1	SENATE BILL NO. 198
2	INTRODUCED BY J. GROSS, M. CAFERRO, S. O'BRIEN, J. SMALL, S. STEWART PEREGOY, B. USHER,
3	R. LYNCH
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATED TO BEHAVIORAL HEALTH PEER
6	SUPPORT SPECIALISTS; PROVIDING FOR LICENSURE-CREDENTIALING OF CERTAIN BEHAVIORAL
7	HEALTH PEER SUPPORT SPECIALISTS; ESTABLISHING LICENSING CREDENTIALING REQUIREMENTS
8	ESTABLISHING REQUIREMENTS FOR CANDIDATES FOR LICENSURE CREDENTIALING; SPECIFYING
9	REQUIREMENTS FOR SUPERVISION OF <u>BEHAVIORAL HEALTH</u> PEER SUPPORT SPECIALISTS AND
10	LICENSURE CREDENTIALING CANDIDATES; AND AMENDING SECTIONS 37-38-101, 37-38-102, 37-38-
11	106, 37-38-201, AND -37-38-202, <u>AND 53-6-101,</u> MCA."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
14	
15	NEW SECTION. SECTION 1. LEVELS OF BEHAVIORAL HEALTH PEER SUPPORT CERTIFICATION
16	STANDARDS. (1) BEHAVIORAL HEALTH PEER SUPPORT SPECIALISTS ARE AUTHORIZED UNDER THREE LEVELS:
17	(A) CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST;
18	(B) BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST CREDENTIALING CANDIDATE; AND
19	(C) CREDENTIALED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST.
20	(2) THE BOARD MAY SET STANDARDS OF CONDUCT FOR EACH LEVEL OF BEHAVIORAL HEALTH PEER
21	SUPPORT SPECIALIST. UNPROFESSIONAL CONDUCT OR FAILURE TO SATISFY THE TRAINING AND WORK REQUIREMENTS
22	OR OTHER CONDITIONS SET BY THE BOARD MAY RESULT IN DISCIPLINARY ACTION, SANCTIONS, OR OTHER RESTRICTION
23	OF A PERSON'S AUTHORIZATION TO ACT AS A BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST.
24	
25	NEW SECTION. Section 2. Behavioral health peer support specialist licensure CREDENTIALING
26	candidate registration requirements standards. (1) A person who has completed the training
27	requirements for licensure CERTIFICATION under 37-38-202 but who has not completed the supervised training
28	and work experience required for licensure shall credentialing may register as a behavioral health peer support



licensure <u>SPECIALIST CREDENTIALING</u> candidate in order to engage in behavioral health peer support and earn the
 supervised training and experience required for licensure CREDENTIALING.

- 3 (2) To register, the person shall submit:
- 4 (a) the attestation required under 37-38-202(1);
- 5 (b) the application and fee required by the board;
- 6 (c) proof of <u>SUCCESSFUL</u> completion of the training requirement <u>REQUIREMENTS FOR A CERTIFIED</u>
- 7 <u>BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST;</u>
- 8 (d) fingerprints for the purpose of fingerprint background checks by the Montana department of
- 9 justice and the federal bureau of investigation as provided in 37-1-307; and
- 10 (e) a training and supervision plan that meets requirements set by the board.
- 11 (3) A licensure candidate shall complete 1,000 hours of supervised training and work experience

12 before applying for licensure. At a minimum, the supervised experience must include:

- 13 (a) 200 hours of one-on-one direct behavioral health peer support;
- 14 (b) 10 hours facilitating or cofacilitating peer-led groups; and
- 15 (c) continuing education consisting of:
- 16 (i) 12 hours related to suicide prevention and intervention;
- 17 (ii) 10 hours related to professional boundaries and ethical responsibilities;
- 18 (iii) 6 hours related to self-care and wellness;
- 19 (iv) 6 hours related to professional development for behavioral health peer support specialists;
- 20 (v) 4 hours related to deescalation strategies; and
- 21 (vi) 2 hours related to opiate overdose prevention and intervention.

