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 CHILDREN AND YOUTH UNDER
4 MEDICAID AND CHIP
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6 SEC. 100. DEFINITIONS.
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8 In this title:
9
10 (1) CHIP.—The term “CHIP” means the State children’s health insurance program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).
11
12 (2) MEDICAID.—The term “Medicaid” means the program for grants to States for medical assist-
ance programs established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) SECRETARY.—Except as otherwise specified, the term “Secretary” means the Secretary of Health and Human Services.

(4) STATE.—The term “State” has the meaning given that term in section 1101(a)(1) of the Social Security Act (42 U.S.C. 1301(a)(1)) for purposes of titles XIX and XXI of such Act, and for purposes of sections 105 and 107, includes the meaning given that term for purposes of parts B and E of title IV of such Act.

SEC. 101. SUPPORTING ACCESS TO HEALTH CARE SERVICES IN SCHOOLS.

(a) GUIDANCE.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, the Secretary, in consultation with the Secretary of Education, shall issue guidance to State Medicaid agencies, local educational agencies, and school-based entities to support the delivery of medical assistance to Medicaid and CHIP beneficiaries in school-based settings.

(2) REQUIRED INFORMATION.—The guidance issued pursuant to paragraph (1) shall—
(A) include updates to the May 2003 Medicaid School-Based Administrative Claiming Guide, the 1997 Medicaid and Schools Technical Assistance Guide, and other relevant guidance in effect on the date of enactment of this Act;

(B) clarify that payments may be made to schools under Medicaid for delivering assistance under Medicaid, including any such assistance provided in accordance with an individualized education program or under the “free care” policy described in the State Medicaid Director letter on payment for services issued on December 15, 2014 (#14-006);

(C) outline strategies and tools to reduce administrative burdens on, and simplify billing for, local educational agencies, in particular small and rural local educational agencies, and support compliance with Federal requirements regarding billing, payment, and recordkeeping, including by aligning direct service billing and school-based administrative claiming payment systems;

(D) include a comprehensive list of best practices and examples of approved methods
that State Medicaid agencies and local educational agencies have used to pay for, and increase the availability of, assistance under Medicaid, including expanding State programs to include all Medicaid-enrolled students, providing early and periodic screening, diagnostic, and treatment (EPSDT) services in schools, utilizing telehealth, forming partnerships with community-based mental health and substance use disorder treatment providers and organizations, and supporting the provision of culturally competent and trauma-informed care in school settings; and

(E) provide examples of the types of providers (which may include qualified school health personnel) that States may choose to enroll, deem, or otherwise treat as participating providers for purposes of school-based programs under Medicaid and best practices related to helping such providers enroll in Medicaid for purposes of participating in school-based programs under Medicaid.

(b) TECHNICAL ASSISTANCE CENTER.—

(1) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Sec-
Secretary, in consultation with the Secretary of Education, shall establish a technical assistance center to—

(A) assist and expand the capacity of State Medicaid agencies, State and local educational agencies, and school-based entities to provide assistance under Medicaid;

(B) reduce administrative burdens for such agencies and health centers or entities;

(C) support State and local educational agencies and school-based entities in obtaining payment for the provision of assistance under Medicaid;

(D) ensure ongoing coordination and collaboration between the Department of Health and Human Services and the Department of Education with respect to the provision of, and payment for, assistance under Medicaid by local educational agencies; and

(E) provide information to school districts and States on how to utilize funding from the Department of Health and Human Services, the Department of Education, and other Federal agencies to ensure payment under Medicaid for assistance provided in school-based settings.
(2) SMALL AND RURAL SCHOOLS.—The Secretary shall ensure that the technical assistance center includes resources which are specifically designed to help support small and rural local educational agencies in obtaining payment for the provision of assistance under Medicaid.

(3) REPORTING.—The technical assistance center shall, on a biennial basis, submit to the Secretary a report on the work of the center that identifies the areas where the most assistance was requested.

