

## **BHAM Montana Legislative Update – March 22, 2025**

The Legislators work for the people of Montana. It's imperative that you stand up and make your voice heard!

To participate virtually in any of the committee hearings, click this link and sign up:

<https://www.legmt.gov/participate/>

**You can review all of the bills BHAM is tracking [HERE](#)**

**Not all of the bills for next week have been scheduled. We will try and give you advance notice of bills as they are scheduled in committees.**

**Bills we're watching:**

### **HB2 Budget Bill**

The decision packages that were approved by the Part B Budget Committee heard by House Appropriations last week.

The Behavioral Health Alliance of Montana supports the BHSFG Recommendations that were approved by the Part B Budget Committee.

#### **HB2 Pages B2-B3**

(BHSFG #01) – updated, 0208 waiver services tiered rates - PASSED

(BHSFG #03) – updated, service delivery system for complex needs - PASSED

(BHSFG #08) – updated, care transitions program – FY27 only – PASSED

(BHSFG #9.2) - updated Enhanced 988 Call Centers only) - PASSED

(BHSFG #9.1) - updated Marketing campaign 988 - OTO – PASSED

(BHSFG #17) – OTO – Redesign rates for In-state Youth Residential Services – PASSED

(BHSFG #18) - school-based behavioral health initiatives - PASSED

(BHSFG #19) updated, BH and DD Workforce incentives –OTO – PASSED

(BHSFG #22) Certified Community Behavioral Health Centers – OTO- PASSED

The line-item BHSFG 22. Certified Community Behavioral Health Clinics

(Restricted/Biennial/OTO) is void if a bill containing provisions for the implementation of the certified community behavioral health clinic (CCBHC) model is not passed and approved Fund Mental Health Crisis Beds – OTO - PASSED

BHAM also supports the recommendations put forward by the Department of Public Health and Human Services at the House Appropriations Part B hearing:

#### **DP 10716 – (BHSFG #06) – updated, enhanced TCM - not moved in Part B.**

BHAM also suggests that the Targeted Case Management Recommendation move forward in HB2. Targeted Case Management was a program that was available throughout Montana for children and adults needing behavioral health care and developmentally delayed clients. This relatively low-cost program kept clients stable and supported in their communities.

The reimbursement for this program was drastically cut during the 2017-2018 budget cuts and resulted in a dramatic increase in children being sent out of state and adults being involuntarily committed to acute care settings, such as the Montana State Hospital. Almost all

of the case managers who had worked in the system for decades were let go, and the system collapsed.

Since 2018, BHAM and DPHHS have been working to replace the Targeted Case Management program to allow people to remain in their communities. This recommendation is needed, despite overlaps with both Recommendation #8 (Care Transitions) and #22 (Certified Community Behavioral Health Clinics - CCBHCs). Here's why:

- TCM services are available to clients discharging from institutional settings as well as those who have not entered institutional care. The effectiveness of TCM lies in its ongoing nature. It's crucial for TCM services to be provided to individuals who need them, regardless of hospitalization history or status. By proactively and promptly addressing a client's needs, TCM services help divert clients from utilizing high-cost services, preventing the need for higher levels of care.
- CCBHCs may not be implemented for several years, and not all communities will have access to them. TCM services will likely still need to be provided by non-CCBHC providers in communities without CCBHC access.

**RESTORE the Behavioral Health recommendation #4 to reopen evaluation and diagnostic (E&D) clinics.** Part B mistakenly thought these clinics were not being well-run. In fact, they were also cut during the 2017-2018 budget cuts and need to be re-opened to serve the extensive number of children on the waiting list. These specialty clinics evaluate and diagnosis children with special needs using pediatricians with expertise in a variety of specialties. Most of these specialty pediatricians are not available in many parts of Montana and the families need to travel great distances to access this expertise. These clinics need to be expanded in order to evaluate and diagnose children as early as possible and minimize the need for higher acuity, higher cost care after years of waiting.

#### **Medicaid Expansion:**

[HB245](#), Senator Buttrey, is on the Governor's desk after passing both the House and the Senate! **BHAM strongly supports this bill.**

#### **Medicaid Rate Reimbursement:**

1. [HB419](#) (Bedey). This bill will allow DPHHS to review cost reports for Medicaid providers in senior and long-term care, mental health, substance use disorder and intellectual developmentally disabled programs every other year. Medicaid providers are already 5 years behind costs in reimbursement. **BHAM strongly supports this bill and encourages advocacy efforts to move it forward with the understanding that cost reporting adjustments need to occur every two years.**

#### **Certified Community Behavioral Health Centers (CCBHC):**

1. [HB 574](#) (Gillette) will be heard in Senate Public Health, Welfare and Safety Hearing on Wednesday, March 26<sup>th</sup> at 3:00 p.m. BHAM supports this bill.