Amendment - 1st Reading-white - Requested by: Jen Gross - (S) Public Health, Welfare and Safety - 2023					
	gislature 2023	Γ	Drafter: Sue O'Conr	nell, 406-444-3597	SB0198.001.002
1			SENATE BII	L NO. 198	
2	INTRODUCE	ED BY J. GROSS, M. C/	AFERRO, S. O'BRI	EN, J. SMALL, S. STEWAF	₹T PEREGOY, B. USHER,
3			R. LYI	NCH	
4					
5	A BILL FOR A	AN ACT ENTITLED: "AN	ACT REVISING L	AWS RELATED TO BEHAV	/IORAL HEALTH PEER
6	SUPPORT SP	PECIALISTS; PROVIDIN	IG FOR <mark>LICENSU</mark>	RE <u>CREDENTIALING</u> OF <u>C</u>	ERTAIN BEHAVIORAL
7	HEALTH PEE	R SUPPORT SPECIAL	ISTS; ESTABLISHI	NG LICENSING CREDENT	TIALING REQUIREMENTS;
8	ESTABLISHIN	NG REQUIREMENTS F	OR CANDIDATES	FOR- LICENSURE <u>CREDEI</u>	NTIALING; SPECIFYING
9	REQUIREME	NTS FOR SUPERVISIC	N OF <u>BEHAVIOR</u>	<u>AL HEALTH</u> PEER SUPPOR	RT SPECIALISTS AND
10	LICENSURE	CREDENTIALING CAN	DIDATES; AND AM	IENDING SECTIONS 37-38	3-101, 37-38-102, 37-38-
11	106, 37-38-20)1, <mark>AND</mark> -37-38-202, <u>ANE</u>	<u>) 53-6-101, </u> MCA."		
12					
13	BE IT ENACT	ED BY THE LEGISLAT	URE OF THE STAT	E OF MONTANA:	
14					
15	NEW	SECTION. Section 1.	Levels of behavio	oral health peer support c	ertification standards.
16	(1) Behaviora	I health peer support spe	ecialists are authori	zed under three levels:	
17	(a)	certified behavioral he	ealth peer support s	pecialist;	
18	(b)	behavioral health pee	r support specialist	credentialing candidate; ar	ıd
19	(c)	credentialed behavior	al health peer supp	oort specialist.	
20	(2)	The board may set st	andards of conduct	for each level of behaviora	l health peer support
21	specialist. Unj	professional conduct or	failure to satisfy the	training and work requirem	nents or other conditions set
22	by the board r	nay result in disciplinary	action, sanctions,	or other restriction of a pers	son's authorization to act as
23	a behavioral h	nealth peer support spec	ialist.		
24					
25	NEW	SECTION. Section 2.	Behavioral health	peer support specialist	icensure <u>credentialing</u>
26	candidate ı	registration requirement	nts standards. (1) A person who has compl	eted the training
27	requirements	for licensure <u>certificatior</u>	under 37-38-202	out who has not completed	the supervised training and



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1	work experience	ce required for licensure shall <u>credentialing may</u> register as a behavioral health	peer support
2	licensure spec	ialist credentialing candidate in order to engage in behavioral health peer suppo	ort and earn the
3	supervised trai	ning and experience required for licensure credentialing.	
4	(2)	To register, the person shall submit:	
5	(a)	the attestation required under 37-38-202(1);	
6	(b)	the application and fee required by the board;	
7	(c)	proof of successful completion of the training requirement requirements for a c	<u>certified</u>
8	<u>behavioral hea</u>	Ith peer support specialist;	
9	(d)	fingerprints for the purpose of fingerprint background checks by the Montana	department of
10	justice and the	federal bureau of investigation as provided in 37-1-307; and	
11	(e)	a training and supervision plan that meets requirements set by the board.	
12	(3)	A licensure candidate shall complete 1,000 hours of supervised training and v	/ork experience
13	before applyine	g for licensure. At a minimum, the supervised experience must include:	
14	(a)	- 200 hours of one-on-one direct behavioral health peer support;	
15	(b)	10 hours facilitating or cofacilitating peer-led groups; and	
16	(c)	continuing education consisting of:	
17	(i)	12 hours related to suicide prevention and intervention;	
18	(ii)	10 hours related to professional boundaries and ethical responsibilities;	
19	(iii)	6 hours related to self-care and wellness;	
20	(iv)	6 hours related to professional development for behavioral health peer suppor	t specialists;
21	(v)	4 hours related to deescalation strategies; and	
22	(vi)	2 hours related to opiate overdose prevention and intervention.	
23	(4)<u>(3)</u>	A competent mental health professional must provide 1 hour of face-to-face s	upervision for
24	every 20 hours	of supervised behavioral health peer support activities , other than <u>the</u> continuir	ng education,
25	required under	subsection (3) under [section 3] for credentialing.	
26	(5)	- Following satisfaction of the requirements of subsection (2) and approval by the	ìe board, a
27	person may en	igage in behavioral health peer support under the conditions set by the board a	nd use the title of