(c) GRANTS.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, the Secretary shall award grants to States for the purpose of preparing and submitting to the Secretary a State plan amendment or waiver request under Medicaid or CHIP to implement, enhance, or expand a school-based health program under Medicaid or CHIP.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Health and Human Services to carry out this subsection, $50,000,000, to remain available until expended.

(d) DEFINITIONS.—In this section:
(1) **INDIVIDUALIZED EDUCATION PROGRAM.**—
The term “individualized education program” has the meaning given such term in section 602(14) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(14)).

(2) **SCHOOL-BASED ENTITY.**—The term “school-based entity” means—

(A) a school-based health center, as that term in defined in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)); and

(B) an entity that provides Medicaid-covered health services in school-based settings for which Federal financial participation is allowed.

(3) **STATE EDUCATIONAL AGENCY; LOCAL EDUCATIONAL AGENCY.**—The terms “State educational agency” and “local educational agency” have the meaning given those terms in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

**SEC. 102. STATE OPTION TO PROVIDE ASSISTANCE UNDER MEDICAID AND CHIP TO ELIGIBLE JUVENILES WHO ARE INMATES PENDING DISPOSITION OF CHARGES.**

(a) **MEDICAID.**—
(1) IN GENERAL.—The subdivision (A) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) following the last numbered paragraph of such section is amended by inserting “or, at the option of the State, while an inmate of a public institution pending disposition of charges in the case of an individual who has not attained age 18 or, in the case of an individual who is an inmate of a public institution pending disposition of charges and who is in foster care under the responsibility of the State, has not attained such older age as the State elects to apply for purposes of parts B and E of title IV under section 475(8))” after “patient in a medical institution”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(84)(A) of such Act (42 U.S.C. 1396a(a)(84)(A)) is amended by inserting “(unless the State has elected the option under the subdivision (A) of section 1905(a) following the last numbered paragraph of such section to provide eligibility for medical assistance for individuals who are inmates of a public institution pending disposition of charges)” before semicolon.
(B) Section 1902(nn)(3) of the Social Security Act (42 U.S.C. 1396a(nn)(3)) is amended by striking “paragraph (30)” and all that follows through the period and inserting “the last numbered paragraph of section 1905(a), taking into account the exceptions in such subdivision for a patient of a medical institution and for States to opt to provide eligibility for medical assistance for individuals who are inmates of a public institution pending disposition of charges.”.

(b) CHIP.—Section 2110(b) of the Social Security Act (42 U.S.C. 1397jj(b)) is amended—

(1) in paragraph (2)(A), by striking “a child” and inserting “except as provided in paragraph (7), a child”; and

(2) by adding at the end the following:

“(7) STATE OPTION FOR EXCEPTION TO EXCLUSION OF INMATES OF A PUBLIC INSTITUTION.— A State may elect to consider a child who has not attained age 18 and who is an inmate of a public institution pending disposition of charges to not be described in paragraph (2)(A).”.

(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and guidance to States and
jails with respect to the amendments made by this section,
which shall include recommendations on how to improve
quality of care and promote greater access to assistance
under Medicaid and CHIP for individuals who are inmates
of a public institution pending disposition of charges and
are under the ages applicable under such amendments.

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

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

SEC. 103. REVIEW OF STATE IMPLEMENTATION OF EARLY
AND PERIODIC SCREENING, DIAGNOSTIC,
AND TREATMENT SERVICES.

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

(1) review State implementation of the require-
ments for providing early and periodic screening, di-
agnostic, and treatment services under Medicaid in
accordance with sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act (42 U.S.C. 1396a(a)(43), 1396d(a)(4)(B), 1396d(r)), including with respect to the provision of such services by managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, and primary care case managers;

(2) identify gaps and deficiencies with respect to States compliance with such requirements;

(3) provide technical assistance to States to address such gaps and deficiencies; and

(4) issue guidance to States on the Medicaid coverage requirements for such services that includes best practices for ensuring children have access to comprehensive health care services, including children without a mental health diagnosis.

