

# MEDICAID ELIGIBILITY, SERVICES, AND RATES

## LEGISLATOR NOTICE

The Legislative Services Division is required to offer a brief history on the subject matter of a bill draft request prior to drafting. (5-4-105, MCA; [Chapter 309, Laws of 2017](#)) The history must include related legislation introduced over the last five sessions and hyperlinks to the bill, hearing information, and fiscal notes. The links below open to the page showing the status and history of bills introduced on this topic in the past. The bill text and any related fiscal notes can be accessed through the link at the top of that page.

**Legislation can be complex and this history is not intended to be exhaustive. Please contact the drafter of the requested bill for more information.**

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## Background Materials and Research

**Topic Summary:** Congress created the Medicaid program in 1965 to pay the costs of medical care provided to low-income people who meet certain requirements. The program was originally designed to serve primarily elderly, blind, and disabled adults. It has been expanded over the years to include low-income children, pregnant women, adults with dependent children, and – as of 2013 – nondisabled, childless adults.

The federal government and state governments both pay a share of the costs of providing care. The federal share is calculated every year according to a formula that is based on a state's per capita income. No state is required to pay more than 50% of the costs of medical care. The federal government historically has paid about two-thirds of the costs of benefits for Montana residents in the traditional Medicaid program. The federal share for childless adults covered by Medicaid expansion is higher, at 90%.

Federal law and regulations set out the basic requirements that state Medicaid programs must meet. However, states do have some discretion in determining:

- which individuals qualify for services;
- the optional services a state will cover; and
- the amount of money states will pay to health care providers and facilities that participate in the Medicaid program.

## Eligibility Standards

Federal law sets the income requirements for disabled individuals and for the expansion population and also sets the floor for the income many other groups are allowed to have and still qualify for Medicaid. The table on the following page shows the current income eligibility standards for the major groups eligible for Medicaid in Montana.

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Category	Income as % of Federal Poverty Level	Allowable Assets
Adults with Children	24%	Not Counted
Aged, Blind, or Disabled	Individual: \$783/month Couple: \$1,175/month	Individual: \$2,000 Couple: \$3,000
Medicaid Expansion	138%	Not Counted
Children Under 19	143%	Not Counted
Pregnant Women	157%	Not Counted
Children in Foster Care/ Subsidized Adoption	Varies	Foster Care: \$3,000 Sub Adoption: Not Counted
Breast/Cervical Cancer	250%	Not Counted
Workers with Disabilities (Medicaid Buy-In Program)	250%	Individual: \$15,000 Couple: \$30,000

**Covered Services**

Montana also covers many medical services not required under federal law. The table below shows the mandatory services and the optional services for which Montana currently pays.

Services Required by Federal Law	Optional Services Offered by State
Physician Services	Prescription Drugs
Dentist Services (Medical/Surgical)	Dental and Denturist Services
Advanced Practice Registered Nurse Services	Eyeglasses and Optometrist Services
Inpatient Hospital Services	Mental Health Services
Federally Qualified/Rural Health Clinic Services	Ambulance Services
Free-Standing Birth Center Services	Behavioral Health Peer Support Specialist Services
Nursing Home Services	Physical, Occupational, and Speech Therapy
Outpatient Hospital Services	Home and Community-Based Services
Laboratory Services and X-rays	Personal Assistance Services
Family Planning Services	Targeted Case Management
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for Children	Podiatry
Home Health Services	Community First Choice (noninstitutional attendant services and supports)
Durable Medical Equipment	
Mental Health Services	
Transportation	

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### PAYMENT FOR SERVICES

The state sets the reimbursement rates for Medicaid providers primarily through administrative rules adopted each year. However, the formula for calculating reimbursement rates for physicians and dentists is set in law. Other rates are generally calculated to reflect the fund appropriated by the Legislature; increases often are an across-the-board percentage.

