



## August 2020 Policy Report

*This summer continues to be an extremely busy time for policymakers and those that work with legislators and state officials. This is primarily due to COVID-19 and actions needed to ensure continued access to behavioral health services during this time. In addition, the public release of the long-awaited Interstate Compact has created no shortage of hot topics for LCPCs over this past month.*

### **Professional Counselors – Interstate Compact**

After years of discussion and planning, the Council of State Governments has released a [Draft Compact](#) for professional counselors. In addition, they have put together a supplemental [Summary Section](#) document. It is anticipated that a final draft will be available later this fall. Once this happens, states can decide whether or not to pursue legislation starting in 2021 to legally enter into the compact.

LCPCM will continue to be engaged in this process, including monitoring the Maryland Board of Professional Counselors' interest and concerns with the draft language.

### **Maryland Board of Professional Counselors and Therapists**

*The Board cancelled its July meeting; the next meeting is scheduled for Friday, August 21<sup>st</sup> at 10:30.*

### **Telehealth**

#### **Medicaid:**

- **Federal Rule Changes:** In late July, the federal Department of Health and Human Services (HHS) extended the Public Health Emergency Order which prevents a roll back of the new telehealth flexibilities. This means the Medicaid rules for telephonic and non-HIPAA platforms will continue for 90 days from the order (through late October). For more information on the order, please see [Maryland Medicaid's COVID Provider Webpage](#).
- **State Rule Changes:** As reported in July, Maryland Medicaid is also reimbursing services provided via telehealth in a client's home. This is tied to Maryland's state of emergency. Medicaid is

continuing to evaluate the use of the home as an “originating” site to determine which services may continue to be provided via telehealth in non-clinical settings once Maryland’s state of emergency is lifted.

**Behavioral Health Administration – Telehealth Survey:** Earlier this summer, the Behavioral Health Administration conducted a telehealth survey of providers, participants, and other stakeholders. In late July, BHA posted three new publications (below) on the effects of COVID-19, including the results from the survey.

- [Results](#)
- [Report](#)
- [Summary](#)

**Private Insurance Carriers:** The Maryland Insurance Administration (MIA) has indicated the likelihood of holding future public hearings to review the use of telehealth among private carriers in meeting required network adequacy requirements. These requirements are mandated in law and through regulations in order to ensure that there is an adequate number of health providers within each insurance carrier’s network.

### **Maryland Health Benefit Exchange – Enrollment**

In July, Public Policy Partners reported enrollment data from the Maryland Medicaid Program, which was up over 18,000 individuals from late February through May 22 of this year.

This month, we have additional data from the Maryland Health Benefit Exchange, following a special enrollment period that ended on July 15<sup>th</sup>.

As of July 15

- 54,028 enrollments with COVID SEP (20,000 more since May)
- 35,159 in Medicaid, 13,392 in aQHP, 5,477 in uQHP
- 45% of Medicaid enrollments in the adult (A02/03/04) coverage group – 15,829
- Highest raw number of enrollments in Baltimore region (City and County combined) followed by Montgomery and Prince George’s Counties
- Lowest raw number from Kent County (high Medicare pop)

Age Distribution of Medicaid Enrollments through COVID SEP

< 18	18-25	26-34	35-44	45-54	55-64
10,363	4,854	7,312	4,295	4,150	3,500

*Since this data was presented in late July, the MBHA has reopened special enrollment through December 15, 2020.*