(b) REPORTS TO CONGRESS.—Not later than 6 months after each date on which the Secretary completes the activities described in subsection (a), the Secretary shall submit to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the most recent activities completed for purposes of such subsection that includes the findings made, and descriptions of actions taken by the Secretary or by States as a result of such
activities, and any additional actions the Secretary plans
to carry out or that States are required to carry out as
a result of such activities.

(c) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the
United States (in this subsection referred to as the
“Comptroller General”) shall conduct a study evalu-
ating State implementation under Medicaid of the
ey early and periodic screening, diagnostic, and treat-
ment services benefit required for children by section
1905(a)(4)((B) of the Social Security Act (42
U.S.C. 1396d(a)(4)(B)) and as defined in section
1905(r) of such Act (42 U.S.C. 1396d(r)) and pro-
vided in accordance with the requirements of section
1902(a)(43) of such Act (42 U.S.C. 1396a(a)(43)),
including with respect to State oversight of managed
care organizations, prepaid inpatient health plans,
prepaid ambulatory health plans, and primary care
case managers, and shall provide recommendations
to improve State compliance with the requirements
for providing such benefit, State oversight of man-
eged care organizations, prepaid inpatient health
plans, prepaid ambulatory health plans, and primary
care case managers, and oversight of State programs
under Medicaid by the Administrator of the Centers for Medicare & Medicaid Services.

(2) REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1) that includes the recommendations required by such paragraph, as well as recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 104. RECURRING ANALYSIS AND PUBLICATION OF MEDICAID HEALTH CARE DATA RELATED TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.

(a) In General.—The Secretary, on a biennial basis, shall link, analyze, and publish on a publicly available website Medicaid data reported by States through the Transformed Medicaid Statistical Information System (T-MSIS) (or a successor system) relating to mental health and substance use disorder services provided to individuals enrolled in Medicaid. Such enrollee information shall be de-identified of any personally identifying information, shall adhere to privacy standards established by the Department of Health and Human Services, and shall be aggregated to protect the privacy of enrollees, as necessary.
Each publication of such analysis shall include for each State available data disaggregated by providers of such services for the following measures:

(1) Inpatient admissions in which mental health or substance use disorder services were provided, that occur within 30 days after discharge from a hospital or inpatient facility in which mental health or substance use disorder services previously were provided, disaggregated by type of facility, to the extent such information is available.

(2) An emergency department visit within 7 days after discharge from a hospital inpatient facility in which a billable service for mental health or substance use disorder services was provided or claim was submitted, or from a mental health facility, an independent psychiatric wing of acute care hospital, or an intermediate care facility for individuals with intellectual disabilities, disaggregated by type of facility, to the extent such information is available.

(3) For each individual enrolled in Medicaid with an episode described in paragraph (1), (2), or both, the individual’s age, gender, race, income level, zip code of residency, number of Medicaid enrollment days as of the date of such admission or visit,
dual eligibility status, managed care plan type (if any) and, only if presented in a de-identified and ag-
gregated manner, diagnosis codes.

(4) Provider specialty, type, service or practice or billing location, profit status, teaching facility sta-
tus, health plan participation, procedure code, Healthcare Common Procedure Coding System rate, managed care encounter claim type.

(5) Prescription National Drug Code codes, fill dates, and number of days supply of any covered outpatient drug (as defined in section 1927(k)(2) of the Social Security Act (42 U.S.C. 1396r-8(k)(2)) dispensed to an individual enrolled in Medicaid with an episode described in paragraph (1), (2), or both, during any period that occurs after the individual’s discharge date defined in paragraph (1) or (2) (as applicable), and before the admission date applicable under paragraph (1) or the date of the emergency department visit applicable under paragraph (2).

(b) **Deadline for First Publication.**—Not later than 1 year after the enactment of this Act, the Secretary shall make publicly available the first analysis required by subsection (a).

(c) **Making Permanent the Requirement to Annually Update the SUD Data Book.**—Section
1015(a)(3) of the SUPPORT for Patients and Communities Act (Public Law 115–271) is amended by striking “through 2024”.

