

# Proposal for Legislation – 2023 Legislative Session

## Montana Child Care Act Revisions

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### 1. What is the problem or issue?

Childcare is an ongoing discussion at the legislative, departmental, and stakeholder levels. Businesses have expressed concern that the lack of childcare is impacting recruitment and retention of employees. Stakeholders have indicated that child-care regulations are confusing between MCA and ARM. There is an expressed interest in having a license category for out of school time care for school age providers. Additionally, the Child Care and Development Block Grant was reauthorized at the federal level which affords the opportunity to align MCA to language required in the block grant. Finally, through an extensive regulatory review process, the department has identified MCA that should be repealed as it is obsolete or has not been enacted due to funding and programming limitations. This MCA revision, in conjunction with DPHHS's childcare licensing rule reform, has been proposed as part of the Department's commitment to reducing barriers to entry for new childcare providers while simultaneously retaining existing providers.

### 2. What do you want the legislation to do?

Revise statutes to clarify and align MCA with current regulations, state practices, and recommendations from the Child Care Licensing Business Process and Regulation Improvement project which included stakeholder feedback.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

Specific section of MCA to be amended: MCA 52-2-703, 52-2-704, 52-2-710, 52-2-711, 52-2-721, 52-2-722, 52-2-723, 52-2-724, 52-2-725, 52-2-726, 52-2-732, 52-2-733, 52-2-734 (possibly pending further discussion), 52-2-735 (possibly pending further discussion), and 52-2-741.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

The agency does not require additional funding for this legislation.

**5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

HB 113 was introduced during the 2019 Montana legislative session. The main changes related to MCA Title 52 Chapter 2 that were proposed in that bill focused adding mandatory licensing requirements for preschools and family, friend, and neighbor (FFN) child care providers. Neither of these changes are included in this proposed legislation. The proposed legislation does not include any new or changed requirements for preschools. The proposed legislation allows for family, friend and neighbor providers to request a license-exempt status in order to receive child care subsidies and other financial support and technical assistance. Most states consider FFN providers to be license-exempt or self-declared<sup>1</sup>, and North Dakota 75-03-07.1<sup>2</sup> and Nebraska Annotated Code 392-4-005(01)<sup>3</sup> include this status in their child care regulations.

The only substantive changes included in both HB 113 in 2019 and in this proposed legislation for the 2023 legislative session relate to licensing options for family and group child care providers, and for providers with no deficiencies on their record. This proposed legislation aligns with both federal requirements and current Montana ARM by requiring family or group child care providers to be licensed, and removing the registration option. The same change was proposed in HB 113 in 2019. This proposed legislation removes the possibility of a three-year license for providers that have had no deficiencies for a set amount of time. Most states do not include this option, and instead have the same set duration of licenses for each provider type. For example, see North Dakota 50-11.1-03(7).<sup>4</sup>

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1 [https://childcareta.acf.hhs.gov/sites/default/files/public/supporting\\_exempt\\_fcc.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/supporting_exempt_fcc.pdf)

2 <https://www.ndlegis.gov/information/acdata/pdf/75-03-07.1.pdf>

3 [https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-392/Chapter-4.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-392/Chapter-4.pdf)

4 [https://licensingregulations.acf.hhs.gov/sites/default/files/licensing\\_regulation/ND\\_Statute\\_2021\\_508.pdf](https://licensingregulations.acf.hhs.gov/sites/default/files/licensing_regulation/ND_Statute_2021_508.pdf)

## Proposal for Legislation – 2023 Legislative Session Community Benefits and Charity Care Standards

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### 1. What is the problem or issue?

State law places the responsibility with DPHHS to ensure nonprofit hospitals have written charity care policies consistent with industry standards. As noted in the Performance Audit: Community Benefit and Charity Care Obligations at Montana Nonprofit Hospitals, September 2020 Legislative Report, the law does not define what those standards are, including spending and eligibility requirements related to charity care.

