AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO THE COMMITTEE PRINT RELATING TO THE
MEDICAID PROGRAM
OFFERED BY M___.

In lieu of the proposed recommendations, insert the following:

Subtitle B—Medicaid

SEC. 3101. MANDATORY COVERAGE OF COVID–19 VACCINES
AND ADMINISTRATION AND TREATMENT
UNDER MEDICAID.

(a) COVERAGE.—

(1) IN GENERAL.—Section 1905(a)(4) of the
Social Security Act (42 U.S.C. 1396d(a)(4)) is
amended—

(A) by striking “and (D)” and inserting
“(D)”; and

(B) by striking the semicolon at the end
and inserting “; (E) during the period begin-
ing on the date of the enactment of the Amer-
ican Rescue Plan Act of 2021 and ending on
the last day of the first calendar quarter that
begins at least one year after the last day of the
emergency period described in section
1135(g)(1)(B), a COVID–19 vaccine and administration of the vaccine; and (F) during the period beginning on the date of the enactment of the American Rescue Plan Act of 2021 and ending on the last day of the first calendar quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B), testing and treatments for COVID-19, including specialized equipment and therapies (including preventive therapies), and, without regard to the requirements of section 1902(a)(10)(B) (relating to comparability), in the case of an individual who is diagnosed with or presumed to have COVID–19, during the period such individual has (or is presumed to have) COVID–19, the treatment of a condition that may seriously complicate the treatment of COVID–19, if otherwise covered under the State plan (or waiver of such plan);”.

(2) Making COVID–19 Vaccine Available to Additional Eligibility Groups and Treatment Available to Certain Uninsured.—Section 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G)—
(A) by striking “and to other conditions which may complicate pregnancy, (VIII)” and inserting “, medical assistance for services related to other conditions which may complicate pregnancy, and medical assistance for vaccines described in section 1905(a)(4)(E) and the administration of such vaccines during the period described in such section, (VIII)”;

(B) by inserting “and medical assistance for vaccines described in section 1905(a)(4)(E) and the administration of such vaccines during the period described in such section” after “(described in subsection (z)(2))”;

(C) by striking “cancer (XV)” and inserting “cancer, (XV)”;

(D) by inserting “and medical assistance for vaccines described in section 1905(a)(4)(E) and the administration of such vaccines during the period described in such section” after “described in subsection (k)(1)”;

(E) by inserting “and medical assistance for vaccines described in section 1905(a)(4)(E) and the administration of such vaccines during the period described in such section” after “family planning setting”;
(F) by striking “and (XVIII)” and inserting “(XVIII)”; 

(G) by striking “and any visit described in section 1916(a)(2)(G) that is furnished during any such portion” and inserting “, any service described in section 1916(a)(2)(G) that is furnished during any such portion, any vaccine described in section 1905(a)(4)(E) (and the administration of such vaccine) that is furnished during any such portion, and testing and treatments for COVID-19, including specialized equipment and therapies (including preventive therapies), and, in the case of an individual who is diagnosed with or presumed to have COVID–19, during the period such individual has (or is presumed to have) COVID–19, the treatment of a condition that may seriously complicate the treatment of COVID–19, if otherwise covered under the State plan (or waiver of such plan)”;

and

(H) by striking the semicolon at the end and inserting “, and (XIX) medical assistance shall be made available during the period described in section 1905(a)(4)(E) for vaccines described in such section and the administra-
tion of such vaccines, for any individual who is eligible for and receiving medical assistance under the State plan or under a waiver of such plan (other than an individual who is eligible for medical assistance consisting only of payment of premiums pursuant to subparagraph (E) or (F) or section 1933), notwithstanding any provision of law limiting such individual’s eligibility for medical assistance under such plan or waiver to coverage for a limited type of benefits and services that would not otherwise include coverage of a COVID–19 vaccine and its administration;”.