SEC. 105. SUPPORTING THE PROVISION OF TREATMENT FAMILY CARE SERVICES.

(a) DEFINITIONS.—In this section:

(1) INDIAN TRIBE.—The term “Indian tribe” has the meaning given that term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) TITLE IV–E PROGRAM.—The term “title IV–E program” means the program for foster care, prevention, and permanency established under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.).

(3) TREATMENT FAMILY CARE SERVICES.—

(A) IN GENERAL.—The term “treatment family care services” means structured services and interventions provided in a home-based or family-based setting, which may adopt a trauma-informed approach, and may include services addressing the development, improvement, monitoring, and reinforcing of age-appropriate social, communication, and behavioral skills, crisis intervention and crisis support services,
medication monitoring, counseling, and case management, for children described in subparagraph (B).

(B) CHILDREN DESCRIBED.—For purposes of subparagraph (A), children described in this subparagraph are children with a serious mental health, substance use disorder, or medical condition, or an intellectual or developmental disability, who—

(i) are enrolled in Medicaid;

(ii) have not attained age 26; and

(iii) as a result of such condition or disability, need additional or specialized care, the cost of which could be reimbursed under Medicaid or under the title IV–E program, but who can receive such additional or specialized care in a home or community-based setting.

(b) GUIDANCE AND BEST PRACTICES RELATING TO TREATMENT FAMILY CARE SERVICES.—

(1) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Secretary shall develop and issue guidance to States and Indian tribes identifying opportunities to fund treatment family care services for children enrolled
in Medicaid and best practices relating to the provision of such services.

(2) SPECIFIC AREAS.—The guidance required under paragraph (1) shall include descriptions of the following:

(A) Existing opportunities and flexibilities under Medicaid, including under waivers authorized under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for States to receive Federal funding for the provision of treatment family care services for children described in subsection (a)(3)(B).

(B) Funding opportunities and flexibilities under the title IV–E program, including for specialized training and consultation for biological parents, relative and kinship caregivers, adoptive parents, and foster parents, administrative costs related to in-home prevention services to candidates for foster care and their parents or kinship caregivers, and reunification services for children returning from foster care, as well as other services identified by the Secretary.

(C) How States can employ and coordinate funding provided under Medicaid, the title IV–
E program, and other programs administered
by the Secretary, to support the provision of
treatment family care services.

(3) BEST PRACTICES FOR ESTABLISHING PRO-
GRAMS TO PROVIDE TREATMENT FAMILY CARE
SERVICES.—The Secretary shall issue best practices
for establishing programs to provide treatment fam-
ily care services with the guidance required under
paragraph (1) that includes the following:

(A) Best practices for the organization and
provision of treatment family care services and
supports.

(B) Identification of services and supports
included in successful programs that provide
treatment family care services.

(C) Descriptions of State standards for li-
censing and accrediting programs, credentialing
and certification requirements, or other training
and experience requirements, applicable to pro-
viders of treatment family care services to en-
sure providers are appropriately licensed and
trained to provide high-quality treatment family
care services, including best practices con-
cerning such State standards which rely on rec-
ognized national independent, not-for-profit en-
tivities that accredit health care organizations or
by any other independent, not-for-profit accred-
iting organizations approved by the State.

(4) **COLLABORATION REQUIRED.**—Before
issuing the guidance and best practices required
under this subsection, the Secretary shall solicit
input from representatives of States and Indian
tribes, health care providers with expertise in child
trauma and child development, children with mental
illness, substance use disorder, or other emotional or
behavioral disorders, recipients of treatment family
care services, foster and kinship care families, and
other relevant experts and stakeholders.

(5) **RULE OF CONSTRUCTION.**—Nothing in this
subsection shall be construed as requiring the Sec-
retary to establish an advisory committee subject to
the provisions of the Federal Advisory Committee
Act (5 U.S.C. App.).

