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

IN THE SENATE OF THE UNITED STATES

Ms. BAWLWIN (for herself, Mr. PORTMAN, Ms. STABENOW, and Mrs. CAPITTO) introduced the following bill; which was read twice and referred to the Committee on

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Treatment Family Care Services Act”.

SEC. 2. 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) Medicaid Program.—The term “Medicaid program” means the program for grants to States for medical assistance programs established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) Secretary.—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 of the Social Security Act (42 U.S.C. 1301) for purposes of titles IV and XIX of such Act (42 U.S.C. 601 et seq., 1396 et seq.).

(5) 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.).

(6) Treatment Family Care Services.—The term “treatment family care services” means structured daily services and interventions provided in a home-based or family-based setting, which may adopt a trauma-informed and gender-responsive approach and may include services addressing the de-
development, improvement, monitoring, and reinforcing
of age-appropriate social, communication, and be-
behavioral skills, crisis intervention and crisis support
services, medication monitoring, counseling, and case
management, for children enrolled in any Medicaid
eligibility group (as such term is defined for pur-
poses of the Medicaid or CHIP program) who have
not attained age 21, and who, as a result of mental
illness, other emotional or behavioral disorders,
medically fragile conditions, or developmental dis-
abilities, need additional or specialized care, the cost
of which could be reimbursed under the State Med-
icaid program or the title IV–E program but who
can receive services in a home-based or family-based
setting.

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

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

(2) **ADDITIONAL REQUIREMENTS.**—The guidance required under paragraph (1) shall include descriptions of the following:

(A) Existing opportunities and flexibilities under the Medicaid or CHIP program, 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 under that program for the provision of treatment family care services for children enrolled in any Medicaid eligibility group, and as requested by States and subject to approval by the Secretary.

(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 kin caregivers, and reunification services for youth returning from foster care, as well as other services identified by the Secretary.
(C) How States can employ and coordinate funding provided under the Medicaid or CHIP program, the title IV–E program, and other programs administered by the Secretary to support the provision of treatment family care services.

(e) BEST PRACTICES FOR ESTABLISHING PROGRAMS TO PROVIDE TREATMENT FAMILY CARE SERVICES.—

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

(2) COLLABORATION REQUIRED.—Before issuing guidance on best practices, 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, or other emotional or behavioral disorders, recipients of treatment family care services, foster and kinship care families, and other relevant experts and stakeholders.
(3) ADDITIONAL REQUIREMENTS.—The guidance required under paragraph (1) shall include 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 licensing and accrediting programs that provide treatment family care services to ensure providers are appropriately licensed and trained to provide high-quality treatment family care services, including best practices concerning State requirements for such licensure and accreditation by recognized national independent, not-for-profit entities that accredit health care organizations or by any other independent, not-for-profit accrediting organizations approved by the State.

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

(d) GAO Study and Report.—Not later than 2 years after the date of enactment of this Act, the Comptroller 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 program 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).