(3) PROHIBITION OF COST SHARING.—

(A) IN GENERAL.—Subsections (a)(2) and (b)(2) of section 1916 of the Social Security Act (42 U.S.C. 1396o) are each amended—

(i) in subparagraph (F), by striking “or” at the end;

(ii) in subparagraph (G), by striking “; and”; and

(iii) by adding at the end the following subparagraphs:

“(H) during the period beginning on the date of the enactment of this subparagraph and
ending on the last day of the first calendar quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B), a COVID–19 vaccine and the administration of such vaccine (for any individual eligible for medical assistance for such vaccine (and administration)); or

“(I) during the period beginning on the date of the enactment of this subparagraph and ending on the last day of the first calendar quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B), testing and treatments for COVID-19, including specialized equipment and therapies (including preventive therapies), and, in the case of an individual who is diagnosed with or presumed to have COVID–19, during the period during which such individual has (or is presumed to have) COVID–19, the treatment of a condition that may seriously complicate the treatment of COVID–19, if otherwise covered under the State plan (or waiver of such plan); and”.

(B) APPLICATION TO ALTERNATIVE COST SHARING.—Section 1916A(b)(3)(B) of the So-
cial Security Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended—

(i) in clause (xi), by striking “any visit” and inserting “any service”; and

(ii) by adding at the end the following clauses:

“(xii) During the period beginning on the date of the enactment of this clause and ending on the last day of the first calendar quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B), a COVID–19 vaccine and the administration of such vaccine (for any individual eligible for medical assistance for such vaccine (and administration)).

“(xiii) During the period beginning on the date of the enactment of this clause and ending on the last day of the first calendar quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B), testing and treatments for COVID-19, including specialized equipment and therapies (including preventive therapies), and, in the
case of an individual who is diagnosed with
or presumed to have COVID–19, during
the period during which such individual
has (or is presumed to have) COVID–19,
the treatment of a condition that may seri-
ously complicate the treatment of COVID–
19, if otherwise covered under the State
plan (or waiver of such plan).”.

(4) Inclusion in the Medicaid Drug Re-
bate Program of Covered Outpatient Drugs
Used for COVID–19 Treatment.—

(A) In General.—The requirements of
section 1927 of the Social Security Act (42
U.S.C. 1396r–8) shall apply to any drug or bio-
logical product described in subparagraph (F)
of section 1905(a)(4) of such Act, as added by
paragraph (1), or described in the subclause
(XVIII) in the matter following subparagraph
(G) of section 1902(a)(10) of such Act, as
added by paragraph (2), that is—

(i) furnished as medical assistance in
accordance with such subparagraph (F) or
subclause (XVIII), as applicable, for the
treatment, or prevention, of COVID–19, as
described in such subparagraph of sub-
clause, respectively; and

(ii) a covered outpatient drug (as de-
defined in section 1927(k) of such Act, ex-
cept that, in applying paragraph (2)(A) of
such section to a drug described in such
 subparagraph (F) or such subclause
(XVIII), such drug shall be deemed a pre-
scribed drug for purposes of section
1905(a)(12) of such Act).

(B) CONFORMING AMENDMENT.—Section
1927(d)(7) of the Social Security Act (42
U.S.C. 1396r–8(d)(7)) is amended by adding at
the end the following new subparagraph:

“(E) Drugs and biological products de-
scribed in section 1905(a)(4)(F) and subclause
(XVIII) in the matter following subparagraph
(G) of section 1902(a)(10) that are furnished
as medical assistance in accordance with such
section or clause, respectively, for the treatment
or prevention, of COVID–19, as described in
such subparagraph of subclause, respectively.”.

(5) ALTERNATIVE BENEFIT PLANS.—Section
1937(b) of the Social Security Act (42 U.S.C.
1396u–7(b)) is amended by adding at the end the
following new paragraph:

“(8) COVID–19 VACCINES, TESTING, AND
TREATMENT.—Notwithstanding the previous provi-
sions of this section, a State may not provide for
medical assistance through enrollment of an indi-
vidual with benchmark coverage or benchmark-equiv-
alent coverage under this section unless, during the
period beginning on the date of the enactment of the
American Rescue Plan Act of 2021 and ending on
the last day of the first calendar quarter that begins
at least one year after the last day of the emergency
period described in section 1135(g)(1)(B), such cov-
erage includes (and does not impose any deduction,
cost sharing, or similar charge for)—

“(A) COVID–19 vaccines and administra-
tion of the vaccines; and

“(B) testing and treatments for COVID-
19, including specialized equipment and ther-
pies (including preventive therapies), and, in
the case of such an individual who is diagnosed
with or presumed to have COVID–19, during
the period such individual has (or is presumed
to have) COVID–19, the treatment of a condi-
tion that may seriously complicate the treat-
ment of COVID–19, if otherwise covered under
the State plan (or waiver of such plan).”.

