

SENATE BILL NO. 160

INTRODUCED BY M. CAFERRO, E. MCCLAFFERTY

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A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO STREAMLINE CONTRACTING PROCESSES, PAYMENT METHODS, AND ADMINISTRATIVE RULES FOR MEDICAID SERVICES PROVIDED BY MENTAL HEALTH CENTERS TO INDIVIDUALS SUFFERING FROM MENTAL ILLNESS AND CO-OCCURRING DISORDERS; REQUIRING A REPORT; AND AMENDING ~~SECTIONS 53-21-1002 AND 53-21-1007~~ SECTION 53-6-101, MCA."

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

(Refer to Introduced Bill)

Strike everything after the enacting clause and insert:

Section 1. Section 53-6-101, MCA, is amended to read:

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

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

(a) protecting those persons who are most vulnerable and most in need, as defined by a combination of economic, social, and medical circumstances;

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

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

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

(a) inpatient hospital services;



- 1 (b) outpatient hospital services;
- 2 (c) other laboratory and x-ray services, including minimum mammography examination as defined in
3 33-22-132;
- 4 (d) skilled nursing services in long-term care facilities;
- 5 (e) physicians' services;
- 6 (f) nurse specialist services;
- 7 (g) early and periodic screening, diagnosis, and treatment services for persons under 21 years of age;
- 8 (h) ambulatory prenatal care for pregnant women during a presumptive eligibility period, as provided in
9 42 U.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1;
- 10 (i) targeted case management services, as authorized in 42 U.S.C. 1396n(g), for high-risk pregnant
11 women;
- 12 (j) services that are provided by physician assistants within the scope of their practice and that are
13 otherwise directly reimbursed as allowed under department rule to an existing provider;
- 14 (k) health services provided under a physician's orders by a public health department;
- 15 (l) federally qualified health center services, as defined in 42 U.S.C. 1396d(l)(2); and
- 16 (m) routine patient costs for qualified individuals enrolled in an approved clinical trial for cancer as
17 provided in 33-22-153.
- 18 (4) Medical assistance provided by the Montana medicaid program may, as provided by department rule,
19 also include the following services:
- 20 (a) medical care or any other type of remedial care recognized under state law, furnished by licensed
21 practitioners within the scope of their practice as defined by state law;
- 22 (b) home health care services;
- 23 (c) private-duty nursing services;
- 24 (d) dental services;
- 25 (e) physical therapy services;
- 26 (f) mental health center services administered and funded under a state mental health program
27 authorized under Title 53, chapter 21, part 10;
- 28 (g) clinical social worker services;
- 29 (h) prescribed drugs, dentures, and prosthetic devices;
- 30 (i) prescribed eyeglasses;

- 1 (j) other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;
- 2 (k) inpatient psychiatric hospital services for persons under 21 years of age;
- 3 (l) services of professional counselors licensed under Title 37, chapter 23;
- 4 (m) hospice care, as defined in 42 U.S.C. 1396d(o);
- 5 (n) case management services, as provided in 42 U.S.C. 1396d(a) and 1396n(g), including targeted case
6 management services for the mentally ill;
- 7 (o) services of psychologists licensed under Title 37, chapter 17;
- 8 (p) inpatient psychiatric services for persons under 21 years of age, as provided in 42 U.S.C. 1396d(h),
9 in a residential treatment facility, as defined in 50-5-101, that is licensed in accordance with 50-5-201; and
- 10 (q) any additional medical service or aid allowable under or provided by the federal Social Security Act.
- 11 (5) Services for persons qualifying for medicaid under the medically needy category of assistance, as
12 described in 53-6-131, may be more limited in amount, scope, and duration than services provided to others
13 qualifying for assistance under the Montana medicaid program. The department is not required to provide all of
14 the services listed in subsections (3) and (4) to persons qualifying for medicaid under the medically needy
15 category of assistance.
- 16 (6) In accordance with federal law or waivers of federal law that are granted by the secretary of the U.S.
17 department of health and human services, the department may implement limited medicaid benefits, to be known
18 as basic medicaid, for adult recipients who are eligible because they are receiving financial assistance, as defined
19 in 53-4-201, as the specified caretaker relative of a dependent child under the FAIM project and for all adult
20 recipients of medical assistance only who are covered under a group related to a program providing financial
21 assistance, as defined in 53-4-201. Basic medicaid benefits consist of all mandatory services listed in subsection
22 (3) but may include those optional services listed in subsections (4)(a) through (4)(q) that the department in its
23 discretion specifies by rule. The department, in exercising its discretion, may consider the amount of funds
24 appropriated by the legislature, whether approval has been received, as provided in 53-1-612, and whether the
25 provision of a particular service is commonly covered by private health insurance plans. However, a recipient who
26 is pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq.,
27 or is less than 21 years of age is entitled to full medicaid coverage.
- 28 (7) The department may implement, as provided for in Title XIX of the Social Security Act, 42 U.S.C.
29 1396, et seq., as may be amended, a program under medicaid for payment of medicare premiums, deductibles,
30 and coinsurance for persons not otherwise eligible for medicaid.

