



GOVERNOR'S OFFICE OF  
BUDGET AND PROGRAM PLANNING

## Fiscal Note 2027 Biennium

Bill#/Title: **SB0072: Provide presumptive eligibility for Medicaid coverage of home and community-based services**

Primary Sponsor: Mike Yakawich Status: As Introduced

Included in the Executive Budget  Needs to be included in HB 2  Significant Local Gov Impact

Significant Long-Term Impacts  Technical Concerns  Dedicated Revenue Form Attached

### FISCAL SUMMARY

	<b>FY 2026 Difference</b>	<b>FY 2027 Difference</b>	<b>FY 2028 Difference</b>	<b>FY 2029 Difference</b>
<b>Expenditures</b>				
General Fund (01)	\$1,354,357	\$805,470	\$848,547	\$893,128
Federal Special Revenue (03)	\$2,231,677	\$1,299,576	\$1,375,906	\$1,454,238
<b>Revenues</b>				
General Fund (01)	\$0	\$0	\$0	\$0
Federal Special Revenue (03)	\$2,231,677	\$1,299,576	\$1,375,906	\$1,454,238
<b>Net Impact</b>	<u>(\$1,354,357)</u>	<u>(\$805,470)</u>	<u>(\$848,547)</u>	<u>(\$893,128)</u>
<b>General Fund Balance</b>				

### Description of fiscal impact

SB 72 provides for presumptive eligibility under the Montana Medicaid program for certain Home and Community Based Services (HCBS) for persons with physical disabilities and persons who are elderly. This would result in increased benefit costs because the Department of Public Health and Human Services (DPHHS/department) would begin paying benefits sooner for individuals determined eligible for presumptive eligibility.

### FISCAL ANALYSIS

#### Assumptions

#### Department of Public Health and Human Services (DPHHS/department)

1. The department assumes that Home and Community-Based Services (HCBS) include all state plan Medicaid services including nursing homes as well as services under the Big Sky Waiver (BSW).
2. The department assumes that 2.06% of the total Medicaid enrollments for these services will be found presumptive eligibility each year (174 of 8,439). This is based on the percentage of Medicaid enrollment in 2024 that had a presumptive eligibility span in 2024. The department assumes caseload growth of 1% each year.
3. In FY 2026, the department assumes the 130 individuals currently on the open referral waiting list will be founding presumptively eligible. The open referral list is used to track individuals who are applying for the Big Sky Waiver who have met level of care criteria, but who have additional eligibility steps to complete

prior to being added to the waiting list, including Medicaid eligibility. As a result, the FY 2026 total members served under this presumptive eligibility is assumed to be 304 (174+130).

4. The department assumes the individual will be on presumptive eligibility for 45 days prior to a full eligibility determination. See technical notes for typical application processing timelines.
5. The department assumes a per member per month (PMPM) cost of \$7,549 in FY 2026. This assumption is based on current calculated PMPM for individuals receiving these services under Medicaid. The department assumes an inflationary factor of 3.7%. This is based on the most recently published Consumer Price Index (CPI) for medical services.

The table below shows the fiscal impact for individuals receiving services during the presumptive eligibility time period.

	FY 2026	FY 2027	FY 2028	FY 2029
Total # of Presumptive Eligible Individuals	304	176	177	179
Caseload Growth		1%	1%	1%
Per Member Per Month Cost	\$ 7,549	\$ 7,828	\$ 8,118	\$ 8,418
Inflation Factor		3.70%	3.70%	3.70%
# Presumptive Eligibility Days	45	45	45	45
Average Presumptive Eligibility Span Cost - 45 days	\$ 11,324	\$ 11,742	\$ 12,177	\$ 12,627
<b>Total Cost</b>	<b>\$ 3,442,344</b>	<b>\$ 2,063,622</b>	<b>\$ 2,161,375</b>	<b>\$ 2,263,760</b>
FMAP	FY 2026	SFY 2027	SFY 2028	SFY 2029
State Share	38.39%	38.53%	38.53%	38.53%
Federal Share	61.61%	61.47%	61.47%	61.47%
FUNDING				
State Share	\$1,321,516	\$795,113	\$832,778	\$872,227
Federal Share	\$2,120,828	\$1,268,508	\$1,328,597	\$1,391,533
<b>Total Cost</b>	<b>\$3,442,344</b>	<b>\$2,063,622</b>	<b>\$2,161,375</b>	<b>\$2,263,760</b>