### 2. What do you want the legislation to do?

Provide DPHHS with oversight authority to promote efficiency and clarity in the standards of reporting charity care services in nonprofit institutions in Montana. The contemplated legislation will clarify the Department's authority to require and analyze Hospital and Critical Access Hospital Annual Reports, including financial community benefit and charity care data, and to develop consistent standards regarding charity care and community benefit spending. Stakeholders will be consulted in the development of these rules. The Department's priority with this authority is to collect reports and documents pertaining to charity care and to utilize these reports, as necessary, to develop standards in conjunction with stakeholders.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 50-5-121

### 4. If the proposed change requires additional funding, what funding sources do you propose?

Need for additional funding not expected at this point in time.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

#### Legislative Audit "Charity Care Final Report"

- Oregon recently passed legislation requiring nonprofit hospitals to provide some level of assistance to patients with incomes up to 400 percent of the FPL.
- Other states laws created a charity care eligibility floor. In Washington single patients with a salary between 100 percent and 200 percent of the FPL qualify for discounted charges.
- One state OIG reviewed created a charity care eligibility ceiling. In Georgia, patients making more than 125 percent of the Federal Poverty Level cannot receive assistance.
- A federal program, the National Health Service Corps, provides guidance on charity care. This program helps hospitals in Health Professional Shortage Areas which includes many of the rural areas of Montana. It assists these regions in finding healthcare professionals to staff facilities in those regions. To participate in the program, a hospital must meet certain criteria, including a charity care policy providing free services for patients at or below 100 percent of FPL, and reduced charges for patients between 101 and 200 percent of FPL.
- Other states provide guidance beyond eligibility. Texas, for example, requires nonprofit hospitals to have a charity care program satisfying one of a specific list of standards. Requirement examples include charity care spending in an amount equal to at least 100 percent of the hospital's tax-exempt benefit, excluding federal income tax: or charity care spending in an amount equal to at least 4 percent of the net patient revenue.

Please note that these are only examples of policies in other states related to setting standards for charity care spending.

## Proposal for Legislation – 2023 Legislative Session Fentanyl Test Strips

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### 1. What is the problem or issue?

Counterfeit pills that mimic other prescribed drugs but are laced with illicit fentanyl have been identified in Montana, contributing to the unprecedented number of opioid-related overdoses reported statewide. Fentanyl test strips give individuals the opportunity to reduce their risk of overdose as some may consume fentanyl unknowingly but are currently prohibited from using such tests under Montana law.

### 2. What do you want the legislation to do?

Remove fentanyl test strips from the drug paraphernalia category to increase access to opioid overdose and fatality prevention strategies.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

Amend MCA 45-10-103.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

Substance Abuse Block Grant

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

Fourteen states have drug paraphernalia laws in which the state's definition of drug paraphernalia does not include the "testing equipment" provision, thus making at least some testing equipment legal. In 10 of these 14 states, the state recently (i.e., since 2018) amended the law to exclude some or all types of testing equipment from the definition. These 10 states are Arizona, Colorado, Maine, Maryland, Minnesota, Nevada, Tennessee, Virginia, West Virginia, and Wisconsin. West Virginia's new law took effect

in June of this year. In the remaining four states, Nebraska, New York, South Carolina, and Wyoming, the definition either never contained the testing equipment provision or has not included it for several years.

[Drug Paraphernalia Summary of State Laws \(legislativeanalysis.org\)](http://legislativeanalysis.org)

## Proposal for Legislation – 2023 Legislative Session Establish Adult Guardianship Program

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### 1. What is the problem or issue?

Adult Protective Services (APS) is currently the guardian of 96 individuals. The wards have been placed with APS as the last resort or as a replacement due to guardians who had conflicts of interest or were the perpetrator in an APS case.