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1	"behavioral he	alth peer support specialist licensure candidate".				
2	(6)	A licensure candidate shall conform to the standards of conduct applicable to	a licensed			
3	behavioral hea	Ith peer support specialist. Unprofessional conduct or failure to satisfy the traini	ing and work			
4	requirements o	or other conditions set by the board may result in disciplinary action, sanctions,	or other restriction			
5	of a person's a	uthorization to act as a behavioral health peer support specialist licensure cand	lidate.			
6	(7)<u>(4)</u>	A person shall register annually as a behavioral health peer support specialist	t licensure			
7	<u>credentialing</u> c	andidate. The board may <u>:</u>				
8	<u>(a)</u>	_limit the number of years that a person may act as a licensure <u>credentialing</u> c	andidate <u>; and</u>			
9	<u>(b)</u>	deny registration under this section to an applicant based on the applicant's c	<u>onduct as a</u>			
10	<u>certified</u> behav	ioral health peer support specialist credentialing candidate.				
11						
12	<u>NEW S</u>	SECTION. Section 3. Credentialed behavioral health peer support specia	list			
13	requirements	supervision. (1) An applicant to be a credentialed behavioral health peer su	pport specialist			
14	shall submit th	e application and fee required by the board and must have completed 1,000 ho	urs of supervised			
15	training and wo	ork experience that, at a minimum, includes:				
16	(a)	200 hours of one-on-one direct behavioral health peer support;				
17	(b)	10 hours of facilitating or cofacilitating peer-led groups; and				
18	(c)	continuing education consisting of:				
19	(i)	12 hours related to suicide prevention and intervention;				
20	(ii)	10 hours related to professional boundaries and ethical responsibilities;				
21	(iii)	6 hours related to self-care and wellness;				
22	(iv)	6 hours related to professional development for behavioral health peer suppo	rt specialists;			
23	(v)	4 hours related to deescalation strategies; and				
24	(vi)	2 hours related to opiate overdose prevention and intervention.				
25	(2)	(a) A competent mental health professional meeting the requirements of subs	ection (2)(b) shall			
26	provide 1 hour	of face-to-face supervision for every 40 hours of behavioral health peer suppor	t provided by a			
27	credentialed be	ehavioral health peer support specialist. Supervision may range from direct ove	rsight to care			



