TITLE I—IMPROVING ACCESS TO PHYSICAL AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH UNDER MEDICAID AND CHIP

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1 # TITLE I—IMPROVING ACCESS TO
2 # PHYSICAL AND MENTAL
3 # HEALTH CARE FOR CHIL-
4 # DREN AND YOUTH UNDER
5 # MEDICAID AND CHIP

6 **SEC. 100. DEFINITIONS.**

7 In this title:

8 (1) CHIP.—The term ''CHIP'' means the
9 State children's health insurance program estab-
10 lished under title XXI of the Social Security Act (42
11 U.S.C. 1397aa et seq.).

12 (2) MEDICAID.—The term ''Medicaid'' means
13 the program for grants to States for medical assist-

1 ance programs established under title XIX of the
2 Social Security Act (42 U.S.C. 1396 et seq.).
3 (3) SECRETARY.—Except as otherwise speci-
4 fied, the term ''Secretary'' means the Secretary of
5 Health and Human Services.
6 (4) STATE.—The term ''State'' has the mean-
7 ing given that term in section 1101(a)(1) of the So-
8 cial Security Act (42 U.S.C. 1301(a)(1)) for pur-
9 poses of titles XIX and XXI of such Act, and for
10 purposes of sections 105 and 107, includes the
11 meaning given that term for purposes of parts B
12 and E of title IV of such Act.

13 **SEC. 101. SUPPORTING ACCESS TO HEALTH CARE SERV-**
14 **ICES IN SCHOOLS.**

15 (a) GUIDANCE.—
16 (1) IN GENERAL.—Not later than 12 months
17 after the date of enactment of this Act, the Sec-
18 retary, in consultation with the Secretary of Edu-
19 cation, shall issue guidance to State Medicaid agen-
20 cies, local educational agencies, and school-based en-
21 tities to support the delivery of medical assistance to
22 Medicaid and CHIP beneficiaries in school-based
23 settings.
24 (2) REQUIRED INFORMATION.—The guidance
25 issued pursuant to paragraph (1) shall—

1 (A) include updates to the May 2003 Med-
2 icaid School-Based Administrative Claiming
3 Guide, the 1997 Medicaid and Schools Tech-
4 nical Assistance Guide, and other relevant guid-
5 ance in effect on the date of enactment of this
6 Act;
7 (B) clarify that payments may be made to
8 schools under Medicaid for delivering assistance
9 under Medicaid, including any such assistance
10 provided in accordance with an individualized
11 education program or under the ''free care''
12 policy described in the State Medicaid Director
13 letter on payment for services issued on Decem-
14 ber 15, 2014 (#14-006);
15 (C) outline strategies and tools to reduce
16 administrative burdens on, and simplify billing
17 for, local educational agencies, in particular
18 small and rural local educational agencies, and
19 support compliance with Federal requirements
20 regarding billing, payment, and recordkeeping,
21 including by aligning direct service billing and
22 school-based administrative claiming payment
23 systems;
24 (D) include a comprehensive list of best
25 practices and examples of approved methods

1 that State Medicaid agencies and local edu-
2 cational agencies have used to pay for, and in-
3 crease the availability of, assistance under Med-
4 icaid, including expanding State programs to
5 include all Medicaid-enrolled students, providing
6 early and periodic screening, diagnostic, and
7 treatment (EPSDT) services in schools, uti-
8 lizing telehealth, forming partnerships with
9 community-based mental health and substance
10 use disorder treatment providers and organiza-
11 tions, and supporting the provision of culturally
12 competent and trauma-informed care in school
13 settings; and
14 (E) provide examples of the types of pro-
15 viders (which may include qualified school
16 health personnel) that States may choose to en-
17 roll, deem, or otherwise treat as participating
18 providers for purposes of school-based programs
19 under Medicaid and best practices related to
20 helping such providers enroll in Medicaid for
21 purposes of participating in school-based pro-
22 grams under Medicaid.
23 (b) TECHNICAL ASSISTANCE CENTER.—
24 (1) IN GENERAL.—Not later than 18 months
25 after the date of enactment of this Act, the Sec-

1 retary, in consultation with the Secretary of Edu-
2 cation, shall establish a technical assistance center
3 to—
4 (A) assist and expand the capacity of State
5 Medicaid agencies, State and local educational
6 agencies, and school-based entities to provide
7 assistance under Medicaid;
8 (B) reduce administrative burdens for such
9 agencies and health centers or entities;
10 (C) support State and local educational
11 agencies and school-based entities in obtaining
12 payment for the provision of assistance under
13 Medicaid;
14 (D) ensure ongoing coordination and col-
15 laboration between the Department of Health
16 and Human Services and the Department of
17 Education with respect to the provision of, and
18 payment for, assistance under Medicaid by local
19 educational agencies; and
20 (E) provide information to school districts
21 and States on how to utilize funding from the
22 Department of Health and Human Services, the
23 Department of Education, and other Federal
24 agencies to ensure payment under Medicaid for
25 assistance provided in school-based settings.