22 (4)(3) A competent mental health professional must provide 1 hour of face-to-face supervision for

- 23 every 20 hours of supervised behavioral health peer support activities, other than THE continuing education,
- 24 required under subsection (3) UNDER [SECTION 3] FOR CREDENTIALING.
- 25 (5) Following satisfaction of the requirements of subsection (2) and approval by the board, a
- 26 person may engage in behavioral health peer support under the conditions set by the board and use the title of
- 27 "behavioral health peer support specialist licensure candidate".
- 28
- (6) A licensure candidate shall conform to the standards of conduct applicable to a licensed



1	behavioral health peer support specialist. Unprofessional conduct or failure to satisfy the training and work
2	requirements or other conditions set by the board may result in disciplinary action, sanctions, or other restriction
3	of a person's authorization to act as a behavioral health peer support specialist licensure candidate.
4	(4) A person shall register annually as a behavioral health peer support specialist licensure
5	CREDENTIALING candidate. The board may:
6	(A)limit the number of years that a person may act as a licensure CREDENTIALING candidate; AND
7	(B) DENY REGISTRATION UNDER THIS SECTION TO AN APPLICANT BASED ON THE APPLICANT'S CONDUCT AS
8	A BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST CREDENTIALING CANDIDATE.
9	
10	NEW SECTION. SECTION 3. CREDENTIALED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST
11	REQUIREMENTS SUPERVISION. (1) AN APPLICANT TO BE A CREDENTIALED BEHAVIORAL HEALTH PEER SUPPORT
12	SPECIALIST SHALL SUBMIT THE APPLICATION AND FEE REQUIRED BY THE BOARD AND MUST HAVE COMPLETED 1,000
13	HOURS OF SUPERVISED TRAINING AND WORK EXPERIENCE THAT, AT A MINIMUM, INCLUDES:
14	(A) 200 HOURS OF ONE-ON-ONE DIRECT BEHAVIORAL HEALTH PEER SUPPORT;
15	(B) 10 HOURS OF FACILITATING OR COFACILITATING PEER-LED GROUPS; AND
16	(C) CONTINUING EDUCATION CONSISTING OF:
17	(I) 12 HOURS RELATED TO SUICIDE PREVENTION AND INTERVENTION;
18	(II) 10 HOURS RELATED TO PROFESSIONAL BOUNDARIES AND ETHICAL RESPONSIBILITIES;
19	(III) 6 HOURS RELATED TO SELF-CARE AND WELLNESS;
20	(IV) 6 HOURS RELATED TO PROFESSIONAL DEVELOPMENT FOR BEHAVIORAL HEALTH PEER SUPPORT
21	SPECIALISTS:
22	(V) 4 HOURS RELATED TO DEESCALATION STRATEGIES; AND
23	(VI) 2 HOURS RELATED TO OPIATE OVERDOSE PREVENTION AND INTERVENTION.
24	(2) (A) A COMPETENT MENTAL HEALTH PROFESSIONAL MEETING THE REQUIREMENTS OF SUBSECTION
25	(2)(B) SHALL PROVIDE 1 HOUR OF FACE-TO-FACE SUPERVISION FOR EVERY 40 HOURS OF BEHAVIORAL HEALTH PEER
26	SUPPORT PROVIDED BY A CREDENTIALED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST. SUPERVISION MAY RANGE
27	FROM DIRECT OVERSIGHT TO CARE CONSULTATION. THE BOARD MAY CREATE GUIDELINES FOR SUPERVISION BUT SHALL
28	ALLOW FOR FLEXIBILITY IN THE PROVISION OF BEHAVIORAL HEALTH PEER SUPPORT SERVICES.



1	(B) THE MENTAL HEALTH PROFESSIONAL PROVIDING SUPERVISION MUST:
2	(I) HAVE AN ACTIVE LICENSE IN GOOD STANDING IN MONTANA; AND
3	(II) HAVE BEEN LICENSED FOR A MINIMUM OF 3 YEARS, EXCLUDING LICENSURE AS A CANDIDATE; OR
4	(III) HAVE AT LEAST 20 HOURS OF BOARD-APPROVED TRAINING IN SUPERVISION.
5	
6	Section 4. Section 37-38-101, MCA, is amended to read:
7	"37-38-101. Behavioral health peer support specialist. The profession of behavioral health peer
8	support specialist is subject to certification licensure CERTIFICATION AND CREDENTIALING requirements set forth in
9	this chapter and by rules promulgated by the board of behavioral health."
10	
11	Section 5. Section 37-38-102, MCA, is amended to read:
12	"37-38-102. Definitions. As used in this chapter, the following definitions apply:
13	(1) "Behavioral health" includes a person with a diagnosis of:
14	(a) a mental disorder, as that term is defined in 53-21-102; or
15	(b) chemical dependency, as that term is defined in 53-24-103.
16	(2) "Behavioral health peer support" means the use of a peer support specialist's personal
17	experience with a behavioral health disorder to provide support, mentoring, guidance, and advocacy and to
18	offer hope to individuals with behavioral health disorders.
19	(3) "Behavioral health peer support specialist" means a person who:
20	(a) has experienced and is in recovery from a behavioral health disorder;
21	(b) has obtained the education and skills needed to provide recovery support to individuals with
22	behavioral health disorders; and
23	(c) possesses a valid and current license CERTIFICATION OR CREDENTIAL.
24	(3)(4) "Board" means the board of behavioral health established under 2-15-1744.
25	(4) "Certified behavioral health peer support specialist" means a person who:
26	(a) has experienced and is in recovery from a behavioral health disorder;
27	(b) has obtained the education and skills needed to provide therapeutic support to individuals with
28	behavioral health disorders; and