(b) Temporary Increase in Federal Payments
for Coverage and Administration of COVID–19
Vaccines.—Section 1905 of the Social Security Act (42
U.S.C. 1396d) is amended—

(1) in subsection (b), by striking “and (ff)” and
inserting “(ff), and (hh)”;

(2) in subsection (ff), in the matter preceding
paragraph (1), by inserting “, subject to subsection
(hh)” after “or (z)(2)” and

(3) by adding at the end the following new sub-
section:

“(hh) Temporary Increased FMAP for Medical
Assistance for Coverage and Administration of
COVID–19 Vaccines.—

“(1) In general.—Notwithstanding any other
provision of this title, during the period described in
paragraph (2), the Federal medical assistance per-
centage for a State, with respect to amounts ex-
pended by the State for medical assistance for a vac-
cine described in subsection (a)(4)(E) (and the ad-
ministration of such a vaccine), shall be equal to 100
percent.
“(2) Period described.—The period described in this paragraph is the period that—

“(A) begins on the first day of the first quarter beginning after the date of the enactment of this subsection; and

“(B) ends on the last day of the first quarter that begins at least one year after the last day of the emergency period described in section 1135(g)(1)(B).

“(3) Exclusion of expenditures from territorial caps.—Any payment made to a territory for expenditures for medical assistance under subsection (a)(4)(E) that are subject to the Federal medical assistance percentage specified under paragraph (1) shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108.”.

SEC. 3102. MODIFICATIONS TO CERTAIN COVERAGE UNDER MEDICAID FOR PREGNANT AND POSTPARTUM WOMEN.

(a) State option.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following new paragraph:

“(16) Extending certain coverage for pregnant and postpartum women.—
“(A) In general.—At the option of the State, the State plan (or waiver of such State plan) may provide, that an individual who, while pregnant, is eligible for and has received medical assistance under the State plan approved under this title (or a waiver of such plan) (including during a period of retroactive eligibility under subsection (a)(34)) shall, in addition to remaining eligible under paragraph (5) for all pregnancy-related and postpartum medical assistance available under the State plan (or waiver) through the last day of the month in which the 60-day period (beginning on the last day of her pregnancy) ends, remain eligible under the State plan (or waiver) for medical assistance for the period beginning on the first day occurring after the end of such 60-day period and ending on the last day of the month in which the 12-month period (beginning on the last day of her pregnancy) ends.

“(B) Full benefits during pregnancy and throughout the 12-month postpartum period.—The medical assistance provided for a pregnant or postpartum individual by a State making an election under this
paragraph, without regard to the basis on which the individual is eligible for medical assistance under the State plan (or waiver), shall—

“(i) include all items and services covered under the State plan (or waiver) that are not less in amount, duration, or scope, or are determined by the Secretary to be substantially equivalent, to the medical assistance available for an individual described in subsection (a)(10)(A)(i); and

“(ii) be provided for the individual while pregnant and during the 12-month period that begins on the last day of the individual’s pregnancy and ends on the last day of the month in which such 12-month period ends.”.

(b) Effective Date.—The amendment made by subsection (a) shall apply with respect to State elections made under paragraph (16) of section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)), as added by subsection (a), during the 5-year period beginning on the 1st day of the 1st fiscal year quarter that begins at least one year after the date of the enactment of this Act.
SEC. 3103. ALLOWING FOR MEDICAL ASSISTANCE UNDER
MEDICAID FOR INMATES DURING 30-DAY PERIOD PRECEDING RELEASE.

The subdivision (A) following paragraph (30) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by inserting “and, during the 5-year period beginning on the first day of the first fiscal year quarter that begins at least one year after the date of the enactment of the American Rescue Plan Act of 2021, except during the 30-day period preceding the date of release of such individual from such public institution” after “medical institution”.

SEC. 3104. ENHANCED FEDERAL MEDICAID SUPPORT FOR COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES.

Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended by adding at the end the following new subsection:

“(bb) BUNDLED COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES.—

“(1) IN GENERAL.—Notwithstanding section 1902(a)(1) (relating to Statewideness), section 1902(a)(10)(B) (relating to comparability), section 1902(a)(23)(A) (relating to freedom of choice of providers), or section 1902(a)(27) (relating to provider agreements), a State may, during the 5-year
period beginning on the first day of the first fiscal year quarter that begins on or after the date that is 1 year after the date of the enactment of this subsection, provide medical assistance, through bundled payments, for qualifying community-based mobile crisis intervention services under a State plan amendment or waiver approved under section 1115 or subsection (b) or (c) of section 1915.