1 (2) SMALL AND RURAL SCHOOLS.—The Sec-
2 retary shall ensure that the technical assistance cen-
3 ter includes resources which are specifically designed
4 to help support small and rural local educational
5 agencies in obtaining payment for the provision of
6 assistance under Medicaid.
7 (3) REPORTING.—The technical assistance cen-
8 ter shall, on a biennial basis, submit to the Sec-
9 retary a report on the work of the center that identi-
10 fies the areas where the most assistance was re-
11 quested.
12 (c) GRANTS.—
13 (1) IN GENERAL.—Not later than 12 months
14 after the date of enactment of this Act, the Sec-
15 retary shall award grants to States for the purpose
16 of preparing and submitting to the Secretary a State
17 plan amendment or waiver request under Medicaid
18 or CHIP to implement, enhance, or expand a school-
19 based health program under Medicaid or CHIP.
20 (2) AUTHORIZATION OF APPROPRIATIONS.—
21 There is authorized to be appropriated to the Sec-
22 retary of Health and Human Services to carry out
23 this subsection, $50,000,000, to remain available
24 until expended.
25 (d) DEFINITIONS.—In this section:

1 (1) INDIVIDUALIZED EDUCATION PROGRAM.—
2 The term ''individualized education program'' has
3 the meaning given such term in section 602(14) of
4 the Individuals with Disabilities Education Act (20
5 U.S.C. 1401(14)).
6 (2) SCHOOL-BASED ENTITY.—The term
7 ''school-based entity'' means—
8 (A) a school-based health center, as that
9 term in defined in section 2110(c)(9) of the So-
10 cial Security Act (42 U.S.C. 1397jj(c)(9)); and
11 (B) an entity that provides Medicaid-cov-
12 ered health services in school-based settings for
13 which Federal financial participation is allowed.
14 (3) STATE EDUCATIONAL AGENCY; LOCAL EDU-
15 CATIONAL AGENCY.—The terms ''State educational
16 agency'' and ''local educational agency'' have the
17 meaning given those terms in section 8101 of the
18 Elementary and Secondary Education Act of 1965
19 (20 U.S.C. 7801).
20 **SEC. 102. STATE OPTION TO PROVIDE ASSISTANCE UNDER**
21 **MEDICAID AND CHIP TO ELIGIBLE JUVE-**
22 **NILES WHO ARE INMATES PENDING DISPOSI-**
23 **TION OF CHARGES.**
24 (a) MEDICAID.—

1 (1) IN GENERAL.—The subdivision (A) of sec-
2 tion 1905(a) of the Social Security Act (42 U.S.C.
3 1396d(a)) following the last numbered paragraph of
4 such section is amended by inserting ''or, at the op-
5 tion of the State, while an inmate of a public institu-
6 tion pending disposition of charges in the case of an
7 individual who has not attained age 18 or, in the
8 case of an individual who is an inmate of a public
9 institution pending disposition of charges and who is
10 in foster care under the responsibility of the State,
11 has not attained such older age as the State elects
12 to apply for purposes of parts B and E of title IV
13 under section 475(8))'' after ''patient in a medical
14 institution''.
15 (2) CONFORMING AMENDMENTS.—
16 (A) Section 1902(a)(84)(A) of such Act
17 (42 U.S.C. 1396a(a)(84)(A)) is amended by in-
18 serting ''(unless the State has elected the option
19 under the subdivision (A) of section 1905(a)
20 following the last numbered paragraph of such
21 section to provide eligibility for medical assist-
22 ance for individuals who are inmates of a public
23 institution pending disposition of charges)'' be-
24 fore semicolon.