1	(c) poss	cesses a valid and current certification.
2	(5) "N	Mental health professional" means:
3	(a) a	physician licensed under Title 37, chapter 3;
4	(b) a	psychologist licensed under Title 37, chapter 17;
5	(c) a	social worker licensed under Title 37, chapter 22;
6	(d) a	professional counselor licensed under Title 37, chapter 23;
7	(e) ai	n advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in
8	psychiatric mental	I health nursing;
9	(f) a	marriage and family therapist licensed under Title 37, chapter 37; or
10	(g) a	licensed addiction counselor licensed under Title 37, chapter 35."
11		
12	Section 6	5. Section 37-38-106, MCA, is amended to read:
13	"37-38-10	06. Privileged communications exceptions. (1) Certified behavioral Licensed behavioral
14	BEHAVIORAL health	h peer support specialists and licensure candidates work in health care teams.
15	Communication a	mong team members that is essential for the supported individual's recovery must be defined
16	and established by	y board rule.
17	(2) A	s certified <u>licensed</u> behavioral health peer support specialist <u>or licensure candidate may not</u>
18		
	disclose any inforr	mation the <u>behavioral health</u> peer support specialist <u>or</u> <u>licensure</u> <u>candidate</u> acquires from an
19		mation the <u>behavioral health</u> peer support specialist or licensure candidate acquires from an n the <u>behavioral health</u> peer support specialist or <u>licensure</u> candidate provides behavioral
19 20		n the <u>behavioral health</u> peer support specialist or licensure candidate provides behavioral
	individual to whom health peer suppo	n the <u>behavioral health</u> peer support specialist or licensure candidate provides behavioral
20	individual to whom health peer suppo (<u>a) w</u>	n the <u>behavioral health</u> peer support specialist or <u>licensure</u> <u>candidate</u> provides behavioral ort except only:
20 21	individual to whom health peer suppo <u>(a) w</u> (a)<u>(i)</u> w	n the <u>behavioral health</u> peer support specialist or <u>licensure</u> <u>candidate</u> provides behavioral ort except <u>only:</u> ort <u>except only:</u> when the <u>behavioral health peer support specialist or licensure candidate has:</u>
20 21 22	individual to whom health peer suppo <u>(a) w</u> (a)(i) w mental incapacity,	n the <u>behavioral health</u> peer support specialist <u>or licensure candidate</u> provides behavioral ort except <u>only</u>: when the <u>behavioral health</u> <u>peer support specialist or licensure candidate has: with <u>obtained</u> the written consent of the individual or, in the case of the individual's death or</u>
20 21 22 23	individual to whom health peer suppo (a) w (a)(i) w mental incapacity, (b)(ii) w	n the <u>behavioral health</u> peer support specialist <u>or licensure</u> <u>candidate</u> provides behavioral ort <u>except only:</u> <u>when the behavioral health peer support specialist or licensure candidate has:</u> <u>with obtained</u> the written consent of the individual or, in the case of the individual's death or , <u>with the written consent of the individual's personal representative or guardian;</u>
20 21 22 23 24	individual to whom health peer suppo (a) w (a)(i) w mental incapacity, (b)(ii) w individual or anoth	n the <u>behavioral health</u> peer support specialist <u>or licensure candidate</u> provides behavioral ort except <u>only:</u> <u>when the behavioral health peer support specialist or licensure candidate-has:</u> <u>with obtained</u> the written consent of the individual or, in the case of the individual's death or <u>with the written consent of the individual's personal representative or guardian;</u> <u>when received</u> a communication that otherwise would be confidential <u>but</u> reveals that the
20 21 22 23 24 25	individual to whom health peer suppo <u>(a) w</u> (a)(i) w mental incapacity, (b)(ii) w individual or anoth <u>(iii) de</u>	n the <u>behavioral health</u> peer support specialist <u>or licensure candidate</u> provides behavioral ort <u>except only:</u> <u>when the behavioral health peer support specialist or licensure candidate-has:</u> <u>with obtained</u> the written consent of the individual or, in the case of the individual's death or <u>with written consent of the individual's personal representative or guardian;</u> <u>when received</u> a communication that otherwise would be confidential <u>but</u> reveals that the <u>her person is contemplating the commission of a crime;</u> or
20 21 22 23 24 25 26	individual to whom health peer suppo (a) w (a)(i) w mental incapacity, (b)(ii) w individual or anoth (iii) de peer support spece	In the <u>behavioral health</u> peer support specialist <u>er licensure candidate</u> provides behavioral ort except <u>only</u> : when the <u>behavioral health</u> peer support specialist <u>er licensure candidate has</u> : with <u>obtained</u> the written consent of the individual or, in the case of the individual's death or , <u>with</u> the written consent of the individual's personal representative or guardian; when <u>received</u> a communication that otherwise would be confidential <u>but</u> reveals that the her person is contemplating the commission of a crime; or <u>etermined that a communication that would</u> <u>otherwise be confidential</u> <u>in the behavioral health</u>



