

1 HOUSE BILL NO. 934

2 INTRODUCED BY M. CAFERRO

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4 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE SENIOR AND LONG-TERM CARE HOME AND
5 COMMUNITY-BASED SERVICES ACCESS AND STABILIZATION ACT; REQUIRING THE DEPARTMENT OF
6 PUBLIC HEALTH AND HUMAN SERVICES TO PURSUE THE COMMUNITY FIRST CHOICE OPTION
7 PROGRAM FOR ASSISTED LIVING SERVICES AND TO USE THE SAVINGS TO SERVE INDIVIDUALS ON
8 THE BIG SKY WAIVER PROGRAM WAITING LIST; ESTABLISHING PROCEDURES FOR CALCULATING
9 ROOM AND BOARD COSTS FOR ASSISTED LIVING FACILITY SERVICES; ESTABLISHING REPORTING
10 REQUIREMENTS; PROVIDING AN APPROPRIATION; PROVIDING FOR CONTINGENT VOIDNESS; AND
11 PROVIDING AN EFFECTIVE DATE."

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13 WHEREAS, home and community-based services are intended to serve individuals in their own homes
14 and communities instead of in more institutional settings, such as nursing homes and hospitals; and

15 WHEREAS, the Department of Public Health and Human Services' Senior and Long Term Care
16 Division administers a Medicaid waiver program, commonly known as the Big Sky Waiver program, serving
17 aged and disabled individuals as well as the Medicaid Community First Choice Option program; and

18 WHEREAS, there are currently over 300 aged and disabled individuals waiting for services through the
19 Big Sky Waiver program; and

20 WHEREAS, a funding switch of assisted living services from the Big Sky Waiver program to the
21 Community First Choice Option program would save state general funds, which could be used to serve
22 individuals currently waiting for services and thereby significantly reduce the waiting list; and

23 WHEREAS, access to assisted living facility services is limited in part by Medicaid payment policies
24 related to room and board, which have not been updated since 2009.

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

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28 NEW SECTION. **Section 1. Short title.** [Sections 1 and 2] may be cited as the "Senior and Long-

1 Term Care Home and Community-Based Services Access and Stabilization Act".

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3 **NEW SECTION. Section 2. Calculation of room and board costs for assisted living facility**

4 **services.** (1) The department of public health and human services shall, at a minimum, annually adjust the
5 amount that persons enrolled in the Montana medicaid program shall pay for room and board when receiving
6 assisted living facility services.

7 (2) The room and board payment for a person who is categorically eligible for the program must
8 equal the person's monthly supplemental security income payment, minus a \$200 allowance to provide for
9 personal needs funds.

10 (3) (a) The room and board payment for a person who qualifies for the program pursuant to 53-6-
11 131(1)(e)(ii)(A) must equal the person's countable gross income, minus:

12 (i) the amount of money the person shall spend to qualify for medicaid; and

13 (ii) \$200 to provide for personal needs funds.

14 (b) After an initial adjustment made pursuant to subsection (3)(a), the department shall adjust the
15 room and board payments when the amount a person shall spend to qualify for medicaid has been increased or
16 decreased to maintain personal needs funds of \$200.

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18 **NEW SECTION. Section 3. Direction to department of public health and human services.** (1)

19 The legislature directs the department of public health and human services to apply to the centers for medicare
20 and medicaid services for any necessary waiver and state plan amendment no later than January 1, 2026, to
21 allow for medicaid-covered assisted living services to be removed from the big sky waiver program and to be
22 covered by the community first choice option program.

23 (2) It is the intent of the legislature that the department transfer funds for assisted living services
24 from the big sky waiver program to the community first choice option program as individuals are moved from
25 the big sky waiver program and its waiting list to the community first choice option program. The amount
26 transferred must be the actual cost of serving the individuals receiving assisted living services under the
27 community first choice option program.

28 (3) Savings generated from the transfer of individuals to a lower-cost option must remain in the big

sky waiver program to be used to serve individuals remaining in the big sky waiver program who are waiting for home and community-based services.

NEW SECTION. Section 4. Reporting requirements -- big sky waiver program and community first choice option program. (1) (a) Each quarter of the 2027 biennium, the department of public health and human services shall report the following information for the preceding quarter to the health and human services budget committee provided for in 5-12-501:

(i) the average number of people served each month through the big sky waiver program and the community first choice option program administered by the division overseeing long-term care services;

(ii) the average number of people on the waiting list for the big sky waiver each month;

(iii) the average per-capita expenditures in the big sky waiver program and the community first choice option program; and

(iv) the number of individuals receiving assisted living services each month in the community first choice option program.

(b) The reports must be provided in electronic format and presented to the committee in person.

(2) (a) The department shall review services offered through the big sky waiver program to determine whether there are other services that can be moved from the big sky waiver program to the community first choice option program with the purpose of generating fiscal savings while continuing to serve aged and physically disabled individuals.

(b) The department shall report by June 30, 2026, on the results of its review under subsection (2)(a) to the health and human services budget committee provided in 5-12-501.

NEW SECTION. Section 5. Appropriation. (1) There is appropriated \$56,000 as provided in subsection (2) to the department of public health and human services for the fiscal year ending June 30, 2026, for a contracted staff person to draft and submit any necessary waiver and state plan amendment to implement this act, to update administrative rules, and to review and update department policies.

(2) Of the amount appropriated in subsection (1), 50% is from the state general fund and 50% is from the federal special revenue fund in which medicaid administrative funds are deposited.

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2 NEW SECTION. **Section 6. Transition.** For the fiscal year beginning July 1, 2025, the department
3 shall adjust the room and board payment levels as provided in [section 2] on January 1, 2026.

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5 NEW SECTION. **Section 7. Codification instruction.** [Sections 1 and 2] are intended to be codified
6 as a new part in Title 53, chapter 6, and the provisions of Title 53, chapter 6, apply to [sections 1 and 2].

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8 NEW SECTION. **Section 8. Contingent voidness.** If the centers for medicare and medicaid services
9 denies a state plan amendment to cover assisted living services under the community first choice option
10 program, then [section 3] is void. The department of public health and human services shall notify the code
11 commissioner of the denial and the date on which the denial was received.

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13 NEW SECTION. **Section 9. Effective date.** [This act] is effective July 1, 2025.

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