1 (B) Section 1902(nn)(3) of the Social Se-
2 curity Act (42 U.S.C. 1396a(nn)(3)) is amend-
3 ed by striking ''paragraph (30)'' and all that
4 follows through the period and inserting ''the
5 last numbered paragraph of section 1905(a),
6 taking into account the exceptions in such sub-
7 division for a patient of a medical institution
8 and for States to opt to provide eligibility for
9 medical assistance for individuals who are in-
10 mates of a public institution pending disposition
11 of charges.''.
12 (b) CHIP.—Section 2110(b) of the Social Security
13 Act (42 U.S.C. 1397jj(b)) is amended—
14 (1) in paragraph (2)(A), by striking ''a child''
15 and inserting ''except as provided in paragraph (7),
16 a child''; and
17 (2) by adding at the end the following:
18 ''(7) STATE OPTION FOR EXCEPTION TO EX-
19 CLUSION OF INMATES OF A PUBLIC INSTITUTION.—
20 A State may elect to consider a child who has not
21 attained age 18 and who is an inmate of a public
22 institution pending disposition of charges to not be
23 described in paragraph (2)(A).''.
24 (c) TECHNICAL ASSISTANCE.—The Secretary shall
25 provide technical assistance and guidance to States and

1 jails with respect to the amendments made by this section,
2 which shall include recommendations on how to improve
3 quality of care and promote greater access to assistance
4 under Medicaid and CHIP for individuals who are inmates
5 of a public institution pending disposition of charges and
6 are under the ages applicable under such amendments.

7 (d) TECHNICAL AMENDMENT.—Section 1905(a) of
8 the Social Security Act (42 U.S.C. 1396d(a)) is amended,
9 in the 5th sentence, by striking "paragraph (30)" and in-
10 serting "the last numbered paragraph".

11 (e) EFFECTIVE DATE.—The amendments made by
12 subsections (a) and (b) shall take effect on the 1st day
13 of the 1st calendar quarter that begins on or after the
14 date that is 12 months after the date of the enactment
15 of this Act and shall apply to items and services furnished
16 for periods beginning on or after such date.

17 **SEC. 103. REVIEW OF STATE IMPLEMENTATION OF EARLY**
18 **AND PERIODIC SCREENING, DIAGNOSTIC,**
19 **AND TREATMENT SERVICES.**

20 (a) IN GENERAL.—Not later than 24 months after
21 the date of enactment of Act, and every 5 years thereafter,
22 the Secretary shall—

23 (1) review State implementation of the require-
24 ments for providing early and periodic screening, di-
25 agnostic, and treatment services under Medicaid in

1 accordance with sections 1902(a)(43),
2 1905(a)(4)(B), and 1905(r) of the Social Security
3 Act (42 U.S.C. 1396a(a)(43), 1396d(a)(4)(B),
4 1396d(r)), including with respect to the provision of
5 such services by managed care organizations, pre-
6 paid inpatient health plans, prepaid ambulatory
7 health plans, and primary care case managers;
8 (2) identify gaps and deficiencies with respect
9 to States compliance with such requirements;
10 (3) provide technical assistance to States to ad-
11 dress such gaps and deficiencies; and
12 (4) issue guidance to States on the Medicaid
13 coverage requirements for such services that includes
14 best practices for ensuring children have access to
15 comprehensive health care services, including chil-
16 dren without a mental health diagnosis.
17 (b) REPORTS TO CONGRESS.—Not later than 6
18 months after each date on which the Secretary completes
19 the activities described in subsection (a), the Secretary
20 shall submit to the Committee on Finance of the Senate
21 and the Committee on Energy and Commerce of the
22 House of Representatives a report on the most recent ac-
23 tivities completed for purposes of such subsection that in-
24 cludes the findings made, and descriptions of actions
25 taken by the Secretary or by States as a result of such

1 activities, and any additional actions the Secretary plans
2 to carry out or that States are required to carry out as
3 a result of such activities.
4 (c) GAO STUDY AND REPORT.—
5 (1) STUDY.—The Comptroller General of the
6 United States (in this subsection referred to as the
7 ''Comptroller General'') shall conduct a study evalu-
8 ating State implementation under Medicaid of the
9 early and periodic screening, diagnostic, and treat-
10 ment services benefit required for children by section
11 1905(a)(4)((B) of the Social Security Act (42
12 U.S.C. 1396d(a)(4)(B)) and as defined in section
13 1905(r) of such Act (42 U.S.C. 1396d(r)) and pro-
14 vided in accordance with the requirements of section
15 1902(a)(43) of such Act (42 U.S.C. 1396a(a)(43)),
16 including with respect to State oversight of managed
17 care organizations, prepaid inpatient health plans,
18 prepaid ambulatory health plans, and primary care
19 case managers, and shall provide recommendations
20 to improve State compliance with the requirements
21 for providing such benefit, State oversight of man-
22 aged care organizations, prepaid inpatient health
23 plans, prepaid ambulatory health plans, and primary
24 care case managers, and oversight of State programs

1 under Medicaid by the Administrator of the Centers
2 for Medicare & Medicaid Services.
3 (2) REPORT.—Not later than 3 years after the
4 date of enactment of this Act, the Comptroller Gen-
5 eral shall submit to Congress a report on the study
6 conducted under paragraph (1) that includes the
7 recommendations required by such paragraph, as
8 well as recommendations for such legislation and ad-
9 ministrative action as the Comptroller General deter-
10 mines appropriate.