#### Legislative Services Division Materials:

[Medicaid: An Overview](#), November 2017

#### Legislative Fiscal Division Materials

[Medicaid 101](#) (2016)

#### Other Materials:

[Medicaid: A Primer](#), Kaiser Family Foundation, 2013

[NCSL Medicaid Website](#) (contains links to many documents involving the Medicaid program and state issues)

## Introduced Legislation

### 2019

[House Bill No. 26](#) (Tabled in House Committee) -- AN ACT APPROPRIATING MONEY TO INCREASE DIRECT-CARE WORKER WAGES IN THE COMMUNITY DEVELOPMENTAL DISABILITIES SYSTEM; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 248](#) -- (Tabled in House Committee) -- AN ACT REQUIRING MEDICAID COVERAGE OF LOW-RISK HOME BIRTHS ATTENDED BY DIRECT-ENTRY MIDWIVES; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 53-6-101 AND 53-6-113, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 251](#) (Tabled in House Committee) -- AN ACT EXPANDING THE MEDICAID BUY-IN PROGRAM TO INCLUDE CHILDREN WITH PHYSICAL OR DEVELOPMENTAL DISABILITIES; EXTENDING RULEMAKING AUTHORITY; PROVIDING AN APPROPRIATION; AMENDING SECTIONS 53-6-113, 53-6-131, AND 53-6-195, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 424](#) (Tabled in House Committee) -- AN ACT REQUIRING COVERAGE OF HABILITATIVE SERVICES FOR ALL INDIVIDUALS ELIGIBLE FOR MEDICAID; AMENDING SECTIONS 53-6-101, 53-6-704, 53-6-1305, AND 53-21-1202, MCA; AND PROVIDING AN EFFECTIVE DATE."

[House Bill No. 665](#) (Tabled in House Committee) -- AN ACT REQUIRING MEDICAID COVERAGE OF SERVICES PROVIDED BY LICENSED MARRIAGE AND FAMILY THERAPISTS; PROVIDING AN APPROPRIATION; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 681](#) (Tabled in House Appropriations Committee) -- AN ACT GENERALLY REVISING LAWS RELATED TO COMMUNITY DEVELOPMENTAL DISABILITIES SERVICES; APPROPRIATING MONEY

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FOR A MEDICAID PROVIDER RATE INCREASE; ESTABLISHING MINIMUM WAGES FOR DIRECT-CARE WORKERS; REQUIRING INCLUSION OF AN INFLATIONARY INCREASE IN THE EXECUTIVE BUDGET SUBMITTED TO THE LEGISLATURE; AMENDING SECTIONS 17-7-123 AND 53-20-203, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 724](#) (Tabled in House Appropriations Committee) -- AN ACT APPROPRIATING MONEY TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO INCREASE SERVICE SLOTS AND ENHANCE REIMBURSEMENT RATES UNDER THE MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER FOR ELDERLY AND PHYSICALLY DISABLED PEOPLE; REQUIRING A REPORT; REPEALING SECTION 11, CHAPTER 429, LAWS OF 2017; AND PROVIDING EFFECTIVE DATES.

[House Bill No. 729](#) (Tabled in House Committee) -- AN ACT REQUIRING USE OF AN ALTERNATIVE PAYMENT METHOD FOR CERTAIN MEDICAID-COVERED PRESCRIPTION DRUGS; PROVIDING AN APPROPRIATION; AMENDING SECTION 53-6-115, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 765](#) (Died in House Committee) -- AN ACT GENERALLY REVISING THE MEDICAID LOOK-BACK LAW; PROVIDING LEGISLATIVE DIRECTION TO ADMINISTRATIVE RULE AMENDMENTS; AMENDING SECTION 53-6-166, MCA; AND PROVIDING AN APPROPRIATION.