(c) **GAO STUDY AND REPORT.**—Not later than 2
years after the date of enactment of this Act, the Com-
troller General of the United States shall conduct a study
and submit a report to Congress assessing States’ and
Tribes’ progress in taking steps to ensure foster parents
and other caregivers who are eligible for training for which
Federal payments are available under the title IV–E pro-
gram are provided with necessary and appropriate training to meet the individual needs of foster children placed in their care, consistent with the requirements of sections 471(a)(24) and 477(b)(3)(D) of the Social Security Act (42 U.S.C. 671(a)(24), 677(b)(3)(D)). Such assessment shall also include an analysis of, and recommendations, if any, to relevant Federal agencies to improve, State review, approval and oversight of all such training (whether provided directly by the State or under contract with a public or private agency responsible for finding, placing, or monitoring the placement of children in foster family homes).

SEC. 106. MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY.

(a) In General.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (86), by striking “; and” and inserting a semicolon;

(2) in paragraph (87), by striking the period at the end and inserting “; and”; and

(3) by inserting after paragraph (87) the following new paragraph:

“(88) not prohibit payment under the plan for a mental health service or primary care service fur-
nished to an individual for which payment would otherwise be payable under the plan, with respect to such individual, if such service were not a same-day qualifying service (as defined in subsection (tt)).”.

(b) **SAME-DAY QUALIFYING SERVICES DEFINED.**—

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

“(tt) **SAME-DAY QUALIFYING SERVICES DEFINED.**—

For purposes of subsection (a)(88), the term ‘same-day qualifying service’ means—

“(1) a primary care service furnished to an individual by a provider at an office, clinic, or other outpatient facility on the same day a mental health service is furnished to such individual by such provider (or another provider) at the same office, clinic, or other outpatient facility; and

“(2) a mental health service furnished to an individual by a provider at an office, clinic, or other outpatient facility on the same day a primary care service is furnished to such individual by such provider (or another provider) at the office, clinic, or 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 enact-
ment of this Act, the Secretary shall issue guidance to im-
prove 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 men-
tal 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 intel-
lectual or developmental disability.
(3) Strategies to promote screening for mental health and substance use disorder needs of children and adolescents, including children and youth provided, or at risk for needing, child welfare services, in coordination with providers, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, and schools.

(4) Strategies for supporting the provision of culturally competent, developmentally appropriate, and trauma-informed care, including with respect to early prevention and intervention services, for children and young adults at higher risk for having mental health and substance use disorder needs who do not have a mental health or substance use disorder diagnosis and for children and youth provided, or at risk for needing, child welfare services.

(5) Best practices from State programs under Medicaid and CHIP in expanding access to mental health and substance use disorder care for children and young adults, including children and adolescents that are part of underserved communities.

(6) Strategies to coordinate services and funding provided under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) with services for which Federal financial par-
ticipation is available under Medicaid or CHIP to
support improved access to comprehensive mental
health and substance use disorder services for chil-
dren and youth provided, or at risk for needing,
child welfare services.

(b) CONSULTATION.—The Secretary shall consult
with the Administrator of the Centers for Medicare &
Medicaid Services, the Assistant Secretary for the Admin-
istration for Children and Families, and the Assistant Sec-
retary for Mental Health and Substance Use with respect
to the guidance issued under subsection (a).

SEC. 108. MEDICAID STATE PLAN REQUIREMENTS FOR
SCREENING SERVICES AND REFERRALS FOR
ELIGIBLE JUVENILES IN PUBLIC INSTITU-
TIONS.