### 2. What do you want the legislation to do?

Establish an adult guardianship program including clarifying when APS is to be accessed as a guardian. Clarify when APS is to be accessed as a guardian, that an appointed designee is a unit of the department and not a specific state employee. Provide authority for the department to establish a guardianship unit for the management of APS wards as needed.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 72-5-312. Who may be guardian -- priorities

### 4. If the proposed change requires additional funding, what funding sources do you propose?

Currently the guardianships are managed by modified FTE under an ACL grant through FFY 9/25. According to ACL, this grant could move to permanent funding based on congressional action after 09/25. Without these funds, the general fund will be needed.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

Not that DPHHS is aware of.

# Proposal for Legislation – 2023 Legislative Session

## Accepted Accrediting Agencies for Healthcare Facilities Update

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**1. What is the problem or issue?**

MCA 50-5-103 addresses accreditation for healthcare facilities but has not been updated since 2013. Currently, the MCA allows for accreditation from Joint Commission, the DNV, and Accreditation Association for Ambulatory Health Care (AAAHC). CMS recognizes an additional 8 accrediting agencies: Accreditation Commission for Health Care (ACHC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Center for Improvement in Healthcare Quality (CIHQ), Community Health Accreditation Partner (CHAP), National Association of Boards of Pharmacy (NABP), National Dialysis Accreditation Commission (NDAC), The Compliance Team (TCT), Utilization Review Accreditation Commission (URAC). These other accrediting agencies are not currently recognized in the MCA. The current statutory limitation means the OIG Licensure Bureau is unable to accept the additional accrediting agencies not identified in MCA 50-5-103. This results in OIG Licensure Bureau staff being required to conduct another survey on facilities that have already completed a full accreditation survey through other accrediting agencies which are recognized outside of the Department. This is both cumbersome on facilities and wastes taxpayer dollars to conduct surveys when an accrediting agency has already conducted a survey to ensure compliance with state and federal regulations.

**2. What do you want the legislation to do?**

Update the current MCA to allow additional qualified accrediting agencies to be recognized and accepted by the Department for accreditation of healthcare facilities. The amended MCA will be structured as a non-exhaustive list of accrediting agencies so when more accrediting agencies are recognized by the federal government granting recognition by the Department will not require another statutory change.

**3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

MCA 50-5-103.

**4. If the proposed change requires additional funding, what funding sources do you propose?**

No fiscal impact.

5. **Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

N/A

## Proposal for Legislation – 2023 Legislative Session Family Violence Prevention Services Act (FVPSA) Grant Transfer

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**1. What is the problem or issue?**

Child and Family Services Division's (CFSD) is administering grants for the Family Violence Prevention Services Act (FVPSA) through 21 sub-awardees, while the Department of Justice (DOJ) manages two closely related grants: the Violence against Women Act (VAWA), and the Victim of Crime Act (VOCA)/Sexual Assault Program Grants. Having these grants administered by two separate agencies is inefficient and burdensome for sub-awardees and creates a missed opportunity for integrated approaches to addressing the issue of family violence in Montana.

Board of Crime of Control has been consulted and is interested in exploring how to transition this grant to their program.

**2. What do you want the legislation to do?**

Update MCA 52-6-101, 52-6-102, 52-6-103, and 40-15-110 to consolidate the FVPSA grant with other domestic violence grants currently administered by the Board of Crime Control at the DOJ. This structure eases the administrative burden on sub-awardees by streamlining processes for request for proposals, on-site monitoring, and fiscal reimbursement. This structure also allows for greater programmatic efficiency to develop holistic integrated services for survivors of domestic violence.

**3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

MCA 52-6-101, 52-6-102, 52-6-103, 40-15-110

**4. If the proposed change requires additional funding, what funding sources do you propose?**

This proposed change does not require additional funding.

**5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

Similar legislation has not been requested in the past. South Dakota and Idaho administer all three grants through the same agency.

## Proposal for Legislation – 2023 Legislative Session APS Rewrite

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### 1. What is the problem or issue?

