HOUSE BILL NO. 545

INTRODUCED BY T. NELSON BY REQUEST OF THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

IN THE HOUSE

	IN THE HOUSE
FEBRUARY 1, 1991	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
FEBRUARY 2, 1991	FIRST READING.
FEBRUARY 16, 1991	COMMITTEE RECOMMEND BILL DO PASS. REPORT ADOPTED.
FEBRUARY 18, 1991	PRINTING REPORT.
FEBRUARY 21, 1991	POSTED ON ALTERNATIVE CONSENT CALENDAR.
FEBRUARY 23, 1991	THIRD READING, PASSED. AYES, 96; NOES, 2.
	TRANSMITTED TO SENATE.
	IN THE SENATE
FEBRUARY 25, 1991	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY.
	FIRST READING.
MARCH 26, 1991	COMMITTEE RECOMMEND BILL BE CONCURRED IN. REPORT ADOPTED.
MARCH 28, 1991	SECOND READING, CONCURRED IN.
APRIL 1, 1991	THIRD READING, CONCURRED IN. AYES, 49; NOES, 0.
	RETURNED TO HOUSE.
	IN THE HOUSE
APRIL 1, 1991	RECEIVED FROM SENATE.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

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1	LAUSE BILL NO. 545
2	INTRODUCED BY WILLIAM
3	BY REQUEST OF THE DEPARTMENT OF SOCIAL
4	AND REHABILITATION SERVICES
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6	A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE
7	LAWS RELATING TO THE MONTANA MEDICAID PROGRAM; REQUIRING
8	FEDERALLY QUALIFIED HEALTH CENTER SERVICES TO BE INCLUDED AS
9	A MEDICAID SERVICE; REVISING AND EXTENDING AUTHORIZATION FOR
.0	HOSPICE CARE; PROVIDING FOR THE PURCHASE OF MEDICARE
1	BENEFITS FOR QUALIFIED DISABLED AND WORKING INDIVIDUALS;
.2	ALLOWING PAYMENT OF HEALTH INSURANCE EXPENSES FOR
. 3	MEDICAID-ELIGIBLE PERSONS; REAUTHORIZING AMBULATORY PRENATAL
4	CARE FOR PREGNANT WOMEN DURING A PRESUMPTIVE ELIGIBILITY
.5	PERIOD; AMENDING SECTIONS 53-6-101 AND 53-6-131, MCA;
.6	AMENDING SECTION 15, CHAPTER 649, LAWS OF 1989; AND
.7	PROVIDING AN EFFECTIVE DATE."
.8	
.9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
0	Section 1. Section 53-6-101, MCA, is amended to read:
21	"53-6-101. Montana medicaid program authorization of
2	services. (1) There is a Montana medicaid program
!3	established for the purpose of providing necessary medical
4	services to eligible persons who have need for medical
:5	assistance. The Montana medicaid program is a joint

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3	(42 U.S.C. 1396, et seq.), as may be amended. The department
4	of social and rehabilitation services shall administer the
5	Montana medicaid program.
6	(2) Medical assistance provided by the Montana medicai
7	program includes the following services:
8	(a) inpatient hospital services;
9	(b) outpatient hospital services;
10	(c) other laboratory and x-ray services;
11	(d) skilled nursing services in long-term car
12	facilities;
13	(e) physicians' services;
14	(f) nurse specialist services;
15	(g) early and periodic screening, diagnosis, an
16	treatment services for persons under 21 years of age;
17	(h) services provided by physician assistants-certifie
18	within the scope of their practice and that are otherwis
19	directly reimbursed as allowed under department rule to a
20	existing provider;
21	(i) health services provided under a physician's order
22	by a public health department; and
23	<pre>(j)hospice-care-as-defined-in-42-U-S-C1396d(o)</pre>
24	(j) federally qualified health center services, a

federal-state program administered under this chapter and in

accordance with Title XIX of the federal Social Security Act

INTRODUCED BILL

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defined in 42 U.S.C. 1396d(1)(2).

- (3) Medical assistance provided by the Montana medicaid program may, as provided by department rule, also include the following services:
- 4 (a) medical care or any other type of remedial care
 5 recognized under state law, furnished by licensed
 6 practitioners within the scope of their practice as defined
 7 by state law;
 - (b) home health care services;
 - (c) private-duty nursing services;
- 10 (d) dental services:

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- (e) physical therapy services;
- 12 (f) mental health center services administered and 13 funded under a state mental health program authorized under 14 Title 53, chapter 21, part 2;
 - (q) clinical social worker services;
- (h) prescribed drugs, dentures, and prosthetic devices;
- 17 (i) prescribed eyeglasses;
- (j) other diagnostic, screening, preventive,
 rehabilitative, chiropractic, and osteopathic services;
- 20 (k) inpatient psychiatric hospital services for persons 21 under 21 years of age;
- 22 (1) services of professional counselors licensed under 23 Title 37, chapter 23, if funds are specifically appropriated 24 for the inclusion of these services in the Montana medicaid 25 program;