11 **SEC. 104. RECURRING ANALYSIS AND PUBLICATION OF**
12 **MEDICAID HEALTH CARE DATA RELATED TO**
13 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
14 **ORDER SERVICES.**

15 (a) IN GENERAL.—The Secretary, on a biennial
16 basis, shall link, analyze, and publish on a publicly avail-
17 able website Medicaid data reported by States through the
18 Transformed Medicaid Statistical Information System (T-
19 MSIS) (or a successor system) relating to mental health
20 and substance use disorder services provided to individuals
21 enrolled in Medicaid. Such enrollee information shall be
22 de-identified of any personally identifying information,
23 shall adhere to privacy standards established by the De-
24 partment of Health and Human Services, and shall be ag-
25 gregated to protect the privacy of enrollees, as necessary.

1 Each publication of such analysis shall include for each
2 State available data disaggregated by providers of such
3 services for the following measures:
4 (1) Inpatient admissions in which mental health
5 or substance use disorder services were provided,
6 that occur within 30 days after discharge from a
7 hospital or inpatient facility in which mental health
8 or substance use disorder services previously were
9 provided, disaggregated by type of facility, to the ex-
10 tent such information is available.
11 (2) An emergency department visit within 7
12 days after discharge from a hospital inpatient facil-
13 ity in which a billable service for mental health or
14 substance use disorder services was provided or
15 claim was submitted, or from a mental health facil-
16 ity, an independent psychiatric wing of acute care
17 hospital, or an intermediate care facility for individ-
18 uals with intellectual disabilities, disaggregated by
19 type of facility, to the extent such information is
20 available.
21 (3) For each individual enrolled in Medicaid
22 with an episode described in paragraph (1), (2), or
23 both, the individual's age, gender, race, income level,
24 zip code of residency, number of Medicaid enroll-
25 ment days as of the date of such admission or visit,

1 dual eligibility status, managed care plan type (if
2 any) and, only if presented in a de-identified and ag-
3 gregated manner, diagnosis codes.
4 (4) Provider specialty, type, service or practice
5 or billing location, profit status, teaching facility sta-
6 tus, health plan participation, procedure code,
7 Healthcare Common Procedure Coding System rate,
8 managed care encounter claim type.
9 (5) Prescription National Drug Code codes, fill
10 dates, and number of days supply of any covered
11 outpatient drug (as defined in section 1927(k)(2) of
12 the Social Security Act (42 U.S.C. 1396r-8(k)(2))
13 dispensed to an individual enrolled in Medicaid with
14 an episode described in paragraph (1), (2), or both,
15 during any period that occurs after the individual's
16 discharge date defined in paragraph (1) or (2) (as
17 applicable), and before the admission date applicable
18 under paragraph (1) or the date of the emergency
19 department visit applicable under paragraph (2).
20 (b) DEADLINE FOR FIRST PUBLICATION.—Not later
21 than 1 year after the enactment of this Act, the Secretary
22 shall make publicly available the first analysis required by
23 subsection (a).
24 (c) MAKING PERMANENT THE REQUIREMENT TO AN-
25 NUALLY UPDATE THE SUD DATA BOOK.—Section

1 1015(a)(3) of the SUPPORT for Patients and Commu-
2 nities Act (Public Law 115–271) is amended by striking
3 ‘‘through 2024’’.

4 **SEC. 105. SUPPORTING THE PROVISION OF TREATMENT**
5 **FAMILY CARE SERVICES.**

6 (a) DEFINITIONS.—In this section:
7 (1) INDIAN TRIBE.—The term ‘‘Indian tribe’’
8 has the meaning given that term in section 4 of the
9 Indian Health Care Improvement Act (25 U.S.C.
10 1603).
11 (2) TITLE IV–E PROGRAM.—The term ‘‘title
12 IV–E program’’ means the program for foster care,
13 prevention, and permanency established under part
14 E of title IV of the Social Security Act (42 U.S.C.
15 670 et seq.).
16 (3) TREATMENT FAMILY CARE SERVICES.—
17 (A) IN GENERAL.—The term ‘‘treatment
18 family care services’’ means structured services
19 and interventions provided in a home-based or
20 family-based setting, which may adopt a trau-
21 ma-informed approach, and may include serv-
22 ices addressing the development, improvement,
23 monitoring, and reinforcing of age-appropriate
24 social, communication, and behavioral skills,
25 crisis intervention and crisis support services,