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1	consultation. Th	he board may create guidelines for supervision but shall allow for flexibility in th	e provision of
2	behavioral heal	Ith peer support services.	
3	(b)	The mental health professional providing supervision must:	
4	(i)	have an active license in good standing in Montana; and	
5	(ii)	have been licensed for a minimum of 3 years, excluding licensure as a candid	ate; or
6	(iii)	have at least 20 hours of board-approved training in supervision.	
7			
8	Section	n 4. Section 37-38-101, MCA, is amended to read:	
9	"37-38-	-101. Behavioral health peer support specialist. The profession of behavio	ral health peer
10	support special	list is subject to certification <u>licensure</u> certification and credentialing requiremen	nts set forth in this
11	chapter and by	rules promulgated by the board of behavioral health."	
12			
13	Section	n 5. Section 37-38-102, MCA, is amended to read:	
14	"37-38-	-102. Definitions. As used in this chapter, the following definitions apply:	
15	(1)	"Behavioral health" includes a person with a diagnosis of:	
16	(a)	a mental disorder, as that term is defined in 53-21-102; or	
17	(b)	chemical dependency, as that term is defined in 53-24-103.	
18	(2)	"Behavioral health peer support" means the use of a peer support specialist's	personal
19	experience with	n a behavioral health disorder to provide support, mentoring, guidance, and adv	ocacy and to
20	offer hope to in	dividuals with behavioral health disorders.	
21	<u>(3)</u>	"Behavioral health peer support specialist" means a person who:	
22	<u>(a)</u>	has experienced and is in recovery from a behavioral health disorder;	
23	<u>(b)</u>	has obtained the education and skills needed to provide recovery support to in	<u>ndividuals with</u>
24	behavioral heal	Ith disorders; and	
25	<u>(c)</u>	possesses a valid and current license certification or credential.	
26	(3)<u>(4)</u>	"Board" means the board of behavioral health established under 2-15-1744.	
27	(4) "C	Certified behavioral health peer support specialist" means a person who:	



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1	(a) h	nas experienced and is in recovery from a behavioral health disorder;			
2	(b) h	nas obtained the education and skills needed to provide therapeutic support to indi	viduals with		
3	behavioral hea	alth disorders; and			
4	(c) p	possesses a valid and current certification.			
5	(5)	"Mental health professional" means:			
6	(a)	a physician licensed under Title 37, chapter 3;			
7	(b)	a psychologist licensed under Title 37, chapter 17;			
8	(c)	a social worker licensed under Title 37, chapter 22;			
9	(d)	a professional counselor licensed under Title 37, chapter 23;			
10	(e)	an advanced practice registered nurse, as provided for in 37-8-202, with a clinic	al specialty in		
11	psychiatric me	ental health nursing;			
12	(f)	a marriage and family therapist licensed under Title 37, chapter 37; or			
13	(g)	a licensed addiction counselor licensed under Title 37, chapter 35."			
14					
15	Sectio	on 6. Section 37-38-106, MCA, is amended to read:			
16	"37-38	8-106. Privileged communications exceptions. (1) Certified behavioral Licer	<u>ısed behavioral</u>		
17	<u>Behavioral</u> hea	alth peer support specialists and licensure candidates work in health care teams. (Communication		
18	among team n	members that is essential for the supported individual's recovery must be defined a	ind established		
19	by board rule.				
20	(2)	A certified <u>licensed</u> behavioral health peer support specialist <u>or licensure candid</u>	<mark>late</mark> may not		
21	disclose any ir	nformation the <u>behavioral health</u> peer support specialist <u>or licensure candidate</u> acc	juires from an		
22	individual to w	whom the <u>behavioral health</u> peer support specialist <u>or licensure candidate</u> provides	behavioral		
23	health peer su	upport except <u>only:</u>			
24	<u>(a)</u>	when the behavioral health peer support specialist or licensure candidate has:			
25	(a)<u>(i)</u>	with <u>obtained</u> the written consent of the individual or, in the case of the individua	al's death or		
26	mental incapa	acity, with t he written consent of the individual's personal representative or guardiar	n;		
27	(b)(ii)	when received a communication that otherwise would be confidential but reveal	s that the		



