

115TH CONGRESS
1ST SESSION

H. R. 2290

To amend title XIX of the Social Security Act to provide a standard definition of therapeutic family care services in Medicaid.

IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2017

Ms. DELAURO (for herself, Mr. COLE, Mr. MULLIN, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide a standard definition of therapeutic family care services in Medicaid.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Family-Based Care
5 Services Act of 2017”.

6 **SEC. 2. INCLUSION OF THERAPEUTIC FAMILY CARE AS**
7 **MEDICAL ASSISTANCE.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-
9 rity Act (42 U.S.C. 1396d) is amended—

1 (1) in subsection (a)—

2 (A) in paragraph (28), by striking “and”
3 at the end;

4 (B) by redesignating paragraph (29) as
5 paragraph (30); and

6 (C) by inserting after paragraph (28) the
7 following new paragraph:

8 “(29) therapeutic family care services described
9 in subsection (ee); and”; and

10 (2) by adding at the end the following new sub-
11 section:

12 “(ee)(1) For purposes of subsection (a)(29), subject
13 to subparagraph (C), therapeutic family care services de-
14 scribed in this subsection are services provided for children
15 who have not attained age 21, and who, as a result of
16 mental illness, other emotional or behavioral disorders,
17 medically fragile conditions, or developmental disabilities,
18 need the level of care provided in an institution (including
19 a psychiatric residential treatment facility) or nursing fa-
20 cility the cost of which may be reimbursed under the State
21 plan but who can be cared for or maintained in a commu-
22 nity placement, through a qualified therapeutic family care
23 program described in paragraph (2).

24 “(2) A qualified therapeutic family care program de-
25 scribed in this paragraph is a program that—

1 “(A) not later than 3 years after the date of en-
2 actment of this subsection, is licensed by the State
3 and accredited by the Joint Commission on Accredi-
4 tation of Healthcare Organizations, the Commission
5 on Accreditation of Rehabilitation Facilities, the
6 Council on Accreditation, or by any other inde-
7 pendent, not-for-profit accrediting organization ap-
8 proved by the Secretary;

9 “(B) provides structured daily activities, includ-
10 ing the development, improvement, monitoring, and
11 reinforcing of age-appropriate social, communication
12 and behavioral skills, trauma-informed and gender-
13 responsive services, crisis intervention and crisis sup-
14 port services, medication monitoring, counseling, and
15 case management, and may furnish other intensive
16 community services; and

17 “(C) provides biological parents, relative and
18 kinship caregivers, adoptive parents, and foster fam-
19 ily homes with specialized training and consultation
20 in the management of children with mental illness,
21 trauma, other emotional or behavioral disorders,
22 medically fragile conditions, or developmental dis-
23 abilities, the impact of trauma on child and care-
24 giver, and specific additional training on the needs

1 of each child provided such services, including needs
2 related to substance abuse by the child or caregiver.

3 “(3) In making coverage determinations under para-
4 graph (1), a State may employ medical necessity criteria
5 that are similar to the medical necessity criteria applied
6 to coverage determinations for other services and supports
7 under this title.

8 “(4) The services described in this subsection do not
9 include the training referred to in paragraph (2)(C).”.

10 (b) EFFECTIVE DATE.—The amendments made by
11 subsection (a) shall apply to calendar quarters beginning
12 on or after the date of enactment of this Act.

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