1 medication monitoring, counseling, and case
2 management, for children described in subpara-
3 graph (B).
4 (B) CHILDREN DESCRIBED.—For purposes
5 of subparagraph (A), children described in this
6 subparagraph are children with a serious men-
7 tal health, substance use disorder, or medical
8 condition, or an intellectual or developmental
9 disability, who—
10 (i) are enrolled in Medicaid;
11 (ii) have not attained age 26; and
12 (iii) as a result of such condition or
13 disability, need additional or specialized
14 care, the cost of which could be reimbursed
15 under Medicaid or under the title IV–E
16 program, but who can receive such addi-
17 tional or specialized care in a home or
18 community-based setting.
19 (b) GUIDANCE AND BEST PRACTICES RELATING TO
20 TREATMENT FAMILY CARE SERVICES.—
21 (1) IN GENERAL.—Not later than 18 months
22 after the date of enactment of this Act, the Sec-
23 retary shall develop and issue guidance to States
24 and Indian tribes identifying opportunities to fund
25 treatment family care services for children enrolled

1 in Medicaid and best practices relating to the provi-
2 sion of such services.
3 (2) SPECIFIC AREAS.—The guidance required
4 under paragraph (1) shall include descriptions of the
5 following:
6 (A) Existing opportunities and flexibilities
7 under Medicaid, including under waivers au-
8 thorized under section 1115 or 1915 of the So-
9 cial Security Act (42 U.S.C. 1315, 1396n), for
10 States to receive Federal funding for the provi-
11 sion of treatment family care services for chil-
12 dren described in subsection (a)(3)(B).
13 (B) Funding opportunities and flexibilities
14 under the title IV–E program, including for
15 specialized training and consultation for biologi-
16 cal parents, relative and kinship caregivers,
17 adoptive parents, and foster parents, adminis-
18 trative costs related to in-home prevention serv-
19 ices to candidates for foster care and their par-
20 ents or kinship caregivers, and reunification
21 services for children returning from foster care,
22 as well as other services identified by the Sec-
23 retary.
24 (C) How States can employ and coordinate
25 funding provided under Medicaid, the title IV–

1 E program, and other programs administered
2 by the Secretary, to support the provision of
3 treatment family care services.
4 (3) BEST PRACTICES FOR ESTABLISHING PRO-
5 GRAMS TO PROVIDE TREATMENT FAMILY CARE
6 SERVICES.—The Secretary shall issue best practices
7 for establishing programs to provide treatment fam-
8 ily care services with the guidance required under
9 paragraph (1) that includes the following:
10 (A) Best practices for the organization and
11 provision of treatment family care services and
12 supports.
13 (B) Identification of services and supports
14 included in successful programs that provide
15 treatment family care services.
16 (C) Descriptions of State standards for li-
17 censing and accrediting programs, credentialing
18 and certification requirements, or other training
19 and experience requirements, applicable to pro-
20 viders of treatment family care services to en-
21 sure providers are appropriately licensed and
22 trained to provide high-quality treatment family
23 care services, including best practices con-
24 cerning such State standards which rely on rec-
25 ognized national independent, not-for-profit en-

1 tities that accredit health care organizations or
2 by any other independent, not-for-profit accred-
3 iting organizations approved by the State.
4 (4) COLLABORATION REQUIRED.—Before
5 issuing the guidance and best practices required
6 under this subsection, the Secretary shall solicit
7 input from representatives of States and Indian
8 tribes, health care providers with expertise in child
9 trauma and child development, children with mental
10 illness, substance use disorder, or other emotional or
11 behavioral disorders, recipients of treatment family
12 care services, foster and kinship care families, and
13 other relevant experts and stakeholders.
14 (5) RULE OF CONSTRUCTION.—Nothing in this
15 subsection shall be construed as requiring the Sec-
16 retary to establish an advisory committee subject to
17 the provisions of the Federal Advisory Committee
18 Act (5 U.S.C. App.).
19 (c) GAO STUDY AND REPORT.—Not later than 2
20 years after the date of enactment of this Act, the Comp-
21 troller General of the United States shall conduct a study
22 and submit a report to Congress assessing States' and
23 Tribes' progress in taking steps to ensure foster parents
24 and other caregivers who are eligible for training for which
25 Federal payments are available under the title IV–E pro-