6. Changes to the MMIS and ancillary systems including data and reporting and system integration to reflect coding for presumptive HCBS services would be \$71,000 (\$125/hour rate for 568 hours)
7. Human & Community Services Division Administrative Costs
  - a. Eligibility Activities – There are approximately 130 cases that are currently referred to home and community-based services but have not completed the application process. These cases are assumed to be processed through presumptive eligibility the first year. The estimated annual increase in presumptive coverage cases is 85 cases per year based on assumption 2 (2.06% \* 4,140 estimated applications).
  - b. The presumptive eligible applicants have a two-step process that takes a total of 1.83 hours per case. The application for presumptive eligibility must be entered into the eligibility system (.33 hours per case), and an application for traditional Medicaid must be determined (1.5 hours per application). All traditional Medicaid cases must be redetermined annually (1.5 hours per case ongoing). Each client service coordinator spends about 70% of their time conducting eligibility determination activities (1,456 hours per year). *See the table after 7 e. for additional detail.*
  - c. FTE – Section 1 (2)(b) requires training for staff who will be completing presumptive eligibility determinations. The department assumes this training is initial and annual thereafter. This includes development of training materials, presumptive application, process and procedures and delivering training. The increase in case load and training would result in a cumulative increase in 0.50 FTE in FY 2026, 0.50 FTE in FY 2027, 0.75 FTE in FY 2028, and 1.00 FTE in FY 2029.
  - d. The change in FTE would result in an indirect costs and one-time only costs of office supplies/furniture increase of \$2,603 in FY 2026, \$1,207 in FY 2027, \$2,493 in FY 2028, and \$3,236 in FY 2029.
  - e. Changes to the integrated eligibility system to support presumptively eligibility group would be a one-time cost of \$30,000 (240 hours at \$125/hour).

<b>Expenditure Assumptions (7.b.)</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
New Presumptive Applications	215	300	385	470
Hours to Process	1.83	1.83	1.83	1.83
Redeterminations		215	300	385
Hours to Process		1.5	1.5	1.5
Total hours needed per year (Total Cases x Hours)	394	873	1,156	1,399
Additional FTE	0.5	0.5	0.75	1

**Secretary of State**

8. This bill requires the Office of the Secretary of State to notify each federally recognized tribal government in Montana. While there may be a minimal fiscal impact, the Office of the Secretary of State will absorb the costs associated with implementing this bill within its existing operating budget.

**Fiscal Analysis Table**

<b>Department of Public Health and Human Services</b>				
	<b>FY 2026 Difference</b>	<b>FY 2027 Difference</b>	<b>FY 2028 Difference</b>	<b>FY 2029 Difference</b>
<b><u>Fiscal Impact</u></b>				
FTE	0.50	0.50	0.75	1.00
<b>TOTAL Fiscal Impact</b>	<b>0.50</b>	<b>0.50</b>	<b>0.75</b>	<b>1.00</b>
<b><u>Expenditures</u></b>				
Personal Services	\$40,087	\$40,217	\$60,585	\$80,370
Operating Expenses	\$103,603	\$1,207	\$2,493	\$3,236
Benefits	\$3,442,344	\$2,063,622	\$2,161,375	\$2,263,760
<b>TOTAL Expenditures</b>	<b>\$3,586,034</b>	<b>\$2,105,046</b>	<b>\$2,224,453</b>	<b>\$2,347,366</b>
<b><u>Funding of Expenditures</u></b>				
General Fund (01)	\$1,354,357	\$805,470	\$848,547	\$893,128
Federal Special Revenue (03)	\$2,231,677	\$1,299,576	\$1,375,906	\$1,454,238
<b>TOTAL Funding of Expenditures</b>	<b>\$3,586,034</b>	<b>\$2,105,046</b>	<b>\$2,224,453</b>	<b>\$2,347,366</b>
<b><u>Revenues</u></b>				
Federal Special Revenue (03)	\$2,231,677	\$1,299,576	\$1,375,906	\$1,454,238
<b>TOTAL Revenues</b>	<b>\$2,231,677</b>	<b>\$1,299,576</b>	<b>\$1,375,906</b>	<b>\$1,454,238</b>
<b><u>Net Impact to Fund Balance (Revenue minus Funding of Expenditures)</u></b>				
General Fund (01)	(\$1,354,357)	(\$805,470)	(\$848,547)	(\$893,128)
Federal Special Revenue (03)	\$0	\$0	\$0	\$0

**Technical Concerns**

1. The Big Sky Waiver is not an entitlement program, and applicants are placed on a waitlist. Applicants are scored with the waitlist criteria tool based on their assessed needs. Applicants with the highest score will receive the next available slot in their care category. Presumptive eligibility may decrease the amount of time it takes an individual to get added to the BSW waitlist, but it may not have an impact on the amount of time it takes someone to get screened into a BSW slot.
2. Presumptive eligibility coverage is addressed in federal regulations under 42 CFR 435.1100 – 1110. The eligible groups covered in the bill (elderly individuals and individuals with physical disabilities) are not referenced in these federal regulations. Additionally, the list of entities under Section 1(2)(a)(ii) of the bill as being authorized to perform presumptive eligibility determinations, appears to exceed what is permitted under the federal regulations. The department believes implementation of the presumptive eligibility process set forth in the bill will require approval from the Centers for Medicare & Medicaid services through a state plan amendment and/or waiver amendment.
3. Section 1 (5) limits coverage to the date a determination is made or the end of the month following the month of the presumptive eligibility, whichever is earlier. Some cases allow for an eligibility determination within 90 days due to specific circumstances. This could require presumptive eligibility services to end prior to an eligibility determination that is made within typical allowable timelines. This will also require the department to prioritize these cases and may extend processing time for non-presumptive traditional Medicaid applications.
4. Traditional Medicaid cases require some individuals to have a monthly cost for Medicaid coverage through a “spend down”. It is unclear in the bill if a client is responsible for the “spend down” during the months for which they were presumed eligible and received services.

  
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 Sponsor's Initials

1-8-25  
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 Budget Director's Initials

1/7/2025  
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