

## 1 HOUSE BILL NO. 590

2 INTRODUCED BY J. HURDLE

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4 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR AN ANNUALIZED INCOME ELIGIBILITY  
5 STANDARD FOR THE DETERMINATION OF ELIGIBILITY FOR MEDICAID; REVISING THE REQUIREMENT  
6 FOR A RESOURCE TEST FOR INFANTS AND PREGNANT WOMEN WHOSE FAMILY INCOME IS UNDER  
7 133 PERCENT OF THE FEDERAL POVERTY LEVEL; PROVIDING PRESUMPTIVE ELIGIBILITY FOR MEDICAL  
8 ASSISTANCE FOR CHILDREN; AMENDING SECTION 53-6-131, MCA; AND PROVIDING EFFECTIVE  
9 DATES."

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11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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13 NEW SECTION. **Section 1. Annualized income eligibility standard.** (1) The department shall  
14 calculate income eligibility for medical assistance for the persons eligible for medical assistance under  
15 53-6-131(1) in accordance with the prospective annual budgeting methodology provided in subsection (2).

16 (2) Under the prospective annual budgeting methodology, the department shall compare a person's  
17 prospective annual estimated income for the 12-month period that begins on the date of application to the  
18 annual income eligibility standards for the person under the state's medical assistance plan for the fiscal  
19 year involved to determine whether a person's prospective annual estimated income is at or below the  
20 state's annual income eligibility standard. The department shall base the calculation on evidence furnished  
21 by the person regarding the person's total family income from all countable sources under the state  
22 medical assistance plan during the quarter preceding the quarter in which the individual applies for medical  
23 assistance.

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25 NEW SECTION. **Section 2. Department to amend state plan -- apply for waiver.** (1) The  
26 department of public health and human services shall submit a state plan amendment adopting the revision  
27 in income methodology contained in [section 1] to the federal department of health and human services  
28 health care financing administration.

29 (2) If a state plan amendment is not approved, the department shall seek any waiver necessary  
30 to implement [section 1].

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2           **Section 3.** Section 53-6-131, MCA, is amended to read:

3           **"53-6-131. Eligibility requirements.** (1) Medical assistance under the Montana medicaid program  
4 may be granted to a person who is determined by the department of public health and human services,  
5 in its discretion, to be eligible as follows:

6           (a) The person receives or is considered to be receiving supplemental security income benefits  
7 under Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., and does not have income or  
8 resources in excess of the applicable medical assistance limits or receive from FAIM financial assistance,  
9 as defined in 53-4-702, benefits under Title IV of the federal Social Security Act, 42 U.S.C. 601, et seq.

10           (b) The person would be eligible for assistance under a program described in subsection (1)(a) if  
11 that person were to apply for that assistance.

12           (c) The person is in a medical facility that is a medicaid provider and, but for residence in the  
13 facility, the person would be receiving assistance under one of the programs in subsection (1)(a).

14           (d) The person is under 19 years of age and meets the conditions of eligibility in the state plan,  
15 as defined in 53-4-201, other than with respect to age and school attendance.

16           (e) The person is under 21 years of age and in foster care under the supervision of the state or  
17 was in foster care under the supervision of the state and has been adopted as a child with special needs.

18           (f) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(e)  
19 and:

20           (i) the person's income does not exceed the income level specified for federally aided categories  
21 of assistance and the person's resources are within the resource standards of the federal supplemental  
22 security income program; or

23           (ii) the person, while having income greater than the medically needy income level specified for  
24 federally aided categories of assistance:

25           (A) has an adjusted income level, after incurring medical expenses, that does not exceed the  
26 medically needy income level specified for federally aided categories of assistance or, alternatively, has  
27 paid in cash to the department the amount by which the person's income exceeds the medically needy  
28 income level specified for federally aided categories of assistance; and

29           (B) has resources that are within the resource standards of the federal supplemental security  
30 income program.

1 (g) The person is a qualified pregnant woman or child as defined in 42 U.S.C. 1396d(n).

2 (2) The department may establish income and resource limitations. Limitations of income and  
3 resources must be within the amounts permitted by federal law for the medicaid program.