(a) IN GENERAL.—Section 1902(a)(84) of the Social
Security Act (42 U.S.C. 1396a(a)(84)) is amended—

(1) in subparagraph (B), by striking “and”
after the semicolon;

(2) in subparagraph (C), by inserting “and”
after the semicolon; and

(3) by inserting after subparagraph (C), the fol-
lowing new subparagraph:

“(D) in the case of an individual who is an
eligible juvenile described in subparagraph (A)
or (B) of subsection (nn)(2), prior to the eligible juvenile’s release from a public institution and in coordination with the public institution, the State shall have in place a plan to ensure and, in accordance with such plan, provide—

“(i) during the period that begins 30 days before the date of the eligible juvenile’s release from the public institution and ends 1 week after such date—

“(I) for any screening services described in section 1905(r) which the eligible juvenile is due to receive under the State plan (or under a waiver of such plan) based on the intervals established pursuant to such section, including behavioral health screening services; and

“(II) any screening services described in such section that the eligible juvenile did not receive during the period in which the eligible juvenile was an inmate of the public institution but that would have been provided to the eligible juvenile under the State plan (or waiver) in accordance
with such intervals if the eligible juvenile had not been an inmate of the public institution during such period; and

“(ii) referrals for the eligible juvenile to the appropriate services, including necessary health care, diagnostic services, treatment, and other measures described in section 1905(a), based on the screening services conducted under clause (i), upon the eligible juvenile’s release from the public institution (or, if such screening services are conducted after the eligible juvenile’s release from the public institution, not later than 1 week after the screening services are conducted);”.

(b) **Clarification Regarding Federal Financial Participation for Screenings.**—A State shall have the option to treat amounts expended by the State on screenings provided to eligible juveniles in accordance with subparagraph (D) of section 1902(a)(84) of the Social Security Act (42 U.S.C. 1396a(a)(84)), as added by subsection (a), as expenditures for medical assistance for which Federal financial participation is allowed under section 1903(a) of such Act (42 U.S.C. 1396b(a)).
(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section take effect on October 1, 2023.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under Medicaid which the Secretary determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by subsection (a), such State plan shall not be regarded as failing to comply with the requirements of Medicaid solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of 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.
“(B) DEFINITIONS.—In this paragraph:

“(i) ELIGIBLE OUT-OF-STATE PROVIDER.—The term ‘eligible out-of-State provider’ means, with respect to a State, a provider—

“(I) that furnishes to a qualifying individual any item or service for which Federal financial assistance is available under the State plan (or a waiver of such plan);

“(II) that is located in any other State;

“(III) with respect to which the Secretary has determined (or, in the case of a provider for which no risk level determination has been made by the Secretary, the State agency administering or supervising the administration of the State plan (or a waiver of such plan) has determined) there is a limited risk of fraud, waste, and abuse for purposes of determining the level of screening to be conducted under section 1866(j)(2) (except that, if such State agency has designated a
higher risk level for the provider than
the Secretary, the State agency’s des-
ignation shall apply);

“(IV) that has been screened
under such section 1866(j)(2) and en-
rolled in the Medicare program under
title XVIII, or screened under para-
graph (1) of this subsection and en-
rolled in the State plan (or a waiver
of such plan) in which such provider
is located; and

“(V) that has not been excluded
from participation in any Federal
health care program pursuant to sec-
tion 1128 or 1128A, excluded from
participation in the State plan (or a
waiver of such plan) pursuant to part
1002 of title 42, Code of Federal Reg-
ulations, or State law, or terminated
from participating in a Federal health
care program or the State plan (or a
waiver of such plan) for a reason de-
scribed in paragraph (8)(A) of this
subsection.
“(ii) QUALIFYING INDIVIDUAL.—The term ‘qualifying individual’ means, with respect to an eligible out-of-State provider, an individual under 21 years of age to whom the provider furnishes items and services for the treatment of a condition.

“(iii) STATE.—The term ‘State’ means 1 of the 50 States or the District of Columbia.”.

(b) CONFORMING AMENDMENTS.—

(1) Section 1902(a)(77) of the Social Security Act (42 U.S.C. 1396a(a)(77)) is amended by inserting “enrollment,” after “screening,”.

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

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

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section take effect on the date that is 2 years after the date of enactment of this Act.
(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under Medicaid or a State child health plan under CHIP which the Secretary determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, such State plan or State child health plan shall not be regarded as failing to comply with the requirements of Medicaid or CHIP, respectively, solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.