1 gram are provided with necessary and appropriate train-
2 ing to meet the individual needs of foster children placed
3 in their care, consistent with the requirements of sections
4 471(a)(24) and 477(b)(3)(D) of the Social Security Act
5 (42 U.S.C. 671(a)(24), 677(b)(3)(D)). Such assessment
6 shall also include an analysis of, and recommendations,
7 if any, to relevant Federal agencies to improve, State re-
8 view, approval and oversight of all such training (whether
9 provided directly by the State or under contract with a
10 public or private agency responsible for finding, placing,
11 or monitoring the placement of children in foster family
12 homes).

13 **SEC. 106. MEDICAID COVERAGE OF MENTAL HEALTH SERV-**
14 **ICES AND PRIMARY CARE SERVICES FUR-**
15 **NISHED ON THE SAME DAY.**

16 (a) IN GENERAL.—Section 1902(a) of the Social Se-
17 curity Act (42 U.S.C. 1396a(a)) is amended—
18 (1) in paragraph (86), by striking "; and" and
19 inserting a semicolon;
20 (2) in paragraph (87), by striking the period at
21 the end and inserting "; and"; and
22 (3) by inserting after paragraph (87) the fol-
23 lowing new paragraph:
24 "(88) not prohibit payment under the plan for
25 a mental health service or primary care service fur-

1 nished to an individual for which payment would
2 otherwise be payable under the plan, with respect to
3 such individual, if such service were not a same-day
4 qualifying service (as defined in subsection (tt)).''.
5 (b) SAME-DAY QUALIFYING SERVICES DEFINED.—
6 Section 1902 of the Social Security Act (42 U.S.C. 1396a)
7 is amended by adding at the end the following new sub-
8 section:
9 ''(tt) SAME-DAY QUALIFYING SERVICES DEFINED.—
10 For purposes of subsection (a)(88), the term 'same-day
11 qualifying service' means—
12 ''(1) a primary care service furnished to an in-
13 dividual by a provider at an office, clinic, or other
14 outpatient facility on the same day a mental health
15 service is furnished to such individual by such pro-
16 vider (or another provider) at the same office, clinic,
17 or other outpatient facility; and
18 ''(2) a mental health service furnished to an in-
19 dividual by a provider at an office, clinic, or other
20 outpatient facility on the same day a primary care
21 service is furnished to such individual by such pro-
22 vider (or another provider) at the office, clinic, or
23 other outpatient facility.''.

SEC. 107. GUIDANCE TO STATES ON SUPPORTING MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND YOUNG ADULTS.

(a) GUIDANCE ON INCREASING THE AVAILABILITY AND PROVISION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES UNDER MEDICAID AND CHIP.—Not later than 12 months after the date of enactment of this Act, the Secretary shall issue guidance to improve the availability and provision of mental health and substance use disorder services through Medicaid and CHIP for children and young adults. Such guidance shall address:

(1) The design and implementation of benefits for children and young adults with significant mental health conditions covered by Medicaid and CHIP.

(2) Strategies to facilitate access to mental health and substance use disorder services under Medicaid and CHIP that are delivered in home or community-based settings for children and young adults who are eligible for home and community-based services under Medicaid or CHIP and who have, or at risk for having, a significant mental health or substance use disorder condition or intellectual or developmental disability.

1 (3) Strategies to promote screening for mental
2 health and substance use disorder needs of children
3 and adolescents, including children and youth pro-
4 vided, or at risk for needing, child welfare services,
5 in coordination with providers, managed care organi-
6 zations, prepaid inpatient health plans, prepaid am-
7 bulatory health plans, and schools.
8 (4) Strategies for supporting the provision of
9 culturally competent, developmentally appropriate,
10 and trauma-informed care, including with respect to
11 early prevention and intervention services, for chil-
12 dren and young adults at higher risk for having
13 mental health and substance use disorder needs who
14 do not have a mental health or substance use dis-
15 order diagnosis and for children and youth provided,
16 or at risk for needing, child welfare services.
17 (5) Best practices from State programs under
18 Medicaid and CHIP in expanding access to mental
19 health and substance use disorder care for children
20 and young adults, including children and adolescents
21 that are part of underserved communities.
22 (6) Strategies to coordinate services and fund-
23 ing provided under parts B and E of title IV of the
24 Social Security Act (42 U.S.C. 621 et seq., 670 et
25 seq.) with services for which Federal financial par-

1 ticipation is available under Medicaid or CHIP to
2 support improved access to comprehensive mental
3 health and substance use disorder services for chil-
4 dren and youth provided, or at risk for needing,
5 child welfare services.
6 (b) CONSULTATION.—The Secretary shall consult
7 with the Administrator of the Centers for Medicare &
8 Medicaid Services, the Assistant Secretary for the Admin-
9 istration for Children and Families, and the Assistant Sec-
10 retary for Mental Health and Substance Use with respect
11 to the guidance issued under subsection (a).