“(2) QUALIFYING COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES DEFINED.—For purposes of this subsection, the term ‘qualifying community-based mobile crisis intervention services’ means, with respect to a State, items and services for which medical assistance is available under the State plan under this title or a waiver of such plan, that are—

“(A) furnished to an individual otherwise eligible for medical assistance under the State plan (or waiver of such plan) who is—

“(i) outside of a hospital or other facility setting; and

“(ii) experiencing a mental health or substance use disorder crisis;

“(B) furnished by a multidisciplinary mobile crisis team—
“(i) that includes at least 1 behavioral health care professional who is capable of conducting an assessment of the individual, in accordance with the professional’s permitted scope of practice under State law, and other professionals or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including nurses, social workers, peer support specialists, and others, as designated by the State through a State plan amendment (or waiver of such plan);

“(ii) whose members are trained in trauma-informed care, de-escalation strategies, and harm reduction;

“(iii) that is able to respond in a timely manner and, where appropriate, provide—

“(I) screening and assessment;

“(II) stabilization and de-escalation;

“(III) coordination with, and referrals to, health, social, and other services and supports as needed; and
“(IV) assistance in facilitating the individual’s access to emergency or nonemergency (as applicable) transportation services under the State plan (or waiver of such plan) to ensure access to the next step in care or treatment;

“(iv) that maintains relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community health centers, crisis respite centers, managed care organizations (if applicable), entities able to provide assistance with application and enrollment in the State plan or a waiver of the plan, entities able to provide assistance with applying for and enrolling in benefit programs, entities that provide assistance with housing (such as public housing authorities, Continuum of Care programs, or not-for-profit entities that provide housing assistance), and entities that provide assistance with other social services;
“(v) that coordinates with crisis intervention hotlines and emergency response systems;

“(vi) that maintains the privacy and confidentiality of patient information consistent with Federal and State requirements; and

“(vii) that operates independently from (but may coordinate with) State or local law enforcement agencies;

“(C) available 24 hours per day, every day of the year; and

“(D) voluntary to receive.

“(3) PAYMENTS.—

“(A) IN GENERAL.—Notwithstanding section 1905(b) or 1905(ff) and subject to subsections (y) and (z) of section 1905, during each of the first 12 fiscal quarters occurring during the period described in paragraph (1) that a State meets the requirements described in paragraph (4), the Federal medical assistance percentage applicable to amounts expended by the State for medical assistance, through bundled payments described in paragraph (1), for qualifying community-based mo-
bile crisis intervention services furnished during such quarter shall be equal to 85 percent. In no case shall the application of the previous sentence result in the Federal medical assistance percentage applicable to amounts expended by a State for medical assistance for such qualifying community-based mobile crisis intervention services furnished during a quarter being less than the Federal medical assistance percentage that would apply to such amounts expended by the State for such services furnished during such quarter without application of the previous sentence.

“(B) EXCLUSION OF EXPENDITURES FROM TERRITORIAL CAPS.—Expenditures for medical assistance consisting of qualifying community-based mobile crisis intervention services furnished in a territory during a quarter with respect to which subparagraph (A) applies to such territory shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108.

“(4) REQUIREMENTS.—The requirements described in this paragraph are the following:
“(A) The State demonstrates, to the satisfaction of the Secretary—

“(i) that it will be able to support the provision of qualifying community-based mobile crisis intervention services that meet the conditions specified in paragraph (2); and

“(ii) how it will support coordination between mobile crisis teams and community partners, including health care providers, to enable the provision of services, needed referrals, and other activities identified by the Secretary.

“(B) The State provides assurances satisfactory to the Secretary that—

“(i) any additional Federal funds received by the State for qualifying community-based mobile crisis intervention services provided under this subsection that are attributable to the increased Federal medical assistance percentage under paragraph (3)(A) will be used to supplement, and not supplant, the level of State funds expended for such services for the fiscal year preceding the first fiscal quarter of—
curring during the period described in paragraph (1);

“(ii) if the State made qualifying community-based mobile crisis intervention services available in a region of the State in such fiscal year, the State will continue to make such services available in such region under this subsection during each month occurring during the period described in paragraph (1) for which the Federal medical assistance percentage under paragraph (3)(A) is applicable with respect to the State.

