

[DISCUSSION DRAFT]

115TH CONGRESS
2^D SESSION

H. R. _____

To require the Medicaid and CHIP Payment and Access Commission to conduct a study and report on requirements applicable to and practices of institutions for mental disease under the Medicaid program.

IN THE HOUSE OF REPRESENTATIVES

M. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

To require the Medicaid and CHIP Payment and Access Commission to conduct a study and report on requirements applicable to and practices of institutions for mental disease under the Medicaid program.

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 “Medicaid Institutes
5 for Mental Disease Are Decisive in Delivering Inpatient
6 Treatment for Individuals but Opportunities for Needed
7 Access are Limited without Information Needed about Fa-

1 cility Obligations Act” or the “Medicaid IMD ADDI-
2 TIONAL INFO Act”.

3 **SEC. 2. MACPAC STUDY AND REPORT ON INSTITUTIONS**
4 **FOR MENTAL DISEASE REQUIREMENTS AND**
5 **PRACTICES UNDER MEDICAID.**

6 (a) IN GENERAL.—Not later than January 1, 2020,
7 the Medicaid and CHIP Payment and Access Commission
8 established under section 1900 of the Social Security Act
9 (42 U.S.C. 1396) shall conduct a study, using data from
10 a representative sample of States, and submit to Congress
11 a report on at least the following information, with respect
12 to services furnished to individuals enrolled under State
13 plans under the Medicaid program under title XIX of such
14 Act (42 U.S.C. 1396 et seq.) (or waivers of such plans)
15 who are patients in institutions for mental disease and for
16 which payment is made through fee-for-service or man-
17 aged care arrangements under such State plan (or waiv-
18 er):

19 (1) A description of such institutions for mental
20 disease in each such State, including at a min-
21 imum—

22 (A) the number of such institutions in the
23 State,

24 (B) the facility type of such institutions in
25 the State;

1 (C) such services provided at such institu-
2 tions;

3 (D) any coverage limitations under such
4 State plan (or wavier) on scope, duration, or
5 frequency of such services;

6 (E) the number of beds for each such in-
7 stitution in the State; and

8 (F) the average cost per patient in such an
9 institution per day.

10 (2) A description of—

11 (A) any Federal waiver that such State
12 has for such institutions and the Federal statu-
13 tory authority for such waiver; and

14 (B) any other Medicaid funding sources
15 used by the State for funding such institutions,
16 such as supplemental payments.

17 (3) A summary of requirements (such as certifi-
18 cation, licensure, and accreditation) applied by each
19 such State to such institutions in order for such in-
20 stitutions to receive payment under the State plan
21 (or waiver) and how each such State determines if
22 such requirements have been met.

23 (4) A summary of standards (such as quality
24 standards, clinical standards, and facility standards)
25 that such institutions must meet to receive payment

1 under the State plans (or waivers) and how each
2 such State determines if such standards have been
3 met.

4 (5) A summary of each such State's oversight
5 activities conducted in the past 5 years that focus on
6 institutions for mental disease and a summary of the
7 findings from such activities.

8 (6) A summary of institutions for mental dis-
9 ease requirements, standards, and oversight that are
10 considered best practices for other States to con-
11 sider.

12 (7) Recommendations for actions by Congress
13 and the Centers for Medicare & Medicaid Services
14 with respect to how State Medicaid programs may
15 improve care, standardization, and oversight in insti-
16 tutions for mental disease.

17 (b) STAKEHOLDER INPUT.—In carrying out sub-
18 section (a), the Medicaid and CHIP Payment and Access
19 Commission shall seek input from State Medicaid direc-
20 tors and stakeholders, including at a minimum the Sub-
21 stance Abuse and Mental Health Services Administration,
22 Centers for Medicare & Medicaid Services, State Medicaid
23 officials, State mental health authorities, Medicaid bene-
24 ficiary advocates, and health care providers.

25 (c) DEFINITIONS.—In this section:

1 (1) REPRESENTATIVE SAMPLE OF STATES.—

2 The term “representative sample of States” means
3 a non-probability sample in which the States are se-
4 lected based on the knowledge and professional judg-
5 ment on the selector.

6 (2) STATE.—The term “State” means each of
7 the 50 States, the District of Columbia, and any
8 commonwealth or territory of the United States.

9 (3) INSTITUTION FOR MENTAL DISEASE.—The
10 term “institution for mental disease” has the mean-
11 ing given such term in section 435.1009 of title 42
12 of the Code of Federal Regulations, or any successor
13 regulation.