1	behavioral health peer support specialist that indicates that the minor was the victim of a crime, the peer
2	support specialist may be and the behavioral health peer support specialist or licensure candidate is required to
3	testify fully in relation to the information in any investigation, trial, or other legal proceeding in which the
4	commission of that crime is the subject of inquiry;
5	(d)(v) been named in an action brought by that if the an individual or the individual's personal
6	representative or guardian brings an action against a certified behavioral health peer support specialist for a
7	claim arising out of the <u>behavioral health</u> peer support specialist's or licensure candidate's professional
8	relationship with the individual,. In that instance, the individual is considered to have waived any privilege;.
9	(e)(b) to the extent that the privilege is otherwise waived by the individual; and
10	(f)(c) as may otherwise be required by law."
11	
12	Section 7. Section 37-38-201, MCA, is amended to read:
13	"37-38-201. Certification LICENSURE CERTIFICATION required exceptions. (1) (A) Upon certification
14	Following licensure CERTIFICATION in accordance with this chapter 37-8-202, a person may use the title "certified
15	licensed "CERTIFIED behavioral health peer support specialist" or "behavioral health peer support specialist".
16	(B) FOLLOWING SUCCESSFUL REGISTRATION AS A CREDENTIALING CANDIDATE IN ACCORDANCE WITH
17	[SECTION 2], A PERSON MAY USE THE TITLE "BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST CREDENTIALING
18	CANDIDATE".
19	(C) FOLLOWING CREDENTIALING IN ACCORDANCE WITH [SECTION 3], A PERSON MAY USE THE TITLE
20	"CREDENTIALED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST".
21	(2) Subsection (1) does not prohibit a qualified member of another profession, such as a physician,
22	lawyer, psychologist, pastoral counselor, probation officer, court employee, nurse, school counselor, educator,
23	chemical dependency counselor accredited by a federal agency, clinical social worker licensed pursuant to Title
24	37, chapter 22, clinical professional counselor licensed pursuant to Title 37, chapter 23, addiction counselor
25	licensed pursuant to Title 37, chapter 35, or marriage and family therapist licensed pursuant to Title 37, chapter
26	37, from performing duties and services consistent with the person's licensure or certification and the code of
27	ethics of the person's profession.
28	(3) Subsection (1) does not prohibit a qualified member of another profession, business,