The Governor extended an executive order to establish three Elder Justice Councils after successful implementation of one council in the Billings area. The councils are set up geographically and are designed to work with members of the local communities that have experience in law enforcement, banking, legal services and healthcare. The council goals are focused on public education, including the ability to relay state law to the public.

The APS staff and the Eastern Montana Justice Council have identified limitations in law such as the definition of physical abuse which requires death, permanent or temporary disfigurement or impairment. This definition does not address significant abuse that occurs such as slapping, hitting, grabbing violently, or shaking, which often occur repeatedly but do not meet the current threshold of physical abuse.

### 2. What do you want the legislation to do?

The Governor's office has requested the Elder Justice Councils review the MCA for statutory changes to strengthen the APS program, remove outdated language, and clarify criteria for abuse to be prosecuted. The legislation should also be revised to current terminology and remove out of date references. DPHHS intends to revise and incorporate recommendations from the councils.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA Title 52, Chapter 3, Part 8; Title 52, Chapter 3, Part 2.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

No change in funding.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

HB 139 of the 65<sup>th</sup> legislative session attempted an update to clean up language and remove out of date references. This bill did not pass.

## Proposal for Legislation – 2023 Legislative Session Repeal Citizen Review Board Program Act

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### 1. What is the problem or issue?

This program is attached to the Office of the Court Administrator and is unfunded. These review boards are no longer operational in the state because there is no funding; the last time one of these boards was established was in 2003. Each area of Montana has already established foster care review boards that meet monthly, are comprised of multi-disciplinary teams, and which conduct the same types of review contemplated by this Act.

### 2. What do you want the legislation to do?

Repeal MCA Title 41-3 Part 10, which creates the authority for a district court judge to establish a Citizen's Review Board in their respective judicial district to review the case of each child in the custody of the department and in foster care. MCA 41-3-115 grants Foster Care Review Committees the same authorities as Citizen Review Boards.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

Title 41-3 Part 10 (MCA 41-3-1001 – 1013); MCA 41-3-115

### 4. If the proposed change requires additional funding, what funding sources do you propose?

This proposed change does not require additional funding.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

Similar legislation has not been requested in the past in Montana. CFSD is unaware if other states have Citizen Review Boards. All states are required to conduct a 6-month review of children in foster care. Montana meets the federal requirement through the process of Foster Care Review Committees (MCA 41-3-115)

## Proposal for Legislation – 2023 Legislative Session FICMMR Revisions

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### 1. What is the problem or issue?

Current MCA is written to allow for the decentralized operation of local Fetal, Infant, Child, and Mortality Review teams but does not include explicit authority for state level review teams. This legislation would allow DPHHS to establish state level review teams with appropriate authority to function efficiently and effectively. The current statutes are silent on state teams and do not provide the authority to allow access to confidential records for review, thus resulting in confusion and administrative burden. State level death review teams can make prevention recommendations to address statewide trends.

### 2. What do you want the legislation to do?

Revise MCA to clarify the existing Fetal, Infant, Child, Mortality Review statute and adjust language to allow for state level review teams to exist and function effectively within the authority given in the statute. This is important so state teams can access necessary reports and information for their reviews. MT DPHHS has approved and created a Montana Maternal Mortality Review Committee to review maternal deaths at a state level and has current funding to support this work. This legislation is not designed to grow DPHHS but instead to allow for the review of confidential records, put forth at the local level, utilizing existing resources. Updating the existing MCA would clarify and better support the existence of a state level review teams for any specific population that is currently reviewed at the local county level.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 50-19-402, 50-19-404.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

The agency does not require additional funding for this legislation.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or

**point of contact.**

Similar legislation has not been requested in the past. The CDC does not provide a model act. Similar legislation has been introduced in other states which allow for both state level and local reviews, including [New Mexico](#). Many examples of legislation in other states establishing state level Maternal Mortality Reviews in statute can be found at [Resource Search Results | Review to Action](#).

