HOUSE BILL 66

Introduced by Schye, et al.

1/04	Introduced
1/05	Referred to Human Services & Aging
1/05	Fiscal Note Requested
1/11	Fiscal Note Received
1/14	Fiscal Note Printed
1/25	Sponsor Fiscal Note Requested
1/30	Sponsor Fiscal Note Received
1/30	Sponsor Fiscal Note Printed
2/01	Hearing
2/10	Hearing
2/11	Committee ReportBill Passed as Amended
2/14	2nd Reading Passed
2/14	Taken from Engrossing
2/14	Rereferred to Appropriations
3/01	Hearing
3/16	Tabled in Committee

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allowed under department rule to an existing provider.

2 (2) It may also include, although not necessarily
3 limited to, the following:

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 and other related services;

12 (f) clinic services;

13 (q) services provided by social workers licensed under

14 Title 37, chapter 22;

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

17 (i) eyeglasses prescribed by a physician skilled in
18 diseases of the eye or by an optometrist, whichever the
19 individual may select;

20 (j) other diagnostic, screening, preventive,
21 rehabilitative, chiropractic, and osteopathic services;

(k) any additional medical service or aid allowable
under or provided by the federal Social Security Act."

24 Section 2. Extension of authority. Any existing 25 authority to make rules on the subject of the provisions of

> -2- INTRODUCED BILL HB 66

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-6-101, MCA, is amended to read: "53-6-101. Definition of medical assistance. (1) The definition of medical assistance shall include:

HANSE BILL NO. 66

A BILL FOR AN ACT ENTITLED: "AN ACT TO INCLUDE CASE

MANAGEMENT SERVICES FOR THE CHRONICALLY MENTALLY ILL AS A

MANDATORY SERVICE UNDER THE MEDICAID PROGRAM; AMENDING

SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE."

13 (a) inpatient hospital services;

14 (b) outpatient hospital services;

15 (c) other laboratory and x-ray services;

INTRODUCED BY Silver and Contract

16 (d) skilled nursing home services;

17 (e) physicians' services, whether furnished in the
18 office, the patient's home, a hospital, a skilled nursing
19 home, or elsewhere; and

20 (f) case management services to individuals with 21 <u>chronic mental illness, as provided in 42 U.S.C. 1396n(g);</u> 22 and

23 (f)(g) services provided by nurse specialists, as
24 specifically listed in 37-8-202(5), within the scope of
25 their practice and that are otherwise directly reimbursed as



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- 1 [this act] is extended to the provisions of [this act].
- 2 Section 3. Effective date. [This act] is effective
- 3 July 1, 1989.

-End-

STATE OF MONTANA - FISCAL NOTE

Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for HB066, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION:

An act to include case management services for the chronically mentally ill as a mandatory service under the medicaid program; amending section 53-6-101, MCA: and providing an effective date.

ASSUMPTIONS:

- 1. There are 2,175 chronically mentally ill individuals who would benefit from case management services as of July 1, 1988.
- 2. It is assumed that 75% of these individuals are medicaid eligible.
- 3. A case manager for community mental health centers can deal with 25 cases.
- 4. The federal medicaid matching rate is 71.17% in FY90 and 71.28% in FY91.
- 5. The salary for a case manager is \$28,000 per year.
- 6. Case management services will not affect the costs or populations of the state institutions.
- 7. An additional 65 FTE case managers will be necessary each year to serve the medicaid eligible population.
- 8. Although it is expected that there will be long-term savings through prevention of some short-term institutional stays for persons receiving case management services, it is not possible to quantify such savings without program experience.
- 9. The cost estimates would provide statewide case management services although the program could be limited to certain areas within the state.

FISCAL IMPACT: Expenditures:		FY90			FY91			
		Current	Law	Proposed Law	Difference	Current Law	Proposed Law	Difference
Institutions Personal Services		\$ 0	\$1,820,000	\$1,820,000	\$ 0	\$1,820,000	\$1,820,000	
Funding: General Fund Federal Funds TOT	TAL	\$ \$	0 0 0	\$ 524,706 <u>1,295,294</u> \$1,820,000	\$ 524,706 <u>1,295,294</u> \$1,820,000	\$0 	\$ 522,704 <u>1,297,296</u> \$1,820,000	\$ 522,704 <u>1,297,296</u> \$1,820,000

RAY/SHACKLEFORD, BUDGET DIRECTOR DATE OFFICE OF BUDGET AND PROGRAM PLANNING

TED E. SCHYE, PRIMARY SPONSOR

DATE

Fiscal Note for HB066, as introduced

HB 6

SPUNSOR'S FISCAL NOTE

Form BD-15S There is hereby submitted a Sponsor's Fiscal Note for: _ HB066

. Version: as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act to include case management services for the chronically mentally ill as a mandatory service under the medicaid program; amending section 53-6-101, MCA; and providing an effective date.