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1	individual or ar	nother person is contemplating the commission of a crime; or	
2	<u>(iii)</u>	determined that a communication that would otherwise be confidential in the l	ehavioral health
3	peer support s	pecialist's professional opinion reveals a threat of imminent harm to the individu	al or others;
4	(c)<u>(iv)</u>	that if the individual is in the case of a minor, and acquired information acquire	ed by the certified
5	behavioral hea	I th peer support specialist <u>that</u> indicates that the minor was the victim of a crime	e , the peer
6	support specia	list may be and the behavioral health peer support specialist <mark>or licensure candi</mark>	<u>date is</u> required to
7	testify fully in re	elation to the information in any investigation, trial, or other legal proceeding in	which the
8	commission of	that crime is the subject of inquiry;	
9	(d)(v)	<u>been named in an action brought by that if the an</u> individual or the individual's	personal
10	representative	or guardian brings an action against a certified behavioral health peer support	specialist for a
11	claim arising o	ut of the <u>behavioral health</u> peer support specialist's <u>or licensure candidate's pro</u>	fessional
12	relationship wit	th the individual <u>,. In that instance,</u> the individual is considered to have waived a	ny privilege <u>;.</u>
13	(e)<u>(b)</u>	to the extent that the privilege is otherwise waived by the individual; and	
14	(f)<u>(c)</u>	as may otherwise be required by law."	
15			
16	Sectio	on 7. Section 37-38-201, MCA, is amended to read:	
17	"37-38	-201. Certification Licensure Certification required exceptions. (1) (a)	Jpon certification
18	Following licen	e <mark>sure certification i</mark> n accordance with this chapter <u>37-8-202</u>, a person may use t	he title "certified
19	licensed-"certif	ied behavioral health peer support specialist" or "behavioral health peer suppor	t specialist".
20	<u>(b)</u>	Following successful registration as a credentialing candidate in accordance	<u>with [section 2], a</u>
21	person may us	te the title "behavioral health peer support specialist credentialing candidate".	
22	<u>(c)</u>	Following credentialing in accordance with [section 3], a person may use the	title "credentialed
23	<u>behavioral hea</u>	Ith peer support specialist".	
24	(2)	Subsection (1) does not prohibit a qualified member of another profession, su	ich as a physician,
25	lawyer, psycho	ologist, pastoral counselor, probation officer, court employee, nurse, school cou	nselor, educator,
26	chemical depe	ndency counselor accredited by a federal agency, clinical social worker license	d pursuant to Title
27	37, chapter 22	, clinical professional counselor licensed pursuant to Title 37, chapter 23, addic	tion counselor



- 2023 68th Legislature 2023 Drafter: Sue O'Connell, 406-444-3597 SB0198.001.002 1 licensed pursuant to Title 37, chapter 35, or marriage and family therapist licensed pursuant to Title 37, chapter 2 37, from performing duties and services consistent with the person's licensure or certification and the code of 3 ethics of the person's profession. 4 (3) Subsection (1) does not prohibit a qualified member of another profession, business, 5 educational program, or volunteer organization who is not licensed or certified or for whom there is no 6 applicable code of ethics, including peer mentors, advocates, and coaches, from performing duties and 7 services consistent with the person's training, as long as the person does not represent by title that the person 8 is engaging in the practice of behavioral health peer support." 9 10 Section 8. Section 37-38-202, MCA, is amended to read: 11 "37-38-202. Certificate Licensure Certificate requirements -- supervision -- fees. (1) A person 12 may apply for certification licensure certification as a certified behavioral health peer support specialist if the 13 person has attested to the fact that the person: 14 has been diagnosed by a mental health professional as having a behavioral health disorder; (a) has received treatment for the diagnosed behavioral health disorder; and 15 (b) 16 is in recovery, as defined by the board by rule, from a behavioral health disorder. (c) 17 (2) An applicant shall submit a written application on a form provided by the board and an 18 application fee prescribed by the board. A person must be recertified relicensed recertified annually using a 19 process specified by the board by rule, including payment of a fee prescribed by the board. 20 An applicant must have: (3) 21 successfully completed a training course in behavioral health peer support, as defined by the (a) 22 board by rule, which must include a module in ethics; and and 23 verified the applicant's ability to perform all essential functions of the certified certified (b) 24 behavioral health peer support role through the application and certification licensure certification process 25 provided for by the board; and 26 (c) provided proof of completion of 1,000 hours of supervised behavioral health peer support 27 training and work experience as required under [section 1].