“(5) Funding for state planning grants.—There is appropriated, out of any funds in the Treasury not otherwise appropriated, $15,000,000 to the Secretary for purposes of implementing, administering, and making planning grants to States as soon as practicable for purposes of developing a State plan amendment or section 1115, 1915(b), or 1915(c) waiver request (or an amendment to such a waiver) to provide qualifying community-based mobile crisis intervention services under this subsection, to remain available until expended.”.
SEC. 3105. TEMPORARY INCREASE IN FMAP FOR MEDICAL
ASSISTANCE UNDER STATE MEDICAID PLANS
WHICH BEGIN TO EXPEND AMOUNTS FOR
CERTAIN MANDATORY INDIVIDUALS.

Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by section 3101 of this subtitle, is further amended—

(1) in subsection (b), in the first sentence, by striking “and (hh)” and inserting “(hh), and (ii)”;

(2) in subsection (ff), by striking “subject to subsection (hh)” and inserting “subject to subsections (hh) and (ii)”;

(3) by adding at the end the following new subsection:

“(ii) TEMPORARY INCREASE IN FMAP FOR MEDICAL ASSISTANCE UNDER STATE MEDICAID PLANS WHICH BEGIN TO EXPEND AMOUNTS FOR CERTAIN MANDATORY INDIVIDUALS.—

“(1) IN GENERAL.—For each quarter occurring during the 8-quarter period beginning with the first calendar quarter during which a qualifying State (as defined in paragraph (3)) expends amounts for all individuals described in section 1902(a)(10)(A)(i)(VIII) under the State plan (or waiver of such plan), the Federal medical assistance percentage determined under subsection (b) for such
State shall, after application of any increase, if applicable, under section 6008 of the Families First Coronavirus Response Act, be increased by 5 percentage points, except for any quarter (and each subsequent quarter) during such period during which the State ceases to provide medical assistance to any such individual under the State plan (or waiver of such plan).

“(2) SPECIAL APPLICATION RULES.—Any increase described in paragraph (1) (or payment made for expenditures on medical assistance that are subject to such increase)—

“(A) shall not apply with respect to disproportionate share hospital payments described in section 1923;

“(B) shall not be taken into account in calculating the enhanced FMAP of a State under section 2105;

“(C) shall not be taken into account for purposes of part A, D, or E of title IV; and

“(D) shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108.

“(3) DEFINITION.—For purposes of this subsection, the term ‘qualifying State’ means a State
which has not expended amounts for all individuals
described in section 1902(a)(10)(A)(i)(VIII) before
the date of the enactment of this subsection.”.

SEC. 3106. EXTENSION OF 100 PERCENT FEDERAL MEDICAL
ASSISTANCE PERCENTAGE TO URBAN INDIAN
HEALTH ORGANIZATIONS AND NATIVE HA-
WAIIAN HEALTH CARE SYSTEMS.

Section 1905(b) of the Social Security Act (42 U.S.C.
1396d(b)) is amended by inserting after “(as defined in
section 4 of the Indian Health Care Improvement Act)”
the following: “; for the 8 fiscal year quarters beginning
with the first fiscal year quarter beginning after the date
of the enactment of the American Rescue Plan Act of
2021, the Federal medical assistance percentage shall also
be 100 per centum with respect to amounts expended as
medical assistance for services which are received through
an Urban Indian organization (as defined in paragraph
(29) of section 4 of the Indian Health Care Improvement
Act) that has a grant or contract with the Indian Health
Service under title V of such Act; and, for such 8 fiscal
year quarters, the Federal medical assistance percentage
shall also be 100 per centum with respect to amounts ex-
pended as medical assistance for services which are re-
ceived through a Native Hawaiian Health Center (as de-
defined in section 12(4) of the Native Hawaiian Health Care
Improvement Act) or a qualified entity (as defined in section 6(b) of such Act) that has a grant or contract with the Papa Ola Lokahi under section 8 of such Act”.

SEC. 3107. SUNSET OF LIMIT ON MAXIMUM REBATE AMOUNT FOR SINGLE SOURCE DRUGS AND INNOVATOR MULTIPLE SOURCE DRUGS.

