

1 HOUSE BILL NO. 910  
2 INTRODUCED BY E. STAFMAN

3  
4 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING A MEDICAID MEDICAL RESPITE CARE  
5 PROGRAM FOR HOMELESS INDIVIDUALS; ESTABLISHING REPORTING REQUIREMENTS; PROVIDING  
6 A DEFINITION; PROVIDING RULEMAKING AUTHORITY; PROVIDING APPROPRIATIONS; AND  
7 PROVIDING EFFECTIVE DATES AND A CONTINGENT EFFECTIVE DATE."

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

10  
11 **NEW SECTION. Section 1. Medical respite care for homeless individuals -- rulemaking**

12 **authority -- report.** (1) There is a medical respite care program for homeless individuals who are eligible for  
13 medical assistance pursuant to Title 53, chapter 6.

14 (2) The department shall reimburse eligible providers for medical respite care that is offered in a  
15 residential facility, including homeless shelters, to individuals who are experiencing homelessness and who are  
16 too ill or frail to recover from a physical illness or injury but are not ill enough to require hospital care.

17 (3) Medical respite care consists of short-term housing with supportive medical services for acute  
18 and postacute care. To the extent allowable, medical respite care services include but are not limited to:

19 (a) development and monitoring of a treatment plan and administration of high-quality postacute  
20 clinical services that are needed to help the patient meet the goals outlined in the treatment plan;

21 (b) medication management and medication reconciliation, including access to medications,  
22 assistance with medication adherence, and medication education;

23 (c) immunizations;

24 (d) screening for communicable diseases;

25 (e) discharge planning and a timeline for transitions into other settings;

26 (f) care coordination and referral management to ensure a patient is following up with medical  
27 appointments as necessary;

28 (g) coordination with other levels of services;

- 1 (h) assistance with applying for and accessing social services programs;
- 2 (i) transportation related to hospital visits and medical appointments; and
- 3 (j) meals.
- 4 (4) The department may adopt rules to carry out the provisions of this section.
- 5 (5) The department shall report to the legislature annually in accordance with 5-11-210 on:
- 6 (a) the number of homeless individuals served by each medical respite care facility;
- 7 (b) the cost of the program; and
- 8 (c) the reduction of health care costs due to the program's implementation.
- 9 (6) For the purposes of this section, "homeless" has the meaning provided in 42 U.S.C. 11302.

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11 **NEW SECTION. Section 2. Appropriation.** The following amounts are appropriated to the  
 12 department of public health and human services:

	Fiscal Year 2024	Fiscal Year 2025
13		
14	\$177,100	\$301,612
15	\$716,413	\$1,573,113
16		

17 **NEW SECTION. Section 3. Direction to department of public health and human services.** The  
 18 legislature directs the department of public health and human services to apply no later than January 1, 2024,  
 19 to the centers for medicare and medicaid services for a waiver or state plan amendment to allow for  
 20 implementation of the medical respite care program provided for in [section 1].

21

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

24

25 **NEW SECTION. Section 5. Effective dates -- contingent effective date.** (1) Except as provided in  
 26 subsections (2) and (3), [this act] is effective on passage and approval.

27 (2) [Section 2] is effective July 1, 2023.

28 (3) [Section 1] is effective on the date that the director of the department of public health and

**Amendment - 1st Reading-white - Requested by: Ed Stafman - (H) Human Services**

- 2023

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Drafter: Sue O'Connell, 406-444-3597

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- 1 human services certifies to the code commissioner that the centers for medicare and medicaid services
- 2 approved the department's application for a waiver or state plan amendment to implement the program. The
- 3 director shall submit certification within 10 days of the occurrence of the contingency.

4 - END -

AMEND