- 1 (m) ambulatory prenatal care for pregnant women during 2 a presumptive eligibility period, as provided in 42 U.S.C. 3 1396a(a)(47) and 42 U.S.C. 1396r-1:
- 4 (n) hospice care, as defined in 42 U.S.C. 1396d(o); and
 5 (n)(o) any additional medical service or aid allowable
 6 under or provided by the federal Social Security Act.
- 7 (4) The department may implement, as provided for in 8 Title XIX of the federal Social Security Act (42 U.S.C.
- 9 1396, et seq.), as may be amended, a program under medicaid 10 for payment of medicare premiums, deductibles, and 11 coinsurance for persons not otherwise eliqible for medicaid.
- 12 (5) The department may set rates for medical and other 13 services provided to recipients of medicaid and may enter
- 14 into contracts for delivery of services to individual
- 15 recipients or groups of recipients.
- 16 (6) The services provided under this part may be only
 17 those that are medically necessary and that are the most
 18 efficient and cost effective.
- 19 (7) The amount, scope, and duration of services 20 provided under this part must be determined by the 21 department in accordance with Title XIX of the federal
- 22 Social Security Act (42 U.S.C. 1396, et seq.), as may be
- 23 amended.
- 24 (8) Services, procedures, and items of an experimental 25 or cosmetic nature may not be provided.

(9) If available funds are not sufficient to provide medical assistance for all eligible persons, the department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical services made available under the Montana medicaid program.

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- (10) Community-based medicaid services, as provided for in part 4 of this chapter, must be provided in accordance with the provisions of this chapter and the rules adopted thereunder. (Subsection---(2)(j)---terminates----dune---30, 1991--sec.-47-Ch:-633,-L:-1989,-Subsection-(3)(m)-terminates dune-30,-1991--sec:-15,-Ch:-649,-L:-1989,-)"
- Section 2. Section 53-6-131, MCA, is amended to read:
- 13 "53-6-131. Eligibility requirements. (1) Medical
 14 assistance under the Montana medicaid program may be granted
 15 to a person who is determined by the department of social
 16 and rehabilitation services to be eligible as follows:
 - (a) The person receives or is considered to be receiving supplemental security income benefits under Title XVI of the federal Social Security Act (42 U.S.C. 1381, et seq.) or aid to families with dependent children under Title IV of the federal Social Security Act (42 U.S.C. 601, et seq.).
- 23 (b) The person would be eligible for assistance under a 24 program described in subsection (1)(a) if he were to apply 25 for such assistance.

- 1 (c) The person is in a medical facility that is a 2 medicaid provider and, but for residence in the facility, he 3 would be receiving assistance under one of the programs in 4 subsection (1)(a).
- 5 (d) The person is under 19 years of age and meets the 6 conditions of eligibility in the state plan for aid to 7 families with dependent children, other than with respect to 8 school attendance.
- 9 (e) The person is under 21 years of age and in foster
 10 care under the supervision of the state or was in foster
 11 care under the supervision of the state and has been adopted
 12 as a hard-to-place child.
- 13 (f) The person meets the nonfinancial criteria of the 14 categories in subsections (1)(a) through (1)(e) and:
- 15 (i) the person's income does not exceed the medically
 16 needy income level specified for federally aided categories
 17 of assistance and his resources are within the resource
 18 standards of the federal supplemental security income
 19 program; or
- 20 (ii) the person, while having income greater than the
 21 medically needy income level specified for federally aided
 22 categories of assistance, has an adjusted income level,
 23 after incurring medical expenses, that does not exceed the
 24 medically needy income level specified for federally aided

categories of assistance and his resources are within the

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- resource standards of the federal supplemental security income program.
 - (g) The person is under 1 year of age and:

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Law 101-239, who:

- (i) has income that does not exceed income standards as may be required by the federal Social Security Act; and
- (ii) has resources that do not exceed standards the department determines reasonable for purposes of the program.
- 9 (2) A person who is pregnant is eligible for 10 pregnancy-related medical assistance under the Montana 11 medicaid program if she:
- (a) has income that does not exceed income standards as
 may be required by the federal Social Security Act; and
 - (b) has resources that do not exceed standards the department determines reasonable for purposes of the program.
 - (3) The Montana medicaid program shall pay for the premiums necessary for participation in the medicare program and may, within the discretion of the department, pay all or a portion of the medicare deductibles and coinsurance for a medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of the federal Omnibus Budget Reconciliation Act of 1989, Public
 - (a) has income that does not exceed income standards as

- 1 may be required by the federal Social Security Act; and
- 2 (b) has resources that do not exceed standards the
- 3 department determines reasonable for purposes of the
- 4 program.
- 5 (4) The department may pay a medicaid-eligible person's
- expenses for premiums, coinsurance, and similar costs for
- 7 health insurance or other available health coverage, as
- 8 provided in 42 U.S.C. 1396b(a)(1).
- 9 (4)(5) The department, under the Montana medicaid
- 10 program, may provide, if a waiver is not available from the
- 11 federal government, medicaid and other assistance mandated
- 12 by Title XIX of the federal Social Security Act (42 U.S.C.
- 13 1396, et seq.), as may be amended, and not specifically
- 14 listed in this part to categories of persons that may be
- 15 designated by the act for receipt of assistance.
- 16 (5)(6) Notwithstanding any other provision of this
- 17 chapter, medical assistance must be provided to pregnant
- 18 women and to infants whose family income does not exceed the
- 19 federal poverty threshold, as provided in 42 U.S.C.
- 20 1396a(a)(10)(A)(ii)(IX). (Subsection +5+(6) terminates June
- 21 30, 1991--sec. 15, Ch. 649, L. 1989.)"
- 22 Section 3. Section 15, Chapter 649, Laws of 1989, is
- 23 amended to read:
- 24 "Section 15. Program termination. The--provisions--of
- 25 {this--act} [Sections 1 through 9 and 11 through 14]

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- terminate June 30, 1991."
- NEW SECTION. Section 4. Effective date. [This act] is
- 3 effective July 1, 1991.

