

HOUSE BILL NO. 545

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

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.

1 House BILL NO. 545
 2 INTRODUCED BY Sen. Nelson
 3 BY REQUEST OF THE DEPARTMENT OF SOCIAL
 4 AND REHABILITATION SERVICES

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."

18
 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

1 federal-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 (e) physicians' services;
- 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
 25 defined in 42 U.S.C. 1396d(1)(2).



-2-
 INTRODUCED BILL
 HB 545

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;

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 (g) clinical social worker services;

16 (h) prescribed drugs, dentures, and prosthetic devices;

17 (i) prescribed eyeglasses;

18 (j) other diagnostic, screening, preventive,
19 rehabilitative, chiropractic, and osteopathic services;

20 (k) inpatient psychiatric hospital services for persons
21 under 21 years of age;

22 (l) 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.

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

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.

6 (10) Community-based medicaid 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---June---30,~~
10 ~~1991--sec.-47-Ch.-633,-E.-1989;-Subsection-(3){m}-terminates~~
11 ~~June-30-1991--sec.-15,-Ch.-649,-E.-1989-}~~"

12 **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:

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.

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
25 categories of assistance and his resources are within the

1 resource standards of the federal supplemental security
2 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

14 (b) has resources that do not exceed standards the
15 department determines reasonable for purposes of the
16 program.

17 (3) The Montana medicaid 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
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]

LC 0991/01

1 terminate June 30, 1991."

2 NEW SECTION. **Section 4.** Effective date. [This act] is

3 effective July 1, 1991.

-End-

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
<u>Expenditures:</u>						
Benefits and Claims	68,500	370,260	301,760	68,500	414,149	345,649
<u>Funding:</u>						
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


 _____ 2-7-91
 ROD SUNDSTED, BUDGET DIRECTOR DATE
 Office of Budget and Program Planning


 _____ 2-8-91
 THOMAS E. NELSON, PRIMARY SPONSOR DATE

Fiscal Note for HB0545, as introduced

HB 545

APPROVED BY COMM. ON HUMAN SERVICES AND AGING

1 HOUSE BILL NO. 545
2 INTRODUCED BY: [Signature]
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."
18

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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

1 federal-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 (e) physicians' services;
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
25 defined in 42 U.S.C. 1396d(1)(2).

SECOND READING

HB 545



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;

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 (g) clinical social worker services;

16 (h) prescribed drugs, dentures, and prosthetic devices;

17 (i) prescribed eyeglasses;

18 (j) other diagnostic, screening, preventive,
19 rehabilitative, chiropractic, and osteopathic services;

20 (k) inpatient psychiatric hospital services for persons
21 under 21 years of age;

22 (l) 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.

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

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.

6 (10) Community-based medicaid 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---June---30,~~
10 ~~1991--sec--47--Ch--6337--B--1989;--Subsection--(3){m}--terminates~~
11 ~~June--307--1991--sec--157--Ch--6497--B--1989--}~~"

12 **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:

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.

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
25 categories of assistance and his resources are within the

1 resource standards of the federal supplemental security
2 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

14 (b) has resources that do not exceed standards the
15 department determines reasonable for purposes of the
16 program.

17 (3) The Montana medicaid 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
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]

LC 0991/01

1 terminate June 30, 1991."

2 NEW SECTION. **Section 4.** Effective date. [This act] is

3 effective July 1, 1991.

-End-

1 House BILL NO. 545
 2 INTRODUCED BY [Signature]
 3 BY REQUEST OF THE DEPARTMENT OF SOCIAL
 4 AND REHABILITATION SERVICES
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1 federal-state program administered under this chapter and in
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 4 of social and rehabilitation services shall administer the
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 7 program includes the following services:

- 8 (a) inpatient hospital services;
- 9 (b) outpatient hospital services;
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12 facilities;
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- 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;
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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
25 defined in 42 U.S.C. 1396d(1)(2).

THIRD READING

HB 545



1 (3) Medical assistance provided by the Montana medicaid
2 program may, as provided by department rule, also include
3 the following services:

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6 practitioners within the scope of their practice as defined
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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 service
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.

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.

6 (10) Community-based medicaid 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---June---30,~~
10 ~~1991---sec---47-Ch---633,-B-1989,-Subsection-(3)(m)-terminates~~
11 ~~June-30,-1991---sec---157-Ch---649,-B-1989.}~~"

12 **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:

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.

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
25 categories of assistance and his resources are within the

1 resource standards of the federal supplemental security
2 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

14 (b) has resources that do not exceed standards the
15 department determines reasonable for purposes of the
16 program.

17 (3) The Montana medicaid 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
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]

LC 0991/01

1 terminate June 30, 1991."

2 NEW SECTION. **Section 4.** Effective date. [This act] is

3 effective July 1, 1991.

-End-

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."

18

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

1 federal-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 (e) physicians' services;
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(e)~~
24 (j) federally qualified health center services, as
25 defined in 42 U.S.C. 1396d(1)(2).

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;

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 (g) clinical social worker services;

16 (h) prescribed drugs, dentures, and prosthetic devices;

17 (i) prescribed eyeglasses;

18 (j) other diagnostic, screening, preventive,
 19 rehabilitative, chiropractic, and osteopathic services;

20 (k) inpatient psychiatric hospital services for persons
 21 under 21 years of age;

22 (l) 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 (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.

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

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.

6 (10) Community-based medicaid 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---June---307~~
10 ~~1991--sec--47--Ch--6337--E7--19897--Subsection--{3}{m}--terminates~~
11 ~~June-307-1991--sec--157--Ch--6497--E7--19897}~~"

12 **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:

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.

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
25 categories of assistance and his resources are within the

1 resource standards of the federal supplemental security
2 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

14 (b) has resources that do not exceed standards the
15 department determines reasonable for purposes of the
16 program.

17 (3) The Montana medicaid 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
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]

HB 0545/02

1 terminate June 30, 1991."

2 NEW SECTION. **Section 4.** Effective date. [This act] is

3 effective July 1, 1991.

-End-