

109TH CONGRESS
1ST SESSION

H. R. 2629

To amend the Older Americans Act of 1965 to provide for mental health screening and treatment services, to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2005

Mr. KENNEDY of Rhode Island (for himself, Ms. ROS-LEHTINEN, Mr. McDERMOTT, Ms. WASSERMAN SCHULTZ, Mr. STARK, and Mr. OWENS) introduced the following bill; which was referred to the Committee on Education and the Workforce, 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 amend the Older Americans Act of 1965 to provide for mental health screening and treatment services, to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, 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 “Positive Aging Act of
5 2005”.

1 **TITLE I—AMENDMENTS TO THE**
2 **OLDER AMERICANS ACT OF 1965**

3 **SEC. 101. DEFINITIONS.**

4 Section 102 of the Older Americans Act of 1965 (42
5 U.S.C. 3002) is amended by adding at the end the fol-
6 lowing:

7 “(44) **MENTAL HEALTH SCREENING AND**
8 **TREATMENT SERVICES.**—The term ‘mental health
9 screening and treatment services’ means patient
10 screening, diagnostic services, care planning and
11 oversight, therapeutic interventions, and referrals
12 that are—

13 “(A) provided pursuant to evidence-based
14 intervention and treatment protocols (to the ex-
15 tent such protocols are available) for mental
16 disorders prevalent in older individuals (includ-
17 ing, but not limited to, mood and anxiety dis-
18 orders, dementias of all kinds, psychotic dis-
19 orders, and substances and alcohol abuse), rely-
20 ing to the greatest extent feasible on protocols
21 that have been developed—

22 “(i) by or under the auspices of the
23 Secretary; or

24 “(ii) by academicians with expertise in
25 mental health and aging; and

1 “(B) coordinated and integrated with the
2 services of social service, mental health, and
3 health care providers in an area in order to—

4 “(i) improve patient outcomes; and

5 “(ii) assure, to the maximum extent
6 feasible, the continuing independence of
7 older individuals who are residing in the
8 area.”.

9 **SEC. 102. OFFICE OF OLDER ADULT MENTAL HEALTH SERV-**
10 **ICES.**

11 Section 301(b) of the Older Americans Act of 1965
12 (42 U.S.C. 3021(b)) is amended by adding at the end the
13 following:

14 “(3) The Assistant Secretary shall establish within
15 the Administration an Office of Older Adult Mental
16 Health Services, which shall be responsible for the devel-
17 opment and implementation of initiatives to address the
18 mental health needs of older individuals.”.

19 **SEC. 103. GRANTS TO STATES FOR THE DEVELOPMENT AND**
20 **OPERATION OF SYSTEMS FOR PROVIDING**
21 **MENTAL HEALTH SCREENING AND TREAT-**
22 **MENT SERVICES TO OLDER INDIVIDUALS**
23 **LACKING ACCESS TO SUCH SERVICES.**

24 Title III of the Older Americans Act of 1965 (42
25 U.S.C. 3021 et seq.) is amended—

1 (1) in section 303, by adding at the end the fol-
2 lowing:

3 “(f) There are authorized to be appropriated to carry
4 out part F (relating to grants for programs providing
5 mental health screening and treatment services) such
6 sums as may be necessary for fiscal year 2006 and each
7 of the 5 succeeding fiscal years.”;

8 (2) in section 304(a)(1), by inserting “and sub-
9 section (f)” after “through (d)”; and

10 (3) by adding at the end the following:

11 **“PART F—MENTAL HEALTH SCREENING AND**
12 **TREATMENT SERVICES FOR OLDER INDIVIDUALS**
13 **“SEC. 381. GRANTS TO STATES FOR PROGRAMS PROVIDING**
14 **MENTAL HEALTH SCREENING AND TREAT-**
15 **MENT SERVICES FOR OLDER INDIVIDUALS.**

16 “(a) PROGRAM AUTHORIZED.—The Assistant Sec-
17 retary shall carry out a program for making grants to
18 States under State plans approved under section 307 for
19 the development and operation of—

20 “(1) systems for the delivery of mental health
21 screening and treatment services for older individ-
22 uals who lack access to such services; and

23 “(2) programs to—

1 “(A) increase public awareness regarding
2 the benefits of prevention and treatment of
3 mental disorders;

4 “(B) reduce the stigma associated with
5 mental disorders and other barriers to the diag-
6 nosis and treatment of the disorders; and

7 “(C) reduce age-related prejudice and dis-
8 crimination.

