

116TH CONGRESS  
1ST SESSION

# S. 1880

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

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IN THE SENATE OF THE UNITED STATES

JUNE 18, 2019

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

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## 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:

9 (1) INDIAN TRIBE.—The term “Indian tribe”  
10 has the meaning given that term in section 4 of the

1 Indian Health Care Improvement Act (25 U.S.C.  
2 1603).

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

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

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

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

20 (6) TREATMENT FAMILY CARE SERVICES.—The  
21 term “treatment family care services” means struc-  
22 tured daily services and interventions provided in a  
23 home-based setting for children who have not at-  
24 tained age 21, and who, as a result of mental illness,  
25 other emotional or behavioral disorders, medically

1 fragile conditions, or developmental disabilities, need  
2 the level of care provided in a psychiatric residential  
3 treatment or congregate care facility the cost of  
4 which could be reimbursed under the State Medicaid  
5 program or the title IV–E program but who can re-  
6 ceive services in a family-based setting.

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

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

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

20 (A) Existing opportunities and flexibilities  
21 under the Medicaid program, including under  
22 waivers authorized under section 1115 or 1915  
23 of the Social Security Act (42 U.S.C. 1315,  
24 1396n), for States to receive Federal funding  
25 under that program for the provision of treat-

1           ment family care services, including services ad-  
2           dressing the development, improvement, moni-  
3           toring, and reinforcing of age-appropriate so-  
4           cial, communication and behavioral skills, trau-  
5           ma-informed and gender-responsive services,  
6           crisis intervention and crisis support services,  
7           medication monitoring, counseling, and case  
8           management, and other intensive community  
9           services identified by the Secretary.

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

20           (C) How States can employ and coordinate  
21           funding provided under the Medicaid program,  
22           the title IV–E program, and other programs ad-  
23           ministered by the Secretary to support the pro-  
24           vision of treatment family care services.

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

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

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

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

23 (A) Best practices for the organization and  
24 provision of treatment family care services and  
25 supports.

1 (B) Identification of services and supports  
2 included in successful programs that treatment  
3 family care services.

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

16 (d) GAO STUDY AND REPORT.—Not later than 1  
17 year after the date of enactment of this Act, the Comp-  
18 troller General of the United States shall conduct a study  
19 and submit a report to Congress evaluating State efforts  
20 to ensure foster parents and other caregivers who are eligi-  
21 ble for training for which Federal payments are available  
22 under the title IV–E program are provided with necessary  
23 and appropriate training to meet the individual needs of  
24 foster children placed in their care, consistent with the re-  
25 quirements of sections 471(a)(24) and 477(b)(3)(D) of

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

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