STATE OF MONTANA - FISCAL NOTE

Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for HB0545, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION:

To generally revise the laws relating to the Medicaid Program, requiring federally-qualified health center services to be included as a Medicaid service, revising and extending authorization for hospice care, providing for purchase of Medicare benefits for qualified disabled and working individuals, allowing payment of health insurance expenses for Medicaid-eligible persons, and reauthorizing ambulatory prenatal care for pregnant women during a presumptive eligibility period.

ASSUMPTIONS:

- 1. Four federally-qualified health centers will be included as a Medicaid service, increasing costs by \$65,000 per year. This cost already is included in the executive budget recommendation as a modification.
- 2. Ambulatory prenatal care (MIAMI Project) will be provided for 100 pregnant women for one month at an average cost of \$35 each for a total cost of \$3,500 per year. This cost already is included in the executive budget recommendation.
- 3. Continuation of hospice care will cost \$151,560 in FY92 and \$180,429 in FY93.
- 4. The purchase of Medicare benefits for qualified disabled and working individuals will cover 57 individuals. The Part A premiums for these people will be \$219.59 per month in FY92 and \$241.55 in FY93.
- 5. The general fund/federal revenue portions of these expenses are .2829 general fund/.7171 federal revenue in FY92 and .2810 general fund/.7190 federal revenue in FY93.
- 6. The executive budget recommendations for assumptions 1 and 2 are shown under current law.

FISCAL IMPACT:

Department of Social and Rehabilitation Services:

	FY 92		FY 93			
	Current Law	Proposed Law	Difference	Current Law	Proposed Law	Difference
Expenditures:					_	
Benefits and Claims	68,500	370,260	301,760	68,500	414,149	345,649
Funding:						
General Fund	19,379	104,747	85,368	19,248	116,376	97,128
Federal Special	<u>49,121</u>	<u>265,513</u>	<u>216,392</u>	<u>49.252</u>	<u>297,773</u>	<u>248,521</u>
Total	68,500	370,260	301,760	68,500	414,149	345,649

ROD SUNDSTED, BUDGET DIRECTOR

DATE

Office of Budget and Program Planning

THOMAS E. NELSON, PRIMARY SPONSOR

DATE

Fiscal Note for HB0545, as introduced

HB 545

APPROVED BY COMM. ON HUMAN SERVICES AND AGING

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1	LOUSE BILL NO. 545
2	INTRODUCED BY
3	BY REQUEST OF THE DEPARTMENT OF SOCIAL
4	AND REHABILITATION SERVICES
5	
6	A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE
7	LAWS RELATING TO THE MONTANA MEDICALD PROGRAM; REQUIRING
8	FEDERALLY QUALIFIED HEALTH CENTER SERVICES TO BE INCLUDED AS
9	A MEDICAID SERVICE; REVISING AND EXTENDING AUTHORIZATION FOR
LO	HOSPICE CARE; PROVIDING FOR THE PURCHASE OF MEDICARE
l1	BENEFITS FOR QUALIFIED DISABLED AND WORKING INDIVIDUALS;
l 2	ALLOWING PAYMENT OF HEALTH INSURANCE EXPENSES FOR
L 3	MEDICALD-ELIGIBLE PERSONS; REAUTHORIZING AMBULATORY PRENATAL
L 4	CARE FOR PREGNANT WOMEN DURING A PRESUMPTIVE ELIGIBILITY
15	PERIOD; AMENDING SECTIONS 53-6-101 AND 53-6-131, MCA;
16	AMENDING SECTION 15, CHAPTER 649, LAWS OF 1989; AND
17	PROVIDING AN EFFECTIVE DATE."
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L9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
20	Section 1. Section 53-6-101, MCA, is amended to read:
21	"53-6-101. Montana medicaid program authorization of
22	services. (1) There is a Montana medicaid program
23	established for the purpose of providing necessary medical
24	services to eliqible persons who have need for medical
25	assistance. The Montana medicaid program is a joint
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- federal-state program administered under this chapter and in
- accordance with Title XIX of the federal Social Security Act
- (42 U.S.C. 1396, et seq.), as may be amended. The department
- of social and rehabilitation services shall administer the
- Montana medicaid program.
- (2) Medical assistance provided by the Montana medicaid
- program includes the following services:
 - (a) inpatient hospital services;
- (b) outpatient hospital services;
- 10 (c) other laboratory and x-ray services;
- 11 (d) skilled nursing services in long-term
- facilities; 12

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- (e) physicians' services;
- (f) nurse specialist services; 14
- 15 (g) early and periodic screening, diagnosis, and
- 16 treatment services for persons under 21 years of age;
- 17 (h) services provided by physician assistants-certified
- 18 within the scope of their practice and that are otherwise
- 19 directly reimbursed as allowed under department rule to an
- existing provider; 20
- 21 (i) health services provided under a physician's orders
- by a public health department; and 22
- (j)--hospice-care-as-defined-in-42-8-5-6--1396d(o) 23
- 24 (j) federally qualified health center services, as
- 25 defined in 42 U.S.C. 1396d(1)(2).

