

**Unofficial Draft Copy**

As of: 2022/03/28 04:55:36

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

HJR

HJR 35-1

67th Legislature

1 \*\*\*\* BILL NO. \*\*\*\*

2 INTRODUCED BY \*\*\*\*

3 BY REQUEST OF THE \*\*\*\*

4  
5 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING AN ENHANCED MEDICAID REIMBURSEMENT RATE  
6 FOR PROVIDERS OF CERTAIN CHILDREN'S MENTAL HEALTH SERVICES TO INCREASE ACCESS TO  
7 IN-STATE CARE FOR HIGH-RISK CHILDREN WITH MULTIAGENCY SERVICE NEEDS; PROVIDING  
8 DEFINITIONS; PROVIDING AN EFFECTIVE DATE; AND PROVIDING A TERMINATION DATE."  
9

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:  
11

12 **NEW SECTION. Section 1. Enhanced rate to increase provider capacity for serving high-risk**  
13 **children with multiagency service needs -- reporting requirement.** (1) The department shall provide an  
14 enhanced medicaid reimbursement rate to an in-state provider of psychiatric residential treatment facility or  
15 therapeutic group home services when the provider increases access to in-state care for high-risk youth with  
16 multiagency service needs as provided in this section.

17 (2) (a) The department shall determine whether a provider has increased access to in-state care and  
18 qualifies for the enhanced rate by comparing the provider's current daily medicaid census to the provider's  
19 average daily medicaid census for fiscal year 2022.

20 (b) If a provider offers both psychiatric residential treatment facility and therapeutic group home  
21 services, the department shall separately calculate the provider's average daily medicaid census for each type  
22 of service.

23 (3) For each year of the biennium beginning July 1, 2023, the department shall reimburse a provider:

24 (a) the base medicaid reimbursement rate for each medicaid-eligible child served when the total  
25 number of children is at or below the provider's fiscal year 2022 average daily medicaid census for a service;  
26 and

27 (b) for each medicaid-eligible child that exceeds the fiscal year 2022 average daily medicaid census:

28 (i) 133% of the base rate for a child receiving psychiatric residential treatment facility services; and

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1 (ii) 160% of the base rate for a child receiving therapeutic group home services.

2 (4)(a) For each year of the biennium beginning July 1, 2025, the department shall pay the enhanced  
3 rates established in subsection (3)(b) to a provider who improves access to in-state care for children with  
4 specific needs or in specific age categories, as identified by the department, and reduces the department's  
5 need to find out-of-state providers to serve the children.

6 (b) The department may determine the diagnoses, behaviors, or ages for which it will pay the enhanced  
7 rate in each fiscal year.

8 (c) The department shall notify providers no later than March 30 of each year of the diagnoses,  
9 behaviors, or ages to which the enhanced rates will apply in the next fiscal year.

10 (5) The department shall adopt rules to establish the manner to be used in:

11 (a) calculating the average daily medicaid census; and

12 (b) making the enhanced payments to providers, including the frequency with which the payments will  
13 be made.

14 (6)(a) A provider that receives an enhanced reimbursement rate under subsection (4) shall:

15 (i) provide a summary of the diagnoses, behavior, and ages for the medicaid-eligible children receiving  
16 services from the provider in fiscal year 2025; and

17 (ii) report annually to the department on the diagnoses, behaviors, and ages of the medicaid-eligible  
18 children receiving services from the provider during the fiscal year in which the provider received an enhanced  
19 rate pursuant to subsection (4).

20 (b) The department shall report the information required under subsection (5)(a) to the legislature in  
21 accordance with 5-11-210.

22 (7) For the purposes of this section, the following definitions apply:

23 (a) "Base medicaid reimbursement rate" or "base rate" means the rate adopted pursuant to 53-6-113  
24 for the applicable fiscal year.

25 (b) "High-risk child with multiagency service needs" has the meaning provided in 52-2-302.

26

27 **NEW SECTION. Section 2. Codification instruction.** [Section 1] is intended to be codified as an  
28 integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [section 1].

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2           **NEW SECTION. Section 3. Effective date -- contingency.** (1) [This act] is effective on the later of  
3 July 1, 2023, or the date that the department certifies to the code commissioner that the centers for medicare  
4 and medicaid services has approved a state plan amendment for the enhanced reimbursement rate.

5           (2) The director of the department of public health and human services shall submit certification within  
6 15 days of receiving notice of the waiver approval.

7

8           **NEW SECTION. Section 4. Termination.** (1) [This act] terminates on June 30, 2027.

9

- END -

DRAFT