9 “(b) STATE ALLOCATION AND PRIORITIES.—A State
10 agency that receives funds through a grant made under
11 this section shall allocate the funds to area agencies on
12 aging to carry out this part in planning and service areas
13 in the State. In allocating the funds, the State agency
14 shall give priority to planning and service areas in the
15 State—

16 “(1) that are medically underserved; and

17 “(2) in which there are a large number of older
18 individuals.

19 “(c) AREA COORDINATION OF SERVICES WITH
20 OTHER PROVIDERS.—In carrying out this part, to more
21 efficiently and effectively deliver services to older individ-
22 uals, each area agency on aging shall—

23 “(1) coordinate services described in subsection
24 (a) with other community agencies, and voluntary

1 organizations, providing similar or related services;
 2 and

3 “(2) to the greatest extent practicable, integrate
 4 outreach and educational activities with existing (as
 5 of the date of the integration) health care and social
 6 service providers serving older individuals in the
 7 planning and service area involved.

8 “(d) RELATIONSHIP TO OTHER FUNDING
 9 SOURCES.—Funds made available under this part shall
 10 supplement, and not supplant, any Federal, State, and
 11 local funds expended by a State or unit of general purpose
 12 local government (including an area agency on aging) to
 13 provide the services described in subsection (a).”.

14 **SEC. 104. DEMONSTRATION PROJECTS PROVIDING MENTAL**
 15 **HEALTH SCREENING AND TREATMENT SERV-**
 16 **ICES TO OLDER INDIVIDUALS LIVING IN**
 17 **RURAL AREAS.**

18 The Older Americans Act of 1965 (42 U.S.C. 3001
 19 et seq.) is amended—

20 (1) by inserting before section 401 the fol-
 21 lowing:

22 **“TITLE IV—GRANTS FOR EDU-**
 23 **CATION, TRAINING, AND RE-**
 24 **SEARCH”;**

25 and

1 (2) in part A of title IV, by adding at the end
2 the following:

3 **“SEC. 422. DEMONSTRATION PROJECTS PROVIDING MEN-**
4 **TAL HEALTH SCREENING AND TREATMENT**
5 **SERVICES TO OLDER INDIVIDUALS LIVING IN**
6 **RURAL AREAS.**

7 “(a) DEFINITION.—In this section, the term ‘rural
8 area’ means—

9 “(1) any area that is outside a metropolitan
10 statistical area (as defined by the Director of the Of-
11 fice of Management and Budget); or

12 “(2) such similar area as the Secretary specifies
13 in a regulation issued under section 1886(d)(2)(D)
14 of the Social Security Act (42 U.S.C.
15 1395ww(d)(2)(D)).

16 “(b) AUTHORITY.—The Assistant Secretary shall
17 make grants to eligible public agencies and nonprofit pri-
18 vate organizations to pay part or all of the cost of devel-
19 oping or operating model health care service projects in-
20 volving the provision of mental health screening and treat-
21 ment services to older individuals residing in rural areas.

22 “(c) DURATION.—Grants made under this section
23 shall be made for 3-year periods.

24 “(d) APPLICATION.—To be eligible to receive a grant
25 under this section, a public agency or nonprofit private

1 organization shall submit to the Assistant Secretary an
2 application containing such information and assurances as
3 the Assistant Secretary may require, including—

4 “(1) information describing—

5 “(A) the geographic area and target popu-
6 lation (including the racial and ethnic composi-
7 tion of the target population) to be served by
8 the project; and

9 “(B) the nature and extent of the appli-
10 cant’s experience in providing mental health
11 screening and treatment services of the type to
12 be provided in the project;

13 “(2) assurances that the applicant will carry
14 out the project—

15 “(A) through a multidisciplinary team of
16 licensed mental health professionals;

17 “(B) using evidence-based intervention and
18 treatment protocols to the extent such protocols
19 are available;

20 “(C) using telecommunications tech-
21 nologies as appropriate and available; and

22 “(D) in coordination with other providers
23 of health care and social services (such as sen-
24 ior centers and adult day care providers) serv-
25 ing the area; and

1 “(3) assurances that the applicant will conduct
2 and submit to the Assistant Secretary such evalua-
3 tions and reports as the Assistant Secretary may re-
4 quire.

