

114TH CONGRESS
1ST SESSION

H. R. 835

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 10, 2015

Ms. DELAURO (for herself, Mr. COLE, Ms. BASS, and Mr. BUTTERFIELD) 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 foster 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 Foster
5 Care Services Act of 2015”.

6 **SEC. 2. INCLUSION OF THERAPEUTIC FOSTER 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 foster 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 foster 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 foster care
23 program described in paragraph (2).

24 “(2) A qualified therapeutic foster 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 another equivalent
7 accreditation agency (or agencies) as the Secretary
8 may recognize;

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, kinship care-
18 givers, and foster care parents with specialized train-
19 ing and consultation in the management of children
20 with mental illness, trauma, other emotional or be-
21 havioral disorders, medically fragile conditions, or
22 developmental disabilities, the impact of trauma on
23 child and caregiver, and specific additional training
24 on the needs of each child provided such services.

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

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

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

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