SECOND READING

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- 1 (3) Medical assistance provided by the Montana medicaid 2 program may, as provided by department rule, also include 3 the following services:
- 4 (a) medical care or any other type of remedial care recognized under state law, furnished by licensed 5 practitioners within the scope of their practice as defined 6 by state law; 7
- В (b) home health care services:
- 9 (c) private-duty nursing services;
- (d) dental services; 10
- (e) physical therapy services; 11
- (f) mental health center services administered and 12 13 funded under a state mental health program authorized under
- 14 Title 53, chapter 21, part 2;
- (q) clinical social worker services; 15
- (h) prescribed drugs, dentures, and prosthetic devices; 16
- (i) prescribed eyeglasses; 17
- screening, preventive, (j) other diagnostic, 18 19 rehabilitative, chiropractic, and osteopathic services;
- (k) inpatient psychiatric hospital services for persons 20 21 under 21 years of age;
- (1) services of professional counselors licensed under 22 Title 37, chapter 23, if funds are specifically appropriated 23 for the inclusion of these services in the Montana medicaid 24 25 program;

- (m) ambulatory prenatal care for pregnant women during a presumptive eligibility period, as provided in 42 U.S.C. 2
- 3 1396a(a)(47) and 42 U.S.C. 1396r-1;
- (n) hospice care, as defined in 42 U.S.C. 1396d(o); and tnt(o) any additional medical service or aid allowable under or provided by the federal Social Security Act. 6
- 7 (4) The department may implement, as provided for in Title XIX of the federal Social Security Act (42 U.S.C.
- 1396, et seq.), as may be amended, a program under medicaid
- 10 for payment of medicare premiums, deductibles, and
- 11 coinsurance for persons not otherwise eligible for medicaid.
- 12 (5) The department may set rates for medical and other services provided to recipients of medicaid and may enter 13
 - into contracts for delivery of services to individual
- 15 recipients or groups of recipients.
- 16 (6) The services provided under this part may be only 17 those that are medically necessary and that are the most
- 18 efficient and cost effective.
- 19 (7) The amount, scope, and duration of services
- 20 provided under this part must be determined by the 21
- department in accordance with Title XIX of the federal
- 22 Social Security Act (42 U.S.C. 1396, et seq.), as may be
- 23 amended.

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- 24 (8) Services, procedures, and items of an experimental
- 25 or cosmetic nature may not be provided.

(9) If available funds are not sufficient to provide medical assistance for all eligible persons, the department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical services made available under the Montana medicaid program.

- (10) Community-based medicaid services, as provided for in part 4 of this chapter, must be provided in accordance with the provisions of this chapter and the rules adopted thereunder. (Subsection---(2)(j)---terminates---June----30; 1991--sec--47-Ch--6337-b--19897-Subsection-(3)(m)-terminates June-307-1991--sec--157-Ch--6497-b--19897)"
- 12 Section 2. Section 53-6-131, MCA, is amended to read:
 - *53-6-131. Eligibility requirements. (1) Medical assistance under the Montana medicaid program may be granted to a person who is determined by the department of social and rehabilitation services to be eligible as follows:
 - (a) The person receives or is considered to be receiving supplemental security income benefits under Title XVI of the federal Social Security Act (42 U.S.C. 1381, et seq.) or aid to families with dependent children under Title IV of the federal Social Security Act (42 U.S.C. 601, et seq.).
- 23 (b) The person would be eligible for assistance under a
 24 program described in subsection (1)(a) if he were to apply
 25 for such assistance.

- (c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, he would be receiving assistance under one of the programs in subsection (1)(a).
 - (d) The person is under 19 years of age and meets the conditions of eligibility in the state plan for aid to families with dependent children, other than with respect to school attendance.
- 9 (e) The person is under 21 years of age and in foster
 10 care under the supervision of the state or was in foster
 11 care under the supervision of the state and has been adopted
 12 as a hard-to-place child.
- 13 (f) The person meets the nonfinancial criteria of the 14 categories in subsections (1)(a) through (1)(e) and:
 - (i) the person's income does not exceed the medically needy income level specified for federally aided categories of assistance and his resources are within the resource standards of the federal supplemental security income program; or
 - (ii) the person, while having income greater than the medically needy income level specified for federally aided categories of assistance, has an adjusted income level, after incurring medical expenses, that does not exceed the medically needy income level specified for federally aided

categories of assistance and his resources are within the

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- 1 resource standards of the federal supplemental security income program. 2
 - (q) The person is under 1 year of age and:

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- (i) has income that does not exceed income standards as may be required by the federal Social Security Act; and
- 6 (ii) has resources that do not exceed standards the 7 department determines reasonable for purposes of the program. 8
 - (2) A person who is pregnant is eligible pregnancy-related medical assistance under the Montana medicaid program if she:
 - (a) has income that does not exceed income standards as may be required by the federal Social Security Act; and
 - (b) has resources that do not exceed standards the department determines reasonable for purposes of the program.
 - (3) The Montana medicaid program shall pay for the premiums necessary for participation in the medicare program and may, within the discretion of the department, pay all or a portion of the medicare deductibles and coinsurance for a medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of the federal Omnibus Budget Reconciliation Act of 1989, Public Law 101-239, who:
 - (a) has income that does not exceed income standards as

- may be required by the federal Social Security Act; and
- (b) has resources that do not exceed standards the 2 3 department determines reasonable for purposes of the 4 program.
- 5 (4) The department may pay a medicaid-eligible person's expenses for premiums, coinsurance, and similar costs for health insurance or other available health coverage, as 7 provided in 42 U.S.C. 1396b(a)(1).
- (4)(5) The department, under the Montana medicaid 10 program, may provide, if a waiver is not available from the 11 federal government, medicaid and other assistance mandated 1.2 by Title XIX of the federal Social Security Act (42 U.S.C. 13 1396, et seq.), as may be amended, and not specifically listed in this part to categories of persons that may be 14

designated by the act for receipt of assistance.