Section 1927(e)(2)(D) of the Social Security Act (42 U.S.C. 1396r–8(e)(2)(D)) is amended by inserting after “December 31, 2009,” the following: “and before January 1, 2023,”.

SEC. 3108. ADDITIONAL SUPPORT FOR MEDICAID HOME AND COMMUNITY-BASED SERVICES DURING THE COVID–19 EMERGENCY PERIOD.

(a) INCREASED FMAP.—

(1) IN GENERAL.—Notwithstanding section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) or section 1905(ff), in the case of a State that meets the HCBS program conditions under subsection (b), the Federal medical assistance percentage determined for the State under section 1905(b) of such Act (or, if applicable, under section 1905(ff)) and, if applicable, increased under subsection (y), (z), (aa), or (ii) of section 1905 of such Act (42 U.S.C. 1396d), section 1915(k) of such Act (42 U.S.C. 1396n(k)), or section 6008(a) of the
Families First Coronavirus Response Act (Public Law 116–127), shall be increased by 7.35 percentage points with respect to expenditures of the State under the State Medicaid program for home and community-based services (as defined in paragraph (2)(B)) that are provided during the HCBS program improvement period (as defined in paragraph (2)(A)). In no case may the application of the previous sentence result in the Federal medical assistance percentage determined for a State being more than 95 percent with respect to such expenditures.

Any payment made to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa for expenditures on medical assistance that are subject to the Federal medical assistance percentage increase specified under the first sentence of this paragraph shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108 of the Social Security Act (42 U.S.C. 1308).

(2) DEFINITIONS.—In this section:

(A) HCBS PROGRAM IMPROVEMENT PERIOD.—The term “HCBS program improvement period” means, with respect to a State, the period—
(i) beginning on April 1, 2021; and
(ii) ending on March 31, 2022.

(B) HOME AND COMMUNITY-BASED SERVICES.—The term “home and community-based services” means any of the following:

(i) Home health care services authorized under paragraph (7) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)).

(ii) Personal care services authorized under paragraph (24) of such section.

(iii) PACE services authorized under paragraph (26) of such section.

(iv) Home and community-based services authorized under subsections (b), (e), (i), (j), and (k) of section 1915 of such Act (42 U.S.C. 1396n), such services authorized under a waiver under section 1115 of such Act (42 U.S.C. 1315), and such services through coverage authorized under section 1937 of such Act (42 U.S.C. 1396u–7).

(v) Case management services authorized under section 1905(a)(19) of the Social Security Act (42 U.S.C. 1396d(a)(19))
and section 1915(g) of such Act (42
U.S.C. 1396n(g)).

(vi) Rehabilitative services, including
those related to behavioral health, de-
scribed in section 1905(a)(13) of such Act
(42 U.S.C. 1396d(a)(13)).

(vii) Such other services specified by
the Secretary of Health and Human Serv-
ices.

(C) COVID–19 PUBLIC HEALTH EMER-
GENCY PERIOD.—The term “COVID–19 public
health emergency period” means the portion of
the emergency period described in paragraph
(1)(B) of section 1135(g) of the Social Security
Act (42 U.S.C. 1320b–5(g)) beginning on or
after the date of the enactment of this Act.

(D) ELIGIBLE INDIVIDUAL.—The term “el-
igible individual” means an individual who is el-
igible for and enrolled for medical assistance
under a State Medicaid program and includes
an individual who becomes eligible for medical
assistance under a State Medicaid program
when removed from a waiting list.

(E) MEDICAID PROGRAM.—The term
“Medicaid program” means, with respect to a
State, the State program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (including any waiver or demonstration under such title or under section 1115 of such Act (42 U.S.C. 1315) relating to such title).

(F) STATE.—The term “State” has the meaning given such term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(b) STATE REQUIREMENTS FOR FMAP INCREASE.—

As conditions for receipt of the increase under subsection (a) to the Federal medical assistance percentage determined for a State, the State shall meet each of the following conditions (referred to in subsection (a) as the HCBS program conditions):

(1) SUPPLEMENT, NOT SUPPLANT.—The State shall use the Federal funds attributable to the increase under subsection (a) to supplement, and not supplant, the level of State funds expended for home and community-based services for eligible individuals through programs in effect as of April 1, 2021.

