

116TH CONGRESS
1ST SESSION

H. R. 3649

To support the provision of treatment family care services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2019

Ms. DELAURO (for herself, Mr. COLE, Ms. BASS, Mr. MULLIN, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To support the provision of treatment family care services, and for other purposes.

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 “Treatment Family
5 Care Services Act”.

6 **SEC. 2. SUPPORTING THE PROVISION OF TREATMENT FAM-**
7 **ILY CARE SERVICES.**

8 (a) DEFINITIONS.—In this section:

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

5 (2) MEDICAID PROGRAM.—The term “Medicaid
6 program” means the program for grants to States
7 for medical assistance programs established under
8 title XIX of the Social Security Act (42 U.S.C. 1396
9 et seq.).

10 (3) SECRETARY.—The term “Secretary” means
11 the Secretary of Health and Human Services.

12 (4) STATE.—The term “State” has the mean-
13 ing given that term in section 1101 of the Social Se-
14 curity Act (42 U.S.C. 1301) for purposes of titles IV
15 and XIX of such Act (42 U.S.C. 601 et seq., 1396
16 et seq.).

17 (5) TITLE IV–E PROGRAM.—The term “title
18 IV–E program” means the program for foster care,
19 prevention, and permanency established under part
20 E of title IV of the Social Security Act (42 U.S.C.
21 670 et seq.).

22 (6) TREATMENT FAMILY CARE SERVICES.—The
23 term “treatment family care services” means struc-
24 tured daily services and interventions provided in a
25 home-based setting for children who have not at-

1 tained age 21, and who, as a result of mental illness,
2 other emotional or behavioral disorders, medically
3 fragile conditions, or developmental disabilities, need
4 the level of care provided in a psychiatric residential
5 treatment or congregate care facility the cost of
6 which could be reimbursed under the State Medicaid
7 program or the title IV–E program but who can re-
8 ceive services in a family-based setting.

9 (b) GUIDANCE ON TREATMENT FAMILY CARE SERV-
10 ICES.—

11 (1) IN GENERAL.—Not later than 180 days
12 after the date of enactment of this Act, the Sec-
13 retary, in consultation with the Administrator of the
14 Centers for Medicare & Medicaid Services and the
15 Assistant Secretary of the Administration for Chil-
16 dren and Families, shall develop and issue guidance
17 to States and Indian tribes identifying opportunities
18 to fund treatment family care services.

19 (2) ADDITIONAL REQUIREMENTS.—The guid-
20 ance required under paragraph (1) shall include de-
21 scriptions of the following:

22 (A) Existing opportunities and flexibilities
23 under the Medicaid program, including under
24 waivers authorized under section 1115 or 1915
25 of the Social Security Act (42 U.S.C. 1315,

1 1396n), for States to receive Federal funding
2 under that program for the provision of treat-
3 ment family care services, including services ad-
4 dressing the development, improvement, moni-
5 toring, and reinforcing of age-appropriate so-
6 cial, communication and behavioral skills, trau-
7 ma-informed and gender-responsive services,
8 crisis intervention and crisis support services,
9 medication monitoring, counseling, and case
10 management, and other intensive community
11 services identified by the Secretary.

12 (B) Funding opportunities and flexibilities
13 under the title IV–E program, including for
14 specialized training and consultation for biologi-
15 cal parents, relative and kinship caregivers,
16 adoptive parents, and foster parents, adminis-
17 trative costs related to in-home prevention serv-
18 ices to candidates for foster care and their par-
19 ents or kin caregivers, and reunification services
20 for youth returning from foster care, as well as
21 other services identified by the Secretary.

22 (C) How States can employ and coordinate
23 funding provided under the Medicaid program,
24 the title IV–E program, and other programs ad-

1 ministered by the Secretary to support the pro-
2 vision of treatment family care services.

3 (c) BEST PRACTICES FOR ESTABLISHING PROGRAMS
4 TO PROVIDE TREATMENT FAMILY CARE SERVICES.—

5 (1) IN GENERAL.—Not later than 2 years after
6 the date of enactment of this Act, the Secretary, in
7 consultation with the Administrator of the Centers
8 for Medicare & Medicaid Services and the Assistant
9 Secretary of the Administration for Children and
10 Families, shall develop and issue guidance to States
11 identifying best practices for establishing programs
12 to provide treatment family care services.

13 (2) COLLABORATION REQUIRED.—Before
14 issuing guidance on best practices, the Secretary
15 shall solicit input from representatives of States and
16 Indian tribes, health care providers with expertise in
17 child trauma and child development, children with
18 mental illness, or other emotional or behavioral dis-
19 orders, recipients of treatment family care services,
20 foster and kinship care families, and other relevant
21 experts and stakeholders.

22 (3) ADDITIONAL REQUIREMENTS.—The guid-
23 ance required under paragraph (1) shall include the
24 following:

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

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

7 (C) Descriptions of State standards for li-
8 censing and accrediting programs that provide
9 treatment family care services to ensure pro-
10 viders are appropriately licensed and trained to
11 provide high-quality treatment family care serv-
12 ices, including best practices concerning State
13 requirements for such licensure and accredita-
14 tion by recognized national independent, not-
15 for-profit entities that accredit health care orga-
16 nizations or by any other independent, not-for-
17 profit accrediting organizations approved by the
18 State.

19 (d) GAO STUDY AND REPORT.—Not later than 1
20 year 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 evaluating State efforts
23 to ensure foster parents and other caregivers who are eligi-
24 ble for training for which Federal payments are available
25 under the title IV–E program are provided with necessary

1 and appropriate training to meet the individual needs of
2 foster children placed in their care, consistent with the re-
3 quirements of sections 471(a)(24) and 477(b)(3)(D) of
4 the Social Security Act (42 U.S.C. 671(a)(24),
5 677(b)(3)(D)), including an analysis of, and recommenda-
6 tions to improve, State review, approval and oversight of
7 all such training (whether provided directly by the State
8 or under contract with a public or private agency respon-
9 sible for finding, placing, or monitoring the placement of
10 children in foster family homes).

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