30, 1991--sec. 15, Ch. 649, L. 1989.)"

- (5)(6) Notwithstanding any other provision of this 17 chapter, medical assistance must be provided to pregnant women and to infants whose family income does not exceed the 18 federal poverty threshold, as provided in 42 U.S.C. 19 20 1396a(a)(10)(A)(ii)(1X). (Subsection +5)(6) terminates June
- 22 Section 3. Section 15, Chapter 649, Laws of 1989, is amended to read: 23
- 24 "Section 15. Program termination. The -- provisions -- of 25 fthis--acti [Sections 1 through 9 and 11 through 14]

- 1 terminate June 30, 1991."
- NEW SECTION. Section 4. Effective date. [This act] is
- 3 effective July 1, 1991.

1	Lause BILL NO. 545
2	INTRODUCED BY WAY WILL
3	BY REQUEST OF THE DEPARTMENT OF SOCIAL
_	•
4	AND REHABILITATION SERVICES
5	
6	A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE
7	LAWS RELATING TO THE MONTANA MEDICAID PROGRAM; REQUIRING
8	FEDERALLY QUALIFIED HEALTH CENTER SERVICES TO BE INCLUDED AS
9	A MEDICAID SERVICE; REVISING AND EXTENDING AUTHORIZATION FOR
10	HOSPICE CARE; PROVIDING FOR THE PURCHASE OF MEDICARE
11	BENEFITS FOR QUALIFIED DISABLED AND WORKING INDIVIDUALS;
12	ALLOWING PAYMENT OF HEALTH INSURANCE EXPENSES FOR
13	MEDICAID-ELIGIBLE PERSONS; REAUTHORIZING AMBULATORY PRENATAL
14	CARE FOR PREGNANT WOMEN DURING A PRESUMPTIVE ELIGIBILITY
15	PERIOD; AMENDING SECTIONS 53-6-101 AND 53-6-131, MCA;
16	AMENDING SECTION 15, CHAPTER 649, LAWS OF 1989: AND
17	PROVIDING AN EFFECTIVE DATE."
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19	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
20	Section 1. Section 53-6-101, MCA, is amended to read:
21	"53-6-101. Montana medicaid program authorization of
22	services. (1) There is a Montana medicaid program
23	established for the purpose of providing necessary medical
24	services to eligible persons who have need for medical

assistance. The Montana medicaid program is a

1	rederal-state program administered under this chapter and in
2	accordance with Title XIX of the federal Social Security Act
3	(42 U.S.C. 1396, et seq.), as may be amended. The department
4	of social and rehabilitation services shall administer the
5	Montana medicaid program.
6	(2) Medical assistance provided by the Montana medicaid
7	program includes the following services:
8	(a) inpatient hospital services;
9	(b) outpatient hospital services;
10	(c) other laboratory and x-ray services;
11	(d) skilled nursing services in long-term care
12	facilities;
13	<pre>(e) physicians' services;</pre>
14	(f) nurse specialist services;
15	(g) early and periodic screening, diagnosis, and
16	treatment services for persons under 21 years of age;
17	(h) services provided by physician assistants-certified
18	within the scope of their practice and that are otherwise
19	directly reimbursed as allowed under department rule to an
20	existing provider;
21	(i) health services provided under a physician's orders
22	by a public health department; and
23	(j)hospice-care-as-defined-in-42-U:S:C:-1396d(o)
24	(j) federally qualified health center services, as

defined in 42 U.S.C. 1396d(1)(2).

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THIRD READING

- 1 (3) Medical assistance provided by the Montana medicaid 2 program may, as provided by department rule, also include 3 the following services:
- 4 (a) medical care or any other type of remedial care
 5 recognized under state law, furnished by licensed
 6 practitioners within the scope of their practice as defined
 7 by state law;
- 8 (b) home health care services:
- 9 (c) private-duty nursing services;
- 10 (d) dental services;
- 11 (e) physical therapy services;
- (f) mental health center services administered and funded under a state mental health program authorized under Title 53, chapter 21, part 2;
- 15 (g) clinical social worker services;
- 16 (h) prescribed drugs, dentures, and prosthetic devices;
- 17 (i) prescribed eyeglasses;
- (j) other diagnostic, screening, preventive,rehabilitative, chiropractic, and osteopathic services;
- 20 (b) instinct combined benefit annuage for person
- (k) inpatient psychiatric hospital services for persons
 under 21 years of age;
- 22 (1) services of professional counselors licensed under
- 23 Title 37, chapter 23, if funds are specifically appropriated
- 24 for the inclusion of these services in the Montana medicaid
- 25 program;

