

1 SENATE BILL NO. 380

2 INTRODUCED BY J. ESP

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4 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATED TO BEHAVIORAL HEALTH
5 TREATMENT SERVICES FOR YOUTH; ESTABLISHING REQUIREMENTS FOR CERTIFIED FAMILY
6 HEALTH FACILITATORS; REQUIRING MEDICAID COVERAGE OF SERVICES PROVIDED BY CERTIFIED
7 FAMILY HEALTH FACILITATORS; PROVIDING FOR A CERTIFICATION FEE; PROVIDING RULEMAKING
8 AUTHORITY; AND AMENDING SECTION 53-6-101, MCA."

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

11

12 NEW SECTION. **Section 1. Certified family health facilitator -- requirements -- rulemaking.** (1)

13 The department shall provide for certification of individuals to serve as family health facilitators to support
14 behavioral health services for a child and the child's family when the child:

- 15 (a) resides in a county with a per capita population of fewer than six people for each square mile; and
16 (b) is receiving behavioral health services and supports by means of telehealth or teleconference from
17 a mental health professional as defined in 37-38-102 who is located in another community.

18 (2) A certified family health facilitator shall assist children and their families with obtaining access to
19 treatment, coordinate the delivery of services, and assist in strengthening community behavioral health services
20 by undertaking activities that include but are not limited to:

- 21 (a) connecting a child or the child's family to resources to support treatment by navigating,
22 coordinating, and linking the child or the child's family to services that meet the child's and the child's family's
23 needs;
- 24 (b) responding to and supporting a child and the child's family during emergency and crisis situations;
- 25 (c) identifying education and life skill training to improve behavioral health and wellness;
- 26 (d) advocating for individual and community needs through identifying existing strengths and gaps in
27 services and working to build behavioral health treatment capacity in the community; and
- 28 (e) providing community education and outreach to promote behavioral health and wellness.

1 (3) An individual seeking to become a certified family health facilitator shall:

2 (a) demonstrate competency in:

3 (i) the context, culture, and resources of the population and the area being served; and

4 (ii) advocacy, education, and outreach;

5 (b) meet the certification standards established by the department by rule; and

6 (c) pay an annual fee established by the department.

7 (4) The department may certify individuals as family health facilitators or may contract with one or
8 more entities to carry out the certification process. The department shall establish the training and core
9 competencies required to obtain certification, reflecting standards adopted in other states or nationally for
10 community health workers.

11 (5) A certified family health facilitator shall report to the department as required by rule on the
12 activities the facilitator has undertaken in order to measure the performance, impact, costs, and benefits of the
13 services.

14 (6) The department shall adopt rules to implement the provisions of this section, including but not
15 limited to:

16 (a) certification standards;

17 (b) the fee to obtain certification; and

18 (c) reporting requirements for certified family health facilitators.

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20 **Section 2.** Section 53-6-101, MCA, is amended to read:

21 **"53-6-101. Montana medicaid program -- authorization of services.** (1) There is a Montana
22 medicaid program established for the purpose of providing necessary medical services to eligible persons who
23 have need for medical assistance. The Montana medicaid program is a joint federal-state program administered
24 under this chapter and in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq. The
25 department shall administer the Montana medicaid program.

26 (2) The department and the legislature shall consider the following funding principles when
27 considering changes in medicaid policy that either increase or reduce services:

28 (a) protecting those persons who are most vulnerable and most in need, as defined by a combination

1 of economic, social, and medical circumstances;

2 (b) giving preference to the elimination or restoration of an entire medicaid program or service, rather
3 than sacrifice or augment the quality of care for several programs or services through dilution of funding; and

4 (c) giving priority to services that employ the science of prevention to reduce disability and illness,
5 services that treat life-threatening conditions, and services that support independent or assisted living, including
6 pain management, to reduce the need for acute inpatient or residential care.

7 (3) Medical assistance provided by the Montana medicaid program includes the following services:

8 (a) inpatient hospital services;

9 (b) outpatient hospital services;

10 (c) other laboratory and x-ray services, including minimum mammography examination as defined in
11 33-22-132;

12 (d) skilled nursing services in long-term care facilities;

13 (e) physicians' services;

14 (f) nurse specialist services;

15 (g) early and periodic screening, diagnosis, and treatment services for persons under 21 years of age,
16 in accordance with federal regulations and subsection (10)(b);

17 (h) ambulatory prenatal care for pregnant women during a presumptive eligibility period, as provided
18 in 42 U.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1;

19 (i) targeted case management services, as authorized in 42 U.S.C. 1396n(g), for high-risk pregnant
20 women;

21 (j) services that are provided by physician assistants within the scope of their practice and that are
22 otherwise directly reimbursed as allowed under department rule to an existing provider;

23 (k) health services provided under a physician's orders by a public health department;

24 (l) federally qualified health center services, as defined in 42 U.S.C. 1396d(l)(2);

25 (m) routine patient costs for qualified individuals enrolled in an approved clinical trial for cancer as
26 provided in 33-22-153;

27 (n) for children 18 years of age ~~and~~ or younger, habilitative services as defined in 53-4-1103 and
28 certified family health facilitator services provided pursuant to [section 1]; and

1 (o) services provided by a person certified in accordance with 37-2-318 to provide services in
2 accordance with the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.