[House Bill No. 771](#) (Tabled in House Committee) -- AN ACT CREATING THE "ENSURING ACCESS TO HIGH-QUALITY CARE FOR THE TREATMENT OF OPIOID USE DISORDER ACT"; REQUIRING INSURANCE AND MEDICAID COVERAGE OF MEDICATION-ASSISTED TREATMENT OF OPIOID USE DISORDER; ESTABLISHING REQUIREMENTS FOR FACILITIES TREATING OPIOID USE DISORDER; PROVIDING A PENALTY; AMENDING SECTIONS 33-22-502, 33-31-111, 33-35-306, 37-7-504, 50-5-103, 50-5-207, 53-6-101, AND 53-24-208, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[Senate Bill No. 7](#) (Tabled in Senate Committee) -- AN ACT REQUIRING THE EXECUTIVE BUDGET PROPOSAL TO INCLUDE AN INFLATIONARY INCREASE FOR PROVIDERS OF COMMUNITY-BASED DEVELOPMENTAL DISABILITY SERVICES; AND AMENDING SECTIONS 17-7-123 AND 53-20-203, MCA.

[Senate Bill No. 30](#) (Chapter Number Assigned) -- AN ACT ALLOWING CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SERVICES TO QUALIFY AS MEDICAL ASSISTANCE UNDER THE MONTANA MEDICAID PROGRAM; ESTABLISHING A MENTAL HEALTH SERVICES SPECIAL REVENUE ACCOUNT; EXPANDING RULEMAKING AUTHORITY; TRANSFERRING FUNDS FROM THE MEDICAL MARIJUANA SPECIAL REVENUE ACCOUNT; PROVIDING AN APPROPRIATION; AND AMENDING SECTIONS 50-46-345 AND 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 280](#) (Died in Senate Committee) -- AN ACT CREATING THE "ENSURING ACCESS TO HIGH-QUALITY CARE FOR THE TREATMENT OF SUBSTANCE USE DISORDERS ACT"; REQUIRING INSURANCE AND MEDICAID COVERAGE OF MEDICATION-ASSISTED TREATMENT; ESTABLISHING REQUIREMENTS FOR ASSESSMENTS BY SUBSTANCE USE DISORDER TREATMENT FACILITIES; AMENDING SECTIONS 2-18-704, 33-1-501, 33-22-201, 33-22-502, 33-31-111, 33-35-306, 50-5-103, 50-5-207, 53-6-101, AND 53-24-208, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

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### 2017

[House Bill No. 453](#) (Died in Standing Committee) -- AN ACT REQUIRING THE STATE MEDICAID PROGRAM TO COVER SERVICES PROVIDED BY MARRIAGE AND FAMILY THERAPISTS; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 637](#) (Died in Standing Committee) -- AN ACT REQUIRING THE STATE MEDICAID PROGRAM TO COVER SERVICES PROVIDED BY MARRIAGE AND FAMILY THERAPISTS; PROVIDING AN APPROPRIATION; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 31](#) (Died in Standing Committee) -- AN ACT REQUIRING MEDICAID REIMBURSEMENT FOR DRUG THERAPY MANAGEMENT PROVIDED BY CLINICAL PHARMACIST PRACTITIONERS; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 233](#) (Chapter Number Assigned) -- AN ACT REVISING LAWS REGARDING THE AUTHORITY OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO ADOPT RULES RELATING TO THE PROVISION OF MEDICAID SERVICES TO CHILDREN IN FOSTER CARE; PROVIDING THAT THE DEPARTMENT MAY NOT ADOPT RULES THAT EXCLUDE OR RESTRICT FOSTER CHILDREN FROM ACCESSING MEDICAID SERVICES SOLELY BECAUSE THE CHILDREN ARE IN FOSTER CARE; AMENDING SECTIONS 53-2-215, 53-6-113, AND 53-6-402, MCA; DIRECTING THE AMENDMENT OF ARM 37.34.907, 37.40.1002, 37.40.1111, AND 37.86.5102; AND PROVIDING AN EFFECTIVE DATE.