- 1 (m) ambulatory prenatal care for pregnant women during 2 a presumptive eligibility period, as provided in 42 U.S.C 3 1396a(a)(47) and 42 U.S.C. 1396r-1;
- 4 (n) hospice care, as defined in 42 U.S.C. 1396d(o); and th)(o) any additional medical service or aid allowable under or provided by the federal Social Security Act.
- 7 (4) The department may implement, as provided for in 8 Title XIX of the federal Social Security Act (42 U.S.C
- 9 1396, et seq.), as may be amended, a program under medicai-
- 10 for payment of medicare premiums, deductibles, as
- 11 coinsurance for persons not otherwise eligible for medicaid
- 12 (5) The department may set rates for medical and othe 13 services provided to recipients of medicaid and may ente
- 14 into contracts for delivery of services to individua
- 15 recipients or groups of recipients.
- 16 (6) The services provided under this part may be onl
 17 those that are medically necessary and that are the mos
- 18 efficient and cost effective.
- 19 (7) The amount, scope, and duration of service
- 20 provided under this part must be determined by t
- 21 department in accordance with Title XIX of the federa
- 22 Social Security Act (42 U.S.C. 1396, et seq.), as may t
- 23 amended.
- 24 (8) Services, procedures, and items of an experimenta
- 25 or cosmetic nature may not be provided.

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- 1 (9) If available funds are not sufficient to provide
 2 medical assistance for all eligible persons, the department
 3 may set priorities to limit, reduce, or otherwise curtail
 4 the amount, scope, or duration of the medical services made
 5 available under the Montana medicaid program.
 - (10) Community-based medicaid services, as provided for in part 4 of this chapter, must be provided in accordance with the provisions of this chapter and the rules adopted thereunder. (Subsection---(2)(j)---terminates---dune---30; 1991--sec;-4;-6h;-633;-b;-1989;-Subsection-(3)(m)-terminates dune-30;-1991--sec;-15;-6h;-649;-b;-1989;)"
- Section 2. Section 53-6-131, MCA, is amended to read:

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- "53-6-131. Eligibility requirements. (1) Medical assistance under the Montana medicaid program may be granted to a person who is determined by the department of social and rehabilitation services to be eliqible as follows:
 - (a) The person receives or is considered to be receiving supplemental security income benefits under Title XVI of the federal Social Security Act (42 U.S.C. 1381, et seq.) or aid to families with dependent children under Title IV of the federal Social Security Act (42 U.S.C. 601, et seq.).
- 23 (b) The person would be eligible for assistance under a 24 program described in subsection (1)(a) if he were to apply 25 for such assistance.

- 1 (c) The person is in a medical facility that is a 2 medicaid provider and, but for residence in the facility, he 3 would be receiving assistance under one of the programs in 4 subsection (1)(a).
- 5 (d) The person is under 19 years of age and meets the 6 conditions of eligibility in the state plan for aid to 7 families with dependent children, other than with respect to 8 school attendance.
- 9 (e) The person is under 21 years of age and in foster
 10 care under the supervision of the state or was in foster
 11 care under the supervision of the state and has been adopted
 12 as a hard-to-place child.
- 13 (f) The person meets the nonfinancial criteria of the 14 categories in subsections (1)(a) through (1)(e) and:
- 15 (i) the person's income does not exceed the medically
 16 needy income level specified for federally aided categories
 17 of assistance and his resources are within the resource
 18 standards of the federal supplemental security income
 19 program; or
 - (ii) the person, while having income greater than the medically needy income level specified for federally aided categories of assistance, has an adjusted income level, after incurring medical expenses, that does not exceed the medically needy income level specified for federally aided categories of assistance and his resources are within the

- resource standards of the federal supplemental security
 income program.
- 3 (g) The person is under 1 year of age and:
- 4 (i) has income that does not exceed income standards as 5 may be required by the federal Social Security Act; and
- 6 (ii) has resources that do not exceed standards the
 7 department determines reasonable for purposes of the
 8 program.
- 9 (2) A person who is pregnant is eligible for 10 pregnancy-related medical assistance under the Montana 11 medicaid program if she:
- 12 (a) has income that does not exceed income standards as
 13 may be required by the federal Social Security Act; and
- (b) has resources that do not exceed standards the department determines reasonable for purposes of the program.
- 17 (3) The Montana medicald program shall pay for the
 18 premiums necessary for participation in the medicare program
 19 and may, within the discretion of the department, pay all or
 20 a portion of the medicare deductibles and coinsurance for a
 21 medicare-eligible person or for a qualified disabled and
 22 working individual, as defined in section 6408(d)(2) of the
- 23 federal Omnibus Budget Reconciliation Act of 1989, Public
- 24 Law 101-239, who:
- 25 (a) has income that does not exceed income standards as