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	1	(4)	As a prerequisite to the issuance of a -certificate <u>license</u> certificate , the board	shall require the
l	2	applicant to su	bmit fingerprints for the purpose of fingerprint background checks by the Monta	na department of
	3	justice and the	federal bureau of investigation as provided in 37-1-307.	
	4	(5)	Pursuant to 37-1-203, an applicant who has a history of criminal convictions h	as the
	5	opportunity to	demonstrate to the board that the applicant is sufficiently rehabilitated to warran	t the public trust.
I	6	The board may	deny the license-certificate if it determines that the applicant is not sufficiently	rehabilitated.
	7	(6)	(a) Supervision of a certified behavioral health peer support specialist must be) provided by a<u>A</u>
	8	competent me	ntal health professional <u>must provide 1 hour of face-to-face</u> supervision for ever	y 40 hours of
	9	behavioral hea	Ith peer <u>support provided by a licensed</u> for a certified behavioral health peer su	<u>pport specialist</u> .
I	10	The amount, d	uration, and scope of supervision may vary depending on the demonstrated co	npetency and
	11	experience of t	he peer support specialist, as well as the service mix. <u>The amount, duration, ar</u>	id scope of
	12	supervision ma	ay vary depending on the demonstrated competency and experience of the cert	ified behavioral

13 health peer support specialist, as well as the service mix. Supervision may range from direct oversight to

14 periodic periodic care consultation. The board may create guidelines for supervision but must allow for flexibility

- 15 in the provision of <u>behavioral health</u> peer support services.
- 16 (b) Supervision under this subsection (6) must be provided by a physician, a psychologist, an

17 advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing, a clinical social

- 18 worker, a clinical professional counselor, a marriage and family therapist, or an addiction counselor.
- 19 (c) The individual providing supervision must:
- 20 (i) have an active license in good standing in Montana; and
- 21 (ii) have been licensed for a minimum of <u>3 years, excluding licensure as a candidate; or</u>
- 22 (iii) have at least 20 hours of board-approved training in supervision.

(7) In selecting approved training courses as required in subsection (3), the board shall provide as
much flexibility and inclusivity as possible to applicants. The board shall review existing training materials from
national, regional, and state agencies and organizations, including existing Montana-based <u>behavioral health</u>
peer support providers, that adequately address the essential functions of the certified <u>behavioral health</u> peer
support role and shall include those materials as possible. The board may not exclude a training course from



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	1	the list of appro	ved courses solely b	because the trainin	ng course was cre	ated by or is provided t	y a faith-based
	2	or culturally bas	ed entity, associatio	on, tribe, church, o	r educational insti	tution."	
	3	<u>(8)</u>	The board may not	limit the number of	of years that a per	son may act as a certifi	ed behavioral
	4	health peer sup	port specialist.				
I	5						
	6	Section	1 9. Section 53-6-10	1, MCA, is amend	ed to read:		
	7	"53-6-1	01. Montana med	icaid program a	authorization of	services. (1) There is a	a Montana
	8	medicaid progra	am established for th	ne purpose of prov	iding necessary n	nedical services to eligi	ble persons who
	9	have need for n	nedical assistance.	The Montana medi	icaid program is a	i joint federal-state prog	ram administered
	10	under this chap	ter and in accordance	ce with Title XIX of	the Social Securi	ity Act, 42 U.S.C. 1396	, et seq. The
	11	department sha	ll administer the Mo	ntana medicaid pr	ogram.		
	12	(2)	The department an	d the legislature sl	hall consider the f	following funding princip	oles when
	13	considering cha	nges in medicaid po	olicy that either inc	rease or reduce s	ervices:	
	14	(a)	protecting those pe	rsons who are mo	st vulnerable and	most in need, as define	ed by a
	15	combination of	economic, social, ar	nd medical circums	stances;		
	16	(b)	giving preference to	o the elimination o	r restoration of an	entire medicaid progra	m or service,
	17	rather than sac	ifice or augment the	quality of care for	several program	s or services through d	lution of funding;
	18	and					
	19	(c)	giving priority to se	rvices that employ	the science of pre	evention to reduce disa	bility and illness,
2	20	services that tre	eat life-threatening c	onditions, and serv	vices that support	independent or assiste	d living, including
2	21	pain manageme	ent, to reduce the ne	ed for acute inpat	ient or residential	care.	
2	22	(3)	Medical assistance	provided by the M	lontana medicaid	program includes the f	ollowing services:
2	23	(a)	inpatient hospital s	ervices;			
2	24	(b)	outpatient hospital	services;			
2	25	(c)	other laboratory an	d x-ray services, ir	ncluding minimum	n mammography examin	nation as defined
2	26	in 33-22-132;					
2	27	(d)	skilled nursing serv	rices in long-term o	care facilities;		