5 “(e) REPORTS.—The Assistant Secretary shall pre-
6 pare and submit to the appropriate committees of Con-
7 gress a report that includes summaries of the evaluations
8 and reports required under subsection (d)(3).

9 “(f) COORDINATION.—The Assistant Secretary shall
10 provide for appropriate coordination of programs and ac-
11 tivities receiving funds pursuant to a grant under this sec-
12 tion with programs and activities receiving funds pursuant
13 to grants under sections 381 and 423, and sections 520K
14 and 520L of the Public Health Service Act.”.

15 **SEC. 105. DEMONSTRATION PROJECTS PROVIDING MENTAL**
16 **HEALTH SCREENING AND TREATMENT SERV-**
17 **ICES TO OLDER INDIVIDUALS LIVING IN NAT-**
18 **URALLY OCCURRING RETIREMENT COMMU-**
19 **NITIES IN URBAN AREAS.**

20 Part A of title IV of the Older Americans Act of 1965
21 (42 U.S.C. 3032 et seq.), as amended by section 104, is
22 further amended by adding at the end the following:

1 **“SEC. 423. DEMONSTRATION PROJECTS PROVIDING MEN-**
2 **TAL HEALTH SCREENING AND TREATMENT**
3 **SERVICES TO OLDER INDIVIDUALS LIVING IN**
4 **NATURALLY OCCURRING RETIREMENT COM-**
5 **MUNITIES IN URBAN AREAS.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) NATURALLY OCCURRING RETIREMENT
8 COMMUNITY.—The term ‘naturally occurring retire-
9 ment community’ means a residential area (such as
10 an apartment building, housing complex or develop-
11 ment, or neighborhood) not originally built for older
12 individuals but in which a substantial number of in-
13 dividuals have aged in place (and become older indi-
14 viduals) while residing in such area.

15 “(2) URBAN AREA.—The term ‘urban area’
16 means—

17 “(A) a metropolitan statistical area (as de-
18 fined by the Director of the Office of Manage-
19 ment and Budget); or

20 “(B) such similar area as the Secretary
21 specifies in a regulation issued under section
22 1886(d)(2)(D) of the Social Security Act (42
23 U.S.C. 1395ww(d)(2)(D)).

24 “(b) AUTHORITY.—The Assistant Secretary shall
25 make grants to eligible public agencies and nonprofit pri-
26 vate organizations to pay part or all of the cost of devel-

1 opening or operating model health care service projects in-
2 volving the provision of mental health screening and treat-
3 ment services to older individuals residing in naturally oc-
4 ccurring retirement communities located in urban areas.

5 “(c) DURATION.—Grants made under this section
6 shall be made for 3-year periods.

7 “(d) APPLICATION.—To be eligible to receive a grant
8 under this section, a public agency or nonprofit private
9 organization shall submit to the Assistant Secretary an
10 application containing such information and assurances as
11 the Assistant Secretary may require, including—

12 “(1) information describing—

13 “(A) the naturally occurring retirement
14 community and target population (including the
15 racial and ethnic composition of the target pop-
16 ulation) to be served by the project; and

17 “(B) the nature and extent of the appli-
18 cant’s experience in providing mental health
19 screening and treatment services of the type to
20 be provided in the project;

21 “(2) assurances that the applicant will carry
22 out the project—

23 “(A) through a multidisciplinary team of
24 licensed mental health professionals;

1 “(B) using evidence-based intervention and
2 treatment protocols to the extent such protocols
3 are available; and

4 “(C) in coordination with other providers
5 of health care and social services serving the re-
6 tirement community; and

7 “(3) assurances that the applicant will conduct
8 and submit to the Assistant Secretary such evalua-
9 tions and reports as the Assistant Secretary may re-
10 quire.