- 1 may be required by the federal Social Security Act; and
- 2 (b) has resources that do not exceed standards the
- 3 department determines reasonable for purposes of the
- 4 program.
- 5 (4) The department may pay a medicaid-eligible person's
- 6 expenses for premiums, coinsurance, and similar costs for
- 7 health insurance or other available health coverage, as
- provided in 42 U.S.C. 1396b(a)(1).
- 9 $\{4\}(5)$ The department, under the Montana medicaid
- 10 program, may provide, if a waiver is not available from the
- 11 federal government, medicaid and other assistance mandated
- 12 by Title XIX of the federal Social Security Act (42 U.S.C.
- 13 1396, et seq.), as may be amended, and not specifically
- 14 listed in this part to categories of persons that may be
- designated by the act for receipt of assistance.
- 16 +5+(6) Notwithstanding any other provision of this
- 17 chapter, medical assistance must be provided to pregnant
- 18 women and to infants whose family income does not exceed the
- 19 federal poverty threshold, as provided in 42 U.S.C.
- 20 1396a(a)(10)(A)(ii)(IX). (Subsection f5)(6) terminates June
- 21 30, 1991--sec. 15, Ch. 649, L. 1989.)"
- 22 Section 3. Section 15, Chapter 649, Laws of 1989, is
- 23 amended to read:
- 24 "Section 15. Program termination. The--provisions--of
- 25 [this--act] [Sections 1 through 9 and 11 through 14]

- 1 terminate June 30, 1991."
- 2 NEW SECTION. Section 4. Effective date. [This act] is
- 3 effective July 1, 1991.

1	HOUSE BILL NO. 545
2	INTRODUCED BY T. NELSON
3	BY REQUEST OF THE DEPARTMENT OF SOCIAL
4	AND REHABILITATION SERVICES
5	
6	A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE
7	LAWS RELATING TO THE MONTANA MEDICAID PROGRAM; REQUIRING
8	FEDERALLY QUALIFIED HEALTH CENTER SERVICES TO BE INCLUDED AS
9	A MEDICAID SERVICE; REVISING AND EXTENDING AUTHORIZATION FOR
10	HOSPICE CARE; PROVIDING FOR THE PURCHASE OF MEDICARE
11	BENEFITS FOR QUALIFIED DISABLED AND WORKING INDIVIDUALS;
12	ALLOWING PAYMENT OF HEALTH INSURANCE EXPENSES FOR
13	MEDICAID-ELIGIBLE PERSONS; REAUTHORIZING AMBULATORY PRENATAL
14	CARE FOR PREGNANT WOMEN DURING A PRESUMPTIVE ELIGIBILITY
15	PERIOD; AMENDING SECTIONS 53-6-101 AND 53-6-131, MCA;
16	AMENDING SECTION 15, CHAPTER 649, LAWS OF 1989; AND
17	PROVIDING AN EFFECTIVE DATE."
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19	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
20	Section 1. Section 53-6-101, MCA, is amended to read:
21	*53-6-101. Montana medicaid program authorization of
22	services. (1) There is a Montana medicaid program
23	established for the purpose of providing necessary medical
24	services to eligible persons who have need for medical
25	assistance. The Montana medicaid program is a joint

federal-state program administered under this chapter and in 1 accordance with Title XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.), as may be amended. The department of social and rehabilitation services shall administer the Montana medicaid program. (2) Medical assistance provided by the Montana medicaid program includes the following services: (a) inpatient hospital services; (b) outpatient hospital services; 10 (c) other laboratory and x-ray services; 11 (d) skilled nursing services in long-term 12 facilities; 13 (e) physicians' services; 14 (f) nurse specialist services; 15 (g) early and periodic screening, diagnosis, and treatment services for persons under 21 years of age; 16 (h) services provided by physician assistants-certified 17 18 within the scope of their practice and that are otherwise 19 directly reimbursed as allowed under department rule to an 20 existing provider; 21 (i) health services provided under a physician's orders 22 by a public health department; and 23 (j)--hospice-care-as-defined-in-42-8-S-6--1396d(o) 24 (j) federally qualified health center services, as

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defined in 42 U.S.C. 1396d(1)(2).

- (3) Medical assistance provided by the Montana medicaid program may, as provided by department rule, also include the following services:
- 4 (a) medical care or any other type of remedial care
 5 recognized under state law, furnished by licensed
 6 practitioners within the scope of their practice as defined
 7 by state law;
- 8 (b) home health care services;
- 9 (c) private-duty nursing services;
- 10 (d) dental services;

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- 11 (e) physical therapy services;
- 12 (f) mental health center services administered and 13 funded under a state mental health program authorized under 14 Title 53, chapter 21, part 2;
- 15 (q) clinical social worker services;
- 16 (h) prescribed drugs, dentures, and prosthetic devices;
- 17 (i) prescribed eyeqlasses;
- 18 (j) other diagnostic, screening, preventive,
 19 rehabilitative, chiropractic, and osteopathic services;
- (k) inpatient psychiatric hospital services for persons
 under 21 years of age;
- 22 (1) services of professional counselors licensed under
 23 Title 37, chapter 23, if funds are specifically appropriated
 24 for the inclusion of these services in the Montana medicaid
 25 program;

- 1 (m) ambulatory prenatal care for pregnant women during 2 a presumptive eligibility period, as provided in 42 U.S.C. 3 1396a(a)(47) and 42 U.S.C. 1396r-1:
- 4 (n) hospice care, as defined in 42 U.S.C. 1396d(o); and
 5 (n)(o) any additional medical service or aid allowable
 6 under or provided by the federal Social Security Act.
- 7 (4) The department may implement, as provided for in 8 Title XIX of the federal Social Security Act (42 U.S.C. 9 1396, et seq.), as may be amended, a program under medicaid 10 for payment of medicare premiums, deductibles, and 11 coinsurance for persons not otherwise eligible for medicaid.
- 12 (5) The department may set rates for medical and other
 13 services provided to recipients of medicaid and may enter
 14 into contracts for delivery of services to individual
 15 recipients or groups of recipients.
- 16 (6) The services provided under this part may be only
 17 those that are medically necessary and that are the most
 18 efficient and cost effective.
- 19 (7) The amount, scope, and duration of services
 20 provided under this part must be determined by the
 21 department in accordance with Title XIX of the federal
 22 Social Security Act (42 U.S.C. 1396, et seq.), as may be
 23 amended.
- (8) Services, procedures, and items of an experimentalor cosmetic nature may not be provided.