# Proposal for Legislation – 2023 Legislative Session Eliminate Board of Public Assistance (BOPA)

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## 1. What is the problem or issue?

BOPA (or Board) has existed in some form since 1935, and under the current name since 1995. The Board previously oversaw the department of public welfare, which was the predecessor to DPHHS. Eventually the Board's only duty became assurance of hearing rights for public assistance programs. Through administrative rule, the Board's responsibility was then shifted to being an appeal body with the Department responsible for the initial hearing process. The Board has served in this function since about 1953.

The Board hears appeals primarily for SNAP, TANF, and Medicaid cases and consists of three Governor appointed members. Each year OAH opens about 2,300 cases that have appeal rights to BOPA. Hundreds of those cases end up being scheduled for a hearing, yet fewer than 20 of those cases get appealed to the Board annually. The overwhelming majority of OAH decisions are affirmed by the Board.

Such low BOPA appeal numbers speak to the efficiency and strength of DPHHS's current administrative review and hearing process which results in timely and fair decisions. However, despite such low utilization by the public the department is still required to maintain the rules, infrastructure, and processes in place to facilitate the Board's operations. OAH dedicates administrative staff time to facilitate communication with the Board, prepare administrative records for appeal, prepare meeting packets, take minutes, and provide whatever other support the Board requires. In addition, OLA must assign attorneys to represent the department during these appeals.

Finally, the BOPA process is an additional step that a program participant must fulfill before an action in court can be filed. As such, elimination of this step from the overall appeal process is in line with goals of the RRI where an administrative process can be streamlined to get the program participant a final decision faster without the need for filing more paperwork and having to go through yet another hearing.

## 2. What do you want the legislation to do?

Streamline the hearing process by eliminating an appeal step that needs to be exhausted prior to the claimant being able to bring an appeal in district court.

- 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

The following sections of the MCA will need to be repealed: 2-15-2203. This section established the board as a quasi-judicial board and allocated to DPHHS.

MCA 53-2-606 sets out the right to a hearing for decisions with respect to the department's various public assistance program. The statute dictates the board will provide the hearing. The statute will be amended to eliminate the reference to the Board and make it clear that the hearing rights will be provided by the department – which is in line with the current process with the Department is responsible for the initial hearings.

- 4. If the proposed change requires additional funding, what funding sources do you propose?**

No additional funding is required.

- 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

No similar legislation has been proposed in the past in Montana. From a survey of resources available online (information put out by various HHS Departments and by reading the administrative rules of those states) the following are examples of states which do not have an interim appeal process following a final decision by a hearing officer and prior to a program participant being able to file an action in court: Alabama, Arkansas, Connecticut, Delaware, Hawaii, New York, Rhode Island, South Dakota, and Wyoming. This is not an exhaustive list as only about half of all the states were surveyed and information for some states was difficult to obtain.

## Proposal for Legislation – 2023 Legislative Session Repeal County Administration for Youth Residential Services

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**1. What is the problem or issue?**

MCA 52-2-611 directs counties to pay an administrative fee to the state general fund to reimburse the department, in part, for the costs of administering and providing foster care payments pursuant to MCA 52-2-603 when a youth is placed in a public or private youth care facility. The section of law has not been enforced by DPHHS for decades. Because Montana operates a state-administered child welfare system, it would be difficult to determine when a county would be subject to this fee or even what county would need to pay a fee for an adjudicated youth in need of care.

**2. What do you want the legislation to do?**

Repeal MCA 52-2-611 The department refers to either the Department of Public Health and Human Services, or the Department of Corrections, depending on the department placing the youth. Neither department exercises their authority under this statute. Funds for the purposes of providing services to youth under this statute are appropriated to each department, respectively, making it unnecessary and burdensome to recover administrative fees from counties.