1	educational progra	am, or volunteer organization who is not licensed or certified or for whom there is no
2	applicable code o	f ethics, including peer mentors, advocates, and coaches, from performing duties and
3	services consister	nt with the person's training, as long as the person does not represent by title that the person
4	is engaging in the	practice of behavioral health peer support."
5		
6	Section 8	Section 37-38-202, MCA, is amended to read:
7	"37-38-20	2. Certificate LICENSURE CERTIFICATE requirements supervision fees. (1) A person
8	may apply for cert	ification licensure CERTIFICATION as a CERTIFIED behavioral health peer support specialist if the
9	person has atteste	ed to the fact that the person:
10	(a) h	as been diagnosed by a mental health professional as having a behavioral health disorder;
11	(b) h	as received treatment for the diagnosed behavioral health disorder; and
12	(c) is	in recovery, as defined by the board by rule, from a behavioral health disorder.
13	(2) A	n applicant shall submit a written application on a form provided by the board and an
14	application fee pre	escribed by the board. A person must be recertified relicensed RECERTIFIED annually using a
15	process specified	by the board by rule, including payment of a fee prescribed by the board.
16	(3) A	n applicant must have:
17	(a) s	uccessfully completed a training course in behavioral health peer support, as defined by the
18	board by rule, whi	ch must include a module in ethics; and AND
19	(b) v	erified the applicant's ability to perform all essential functions of the certified CERTIFIED
20	BEHAVIORAL HEALT	\underline{H} peer support role through the application and certification <u>licensure</u> CERTIFICATION process
21	provided for by the	e board ; and
22	(с) р	rovided proof of completion of 1,000 hours of supervised behavioral health peer support
23	training and work	experience as required under [section 1].
24	(4) A	s a prerequisite to the issuance of a certificate license CERTIFICATE, the board shall require the
25	applicant to subm	it fingerprints for the purpose of fingerprint background checks by the Montana department of
26	justice and the fee	deral bureau of investigation as provided in 37-1-307.
27	(5) P	ursuant to 37-1-203, an applicant who has a history of criminal convictions has the
28	opportunity to den	nonstrate to the board that the applicant is sufficiently rehabilitated to warrant the public trust.

1	The board may deny the license <u>CERTIFICATE</u> if it determines that the applicant is not sufficiently rehabilitated.
2	(6) (a) Supervision of a certified behavioral health peer support specialist must be provided by aA
3	competent mental health professional must provide 1 hour of face-to-face supervision for every 40 hours of be
4	h avioral health peer support provided by a licensed FOR A CERTIFIED behavioral health peer support specialist.
5	The amount, duration, and scope of supervision may vary depending on the demonstrated competency and
6	experience of the peer support specialist, as well as the service mix. THE AMOUNT, DURATION, AND SCOPE OF
7	SUPERVISION MAY VARY DEPENDING ON THE DEMONSTRATED COMPETENCY AND EXPERIENCE OF THE CERTIFIED
8	BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST, AS WELL AS THE SERVICE MIX. Supervision may range from direct
9	oversight to periodic PERIODIC care consultation. The board may create guidelines for supervision but must
10	allow for flexibility in the provision of behavioral health peer support services.
11	(b) Supervision under this subsection (6) must be provided by a physician, a psychologist, an
12	advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing, a clinical social
13	worker, a clinical professional counselor, a marriage and family therapist, or an addiction counselor.
14	(c) The individual providing supervision must:
15	(i) have an active license in good standing in Montana; and
16	(ii) have been licensed for a minimum of 3 years, excluding licensure as a candidate; or
17	(iii) have at least 20 hours of board-approved training in supervision.
18	(7) In selecting approved training courses as required in subsection (3), the board shall provide as
19	much flexibility and inclusivity as possible to applicants. The board shall review existing training materials from
20	national, regional, and state agencies and organizations, including existing Montana-based BEHAVIORAL HEALTH
21	peer support providers, that adequately address the essential functions of the certified BEHAVIORAL HEALTH peer
22	support role and shall include those materials as possible. The board may not exclude a training course from
23	the list of approved courses solely because the training course was created by or is provided by a faith-based
24	or culturally based entity, association, tribe, church, or educational institution."
25	(8) THE BOARD MAY NOT LIMIT THE NUMBER OF YEARS THAT A PERSON MAY ACT AS A CERTIFIED
26	BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST.
27	
28	SECTION 9. SECTION 53-6-101, MCA, IS AMENDED TO READ:



1	"53-6-1	01. Montana medicaid program authorization of services. (1) There is a Montana
2	medicaid progra	am established for the purpose of providing necessary medical services to eligible persons who
3	have need for n	nedical assistance. The Montana medicaid program is a joint federal-state program administered
4	under this chap	ter and in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq. The
5	department sha	Il administer the Montana medicaid program.
6	(2)	The department and the legislature shall consider the following funding principles when
7	considering cha	anges in medicaid policy that either increase or reduce services:
8	(a)	protecting those persons who are most vulnerable and most in need, as defined by a
9	combination of	economic, social, and medical circumstances;
10	(b)	giving preference to the elimination or restoration of an entire medicaid program or service,
11	rather than sac	rifice or augment the quality of care for several programs or services through dilution of funding;
12	and	
13	(c)	giving priority to services that employ the science of prevention to reduce disability and illness,
14	services that tre	eat life-threatening conditions, and services that support independent or assisted living, including
15	pain manageme	ent, to reduce the need for acute inpatient or residential care.
16	(3)	Medical assistance provided by the Montana medicaid program includes the following services:
17	(a)	inpatient hospital services;
18	(b)	outpatient hospital services;
19	(c)	other laboratory and x-ray services, including minimum mammography examination as defined
20	in 33-22-132;	
21	(d)	skilled nursing services in long-term care facilities;
22	(e)	physicians' services;
23	(f)	nurse specialist services;
24	(g)	early and periodic screening, diagnosis, and treatment services for persons under 21 years of
25	age, in accorda	nce with federal regulations and subsection (10)(b);
26	(h)	ambulatory prenatal care for pregnant women during a presumptive eligibility period, as
27	provided in 42 l	J.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1;
28	(i)	targeted case management services, as authorized in 42 U.S.C. 1396n(g), for high-risk



1	pregnant wome	au.
2	(j)	services that are provided by physician assistants within the scope of their practice and that are
3		tly reimbursed as allowed under department rule to an existing provider;
4	(k)	health services provided under a physician's orders by a public health department;
5	(I)	federally qualified health center services, as defined in 42 U.S.C. 1396d(I)(2);
6	(m)	routine patient costs for qualified individuals enrolled in an approved clinical trial for cancer as
7	provided in 33-	22-153;
8	(n)	for children 18 years of age and younger, habilitative services as defined in 53-4-1103; and
9	(0)	services provided by a person certified in accordance with 37-2-318 to provide services in
10	accordance wit	h the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.
11	(4)	Medical assistance provided by the Montana medicaid program may, as provided by
12	department rule	e, also include the following services:
13	(a)	medical care or any other type of remedial care recognized under state law, furnished by
14	licensed practit	ioners within the scope of their practice as defined by state law;
15	(b)	home health care services;
16	(c)	private-duty nursing services;
17	(d)	dental services;
18	(e)	physical therapy services;
19	(f)	mental health center services administered and funded under a state mental health program
20	authorized under Title 53, chapter 21, part 10;	
21	(g)	clinical social worker services;
22	(h)	prescribed drugs, dentures, and prosthetic devices;
23	(i)	prescribed eyeglasses;
24	(j)	other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;
25	(k)	inpatient psychiatric hospital services for persons under 21 years of age;
26	(I)	services of professional counselors licensed under Title 37, chapter 23;
27	(m)	hospice care, as defined in 42 U.S.C. 1396d(o);
28	(n)	case management services, as provided in 42 U.S.C. 1396d(a) and 1396n(g), including



1 targeted case management services for the mentally ill;

2 (o) services of psychologists licensed under Title 37, chapter 17;

3 (p) inpatient psychiatric services for persons under 21 years of age, as provided in 42 U.S.C.

4 1396d(h), in a residential treatment facility, as defined in 50-5-101, that is licensed in accordance with 50-5-201;

5 (q) services of behavioral health peer support specialists who are certified, credentialed, or a

6 credentialing candidate under Title 37, chapter 38, provided to adults 18 years of age and older with a

7 diagnosis of a mental disorder, as defined in 53-21-102; and

8 (r) any additional medical service or aid allowable under or provided by the federal Social Security
9 Act.

10 (5) Services for persons qualifying for medicaid under the medically needy category of assistance, 11 as described in 53-6-131, may be more limited in amount, scope, and duration than services provided to others 12 qualifying for assistance under the Montana medicaid program. The department is not required to provide all of 13 the services listed in subsections (3) and (4) to persons qualifying for medicaid under the medically needy 14 category of assistance.