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school attendance.

(9) If available funds are not sufficient to provide medical assistance for all eligible persons, the department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical services made available under the Montana medicaid program.

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- 6 (10) Community-based medicald services, as provided for
 7 in part 4 of this chapter, must be provided in accordance
 8 with the provisions of this chapter and the rules adopted
 9 thereunder. (Subsection---(2)(j)---terminates----dune----307
 10 ±99±--sec--47-Ch---6337-b---±9897-Subsection--(3)(m)-terminates
 11 dune-307-199±--sec--157-Ch---6497-b---19897.)"
- Section 2. Section 53-6-131, MCA, is amended to read:
- *53-6-131. Bligibility requirements. (1) Medical assistance under the Montana medicaid program may be granted to a person who is determined by the department of social and rehabilitation services to be eligible as follows:
- 17 (a) The person receives or is considered to be
 18 receiving supplemental security income benefits under Title
 19 XVI of the federal Social Security Act (42 U.S.C. 1381, et
 20 seq.) or aid to families with dependent children under Title
 21 IV of the federal Social Security Act (42 U.S.C. 601, et
 22 seq.).
- 23 (b) The person would be eligible for assistance under a 24 program described in subsection (1)(a) if he were to apply 25 for such assistance.

- (c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, he would be receiving assistance under one of the programs in subsection (1)(a).
- 5 (d) The person is under 19 years of age and meets the conditions of eligibility in the state plan for aid to families with dependent children, other than with respect to
- 9 (e) The person is under 21 years of age and in foster
 10 care under the supervision of the state or was in foster
 11 care under the supervision of the state and has been adopted
 12 as a hard-to-place child.
 - (f) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(e) and:
- 15 (i) the person's income does not exceed the medically
 16 needy income level specified for federally aided categories
 17 of assistance and his resources are within the resource
 18 standards of the federal supplemental security income
 19 program; or
- 20 (ii) the person, while having income greater than the 21 medically needy income level specified for federally aided 22 categories of assistance, has an adjusted income level,

after incurring medical expenses, that does not exceed the

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- 24 medically needy income level specified for federally aided
- 25 categories of assistance and his resources are within the

- resource standards of the federal supplemental security
 income program.
 - (g) The person is under 1 year of age and:

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- (i) has income that does not exceed income standards as

 may be required by the federal Social Security Act; and
- 6 (ii) has resources that do not exceed standards the
 7 department determines reasonable for purposes of the
 8 program.
- 9 (2) A person who is pregnant is eligible for 10 pregnancy-related medical assistance under the Montana 11 medicaid program if she:
 - (a) has income that does not exceed income standards as may be required by the federal Social Security Act; and
- (b) has resources that do not exceed standards the department determines reasonable for purposes of the program.
- 17 (3) The Montana medicaid program shall pay for the premiums necessary for participation in the medicare program 18 19 and may, within the discretion of the department, pay all or 20 a portion of the medicare deductibles and coinsurance for a 21 medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of the 22 23 federal Omnibus Budget Reconciliation Act of 1989, Public 24 Law 101-239, who:
- 25 (a) has income that does not exceed income standards as

- may be required by the federal Social Security Act; and
- 2 (b) has resources that do not exceed standards the 3 department determines reasonable for purposes of the
- 4 program.
- 5 (4) The department may pay a medicaid-eligible person's
- 6 expenses for premiums, coinsurance, and similar costs for
- 7 health insurance or other available health coverage, as
 - provided in 42 U.S.C. 1396b(a)(1).
- 9 (4)(5) The department, under the Montana medicaid
- 10 program, may provide, if a waiver is not available from the
- 11 federal government, medicaid and other assistance mandated
- 12 by Title XIX of the federal Social Security Act (42 U.S.C.
- 13 1396, et seq.), as may be amended, and not specifically
- 14 listed in this part to categories of persons that may be
- 15 designated by the act for receipt of assistance.
- 16 (5)(6) Notwithstanding any other provision of this
- 17 chapter, medical assistance must be provided to pregnant
- 18 women and to infants whose family income does not exceed the
- 19 federal poverty threshold, as provided in 42 U.S.C.
- 20 1396a(a)(10)(A)(ii)(IX). (Subsection (5)(6) terminates June
- 21 30, 1991--sec. 15, Ch. 649, L. 1989.)"
- 22 Section 3. Section 15, Chapter 649, Laws of 1989, is
- 23 amended to read:
- 24 "Section 15. Program termination. The -- provisions -- of
- 25 fthis--act [Sections 1 through 9 and 11 through 14]

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- 1 terminate June 30, 1991."
- NEW SECTION. Section 4. Effective date. [This act] is
- 3 effective July 1, 1991.