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(Original Signature of Member)

115TH CONGRESS
2D SESSION

H. R. 5800

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

IN THE HOUSE OF REPRESENTATIVES

Mr. UPTON 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 an exploratory study and report on requirements applicable to and practices of institutions for mental diseases 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

1 Access are Limited without Information Needed about Fa-
2 cility Obligations Act” or the “Medicaid IMD ADDI-
3 TIONAL INFO Act”.

4 **SEC. 2. MACPAC EXPLORATORY STUDY AND REPORT ON IN-**
5 **STITUTIONS FOR MENTAL DISEASES RE-**
6 **QUIREMENTS AND PRACTICES UNDER MED-**
7 **ICAID.**

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

21 (1) A description of such institutions for mental
22 diseases in each such State, including at a min-
23 imum—

24 (A) the number of such institutions in the
25 State;

1 (B) the facility type of such institutions in
2 the State; and

3 (C) any coverage limitations under each
4 such State plan (or waiver) on scope, duration,
5 or frequency of such services.

6 (2) With respect to each such institution for
7 mental diseases in each such State, a description
8 of—

9 (A) such services provided at such institu-
10 tion;

11 (B) the process, including any timeframe,
12 used by such institution to clinically assess and
13 reassess such individuals; and

14 (C) the discharge process used by such in-
15 stitution, including any care continuum of rel-
16 evant services or facilities provided or used in
17 such process.

18 (3) A description of—

19 (A) any Federal waiver that each such
20 State has for such institutions and the Federal
21 statutory authority for such waiver; and

22 (B) any other Medicaid funding sources
23 used by each such State for funding such insti-
24 tutions, such as supplemental payments.

1 (4) A summary of State requirements (such as
2 certification, licensure, and accreditation) applied by
3 each such State to such institutions in order for
4 such institutions to receive payment under the State
5 plan (or waiver) and how each such State deter-
6 mines if such requirements have been met.

7 (5) A summary of State standards (such as
8 quality standards, clinical standards, and facility
9 standards) that such institutions must meet to re-
10 ceive payment under such State plans (or waivers)
11 and how each such State determines if such stand-
12 ards have been met.

13 (6) Recommendations for actions by Congress
14 and the Centers for Medicare & Medicaid Services.
15 such as how State Medicaid programs may improve
16 care and improve standards and including a rec-
17 ommendation for how the Centers for Medicare &
18 Medicaid Services can improve data collection from
19 such programs to address any gaps in information.

20 (b) STAKEHOLDER INPUT.—In carrying out sub-
21 section (a), the Medicaid and CHIP Payment and Access
22 Commission shall seek input from State Medicaid direc-
23 tors and stakeholders, including at a minimum the Sub-
24 stance Abuse and Mental Health Services Administration,
25 Centers for Medicare & Medicaid Services, State Medicaid

1 officials, State mental health authorities, Medicaid bene-
2 ficiary advocates, health care providers, and Medicaid
3 managed care organizations.

4 (c) DEFINITIONS.—In this section:

5 (1) REPRESENTATIVE SAMPLE OF STATES.—

6 The term “representative sample of States” means
7 a non-probability sample in which at least two
8 States are selected based on the knowledge and pro-
9 fessional judgment of the selector.

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

13 (3) INSTITUTION FOR MENTAL DISEASES.—The
14 term “institution for mental diseases” has the mean-
15 ing given such term in section 435.1009 of title 42,
16 Code of Federal Regulations, or any successor regu-
17 lation.