**3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

MCA 52-2-611

**4. If the proposed change requires additional funding, what funding sources do you propose?**

This proposed change will not require additional funding.

**5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

Similar legislation has not been requested in the past. The department is unaware if other states have similar requirements.

## Proposal for Legislation – 2023 Legislative Session Fiscal Accountability for HCBS

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**1. What is the problem or issue?**

MCA 53-6-406 directs providers of state plan, community first choice, and HCBS services for the elderly and physically disabled to submit cost information to the department each year. The provider rate study outcome may require a change to this statute to comply with the results of the provider rate study.

**2. What do you want the legislation to do?**

Revise MCA 53-6-406 to conform with the provider rate study recommendations.

**3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

MCA 53-6-406.

**4. If the proposed change requires additional funding, what funding sources do you propose?**

The department was not provided resources to perform tasks in MCA 53-6-406 when it passed in 2015. To assure that cost reports are reviewed, analyzed, and validated accurately resources are needed. This activity qualifies for administrative match under Medicaid at 50% GF and 50% federal funds.

**5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

No.

## Proposal for Legislation – 2023 Legislative Session Fiscal Accountability for HCBS

### Return to:

Sue O'Connell  
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**PROPOSER'S NAME/TITLE:** Barb Smith / SLTC Division Administrator

**ORGANIZATION:** DPHHS – SLTC

**ADDRESS:** 111 N. Sanders St. Helena, MT. 59601

**PHONE:** (406) 444-4147

**E-MAIL:** [BarbaraSmith@mt.gov](mailto:BarbaraSmith@mt.gov)

### 1. What is the problem or issue?

MCA 53-6-406 directs providers of state plan, community first choice, and HCBS services for the elderly and physically disabled to submit cost information to the department each year. The provider rate study outcome may require this section to be repealed to comply with the results of the provider rate study.

### 2. What do you want the legislation to do?

Repeal MCA 53-6-406 if the recommendations for cost reporting from the provider rate study indicate a need for a different method of collection.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 53-6-406.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

No

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

No.

**Proposal for Legislation – 2023 Legislative Session  
Eliminate Governor’s Committee on Telecommunication  
Access Services for Persons with Disabilities**

**Return to:**

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**PROPOSER’S NAME/TITLE:** Chanda Hermanson / DETD Division Administrator  
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**1. What is the problem or issue?**

The Montana Telecommunications Access Program (MTAP) and Montana Relay are administered by DPHHS. The Governor’s committee serves as an oversight board to MTAP and Montana Relay. The committee meets at least four times a year to establish and administer a program to provide specialized telecommunications equipment and services to persons with disabilities. The level of authority granted to the committee over the administration of services creates unnecessary barriers to providing services and inefficiencies within DPHHS.

**2. What do you want the legislation to do?**

Eliminate the Committee on Telecommunications Access Services for Persons with Disabilities as authorized under MCA 2-15-2212, with powers and duties defined under MCA 53-19-305. Currently, DPHHS cannot establish policy or procedures or make budgetary decisions without the committee’s approval. This process is inefficient and creates unnecessary administrative costs. Eliminating the committee would allow staff to have more direct service delivery time and have more funds to allocate to services as arranging for quarterly committee meetings is cumbersome and costly.

**3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.**

MCA 2-15-2212, 53-19-302, 53-19-303, 53-19-304, 53-19-305, 53-19-306, 53-19-307, 53-19-308, 53-19-309, 53-19-310, 53-19-311, 53-19-315,

**4. If the proposed change requires additional funding, what funding sources do you propose?**

The agency does not require additional funding for this legislation.

**5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.**

Similar legislation has not been requested in the past. DPHHS is unaware if other states have telecommunication access committees.

## Proposal for Legislation – 2023 Legislative Session Aging Program Cleanup

### Return to:

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### 1. What is the problem or issue?

The federal Older Americans Act was reauthorized amended in 2019. Corrections are required to the Montana Older American's Act to be consistent with federal authority.