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	()		
1	(e)	physicians' services;	
2	(f)	nurse specialist services;	
3	(g)	early and periodic screening, diagnosis, and treatment services for persons u	inder 21 years of
4	age, in accorda	ance with federal regulations and subsection (10)(b);	
5	(h)	ambulatory prenatal care for pregnant women during a presumptive eligibility	period, as
6	provided in 42	U.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1;	
7	(i)	targeted case management services, as authorized in 42 U.S.C. 1396n(g), for	r high-risk
8	pregnant wome	en;	
9	(j)	services that are provided by physician assistants within the scope of their pr	actice and that are
10	otherwise direc	ctly reimbursed as allowed under department rule to an existing provider;	
11	(k)	health services provided under a physician's orders by a public health depart	ment;
12	(I)	federally qualified health center services, as defined in 42 U.S.C. 1396d(I)(2)	;
13	(m)	routine patient costs for qualified individuals enrolled in an approved clinical t	rial for cancer as
14	provided in 33-	-22-153;	
15	(n)	for children 18 years of age and younger, habilitative services as defined in 5	3-4-1103; and
16	(o)	services provided by a person certified in accordance with 37-2-318 to provid	le services in
17	accordance wit	th the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.	
18	(4)	Medical assistance provided by the Montana medicaid program may, as prov	rided by
19	department rule	e, also include the following services:	
20	(a)	medical care or any other type of remedial care recognized under state law, f	urnished by
21	licensed practit	tioners 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		ler Title 53, chapter 21, part 10;	



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1	(g)	clinical social worker services;
2	(h)	prescribed drugs, dentures, and prosthetic devices;
3	(i)	prescribed eyeglasses;
4	(j)	other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;
5	(k)	inpatient psychiatric hospital services for persons under 21 years of age;
6	(I)	services of professional counselors licensed under Title 37, chapter 23;
7	(m)	hospice care, as defined in 42 U.S.C. 1396d(o);
8	(n)	case management services, as provided in 42 U.S.C. 1396d(a) and 1396n(g), including
9	targeted case r	nanagement services for the mentally ill;
10	(o)	services of psychologists licensed under Title 37, chapter 17;
11	(p)	inpatient psychiatric services for persons under 21 years of age, as provided in 42 U.S.C.
12	1396d(h), in a r	residential treatment facility, as defined in 50-5-101, that is licensed in accordance with 50-5-201;
13	(q)	services of behavioral health peer support specialists who are certified, credentialed, or a
14	<u>credentialing ca</u>	andidate under Title 37, chapter 38, provided to adults 18 years of age and older with a
15	diagnosis of a r	mental disorder, as defined in 53-21-102; and
16	(r)	any additional medical service or aid allowable under or provided by the federal Social Security
17	Act.	
18	(5)	Services for persons qualifying for medicaid under the medically needy category of assistance,
19	as described in	53-6-131, may be more limited in amount, scope, and duration than services provided to others
20	qualifying for as	ssistance under the Montana medicaid program. The department is not required to provide all of
21	the services list	ted in subsections (3) and (4) to persons qualifying for medicaid under the medically needy
22	category of ass	sistance.
23	(6)	In accordance with federal law or waivers of federal law that are granted by the secretary of the
24	U.S. departmer	nt of health and human services, the department may implement limited medicaid benefits, to be
25	known as basic	c medicaid, for adult recipients who are eligible because they are receiving cash assistance, as
26	defined in 53-4	-201, as the specified caretaker relative of a dependent child and for all adult recipients of
27	medical assista	ance only who are covered under a group related to a program providing cash assistance, as



