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR THAT FISCAL YEAR.

(2) (I) THE GOVERNOR'S PROPOSED BUDGET FOR FISCAL YEAR 2018, AND FOR EACH FISCAL YEAR THEREAFTER, SHALL INCLUDE RATE ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON THE FUNDING PROVIDED IN THE LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR FOR EACH OF THE FOLLOWING:

1. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT – MEDICAL CARE PROGRAMS ADMINISTRATION;

2. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH ADMINISTRATION; AND

3. OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS – BEHAVIORAL HEALTH ADMINISTRATION.

(II) THE RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE GOVERNOR’S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL EQUAL:

1. FOR FISCAL YEAR 2018, 3%;
2. FOR FISCAL YEAR 2019, 3%;
3. FOR FISCAL YEAR 2020, 2%; AND
4. FOR FISCAL YEAR 2021, 2%.

(3) THE GOVERNOR’S PROPOSED BUDGET FOR FISCAL YEAR 2018, AND FOR EACH FISCAL YEAR THEREAFTER, FOR COMMUNITY PROVIDERS SHALL BE PRESENTED IN THE SAME MANNER, INCLUDING OBJECT AND PROGRAM INFORMATION, AS IN THE FISCAL YEAR 2017 BUDGET.

(D) IF SERVICES PROVIDED BY COMMUNITY PROVIDERS ARE PROVIDED THROUGH MANAGED CARE ORGANIZATIONS IN FISCAL YEARS 2018 THROUGH 2021, THE MANAGED CARE ORGANIZATIONS SHALL:

(1) PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS PROVIDE THE SERVICES; AND

(2) ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH FISCAL YEAR BASED ON THE RATE IN THE IMMEDIATELY PRECEDING FISCAL YEAR BY:

(I) FOR FISCAL YEAR 2018, 3%;

(II) FOR FISCAL YEAR 2019, 3%;

(III) FOR FISCAL YEAR 2020, 2%; AND

(IV) FOR FISCAL YEAR 2021, 2%.

(E) (1) ON OR BEFORE DECEMBER 1, 2018, AND ON OR BEFORE DECEMBER 1 OF EACH YEAR THEREAFTER IN WHICH A RATE ADJUSTMENT WAS MADE IN ACCORDANCE WITH THIS SECTION, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE REIMBURSEMENT RATE ADJUSTMENT REQUIRED UNDER THIS SECTION ON COMMUNITY PROVIDERS, INCLUDING THE IMPACT ON:

(I) THE WAGES AND SALARIES PAID AND THE BENEFITS PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS;

(II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND

(Over)

(III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.

(2) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER TO SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT, INFORMATION THAT THE DEPARTMENT DEEMS NECESSARY FOR COMPLETION OF THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(F) (1) ON OR BEFORE DECEMBER 1, 2017, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY DETAILING OUTCOME MEASURES THAT REASONABLY CAN BE COLLECTED FOR EACH TREATMENT MODALITY OFFERED BY COMMUNITY PROVIDERS.

(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE RECOMMENDATIONS TO TIE REIMBURSEMENT TO OUTCOMES INCLUDING:

(I) DIFFERENTIAL PAYMENT FOR IMPLEMENTATION OF, AND ADHERENCE TO, EVIDENCE-BASED PRACTICES;

(II) DIFFERENTIAL PAYMENT BASED ON OUTCOMES; AND

(III) ANY OTHER FINANCIAL PAYMENT SYSTEM LINKING REIMBURSEMENT TO OUTCOMES.

(3) BEGINNING WITH REIMBURSEMENTS PAID AFTER JULY 1, 2018, ADDITIONAL FUNDING PROVIDED TO COMMUNITY PROVIDERS AS A RESULT OF RATE ADJUSTMENTS MADE UNDER SUBSECTIONS (C) AND (D) OF THIS

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**SECTION SHALL BE LINKED TO OUTCOME MEASURES THAT ARE RECOMMENDED
IN THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.”.**