### 2015

[House Bill No. 238](#) (Missed Deadline for General Bill Transmittal) -- AN ACT ESTABLISHING REIMBURSEMENT RATES FOR DENTAL SERVICES PROVIDED UNDER THE MEDICAID PROGRAM; AMENDING SECTION 53-6-124, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 351](#) (Chapter Number Assigned) -- AN ACT INCREASING THE RESOURCE LIMITS FOR WORKERS WITH DISABILITIES WHO ARE RECEIVING MEDICAID; AMENDING SECTIONS 53-6-113 AND 53-6-131, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 547](#) (Missed Deadline for General Bill Transmittal) -- AN ACT INCREASING THE RESOURCE LIMITS FOR WORKERS WITH DISABILITIES WHO ARE RECEIVING MEDICAID; AMENDING SECTIONS 53-6-113 AND 53-6-131, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 344](#) (Died in Standing Committee) -- AN ACT REVISING LAWS RELATING TO REIMBURSEMENT FOR CERTAIN MEDICAID SERVICES; REQUIRING THE DEVELOPMENT OF A PLAN TO COLLECT DATA AND ANALYZE REIMBURSEMENT RATES FOR CERTAIN MEDICAID PROVIDERS; REQUIRING REPORTS; PROVIDING REQUIREMENTS FOR THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES' BUDGET REQUEST; PROVIDING EQUITY IN INFLATIONARY ADJUSTMENTS FOR STATE FACILITIES AND THE PRIVATE SECTOR; AMENDING SECTION 17-7-111, MCA; AND PROVIDING AN EFFECTIVE DATE.

### 2013

[House Bill No. 101](#) (Died in Standing Committee) -- AN ACT APPROPRIATING MONEY TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO INCREASE REIMBURSEMENT

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RATES FOR CHILDREN'S MEDICAID MENTAL HEALTH TARGETED CASE MANAGEMENT SERVICES; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 113](#) (Died in Standing Committee) -- AN ACT REQUIRING MEDICAID COVERAGE OF ORIENTATION AND MOBILITY SERVICES FOR CHILDREN; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 262](#) (Chapter Number Assigned) -- AN ACT EXTENDING MEDICAID ELIGIBILITY TO CHILDREN PLACED IN A SUBSIDIZED GUARDIANSHIP; AMENDING SECTION 53-6-131, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

### 2011

[House Bill No. 35](#) (Died in Standing Committee) -- AN ACT DIRECTING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO AMEND ITS ADMINISTRATIVE RULE GOVERNING THE MEDICAID PHYSICIAN REIMBURSEMENT RATE TO INCREASE THAT RATE IN AN AMOUNT REQUIRED BY LAW FOR FISCAL YEAR 2011; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A RETROACTIVE APPLICABILITY DATE.

[House Bill No. 437](#) (Died in Standing Committee) -- AN ACT REQUIRING MEDICAID COVERAGE OF ORIENTATION AND MOBILITY SERVICES FOR CHILDREN; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 241](#) (Chapter Number Assigned) -- AN ACT REVISING THE FORMULA FOR DETERMINING MEDICAID REIMBURSEMENT RATES FOR PHYSICIANS; REVISING DEFINITIONS; AMENDING SECTIONS 53-6-124 AND 53-6-125, MCA; REPEALING SECTION 53-6-126, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A RETROACTIVE APPLICABILITY DATE.

### 2009

[House Bill No. 214](#) (Chapter Number Assigned) -- AN ACT REVISING MEDICAID ELIGIBILITY REQUIREMENTS FOR PREGNANT WOMEN, INFANTS AND CHILDREN, AND CARETAKERS; AMENDING SECTION 53-6-131, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

[House Bill No. 453](#) (Died in Standing Committee) -- AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ON MEDICAID TRANSPORTATION REIMBURSEMENT RATES FOR TARGETED CASE MANAGEMENT SERVICES; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 119](#) (Chapter Number Assigned) -- AN ACT REQUIRING A MEDICAID PROGRAM FOR WORKERS WITH DISABILITIES; ESTABLISHING ELIGIBILITY REQUIREMENTS; PROVIDING FOR COST SHARING; AMENDING SECTIONS 53-6-113 AND 53-6-131, MCA; AND PROVIDING AN EFFECTIVE DATE.

#### Prepared By:

Sue O'Connell, Research Analyst  
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