11 “(e) REPORTS.—The Assistant Secretary shall pre-
12 pare and submit to the appropriate committees of Con-
13 gress a report that includes summaries of the evaluations
14 and reports required under subsection (d)(3).

15 “(f) COORDINATION.—The Assistant Secretary shall
16 provide for appropriate coordination of programs and ac-
17 tivities receiving funds pursuant to grants made under this
18 section with programs and activities receiving funds pur-
19 suant to grants made under sections 381 and 422, and
20 sections 520K and 520L of the Public Health Service
21 Act.”.

1 **TITLE II—PUBLIC HEALTH**
2 **SERVICE ACT AMENDMENTS**

3 **SEC. 201. DEMONSTRATION PROJECTS TO SUPPORT INTE-**
4 **GRATION OF MENTAL HEALTH SERVICES IN**
5 **PRIMARY CARE SETTINGS.**

6 Subpart 3 of part B of title V of the Public Health
7 Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

8 (1) in section 520(b)—

9 (A) in paragraph (14), by striking “and”
10 after the semicolon;

11 (B) in paragraph (15), by striking the pe-
12 riod at the end and inserting “; and”; and

13 (C) by adding at the end the following:

14 “(16) conduct the demonstration projects speci-
15 fied in section 520K.”; and

16 (2) by adding at the end the following:

17 **“SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF**
18 **MENTAL HEALTH SERVICES IN PRIMARY**
19 **CARE SETTINGS.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Director of the Center for Mental Health Services,
22 shall award grants to public and private nonprofit entities
23 for projects to demonstrate ways of integrating mental
24 health services for older patients into primary care set-
25 tings, such as health centers receiving a grant under sec-

1 tion 330 (or determined by the Secretary to meet the re-
2 quirements for receiving such a grant), other Federally
3 qualified health centers, primary care clinics, and private
4 practice sites.

5 “(b) REQUIREMENTS.—In order to be eligible for a
6 grant under this section, the project to be carried out by
7 the entity shall provide for collaborative care within a pri-
8 mary care setting, involving psychiatrists, psychologists,
9 and other licensed mental health professionals (such as so-
10 cial workers and advanced practice nurses) with appro-
11 priate training and experience in the treatment of older
12 adults, in which screening, assessment, and intervention
13 services are combined into an integrated service delivery
14 model, including—

15 “(1) screening services by a mental health pro-
16 fessional with at least a masters degree in an appro-
17 priate field of training;

18 “(2) referrals for necessary prevention, inter-
19 vention, follow-up care, consultations, and care plan-
20 ning oversight for mental health and other service
21 needs, as indicated; and

22 “(3) adoption and implementation of evidence-
23 based protocols, to the extent available, for prevalent
24 mental health disorders, including depression, anx-
25 iety, behavioral and psychological symptoms of de-

1 mentia, psychosis, and misuse of, or dependence on,
2 alcohol or medication.

3 “(c) CONSIDERATIONS IN AWARDING GRANTS.—In
4 awarding grants under this section, the Secretary, to the
5 extent feasible, shall ensure that—

6 “(1) projects are funded in a variety of geo-
7 graphic areas, including urban and rural areas; and

8 “(2) a variety of populations, including racial
9 and ethnic minorities and low-income populations,
10 are served by projects funded under this section.

11 “(d) DURATION.—A project may receive funding pur-
12 suant to a grant under this section for a period of up to
13 3 years, with an extension period of 2 additional years
14 at the discretion of the Secretary.

15 “(e) APPLICATION.—To be eligible to receive a grant
16 under this section, a public or private nonprofit entity
17 shall—

18 “(1) submit an application to the Secretary (in
19 such form, containing such information, and at such
20 time as the Secretary may specify); and

21 “(2) agree to report to the Secretary standard-
22 ized clinical and behavioral data necessary to evalu-
23 ate patient outcomes and to facilitate evaluations
24 across participating projects.

1 “(f) EVALUATION.—Not later than July 31 of each
2 calendar year, the Secretary shall submit to Congress a
3 report evaluating the projects receiving awards under this
4 section for such year.