12 **SEC. 108. MEDICAID STATE PLAN REQUIREMENTS FOR**
13 **SCREENING SERVICES AND REFERRALS FOR**
14 **ELIGIBLE JUVENILES IN PUBLIC INSTITU-**
15 **TIONS.**

16 (a) IN GENERAL.—Section 1902(a)(84) of the Social
17 Security Act (42 U.S.C. 1396a(a)(84)) is amended—
18 (1) in subparagraph (B), by striking "and"
19 after the semicolon;
20 (2) in subparagraph (C), by inserting "and"
21 after the semicolon; and
22 (3) by inserting after subparagraph (C), the fol-
23 lowing new subparagraph:
24 "(D) in the case of an individual who is an
25 eligible juvenile described in subparagraph (A)

1 or (B) of subsection (nn)(2), prior to the eligi-
2 ble juvenile's release from a public institution
3 and in coordination with the public institution,
4 the State shall have in place a plan to ensure
5 and, in accordance with such plan, provide—
6 "(i) during the period that begins 30
7 days before the date of the eligible juve-
8 nile's release from the public institution
9 and ends 1 week after such date—
10 "(I) for any screening services
11 described in section 1905(r) which the
12 eligible juvenile is due to receive under
13 the State plan (or under a waiver of
14 such plan) based on the intervals es-
15 tablished pursuant to such section, in-
16 cluding behavioral health screening
17 services; and
18 "(II) any screening services de-
19 scribed in such section that the eligi-
20 ble juvenile did not receive during the
21 period in which the eligible juvenile
22 was an inmate of the public institu-
23 tion but that would have been pro-
24 vided to the eligible juvenile under the
25 State plan (or waiver) in accordance

1 with such intervals if the eligible juve-
2 nile had not been an inmate of the
3 public institution during such period;
4 and
5 "(ii) referrals for the eligible juvenile
6 to the appropriate services, including nec-
7 essary health care, diagnostic services,
8 treatment, and other measures described in
9 section 1905(a), based on the screening
10 services conducted under clause (i), upon
11 the eligible juvenile's release from the pub-
12 lic institution (or, if such screening serv-
13 ices are conducted after the eligible juve-
14 nile's release from the public institution,
15 not later than 1 week after the screening
16 services are conducted);".
17 (b) CLARIFICATION REGARDING FEDERAL FINAN-
18 CIAL PARTICIPATION FOR SCREENINGS.—A State shall
19 have the option to treat amounts expended by the State
20 on screenings provided to eligible juveniles in accordance
21 with subparagraph (D) of section 1902(a)(84) of the So-
22 cial Security Act (42 U.S.C. 1396a(a)(84)), as added by
23 subsection (a), as expenditures for medical assistance for
24 which Federal financial participation is allowed under sec-
25 tion 1903(a) of such Act (42 U.S.C. 1396b(a)).

1 (c) EFFECTIVE DATE.—.
2 (1) IN GENERAL.—Except as provided in para-
3 graph (2), the amendments made by this section
4 take effect on October 1, 2023.
5 (2) EXCEPTION FOR STATE LEGISLATION.—In
6 the case of a State plan under Medicaid which the
7 Secretary determines requires State legislation
8 (other than legislation appropriating funds) in order
9 for the plan to meet the additional requirements im-
10 posed by the amendments made by subsection (a),
11 such State plan shall not be regarded as failing to
12 comply with the requirements of Medicaid solely on
13 the basis of its failure to meet these additional re-
14 quirements before the first day of the first calendar
15 quarter beginning after the close of the first regular
16 session of the State legislature that begins after the
17 date of the enactment of this Act. For purposes of
18 the previous sentence, in the case of a State that has
19 a 2-year legislative session, each year of such session
20 shall be deemed to be a separate regular session of
21 the State legislature.

SEC. 109. STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS UNDER MEDICAID AND CHIP.