3 (4) Medical assistance provided by the Montana medicaid program may, as provided by department
4 rule, also include the following services:

5 (a) medical care or any other type of remedial care recognized under state law, furnished by licensed
6 practitioners within the scope of their practice as defined by state law;

7 (b) home health care services;

8 (c) private-duty nursing services;

9 (d) dental services;

10 (e) physical therapy services;

11 (f) mental health center services administered and funded under a state mental health program
12 authorized under Title 53, chapter 21, part 10;

13 (g) clinical social worker services;

14 (h) prescribed drugs, dentures, and prosthetic devices;

15 (i) prescribed eyeglasses;

16 (j) other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;

17 (k) inpatient psychiatric hospital services for persons under 21 years of age;

18 (l) services of professional counselors licensed under Title 37, chapter 23;

19 (m) hospice care, as defined in 42 U.S.C. 1396d(o);

20 (n) case management services, as provided in 42 U.S.C. 1396d(a) and 1396n(g), including targeted
21 case management services for the mentally ill;

22 (o) services of psychologists licensed under Title 37, chapter 17;

23 (p) inpatient psychiatric services for persons under 21 years of age, as provided in 42 U.S.C.

24 1396d(h), in a residential treatment facility, as defined in 50-5-101, that is licensed in accordance with 50-5-201;

25 (q) services of behavioral health peer support specialists certified under Title 37, chapter 38, provided
26 to adults 18 years of age ~~and~~ or older with a diagnosis of a mental disorder, as defined in 53-21-102; and

27 (r) any additional medical service or aid allowable under or provided by the federal Social Security
28 Act.

1 (5) Services for persons qualifying for medicaid under the medically needy category of assistance, as
2 described in 53-6-131, may be more limited in amount, scope, and duration than services provided to others
3 qualifying for assistance under the Montana medicaid program. The department is not required to provide all of
4 the services listed in subsections (3) and (4) to persons qualifying for medicaid under the medically needy
5 category of assistance.

6 (6) In accordance with federal law or waivers of federal law that are granted by the secretary of the
7 U.S. department of health and human services, the department may implement limited medicaid benefits, to be
8 known as basic medicaid, for adult recipients who are eligible because they are receiving cash assistance, as
9 defined in 53-4-201, as the specified caretaker relative of a dependent child and for all adult recipients of
10 medical assistance only who are covered under a group related to a program providing cash assistance, as
11 defined in 53-4-201. Basic medicaid benefits consist of all mandatory services listed in subsection (3) but may
12 include those optional services listed in subsections (4)(a) through (4)(r) that the department in its discretion
13 specifies by rule. The department, in exercising its discretion, may consider the amount of funds appropriated
14 by the legislature, whether approval has been received, as provided in 53-1-612, and whether the provision of a
15 particular service is commonly covered by private health insurance plans. However, a recipient who is
16 pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or
17 is less than 21 years of age is entitled to full medicaid coverage.

18 (7) The department may implement, as provided for in Title XIX of the Social Security Act, 42 U.S.C.
19 1396, et seq., as may be amended, a program under medicaid for payment of medicare premiums, deductibles,
20 and coinsurance for persons not otherwise eligible for medicaid.

21 (8) (a) The department may set rates for medical and other services provided to recipients of
22 medicaid and may enter into contracts for delivery of services to individual recipients or groups of recipients.

23 (b) The department shall strive to close gaps in services provided to individuals suffering from mental
24 illness and co-occurring disorders by doing the following:

25 (i) simplifying administrative rules, payment methods, and contracting processes for providing
26 services to individuals of different ages, diagnoses, and treatments. Any adjustments to payments must be
27 cost-neutral for the biennium beginning July 1, 2017.

28 (ii) publishing a report on an annual basis that describes the process that a mental health center or

1 chemical dependency facility, as those terms are defined in 50-5-101, must utilize in order to receive payment
2 from Montana medicaid for services provided to individuals of different ages, diagnoses, and treatments.

3 (9) The services provided under this part may be only those that are medically necessary and that are
4 the most efficient and cost-effective.

5 (10) (a) The amount, scope, and duration of services provided under this part must be determined by
6 the department in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be
7 amended.

8 (b) The department shall, with reasonable promptness, provide access to all medically necessary
9 services prescribed under the early and periodic screening, diagnosis, and treatment benefit, including access
10 to prescription drugs and durable medical equipment for which the department has not negotiated a rebate.

11 (11) Services, procedures, and items of an experimental or cosmetic nature may not be provided.

12 (12) If available funds are not sufficient to provide medical assistance for all eligible persons, the
13 department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical
14 services made available under the Montana medicaid program after taking into consideration the funding
15 principles set forth in subsection (2). (Subsection (3)(o) terminates September 30, 2023--sec. 7, Ch. 412, L.
16 2019.)"

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18 **NEW SECTION. Section 3. Codification instruction.** [Section 1] is intended to be codified as an
19 integral part of Title 53, chapter 21, part 5, and the provisions of Title 53, chapter 21, part 5, apply to [section 1].

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