(2) REQUIRED IMPLEMENTATION OF CERTAIN ACTIVITIES.—The State shall implement one or more of the following activities to enhance, expand,
or strengthen home and community-based services under the State Medicaid program:

(A) Increase rates for home health agencies, PACE organizations whose members provide direct care, and agencies or beneficiaries that employ direct support professionals (including independent providers in a self-directed or consumer-directed model) to provide home and community-based services under the State Medicaid program, if elected by the beneficiary for continuation of care, provided that any agency, beneficiary, or other individual that receives payment under such an increased rate increases the compensation it pays its home health workers or direct support professionals.

(B) Provide paid sick leave, paid family leave, and paid medical leave for home health workers and direct support professionals.

(C) Provide hazard pay, overtime pay, and shift differential pay for home health workers and direct support professionals.

(D) Provide home and community-based services to eligible individuals in order to reduce waiting lists for programs approved under sec-
tions 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n).

(E) Purchase emergency supplies and equipment, which may include items not typically covered under the Medicaid program necessary to enhance access to services and to protect the health and well-being of home health workers and direct support professionals.

(F) Recruit new home health workers and direct support professionals.

(G) Support family care providers of eligible individuals with needed supplies and equipment, which may include items not typically covered under the Medicaid program, such as personal protective equipment, and pay.

(H) Pay for training for home health workers and direct support professionals that is specific to the COVID–19 public health emergency.

(I) Pay for assistive technologies, staffing, and other costs incurred during the COVID–19 public health emergency period in order to mitigate isolation and ensure an individual’s person-centered service plan continues to be fully implemented.
(J) Prepare information and public health and educational materials in accessible formats (including formats accessible to people with low literacy or intellectual disabilities) about prevention, treatment, recovery and other aspects of COVID–19 for eligible individuals, their families, and the general community served by community partners, such as Area Agencies on Aging, Centers for Independent Living, non-profit home and community-based services providers, and other entities providing home and community-based services.

(K) Pay for American sign language and other languages interpreters to assist in providing home and community-based services to eligible individuals and to inform the general public about COVID–19.

(L) Pay for retainer payments for home and community-based services providers, including home health workers and direct support professionals (regardless of whether such payments directly benefit a beneficiary) which may be provided without limits on duration during the COVID–19 public health emergency period.
(M) Pay for other expenses deemed appropriate by the Secretary to enhance, expand, or strengthen Home and Community-Based Services and expenses which meet the criteria of the home and community-based settings rule published on January 16, 2014.

(N) Support (including by paying for moving costs, security deposits or first month’s rent, one-time stocking of food products sufficient for the initial month, and other one-time expenses and start-up costs) transitions from institutional settings, congregate community settings, and homeless shelters or other temporary housing for individuals who are eligible for home and community-based services.

(O) Assist eligible individuals in receiving mental health services and necessary rehabilitative service to regain skills lost during the COVID–19 public health emergency period.

(P) Assist eligible individuals who had to relocate to a nursing facility or institutional setting from their homes during the COVID–19 public health emergency period, who were isolated in their homes during such period, or who
moved into congregate non-institutional settings as a result of such period, in—

(i) moving back to their homes (including by paying for moving costs, security deposits or first month’s rent, one-time stocking of food products sufficient for the initial month, and other one-time expenses and start-up costs); and

(ii) continuing home and community-based services for eligible individuals who were served from a waiting list for such services during the public health emergency period.

SEC. 3109. FUNDING FOR STATE STRIKE TEAMS FOR RESIDENT AND EMPLOYEE SAFETY IN NURSING FACILITIES.

Section 1919 of the Social Security Act (42 U.S.C. 1396r) is amended by adding at the end the following new subsection:

“(k) FUNDING FOR STATE STRIKE TEAMS.—In addition to amounts otherwise available, there is appropriated to the Secretary, out of any monies in the Treasury not otherwise appropriated, $250,000,000, to remain available until expended, for purposes of allocating such amount among the States (including the District of Columbia and
each territory of the United States) to increase the capacity of such a State to respond to COVID–19 by allowing such a State to establish and implement a strike team that will be deployed to a nursing facility in the State with diagnosed or suspected cases of COVID–19 among residents or staff for the purposes of assisting with clinical care, infection control, or staffing during the emergency period described in section 1135(g)(1)(B).”.