

1 HOUSE BILL NO. 910
2 INTRODUCED BY E. STAFMAN

3
4 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING A MEDICAID MEDICAL RESPITE CARE
5 PROGRAM FOR HOMELESS INDIVIDUALS; ESTABLISHING REIMBURSEMENT REQUIREMENTS;
6 ESTABLISHING REPORTING REQUIREMENTS; PROVIDING A DEFINITION; PROVIDING RULEMAKING
7 AUTHORITY; PROVIDING APPROPRIATIONS; AND PROVIDING EFFECTIVE DATES AND A CONTINGENT
8 EFFECTIVE DATE."

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

11
12 NEW SECTION. **Section 1. Medical respite care for homeless individuals -- rulemaking**

13 **authority -- report.** (1) There is a medical respite care program for homeless individuals who are eligible for
14 medical assistance pursuant to Title 53, chapter 6.

15 (2) The department shall reimburse eligible providers as provided in subsection (4) for medical
16 respite care that is offered in a residential facility to individuals who are experiencing homelessness and who
17 are too ill or frail to recover from a physical illness or injury but are not ill enough to require hospital care.

18 (3) Medical respite care consists of short-term housing with supportive medical services for acute
19 and postacute care. To the extent allowable, medical respite care services include but are not limited to:

20 (a) development and monitoring of a treatment plan and administration of high-quality postacute
21 clinical services that are needed to help the patient meet the goals outlined in the treatment plan;

22 (b) medication management and medication reconciliation, including access to medications,
23 assistance with medication adherence, and medication education;

24 (c) immunizations;

25 (d) screening for communicable diseases;

26 (e) discharge planning and a timeline for transitions into other settings;

27 (f) care coordination and referral management to ensure a patient is following up with medical
28 appointments as necessary;

- 1 (g) coordination with other levels of services;
- 2 (h) assistance with applying for and accessing social services programs;
- 3 (i) transportation related to hospital visits and medical appointments; and
- 4 (j) meals.

5 (4) Medical respite care providers are eligible for an initial payment equal to 90% of the
 6 reimbursement rate established for the service and must receive the remainder of the reimbursement rate if
 7 they meet performance measures as defined by the department by rule.

8 ~~(4)(5)~~ The department ~~may shall~~ adopt rules to carry out the provisions of this section, including rules
 9 establishing:

10 (a) the reimbursement rate for the service; and

11 (b) performance measures that providers must meet to obtain full reimbursement for medical
 12 respite care.

13 ~~(5)(6)~~ The department shall report to the legislature annually in accordance with 5-11-210 on:

- 14 (a) the number of homeless individuals served by each medical respite care facility;
- 15 (b) the cost of the program; ~~and~~
- 16 (c) the reduction of health care costs due to the program's implementation; and
- 17 (d) the number of providers who received partial reimbursement and full reimbursement as

18 provided in subsection (4).

19 ~~(6)(7)~~ For the purposes of this section, "homeless" has the meaning provided in 42 U.S.C. 11302.

21 **NEW SECTION. Section 2. Appropriation.** The following amounts are appropriated to the
 22 department of public health and human services:

	Fiscal Year 2024	Fiscal Year 2025
24 General Fund	\$177,100	\$301,612
25 Federal Special Revenue	\$716,413	\$1,573,113

27 **NEW SECTION. Section 3. Direction to department of public health and human services.** The
 28 legislature directs the department of public health and human services to apply no later than January 1, 2024,

1 to the centers for medicare and medicaid services for a waiver or state plan amendment to allow for
2 implementation of the medical respite care program provided for in [section 1].

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4 **NEW SECTION. Section 4. Codification instruction.** [Section 1] is intended to be codified as an
5 integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [section 1].

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7 **NEW SECTION. Section 5. Effective dates -- contingent effective date.** (1) Except as provided in
8 subsections (2) and (3), [this act] is effective on passage and approval.

9 (2) [Section 2] is effective July 1, 2023.

10 (3) [Section 1] is effective on the date that the director of the department of public health and
11 human services certifies to the code commissioner that the centers for medicare and medicaid services
12 approved the department's application for a waiver or state plan amendment to implement the program. The
13 director shall submit certification within 10 days of the occurrence of the contingency.

14 - END -