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HOUSE BILL NO. 822

INTRODUCED BY B. KEENAN, L. JONES, J. ESP

A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO THE PROVISION OF SCHOOL-BASED MENTAL HEALTH SERVICES; REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO SUPPORT AND FACILITATE SCHOOL DISTRICTS IN SEEKING REIMBURSEMENT FOR SCHOOL-BASED BEHAVIORAL HEALTH SERVICES UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM; PROVIDING A FRAMEWORK FOR SCHOOL-BASED AND SCHOOL-LINKED MENTAL HEALTH SERVICES AND SUPPORTS; ALIGNING SCHOOL-BASED BEHAVIORAL HEALTH SERVICES WITH THE MULTITIERED SYSTEM OF SUPPORTS; MODIFYING THE COLLABORATIVE EFFORT BETWEEN THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES AND THE OFFICE OF PUBLIC INSTRUCTION IN SUPPORTING SCHOOL DISTRICTS AND ELIMINATING THE SCHOOL-BASED SERVICES STATE SPECIAL REVENUE ACCOUNT; PROVIDING RULEMAKING AUTHORITY; ESTABLISHING REPORTING REQUIREMENTS; PROVIDING AN APPROPRIATION; AMENDING SECTION 53-6-101, MCA; REPEALING SECTION 20-9-240, MCA; AND PROVIDING AN EFFECTIVE DATE."

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

**NEW SECTION. Section 1. Purpose -- legislative intent.** (1) The purposes and desired outcomes

of [sections 1 and 2] are to:

(a) increase the capacity of schools to provide prevention, early intervention, and support to students with mental health and substance abuse needs;

(b) provide school-based and community provider school-linked services to support Montana's children in their local communities;

(c) improve the availability of school-based mental health services to maintain home and community placements;

(d) reduce the reliance on facility-based, out-of-community and out-of-state placements for



1 Montana children; and

2 (e) provide for warm hand-offs for children returning from placements to their home communities.

3 (2) The legislature intends that the department:

4 (a) administer services under [sections 1 and 2] in a manner that minimizes to the greatest extent  
5 possible the administrative burden on school districts; and

6 (b) expand the medicaid school-based fee schedule to include behavioral assessment or  
7 screening, brief intervention, coaching, and treatment interventions.

8

9 **NEW SECTION. Section 2. School-based services -- multitiered system of supports.** (1) The  
10 department shall adopt the multitiered system of supports framework to support a continuum of behavioral  
11 health services and supports in schools.

12 (2) The department, with the support and collaboration of the office of public instruction and  
13 subject to appropriation, shall inventory and catalog existing school-based behavioral health services or  
14 programs utilized by school districts. This inventory must include for each service or program:

15 (a) the service or program name;

16 (b) the funding source or sources;

17 (c) the targeted population;

18 (d) the multitiered system of supports tier;

19 (e) a list of school districts offering the service or program; and

20 (f) whether the service or program is ~~evidence-based~~ being evaluated for effectiveness, the  
21 process of the evaluation, and the results.

22 (3) The department shall:

23 (a) identify a core set of recommended ~~evidence-based~~ interventions for each multitiered system  
24 of supports tier;

25 (b) develop and implement a plan for providing training and technical assistance to school districts  
26 and school-linked community providers on the core set of recommended ~~evidence-based~~ interventions,  
27 leveraging existing resources and programs to support a multitiered system of supports. Training and technical  
28 assistance must include measuring and reporting on meeting the purposes and desired outcomes under

1 [section 1] or as prescribed by the department, including but not limited to functional assessment and  
2 maintenance in home and community placements.

3 (c) ~~in order to ensure behavioral-prioritize~~ health services in small and rural school districts and ~~to~~  
4 support schools without existing programs or schools that would benefit from additional capacity or expertise in  
5 behavioral health interventions, ~~develop by developing~~ innovative programs, subject to appropriation, including  
6 but not limited to:

- 7 (i) cooperative programs; and
- 8 (ii) telehealth services as described in 53-6-122.

9 (4) The department shall report to the health and human services interim budget committee on:

- 10 (a) progress in meeting the desired outcomes and purposes under [section 1(1)];
- 11 (b) additional outcome measures similar to those described in 53-21-508 as an effort to determine  
12 the effect of a specifically targeted school-based service on the likelihood children will remain at home, in  
13 school, and out of trouble. Specifically targeted school-based services will be identified by the department,  
14 taking the committee's recommendations into account. The department may adopt rules as necessary to  
15 implement additional outcomes measurements in this section.

16 (c) recommendations for investments to address the mental health and substance use needs of  
17 children, including the identification of service gaps within the multitiered system of support.

18 (5) The department shall adopt rules as necessary to implement the multitiered system of supports  
19 framework.

20 (6) This section may not be construed to abrogate a school district's responsibilities under section  
21 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, or the Individuals With Disabilities Education Act, 20  
22 U.S.C. 1400, et seq., including the obligation to identify, locate, and evaluate children who are in need of  
23 special education and related services.

24 ~~(6)(7)~~ For the purposes of this section, "multitiered system of supports" means a framework  
25 composed of:

- 26 (a) tier I, which provides all students with mental health promotion and literacy;
- 27 (b) tier II, which provides at-risk students with early intervention services and supports to be  
28 successful; and

1 (c) tier III, which provides students with mental health or substance use challenges with intensive  
2 treatment services and supports to be successful.

3

4 **Section 3.** Section 53-6-101, MCA, is amended to read:

5 **"53-6-101. Montana medicaid program -- authorization of services.** (1) There is a Montana  
6 medicaid program established for the purpose of providing necessary medical services to eligible persons who  
7 have need for medical assistance. The Montana medicaid program is a joint federal-state program administered  
8 under this chapter and in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq. The  
9 department shall administer the Montana medicaid program.

10 (2) The department and the legislature shall consider the following funding principles when  
11 considering changes in medicaid policy that either increase or reduce services:

12 (a) protecting those persons who are most vulnerable and most in need, as defined by a  
13 combination of economic, social, and medical circumstances;

14 (b) giving preference to the elimination or restoration of an entire medicaid program or service,  
15 rather than sacrifice or augment the quality of care for several programs or services through dilution of funding;  
16 and

17 (c) giving priority to services that employ the science of prevention to reduce disability and illness,  
18 services that treat life-threatening conditions, and services that support independent or assisted living, including  
19 pain management, to reduce the need for acute inpatient or residential care.

20 (3) Medical assistance provided by the Montana medicaid program includes the following services:

21 (a) inpatient hospital services;

22 (b) outpatient hospital services;

23 (c) other laboratory and x-ray services, including minimum mammography examination as defined  
24 in 33-22-132;

25 (d) skilled nursing services in long-term care facilities;

26 (e) physicians' services;

27 (f) nurse specialist services;

28 (g) early and periodic screening, diagnosis, and treatment services for persons under 21 years of