The number of Area Agencies on Aging (AAA) should be set to ten to maximize federal funding. The funds for the AAAs have not increased in the last seven years. Montana is a minimal allotment state due to our lack of population. Land mass is not considered in the formula. Therefore, currently the \$7.5 million of Federal Older Americans Act funding results in \$750,000 (roughly) per AAA. If the number of AAAs increases past ten, then the per AAA allotment would be reduced, resulting in a greater need to spend state or local funds to make up the difference. Given the rural and frontier status of the east and high line, fewer AAAs than ten likely would not provide adequate coverage. An interested party could still file a state plan, at the appropriate time, to replace a current provider.

### 2. What do you want the legislation to do?

MCA for the Older American Act services requires updating.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

The following MCA sections need to be amended: MCA 52-3-406(4), 52-3-404, 52-3-403, and 52-3-603.

### 4. If the proposed change requires additional funding, what funding sources do you propose?

No. Setting a firm number of AAAs protects MT from dilution of limited funding.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

No

# Proposal for Legislation – 2023 Legislative Session

## Updated Children’s Health Insurance Plan (CHIP) Eligibility Standards

### Return to:

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### 1. What is the problem or issue?

Statute does not reflect the current eligibility standards for CHIP. The FPL threshold of 250% identified in statute is no longer accurate. Due to the transition to MAGI-based eligibility, the threshold was converted into the MAGI equivalent of 261% (266% before application of 5% disregard). This modification was required by CMS at the time of the Affordable Care Act (ACA) implementation. Additionally, Montana amended its CHIP state plan several years ago to eliminate the three-month delay in CHIP enrollment following private insurance coverage.

### 2. What do you want the legislation to do?

This proposal will amend MCA 53-4-1004 to reflect current eligibility standards for CHIP.

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 53-4-1004. Updates to ARM will be necessary upon passage of the legislation

### 4. If the proposed change requires additional funding, what funding sources do you propose?

No. These changes reflect current program policies and federal requirements that are already in place for CHIP eligibility.

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

No. This proposal is a simple cleanup of existing MCA.

# Proposal for Legislation – 2023 Legislative Session

## Repeal of Unnecessary or Unapplicable Statutorily Required Reports

### Return to:

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### 1. What is the problem or issue?

This proposal from the DPHHS Director's Office (DO) is designed to address MCA required reports across numerous divisions. Several reports are currently required by the MCA which are no longer applicable, relevant, or beneficial for DPHHS to provide. In the interest of cutting red tape – in keeping with the Governor's Red Tape Relief Initiative – the DO proposes a bill to eliminate several statutorily required reports.

### 2. What do you want the legislation to do?

Eliminate the following required reports: MCA 52-3-115(6) Older Montanans Trust Fund Reporting (Trust is not funded, if it were it would be through legislative appropriation which would be reported via biannual budget request process); MCA 5-12-303(4)(d) – Secure Data Warehouse Implementation (information in (d)(i) is reported as part of MPATH project updates, (d)(ii) have demonstrated each time new user is established new user requirements are created and legislative fiscal services has full access to the system, (d)(iii) legislative fiscal analysts go through training at the time their access is established which can be self-reported to supervisors); and MCA 53-4-209(6) – TANF: Parents and Scholars (small program serving less than 25 individuals per month, current reporting doesn't provide significant value or interest but information can be provided ad hoc on request or posted online in an easily accessible manner).

### 3. If possible, please list the MCA (Montana Code Annotated) sections that would need to be amended.

MCA 52-3-115(6), 5-12-303(4)(d)(i-iii), 53-4-209(6).

### 4. If the proposed change requires additional funding, what funding sources do you propose?

None

### 5. Has similar legislation been requested in the past, been introduced in another state, or provided as a model act? If so, please provide a citation, reference, or point of contact.

No similar legislation has been requested in the past or been introduced via another method.