5 “(g) SUPPLEMENT, NOT SUPPLANT.—Funds made
6 available under this section shall supplement, and not sup-
7 plant, other Federal, State, or local funds available to an
8 entity to carry out activities described in this section.

9 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated such sums as may be
11 necessary to carry out this section for fiscal year 2006
12 and each fiscal year thereafter.”.

13 **SEC. 202. GRANTS FOR COMMUNITY-BASED MENTAL**
14 **HEALTH TREATMENT OUTREACH TEAMS.**

15 Subpart 3 of part B of title V of the Public Health
16 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
17 section 201, is further amended by adding at the end the
18 following:

19 **“SEC. 520L. GRANTS FOR COMMUNITY-BASED MENTAL**
20 **HEALTH TREATMENT OUTREACH TEAMS.**

21 “(a) IN GENERAL.—The Secretary, acting through
22 the Director of the Center for Mental Health Services,
23 shall award grants to public or private nonprofit entities
24 that are community-based providers of geriatric mental
25 health services, to support the establishment and mainte-

1 nance by such entities of multi-disciplinary geriatric men-
2 tal health outreach teams in community settings where
3 older adults reside or receive social services. Entities eligi-
4 ble for such grants include—

5 “(1) mental health service providers of a State
6 or local government;

7 “(2) outpatient programs of private, nonprofit
8 hospitals;

9 “(3) community mental health centers meeting
10 the criteria specified in section 1913(c); and

11 “(4) other community-based providers of mental
12 health services.

13 “(b) REQUIREMENTS.—To be eligible to receive a
14 grant under this section, an entity shall—

15 “(1) adopt and implement, for use by its mental
16 health outreach team, evidence-based intervention
17 and treatment protocols (to the extent such proto-
18 cols are available) for mental disorders prevalent in
19 older individuals (including, but not limited to, mood
20 and anxiety disorders, dementias of all kinds, psy-
21 chotic disorders, and substance and alcohol abuse),
22 relying to the greatest extent feasible on protocols
23 that have been developed—

24 “(A) by or under the auspices of the Sec-
25 retary; or

1 “(B) by academicians with expertise in
2 mental health and aging;

3 “(2) provide screening for mental disorders, di-
4 agnostic services, referrals for treatment, and case
5 management and coordination through such teams;
6 and

7 “(3) coordinate and integrate the services pro-
8 vided by such team with the services of social serv-
9 ice, mental health, and medical providers at the site
10 or sites where the team is based in order to—

11 “(A) improve patient outcomes; and

12 “(B) to assure, to the maximum extent
13 feasible, the continuing independence of older
14 adults who are residing in the community.

15 “(c) COOPERATIVE ARRANGEMENTS WITH SITES
16 SERVING AS BASES FOR OUTREACH.—An entity receiving
17 a grant under this section may enter into an agreement
18 with a person operating a site at which a geriatric mental
19 health outreach team of the entity is based, including—

20 “(1) senior centers;

21 “(2) adult day care programs;

22 “(3) assisted living facilities; and

23 “(4) recipients of grants to provide services to
24 senior citizens under the Older Americans Act of
25 1965, under which such person provides (and is re-

1 imbursed by the entity, out of funds received under
2 the grant, for) any supportive services, such as
3 transportation and administrative support, that such
4 person provides to an outreach team of such entity.

5 “(d) CONSIDERATIONS IN AWARDING GRANTS.—In
6 awarding grants under this section, the Secretary, to the
7 extent feasible, shall ensure that—

8 “(1) projects are funded in a variety of geo-
9 graphic areas, including urban and rural areas; and

10 “(2) a variety of populations, including racial
11 and ethnic minorities and low-income populations,
12 are served by projects funded under this section.

13 “(e) APPLICATION.—To be eligible to receive a grant
14 under this section, an entity shall—

15 “(1) submit an application to the Secretary (in
16 such form, containing such information, at such
17 time as the Secretary may specify); and

18 “(2) agree to report to the Secretary standard-
19 ized clinical and behavioral data necessary to evalu-
20 ate patient outcomes and to facilitate evaluations
21 across participating projects.

