1	HOUSE BILL NO. 565			
2	INTRODUCED BY P. NOONAN			
3				
4	A BILL FOR AN ACT ENTITLED: "AN ACT <u>CLARIF</u>	YING REQUIREMENTS	FOR PROVIDING CHILDREN WITH	
5	MENTAL HEALTH NEEDS WITH IN-STATE SEE	RVICE ALTERNATIVES	TO OUT-OF-STATE PLACEMENT;	
6	REVISING DEPARTMENT OF PUBLIC HEALTH A	ND HUMAN SERVICES F	PROCEDURES FOR DETERMINING	
7	PLACEMENT OF CHILDREN IN OUT-OF-STATE SERVICES; REQUIRING THE DEPARTMENT TO			
8	DIFFERENTIATE BETWEEN MODERATE AND INTENSIVE NEEDS FOR HIGH-RISK CHILDREN; EXPANDING			
9	REVISING REPORTING REQUIREMENTS; PR	ROVIDING RULEMAKIN	G AUTHORITY; AND AMENDING	
10	SECTIONS 52-2-308, 52-2-310, AND 52-2-311, MCA."			
11				
12	WHEREAS, the 1993 Montana Legislatur	e recognized that some N	Montana children have mental health	
13	and other needs that require services from multip	le agencies; and		
14	WHEREAS, the 1993 Legislature express	ed a desire to provide ser	vices to these children in their homes	
15	or communities whenever possible and to use out-of-state providers as a last resort; and			
16	WHEREAS, subsequent legislatures ha	ave strengthened the p	oolicy first established in 1993 by	
17	encouraging development of an array of in-state services so that children placed out of state may return home			
18	and children in the state are able to remain in their homes, community, or the state; and			
19	WHEREAS, the 2009 Legislature required the Department of Public Health and Human Services to			
20	establish an in-state pool of providers and protocol to give these children opportunities for services in their homes			
21	or communities from this pool of providers as a last resort before out-of-state placements; and			
22	WHEREAS, the 2009 Legislature required	the Department of Public	Health and Human Services to report	
23	to the Legislature on the number of out-of-state placements and the attempts to continue to provide services in			
24	Montana; and			
25	WHEREAS, information from the Department of Public Health and Human Services indicates that			
26	out-of-state placements of children HAVE DECREAS	ED BY 40% IN THE LAST 4	YEARS BUT STILL continue.	
27				
28	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:			
29				
30	Section 1. Section 52-2-308, MCA, is amended to read:			
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1	"52-2-308. Rulemaking. The department shall adopt rules necessary to implement 52-2-301 through		
2	52-2-304 and 52-2-309 this part. The rules must be adopted in cooperation with the committee established in		
3	52-2-303."		
4			
5	Section 2. Section 52-2-310, MCA, is amended to read:		
6	"52-2-310. Development and use of in-state pool of providers <u>qualified provider pools</u>. <u>(1)</u> In order		
7	to accomplish the goals of 52-2-301, the department shall establish a pool of qualified in-state providers and a		
8	pool of qualified out-of-state providers identified as willing and able to meet the significant needs of high-risk		
9	children with multiagency service needs who are currently placed or may be placed out of state. The USING		
10	EXISTING STAFF RESOURCES, THE department shall design AND IMPLEMENT a process in which licensed providers		
11	qualify for the <u>a</u> pool by demonstrating their ability to provide mental health services for children:		
12	(1)(a) through use of available federal and state special revenue and state general fund money;		
13	(b) in the least restrictive setting available; and		
14	(2)(c) in accordance with the state's goal of using a wraparound philosophy of care AND PLANNING		
15	PROCESS; AND		
16	(D) USING CRITERIA ESTABLISHED BY THE DEPARTMENT TO ADDRESS THE SPECIALIZED NEEDS OF HIGH-RISK		
17	CHILDREN WITH MULTIAGENCY SERVICE NEEDS.		
18	(2) The department shall adopt rules establishing the performance standards for providers to qualify for		
19	the pools provided for under this section. The rules must include:		
20	(a) the qualifications required for inclusion in a pool, including but not limited to:		
21	(i) measurable performance guidelines and standards of service delivery;		
22	(ii) demonstrated successful outcomes; and		
23	(iii) a commitment to provide alternative plans for in-state care as provided for in subsection (4);		
24	(b) the process by which providers must demonstrate outcomes that indicate their ability to meet the		
25	qualifications required for inclusion in a pool;		
26	(c) the department's standards for monitoring providers to ensure that a provider that has qualified for		
27	the pool continues to meet the qualification requirements; and		
28	(d) the procedures for removing a provider from a pool.		
29	(3) A provider who fails to meet the qualification standards or does not demonstrate successful outcomes		
30	must be removed from the pool of qualified providers.		



1	(4)(2) (a) The department shall establish a performance-based system for assigning a ALLOW ANY WILLING		
2	AND qualified in-state provider to review a case involving a high-risk child with multiagency service needs and to		
3	propose a plan of care for providing services in state to the child.		
4	(b) The Prior to contracting with a provider for the delivery of in-state services, the department		
5	MUST DETERMINE THAT THE PLAN OF CARE SUBMITTED BY THE IN-STATE PROVIDER IS BOTH COST-EFFECTIVE AND IN THE		
6	BEST INTERESTS OF THE CHILD.		
7	(C) IF A QUALIFIED IN-STATE PROVIDER PROPOSES A PLAN OF CARE FOR PROVIDING IN-STATE SERVICES TO THE		
8	CHILD, THE department may not certify a child for placement with an out-of-state provider unless it denies the plan		
9	of care proposed by the in-state provider.		
10	(5) The department shall differentiate in both definition and reimbursement rates between therapeutic		
11	living settings that provide a moderate level of service and an intensive level of service."		
12			
13	Section 3. Section 52-2-311, MCA, is amended to read:		
14	"52-2-311. Out-of-state placement monitoring and reporting. (1) The department shall collect the		
15	following information regarding high-risk children with multiagency service needs:		
16	(a) the number of children placed out of state;		
17	(b) the reasons each child was placed out of state;		
18	(c) the costs for each child placed out of state;		
19	(d) the efforts the department made <u>PROCESS USED</u> to avoid out-of-state placements , including:		
20	(i) the number of in-state providers the department contacted about developing service alternatives for		
21	a child in or at risk of being placed in an out-of-state facility;		
22	(ii) whether any in-state providers submitted a plan for service alternatives for the child to the department;		
23	and		
24	(iii) if a plan for service alternatives was submitted, the reasons the plan was not implemented and the		
25	out-of-state placement was determined to be necessary;		
26	(e) the number of children for whom plans for service alternatives were developed, implemented, and		
27	resulted in the return of a child from an out-of-state placement or prevented a child from being placed out of state;		
28	and		
29	(f) other planning efforts to prepare for a child's return to the state.; AND		
30	(E) THE NUMBER OF IN-STATE PROVIDERS PARTICIPATING IN THE POOL.		
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1	(2) For children whose placement is funded in whole or in part by the department MEDICAID, the report
2	shall include information indicating the OTHER department program PROGRAMS with which the child is involved.
3	(2)(3) On an ongoing basis, the department shall attempt to reduce out-of-state placements.
4	(3)(4) The department shall report biannually to the children, families, health, and human services interim
5	committee concerning the information it has collected under this section and the results of the efforts it has made
6	to reduce out-of-state placements."
7	- END -

