

1 \_\_\_\_\_ BILL NO. \_\_\_\_\_

2 INTRODUCED BY \_\_\_\_\_  
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT EXPANDING THE MONTANA MEDICAID PROGRAM AS ALLOWED  
5 UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT; PROVIDING AN APPROPRIATION;  
6 AMENDING SECTION 53-6-131, MCA; AND PROVIDING AN EFFECTIVE DATE AND A CONTINGENT  
7 TERMINATION DATE."

8  
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

10  
11 **Section 1.** Section 53-6-131, MCA, is amended to read:

12 **"53-6-131. Eligibility requirements.** (1) Medical assistance under the Montana medicaid program may  
13 be granted to a person who is determined by the department of public health and human services, in its  
14 discretion, to be eligible as follows:

15 (a) The person receives or is considered to be receiving supplemental security income benefits under  
16 Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., and does not have income or resources in excess  
17 of the applicable medical assistance limits.

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

20 (c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, the  
21 person would be receiving assistance under the program in subsection (1)(a).

22 (d) The person is:

23 (i) under 21 years of age and in foster care under the supervision of the state or was in foster care under  
24 the supervision of the state and has been adopted as a child with special needs; or

25 (ii) under 18 years of age and is in a guardianship subsidized by the department pursuant to 41-3-444.

26 (e) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(d) and:

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

30 (ii) the person, while having income greater than the medically needy income level specified for federally



1 aided categories of assistance:

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

6 (B) (I) in the case of a person who meets the nonfinancial criteria for medical assistance because the  
7 person is aged, blind, or disabled, has resources that do not exceed the resource standards of the federal  
8 supplemental security income program; or

9 (II) in the case of a person who meets the nonfinancial criteria for medical assistance because the person  
10 is pregnant, is an infant or child, or is the caretaker of an infant or child, has resources that do not exceed the  
11 resource standards adopted by the department.

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

13 (g) The person is under 19 years of age and lives with a family having a combined income that does not  
14 exceed 185% of the federal poverty level. The department may establish lower income levels to the extent  
15 necessary to maximize federal matching funds provided for in 53-4-1104.

16 (h) The person meets the eligibility requirements of 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as enacted by  
17 Public Law 111-148, Public Law 111-152, and federal regulations implementing those laws.

18 (2) The department may establish income and resource limitations. Limitations of income and resources  
19 must be within the amounts permitted by federal law for the medicaid program. Any otherwise applicable eligibility  
20 resource test prescribed by the department does not apply to enrollees in the healthy Montana kids plan provided  
21 for in 53-4-1104.

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

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

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

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

3 (5) In accordance with waivers of federal law that are granted by the secretary of the U.S. department  
4 of health and human services, the department of public health and human services may grant eligibility for basic  
5 medicaid benefits as described in 53-6-101 to an individual receiving section 1931 medicaid benefits, as defined  
6 in 53-4-602, as the specified caretaker relative of a dependent child under the section 1931 medicaid program.  
7 A recipient who is pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C.  
8 416, et seq., or is less than 21 years of age is entitled to full medicaid coverage, as provided in 53-6-101.

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

13 (7) Notwithstanding any other provision of this chapter, medical assistance must be provided to infants  
14 and pregnant women whose family income does not exceed income standards adopted by the department that  
15 comply with the requirements of 42 U.S.C. 1396a(l)(2)(A)(i) and whose family resources do not exceed standards  
16 that the department determines reasonable for purposes of the program.

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

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

23 (10) Full medical assistance under the Montana medicaid program may be granted to an individual during  
24 the period in which the individual requires treatment of breast or cervical cancer, or both, or of a precancerous  
25 condition of the breast or cervix, if the individual:

26 (a) has been screened for breast and cervical cancer under the Montana breast and cervical health  
27 program funded by the centers for disease control and prevention program established under Title XV of the  
28 Public Health Service Act, 42 U.S.C. 300k, or in accordance with federal requirements;

29 (b) needs treatment for breast or cervical cancer, or both, or a precancerous condition of the breast or  
30 cervix;

- 1 (c) is not otherwise covered under creditable coverage, as provided by federal law or regulation;
- 2 (d) is not eligible for medical assistance under any mandatory categorically needy eligibility group; and
- 3 (e) has not attained 65 years of age.

4 (11) Subject to the limitation in 53-6-195, the department shall provide medicaid coverage to workers with  
 5 disabilities as provided in 53-6-195 and in accordance with 42 U.S.C. 1396a(a)(10)(A)(ii)(XIII) and (r)(2) and 42  
 6 U.S.C. 1396o."

7  
 8 **NEW SECTION. Section 2. Appropriation.** The following amounts are appropriated to the department  
 9 of public health and human services to pay for medical services provided to individuals eligible for medicaid  
 10 pursuant to 53-6-131(1)(h):

	Fiscal Year 2016	Fiscal Year 2017
11 Federal Special Revenue	\$278,000,000	\$351,500,000
12 General Fund	\$2,780,000	\$12,000,000

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 14  
 15 **NEW SECTION. Section 3. Effective date.** [This act] is effective July 1, 2015.

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 17 **NEW SECTION. Section 4. Contingent termination.** (1) [This act] terminates on the date that the  
 18 federal medical assistance percentage for medical services provided to individuals eligible for medicaid under  
 19 53-6-131(1)(h) is set below the levels established in 42 U.S.C. 1396d(y)(1) on [the effective date of this act].

- 20 (2) The office of budget and program planning shall:
- 21 (a) certify to the governor the occurrence of the contingency provided for in subsection (1); and
- 22 (b) transmit a copy of the certification to the code commissioner.

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