

SENATE BILL NO. 100

INTRODUCED BY B. BEARD

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING THE SENIOR CARE FACILITY ACCESS AND STABILIZATION ACT; ESTABLISHING PROCEDURES FOR CALCULATING ROOM AND BOARD COSTS FOR ASSISTED LIVING FACILITY SERVICES; REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PURSUE THE COMMUNITY FIRST CHOICE OPTION FOR ASSISTED LIVING; ESTABLISHING REPORTING REQUIREMENTS; PROVIDING FOR CONTINGENT VOIDNESS; AND PROVIDING A ~~DELAYED~~ AN EFFECTIVE DATE."

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

NEW SECTION. **Section 1. Short title.** [Sections 1 through 4] may be cited as the "Senior Care Facility Access and Stabilization Act".

NEW SECTION. **Section 2. Calculation of room and board costs for assisted living facility services.** (1) The department shall, at a minimum, annually adjust the amount that persons enrolled in the Montana medicaid program must pay for room and board when receiving assisted living facility services.

(2) The room and board payment for a person who is categorically eligible for the program must equal the person's monthly supplemental security income payment, minus a \$100 allowance to provide for personal needs funds.

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

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

(ii) \$100 to provide for personal needs funds.

(b) After an initial adjustment made pursuant to subsection (3)(a), the department shall adjust the room and board payments when the amount a person must spend to qualify for medicaid has been increased or decreased to maintain personal needs funds of \$100.

(4) For the fiscal year beginning July 1, ~~2027~~ 2025, the department shall adjust the room and board payment levels as provided in this section ~~on July 1, 2027, and on January 1, 2028~~ 2026.

NEW SECTION. Section 3. Direction to department of public health and human services. (1) The legislature directs the department of public health and human services to apply TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES for a ANY NECESSARY WAIVER AND state plan amendment no later than January 1, ~~2028~~ 2026, ~~to make assisted living facility services currently covered under the big sky waiver a service covered under the community first choice option available under the medicaid program~~ TO ALLOW FOR MEDICAID-COVERED ASSISTED LIVING SERVICES TO BE REMOVED FROM THE BIG SKY WAIVER PROGRAM AND TO BE COVERED BY THE COMMUNITY FIRST CHOICE OPTION PROGRAM.

(2) IT IS THE INTENT OF THE LEGISLATURE THAT THE DEPARTMENT TRANSFER FUNDING FOR ASSISTED LIVING SERVICES FROM THE BIG SKY WAIVER PROGRAM TO THE COMMUNITY FIRST CHOICE OPTION PROGRAM AS INDIVIDUALS ARE MOVED FROM THE BIG SKY WAIVER PROGRAM, AND ITS WAITLIST, TO THE COMMUNITY FIRST CHOICE OPTION PROGRAM. THE AMOUNT TRANSFERRED WILL BE THE ACTUAL COST OF SERVING THE INDIVIDUALS RECEIVING ASSISTED LIVING SERVICES UNDER THE COMMUNITY FIRST CHOICE OPTION PROGRAM.

(3) SAVINGS GENERATED FROM THE TRANSFER OF INDIVIDUALS TO A LOWER-COST OPTION WILL REMAIN IN THE BIG SKY WAIVER PROGRAM TO BE USED TO SERVE INDIVIDUALS WAITING FOR HOME AND COMMUNITY-BASED SERVICES REMAINING IN THE WAIVER.

NEW SECTION. Section 4. Reporting requirements -- big sky waiver and community first choice programs. (1) Each quarter of the ~~2029~~ 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 interim budget committee provided for in 5-12-501:

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

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

(c) any changes in the number of providers participating in the community first choice option;

(d) the average per-capita expenditures in the big sky waiver and the community first choice

1 option; and

2 (e) the average utilization rate of individual service plan allotments in the community first choice
3 option.

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

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

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9 NEW SECTION. Section 6. CONTINGENT VOIDNESS. IF THE CENTERS FOR MEDICARE AND MEDICAID
10 SERVICES DENIES A STATE PLAN AMENDMENT TO COVER ASSISTED LIVING SERVICES UNDER THE COMMUNITY FIRST
11 CHOICE OPTION PROGRAM, THEN [SECTION 3] IS VOID.

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13 NEW SECTION. Section 7. Effective date. [This act] is effective July 1, 2027 2025.

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