4 (3) The Montana medicaid program shall pay, as required by federal law, the premiums necessary  
5 for medicaid-eligible persons participating in the medicare program and may, within the discretion of the  
6 department, pay all or a portion of the medicare premiums, deductibles, and coinsurance for a qualified  
7 medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2)  
8 of the federal Omnibus Budget Reconciliation Act of 1989, Public Law 101-239, who:

9 (a) has income that does not exceed income standards as may be required by the Social Security  
10 Act; and

11 (b) has resources that do not exceed standards that the department determines reasonable for  
12 purposes of the program.

13 (4) The department may pay a medicaid-eligible person's expenses for premiums, coinsurance,  
14 and similar costs for health insurance or other available health coverage, as provided in 42 U.S.C.  
15 1396b(a)(1).

16 (5) In accordance with waivers of federal law that are granted by the secretary of the U.S.  
17 department of health and human services, the department of public health and human services may grant  
18 eligibility for basic medicaid benefits as described in 53-6-101 to an individual receiving FAIM financial  
19 assistance, as defined in 53-4-702, as the specified caretaker relative of a dependent child under the FAIM  
20 project and to all adult recipients of medical assistance only who are covered under a group related to the  
21 program of FAIM financial assistance. A recipient who is pregnant, meets the criteria for disability provided  
22 in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or is less than 21 years of age is entitled to  
23 full medicaid coverage as provided in 53-6-101.

24 (6) The department, under the Montana medicaid program, may provide, if a waiver is not  
25 available from the federal government, medicaid and other assistance mandated by Title XIX of the Social  
26 Security Act, 42 U.S.C. 1396, et seq., as may be amended, and not specifically listed in this part to  
27 categories of persons that may be designated by the act for receipt of assistance.

28 (7) Notwithstanding any other provision of this chapter, medical assistance must be provided to  
29 infants and pregnant women whose family income does not exceed 133% of the federal poverty threshold,  
30 as provided in 42 U.S.C. 1396a(a)(10)(A)(ii)(IX) and 42 U.S.C. 1396a(l)(2)(A)(i), ~~and whose family~~

1 ~~resources do not exceed standards that the department determines reasonable for purposes of the~~  
2 ~~program.~~

3 (8) Subject to appropriations, the department may cooperate with and make grants to a nonprofit  
4 corporation that uses donated funds to provide basic preventive and primary health care medical benefits  
5 to children whose families are ineligible for the Montana medicaid program and who are ineligible for any  
6 other health care coverage, are under 19 years of age, and are enrolled in school if of school age.

7 (9) A person described in subsection (7) must be provided continuous eligibility for medical  
8 assistance, as authorized in 42 U.S.C. 1396a(e)(5) through a(e)(7).

9 (10) The department may establish resource and income standards of eligibility for mental health  
10 services that are more liberal than the resource and income standards of eligibility for physical health  
11 services. The standards for eligibility for mental health services may provide for eligibility for households  
12 not eligible for medicaid with family income that does not exceed 200% of the federal poverty threshold  
13 or that does not exceed a lesser amount determined in the discretion of the department. The department  
14 may by rule specify under what circumstances deductions for medical expenses should be used to reduce  
15 countable family income in determining eligibility. The department may also adopt rules establishing fees,  
16 premiums, or copayments to be charged recipients for services. The fees, premiums, or copayments may  
17 vary according to family income.

18 (11) Medical assistance must be provided to a child who is under 19 years of age during a  
19 presumptive eligibility period that:

20 (a) begins with the date, on the basis of preliminary information, that the family income of the  
21 child does not exceed the applicable income level of eligibility; and

22 (b) ends with and includes the earlier of:

23 (i) the day on which a determination is made with respect to the eligibility of the child for medical  
24 assistance; or

25 (ii) in the case of a child on whose behalf an application is not filed by the last day of the month  
26 following the month during which an eligibility determination is made, the last day of the month."

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28 NEW SECTION. Section 4. Codification instruction. [Section 1] is intended to be codified as an  
29 integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to  
30 [section 1].