22 “(f) COORDINATION.—The Secretary shall provide
23 for appropriate coordination of programs and activities re-
24 ceiving funds pursuant to a grant under this section with
25 programs and activities receiving funds pursuant to grants

1 under section 520K and sections 381, 422, and 423 of
2 the Older Americans Act of 1965.

3 “(g) EVALUATION.—Not later than July 31 of each
4 calendar year, the Secretary shall submit to Congress a
5 report evaluating the projects receiving awards under this
6 section for such year.

7 “(h) SUPPLEMENT, NOT SUPPLANT.—Funds made
8 available under this section shall supplement, and not sup-
9 plant, other Federal, State, or local funds available to an
10 entity to carry out activities described in this section.

11 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated such sums as may be
13 necessary to carry out this section for fiscal year 2006
14 and each fiscal year thereafter.”

15 **SEC. 203. DESIGNATION OF DEPUTY DIRECTOR FOR OLDER**
16 **ADULT MENTAL HEALTH SERVICES IN CEN-**
17 **TER FOR MENTAL HEALTH SERVICES.**

18 Section 520 of the Public Health Service Act (42
19 U.S.C. 290bb–31) is amended—

20 (1) by redesignating subsection (c) as sub-
21 section (d); and

22 (2) by inserting after subsection (b) the fol-
23 lowing:

24 “(c) DEPUTY DIRECTOR FOR OLDER ADULT MEN-
25 TAL HEALTH SERVICES IN CENTER FOR MENTAL

1 HEALTH SERVICES.—The Director, after consultation
2 with the Administrator, shall designate a Deputy Director
3 for Older Adult Mental Health Services, who shall be re-
4 sponsible for the development and implementation of ini-
5 tiatives of the Center to address the mental health needs
6 of older adults. Such initiatives shall include—

7 “(1) research on prevention and identification
8 of mental disorders in the geriatric population;

9 “(2) innovative demonstration projects for the
10 delivery of community-based mental health services
11 for older Americans;

12 “(3) support for the development and dissemi-
13 nation of evidence-based practice models, including
14 models to address dependence on, and misuse of, al-
15 cohol and medication in older adults; and

16 “(4) development of model training programs
17 for mental health professionals and care givers serv-
18 ing older adults.”.

19 **SEC. 204. MEMBERSHIP OF ADVISORY COUNCIL FOR THE**
20 **CENTER FOR MENTAL HEALTH SERVICES.**

21 Section 502(b)(3) of the Public Health Service Act
22 (42 U.S.C. 290aa–1(b)(3)) is amended by adding at the
23 end the following:

24 “(C) In the case of the advisory council for
25 the Center for Mental Health Services, the

1 members appointed pursuant to subparagraphs
2 (A) and (B) shall include representatives of
3 older Americans, their families, and geriatric
4 mental health specialists.”.

5 **SEC. 205. PROJECTS OF NATIONAL SIGNIFICANCE TAR-**
6 **GETING SUBSTANCE ABUSE IN OLDER**
7 **ADULTS.**

8 Section 509(b)(2) of the Public Health Service Act
9 (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before
10 the period the following: “, and to providing treatment for
11 older adults with alcohol or substance abuse or addiction,
12 including medication misuse or dependence”.

13 **SEC. 206. CRITERIA FOR STATE PLANS UNDER COMMUNITY**
14 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

15 (a) IN GENERAL.—Section 1912(b)(4) of the Public
16 Health Service Act (42 U.S.C. 300x–2(b)(4)) is amended
17 to read as follows:

18 “(4) TARGETED SERVICES TO OLDER INDIVID-
19 UALS, INDIVIDUALS WHO ARE HOMELESS, AND INDI-
20 VIDUALS LIVING IN RURAL AREAS.—The plan de-
21 scribes the State’s outreach to and services for older
22 individuals, individuals who are homeless, and indi-
23 viduals living in rural areas, and how community-
24 based services will be provided to these individuals.”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a) shall apply to State plans submitted on or
3 after the date that is 180 days after the date of enactment
4 of this Act.

○