ASSUMPTIONS:

- The federal law allows these case management services to be "targeted" by geographic areas, diagnosis, etc.
- 2. Two urban areas would be included in the medicaid state plan for case management services for persons with a chronic mental illness.
- 3. The case management services reimbursement under medicaid would begin on the effective date of the bill, October 1. 1989.
- 4. It is estimated that there are 375 medicaid eligible chronically mentally ill persons who would require case management in the two areas.
- 5. A case manager for community mental health centers can deal with 25 cases.
- 6. The federal medicaid matching rate is 71.17% in FY91.
- The cost salary and expenses and administration of each case manager is \$28,000 per year.
- 8. Case management services in the two areas may lower the institutional commitments from the two areas.
- 9. Fifteen case managers will be required to serve the two geographic areas.
- 10. It is not possible to quantify institutional cost savings without program experience.

FISCAL IMPACT:

Expenditures:	FY90 Current Law Proposed Law Difference	FY91 Current Law Proposed Law Difference
Funding: General Fund Federal Funds TOTAL	\$ 0 \$ 94,500 \$ 94,500 0 220,500 220,500 \$ 0 \$ 315,000 \$ 315,000	\$ 0 \$ 126,000 \$ 126,000 0 294,000 294,000 294,000 \$ 0 \$ 420,000 \$ 420,000

PRIMARY SPONSOR DATE Version: Introduced Version HB066 Fiscal Note for:

HB

51st Legislature

HB 0066/02

HB 0066/02

APPROVED BY COMM. ON HUMAN SERVICES AND AGING

HOUSE BILL NO. 66 1 2 INTRODUCED BY SCHYE, HARDING 3 A BILL FOR AN ACT ENTITLED: 4 "AN ACT TO INCLUDE CASE MANAGEMENT SERVICES FOR THE CHRONICALLY MENTALLY ILL AS A 5 MANDATORY SERVICE UNDER THE MEDICAID PROGRAM; AMENDING 6 7 SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE." 8 9 10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA: Section 1. Section 53-6-101, MCA, is amended to read: 11 12 "53-6-101. Definition of medical assistance. (1) The 13 definition of medical assistance shall include: 14 (a) inpatient hospital services; 15 (b) outpatient hospital services; 16 (c) other laboratory and x-ray services; 17 (d) skilled nursing home services; (e) physicians' services, whether furnished in the 18 19 office, the patient's home, a hospital, a skilled nursing 20 home, or elsewhere; and (f) case management services to individuals with 21 22 chronic mental illness, as provided in 42 U.S.C. 1396n(g); 23 and (g) services provided by nurse specialists, as 24 25 specifically listed in 37-8-202(5), within the scope of

Montana Legislative Council

their practice and that are otherwise directly reimbursed as 1 2 allowed under department rule to an existing provider. 3 (2) It may also include, although not necessarily Δ limited to, the following: 5 (a) medical care or any other type of remedial care 6 recognized under state law, furnished by licensed 7 practitioners within the scope of their practice as defined 8 by state law; 9 home health care services; (b) 10 (C) private-duty nursing services; 11 dental services; (d) 12 physical therapy and other related services; (e) 13 (f) clinic services; 14 (g) services provided by social workers licensed under 15 Title 37, chapter 22; 16 (h) prescribed drugs, dentures, and prosthetic 17 devices: 18 (i) eyeglasses prescribed by a physician skilled in 19 diseases of the eye or by an optometrist, whichever the 20 individual may select; 21 diagnostic, (j) other screening, preventive, 22 rehabilitative, chiropractic, and osteopathic services; 23 (k) any additional medical service or aid allowable 24 under or provided by the federal Social Security Act." NEW SECTION. Section 2. Extension of authority. Any 25

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HB 66 SECOND READING

HB 0066/02

- 1 existing authority to make rules on the subject of the
- 2 provisions of [this act] is extended to the provisions of
- 3 [this act].
- 4 <u>NEW SECTION.</u> Section 3. Effective date. [This act] is
- 5 effective July 1, 1989.
- 6 NEW SECTION. SECTION 4. TERMINATION DATE. [THIS ACT]
- 7 TERMINATES JULY 1, 1991.

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