



AN ACT ESTABLISHING IN STATUTE THE 72-HOUR PRESUMPTIVE ELIGIBILITY PROGRAM FOR ADULT CRISIS STABILIZATION SERVICES THAT IS PROVIDED FOR IN ADMINISTRATIVE RULE; REVISING THE RULE REQUIREMENTS IN ORDER TO ALLOW REIMBURSEMENT FOR TWO PSYCHIATRIC DIAGNOSTIC INTERVIEWS IN A 72-HOUR PERIOD; PROVIDING RULEMAKING AUTHORITY; AND PROVIDING AN EFFECTIVE DATE.

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

Section 1. Definitions. As used in [sections 1 through 5], the following definitions apply:

- (1) "Adult" means an individual who is 18 years of age or older.
- (2) "Crisis" means a serious, unexpected situation resulting from an individual's apparent mental illness in which the individual's symptoms are of sufficient severity, as determined by a mental health practitioner, to require immediate care to avoid:
 - (a) jeopardy to the life or health of the individual; or
 - (b) death or bodily harm to the individual or to others.
- (3) "Crisis stabilization" means development and implementation of a short-term intervention to respond to a crisis in order to:
 - (a) reduce the severity of an individual's symptoms of mental illness; and
 - (b) attempt to prevent the individual from receiving services in a more restrictive environment.
- (4) "Crisis stabilization services" or "services" means the services allowed under [section 3].
- (5) "Presumptive eligibility" means a period of up to 72 hours after an individual is found to be in crisis and during which the individual is presumed to be eligible for crisis stabilization services that will be reimbursed by the department.

Section 2. Purpose -- limitations. (1) (a) The purpose of [sections 1 through 5] is to establish a program through which enrolled providers may be reimbursed by the department when they provide mental health services

during a 72-hour period to stabilize an adult who:

- (i) is in a mental health crisis; and
- (ii) is uninsured or whose insurance does not adequately cover the cost of the services.

(b) Reimbursement for services provided during a presumptive eligibility period is intended to reduce the need for the individual to receive more intensive services in a more restrictive setting.

(2) [Sections 1 through 5] are not intended to establish an entitlement:

- (a) for an individual to receive services under the program; or
- (b) for a provider to be reimbursed for services delivered to an individual.

(3) The department may determine the duration of services to be reimbursed under the program and the types of providers who may receive reimbursement for services.

(4) The department or its designee may restrict reimbursement based on:

- (a) the medical necessity of the services;
- (b) availability of appropriate alternative services;
- (c) the relative cost of services; or
- (d) other relevant factors.

(5) (a) Subject to available funding, the department may suspend or eliminate reimbursement for services or otherwise limit services, benefits, or provider participation in the presumptive eligibility program.

(b) The department shall provide notice of changes to the program at least 10 days in advance of the date that the changes will be made by:

- (i) publishing notice in Montana daily newspapers; and
- (ii) providing written notice to crisis stabilization providers and other interested parties.

Section 3. Crisis stabilization services -- requirements. (1) In order to qualify for reimbursement under [sections 1 through 5], crisis stabilization services must be delivered in a safe environment to an individual in crisis as required under this section.

(2) Crisis stabilization services must:

(a) be delivered by an individual or facility that is enrolled with the department to provide services under [sections 1 through 5];

(b) be provided in accordance with a plan for crisis stabilization that meets requirements established by

the department by rule;

- (c) include a plan for appropriate followup care; and
- (d) be medically necessary mental health services that:
 - (i) are delivered in direct response to a crisis in an effort to stabilize the individual in crisis;
 - (ii) provide diagnostic clarity;
 - (iii) are designed to treat symptoms that can be improved during the presumptive eligibility period; and
 - (iv) provide an appropriate alternative to psychiatric hospitalization.
- (3) Crisis stabilization services include but are not limited to:
 - (a) two psychiatric diagnostic interview examinations during the crisis stabilization period;
 - (b) coordination of care as defined by the department by rule;
 - (c) individual psychotherapy;
 - (d) family psychotherapy conducted with or without the patient;
 - (e) one-to-one community-based psychiatric rehabilitation and support; and
 - (f) crisis management services as defined by the department by rule.

Section 4. Claims and reimbursement -- exceptions. (1) The department shall adopt and make available a fee schedule for crisis stabilization services.

(2) Claims for crisis stabilization services provided pursuant to [sections 1 through 5] must be submitted to the department as provided by rule.

(3) Providers shall accept the amounts payable under this section as payment in full for services delivered to eligible individuals during the presumptive eligibility period.

- (4) Services delivered to an individual in crisis may not be reimbursed if:
 - (a) the services delivered were not approved for reimbursement by the department; or
 - (b) the provider is not enrolled with the department.

Section 5. Rulemaking authority. The department may adopt rules establishing:

- (1) limits on the scope and duration of crisis stabilization services, except for reimbursement for two psychiatric diagnostic interviews during the presumptive eligibility period;
- (2) requirements for participating providers and their enrollment in the program;

- (3) the scope of services that may be reimbursed because they involve coordination or management of care;
- (4) the elements of the required plan for crisis stabilization;
- (5) procedures for submitting claims for reimbursement for services provided during the presumptive eligibility period;
- (6) procedures for the department's review and audit of claims and for recovery of overpayments;
- (7) recordkeeping and confidentiality requirements; and
- (8) any other requirements needed to carry out the purpose of [sections 1 through 5].

Section 6. Codification instruction. [Sections 1 through 5] are intended to be codified as an integral part of Title 53, chapter 21, and the provisions of Title 53, chapter 21, apply to [sections 1 through 5].

Section 7. Effective date. [This act] is effective July 1, 2013.

- END -

I hereby certify that the within bill,
HB 0084, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2013.

President of the Senate

Signed this _____ day
of _____, 2013.

HOUSE BILL NO. 84

INTRODUCED BY P. NOONAN

BY REQUEST OF THE SELECT COMMITTEE ON EFFICIENCY IN GOVERNMENT

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