(a) IN GENERAL.—Section 1902(kk) of the Social Security Act (42 U.S.C. 1396a(kk)) is amended by adding at the end the following new paragraph:

"(10) STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS.—

"(A) IN GENERAL.—The State adopts and implements a process that enables an eligible out-of-State provider to enroll as a participating provider in the State plan (or a waiver of such plan) without the imposition of additional screening requirements by the State, unless the State has a standard agreement with other States governing coverage and payment for services furnished to Medicaid-eligible children with medically complex conditions that was developed in accordance with guidance issued by the Secretary under section 1945A. An eligible out-of-State provider that enrolls as a participating provider in the State plan (or a waiver of such plan) through such process shall be enrolled for a 5-year period unless the provider is terminated or excluded from participation during such period.

1 "(B) DEFINITIONS.—In this paragraph:
2 "(i) ELIGIBLE OUT-OF-STATE PRO-
3 VIDER.—The term 'eligible out-of-State
4 provider' means, with respect to a State, a
5 provider—
6 "(I) that furnishes to a quali-
7 fying individual any item or service
8 for which Federal financial assistance
9 is available under the State plan (or a
10 waiver of such plan);
11 "(II) that is located in any other
12 State;
13 "(III) with respect to which the
14 Secretary has determined (or, in the
15 case of a provider for which no risk
16 level determination has been made by
17 the Secretary, the State agency ad-
18 ministering or supervising the admin-
19 istration of the State plan (or a waiv-
20 er of such plan) has determined) there
21 is a limited risk of fraud, waste, and
22 abuse for purposes of determining the
23 level of screening to be conducted
24 under section 1866(j)(2) (except that,
25 if such State agency has designated a

1 higher risk level for the provider than
2 the Secretary, the State agency's des-
3 ignation shall apply);
4 "(IV) that has been screened
5 under such section 1866(j)(2) and en-
6 rolled in the Medicare program under
7 title XVIII, or screened under para-
8 graph (1) of this subsection and en-
9 rolled in the State plan (or a waiver
10 of such plan) in which such provider
11 is located; and
12 "(V) that has not been excluded
13 from participation in any Federal
14 health care program pursuant to sec-
15 tion 1128 or 1128A, excluded from
16 participation in the State plan (or a
17 waiver of such plan) pursuant to part
18 1002 of title 42, Code of Federal Reg-
19 ulations, or State law, or terminated
20 from participating in a Federal health
21 care program or the State plan (or a
22 waiver of such plan) for a reason de-
23 scribed in paragraph (8)(A) of this
24 subsection.

1 "(ii) QUALIFYING INDIVIDUAL.—The
2 term 'qualifying individual' means, with re-
3 spect to an eligible out-of-State provider,
4 an individual under 21 years of age to
5 whom the provider furnishes items and
6 services for the treatment of a condition.

7 "(iii) STATE.—The term 'State'
8 means 1 of the 50 States or the District
9 of Columbia.".

10 (b) CONFORMING AMENDMENTS.—

11 (1) Section 1902(a)(77) of the Social Security
12 Act (42 U.S.C. 1396a(a)(77)) is amended by insert-
13 ing "enrollment," after "screening,".

14 (2) The subsection heading for section
15 1902(kk) of such Act (42 U.S.C. 1396a(kk))is
16 amended by inserting "ENROLLMENT," after
17 "SCREENING,".

18 (3) Section 2107(e)(1)(G) of such Act (42
19 U.S.C. 1397gg(e)(1)(G)) is amended by inserting
20 "enrollment," after "screening,".

21 (c) EFFECTIVE DATE.—

22 (1) IN GENERAL.—Except as provided in para-
23 graph (2), the amendments made by this section
24 take effect on the date that is 2 years after the date
25 of enactment of this Act.

1 (2) EXCEPTION FOR STATE LEGISLATION.—In
2 the case of a State plan under Medicaid or a State
3 child health plan under CHIP which the Secretary
4 determines requires State legislation (other than leg-
5 islation appropriating funds) in order for the plan to
6 meet the additional requirements imposed by the
7 amendments made by this section, such State plan
8 or State child health plan shall not be regarded as
9 failing to comply with the requirements of Medicaid
10 or CHIP, respectively, solely on the basis of its fail-
11 ure to meet these additional requirements before the
12 first day of the first calendar quarter beginning
13 after the close of the first regular session of the
14 State legislature that begins after the date of the en-
15 actment of this Act. For purposes of the previous
16 sentence, in the case of a State that has a 2-year
17 legislative session, each year of such session shall be
18 deemed to be a separate regular session of the State
19 legislature.