15 (6) In accordance with federal law or waivers of federal law that are granted by the secretary of the 16 U.S. department of health and human services, the department may implement limited medicaid benefits, to be 17 known as basic medicaid, for adult recipients who are eligible because they are receiving cash assistance, as 18 defined in 53-4-201, as the specified caretaker relative of a dependent child and for all adult recipients of 19 medical assistance only who are covered under a group related to a program providing cash assistance, as 20 defined in 53-4-201. Basic medicaid benefits consist of all mandatory services listed in subsection (3) but may 21 include those optional services listed in subsections (4)(a) through (4)(r) that the department in its discretion 22 specifies by rule. The department, in exercising its discretion, may consider the amount of funds appropriated 23 by the legislature, whether approval has been received, as provided in 53-1-612, and whether the provision of a 24 particular service is commonly covered by private health insurance plans. However, a recipient who is 25 pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or 26 is less than 21 years of age is entitled to full medicaid coverage.

27 (7) The department may implement, as provided for in Title XIX of the Social Security Act, 42
28 U.S.C. 1396, et seq., as may be amended, a program under medicaid for payment of medicare premiums,



1 deductibles, and coinsurance for persons not otherwise eligible for medicaid.

2 (8) (a) The department may set rates for medical and other services provided to recipients of 3 medicaid and may enter into contracts for delivery of services to individual recipients or groups of recipients. 4 (b) The department shall strive to close gaps in services provided to individuals suffering from 5 mental illness and co-occurring disorders by doing the following: 6 (i) simplifying administrative rules, payment methods, and contracting processes for providing 7 services to individuals of different ages, diagnoses, and treatments. Any adjustments to payments must be 8 cost-neutral for the biennium beginning July 1, 2017. 9 (ii) publishing a report on an annual basis that describes the process that a mental health center or 10 chemical dependency facility, as those terms are defined in 50-5-101, must utilize in order to receive payment 11 from Montana medicaid for services provided to individuals of different ages, diagnoses, and treatments. 12 (9) The services provided under this part may be only those that are medically necessary and that 13 are the most efficient and cost-effective. (10) 14 (a) The amount, scope, and duration of services provided under this part must be determined 15 by the department in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be 16 amended. 17 The department shall, with reasonable promptness, provide access to all medically necessary (b) 18 services prescribed under the early and periodic screening, diagnosis, and treatment benefit, including access 19 to prescription drugs and durable medical equipment for which the department has not negotiated a rebate. 20 (11)Services, procedures, and items of an experimental or cosmetic nature may not be provided. 21 (12) (a) Prior to enacting changes to provider rates, medicaid waivers, or the medicaid state plan, 22 the department of public health and human services shall report this information to the following committees: 23 (i) the children, families, health, and human services interim committee; 24 (ii) the legislative finance committee; and 25 (iii) the health and human services budget committee. 26 (b) In its report to the committees, the department shall provide an explanation for the proposed 27 changes and an estimated budget impact to the department over the next 4 fiscal years. 28 (13) If available funds are not sufficient to provide medical assistance for all eligible persons, the



1	department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical
2	services made available under the Montana medicaid program after taking into consideration the funding
3	principles set forth in subsection (2). (Subsection (3)(o) terminates September 30, 2023sec. 7, Ch. 412, L.
4	2019.)"
5	
6	NEW SECTION. SECTION 10. TRANSITION. THE BOARD SHALL CREDENTIAL A PERSON WHO WAS A
7	CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST ON [THE EFFECTIVE DATE OF THIS ACT] WITHOUT REQUIRING
8	THE PERSON TO MEET THE REQUIREMENTS OF [THIS ACT] IF THE PERSON:
9	(1) WAS CERTIFIED BEFORE OCTOBER 1, 2022; OR
10	(2) WAS CERTIFIED AND HAD COMPLETED 1,000 HOURS OF SUPERVISED WORK EXPERIENCE ON OR
11	BEFORE [THE EFFECTIVE DATE OF THIS ACT] AND IS IN GOOD STANDING WITH THE BOARD.
12	
13	NEW SECTION. Section 11. Codification instruction. (1) [Section 1] is intended to be codified as
14	an integral part of Title 37, chapter 38, PART 1, and the provisions of Title 37, chapter 38, PART 1, apply to
15	[section 1].
16	(2) [SECTIONS 2 AND 3] ARE INTENDED TO BE CODIFIED AS AN INTEGRAL PART OF TITLE 37, CHAPTER 38,
17	PART 2, AND THE PROVISIONS OF TITLE 37, CHAPTER 38, PART 2, APPLY TO [SECTIONS 2 AND 3].
18	- END -