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1	defined in 53-4	4-201. Basic medicaid benefits consist of all mandatory services listed in subsection (3) but may
2	include those	optional services listed in subsections (4)(a) through (4)(r) that the department in its discretion
3	specifies by ru	le. The department, in exercising its discretion, may consider the amount of funds appropriated
4	by the legislat	ure, whether approval has been received, as provided in 53-1-612, and whether the provision of a
5	particular serv	vice is commonly covered by private health insurance plans. However, a recipient who is
6	pregnant, mee	ets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or
7	is less than 21	I years of age is entitled to full medicaid coverage.
8	(7)	The department may implement, as provided for in Title XIX of the Social Security Act, 42
9	U.S.C. 1396, e	et seq., as may be amended, a program under medicaid for payment of medicare premiums,
10	deductibles, a	nd coinsurance for persons not otherwise eligible for medicaid.
11	(8)	(a) The department may set rates for medical and other services provided to recipients of
12	medicaid and	may enter into contracts for delivery of services to individual recipients or groups of recipients.
13	(b)	The department shall strive to close gaps in services provided to individuals suffering from
14	mental illness	and co-occurring disorders by doing the following:
15	(i)	simplifying administrative rules, payment methods, and contracting processes for providing
16	services to inc	lividuals of different ages, diagnoses, and treatments. Any adjustments to payments must be
17	cost-neutral fo	or the biennium beginning July 1, 2017.
18	(ii)	publishing a report on an annual basis that describes the process that a mental health center or
19	chemical depe	endency facility, as those terms are defined in 50-5-101, must utilize in order to receive payment
20	from Montana	medicaid for services provided to individuals of different ages, diagnoses, and treatments.
21	(9)	The services provided under this part may be only those that are medically necessary and that
22	are the most e	efficient and cost-effective.
23	(10)	(a) The amount, scope, and duration of services provided under this part must be determined
24	by the departr	nent in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be
25	amended.	
26	(b)	The department shall, with reasonable promptness, provide access to all medically necessary
27	services preso	cribed under the early and periodic screening, diagnosis, and treatment benefit, including access



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1	to prescription	drugs and durable medical equipment for which the department has not negotia	ated a rebate.
2	(11)	Services, procedures, and items of an experimental or cosmetic nature may n	ot be provided.
3	(12)	(a) Prior to enacting changes to provider rates, medicaid waivers, or the medi	caid state plan,
4	the departmen	t of public health and human services shall report this information to the followir	ng committees:
5	(i)	the children, families, health, and human services interim committee;	
6	(ii)	the legislative finance committee; and	
7	(iii)	the health and human services budget committee.	
8	(b)	In its report to the committees, the department shall provide an explanation fo	r the proposed
9	changes and a	in estimated budget impact to the department over the next 4 fiscal years.	
10	(13)	If available funds are not sufficient to provide medical assistance for all eligible	e persons, the
11	department ma	ay set priorities to limit, reduce, or otherwise curtail the amount, scope, or durati	on of the medical
12	services made	available under the Montana medicaid program after taking into consideration	he funding
13	principles set f	orth in subsection (2). (Subsection (3)(o) terminates September 30, 2023sec.	7, Ch. 412, L.
14	2019.)"		
15			
16	NEW S	SECTION. Section 10. Transition. The board shall credential a person who v	vas a certified
17	behavioral hea	Ith peer support specialist on [the effective date of this act] without requiring the	person to meet
18	the requiremer	nts of [this act] if the person:	
19	(1)	was certified before October 1, 2022; or	
20	(2)	was certified and had completed 1,000 hours of supervised work experience of	on or before [the
21	effective date of	of this act] and is in good standing with the board.	
22			
23	NEW S	SECTION. Section 11. Codification instruction. (1) [Section 1] is intended to	be codified as
24	an integral par	t of Title 37, chapter 38, <u>part 1, and the provisions of Title 37, chapter 38, part 1</u>	, apply to [section
25	1].		
26	<u>(2)</u>	[Sections 2 and 3] are intended to be codified as an integral part of Title 37, c	<u>hapter 38, part 2,</u>
27	and the provisi	ons of Title 37, chapter 38, part 2, apply to [sections 2 and 3].	



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- END -

