

113TH CONGRESS  
1ST SESSION

# H. R. 1263

To increase access to community behavioral health services for all Americans and to improve Medicaid reimbursement for community behavioral health services.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2013

Ms. MATSUI (for herself, Mr. LANCE, Mr. WAXMAN, Mr. ENGEL, Ms. DEGETTE, and Ms. JENKINS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To increase access to community behavioral health services for all Americans and to improve Medicaid reimbursement for community behavioral health services.

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 “Excellence in Mental  
5 Health Act”.

6 **SEC. 2. ESTABLISHING COMMUNITY BEHAVIORAL HEALTH**  
7 **CENTERS.**

8 (a) IN GENERAL.—Section 1913 of the Public Health  
9 Service Act (42 U.S.C. 300x–2) is amended—

1           (1) in subsection (a)(2)(A), by striking “com-  
2           community mental health services” and inserting “be-  
3           havioral health services (of the type offered by a cer-  
4           tified federally qualified community behavioral  
5           health center)”;

6           (2) in subsection (b)—

7                 (A) in paragraph (1), by striking “commu-  
8                 nity mental health centers” and inserting “cer-  
9                 tified federally qualified community behavioral  
10                health centers”; and

11               (B) in paragraph (2), by striking “commu-  
12               nity mental health centers” and inserting “cer-  
13               tified federally qualified community behavioral  
14               health centers”; and

15           (3) by striking subsection (c) and inserting the  
16           following:

17           “(c) CERTIFIED FEDERALLY QUALIFIED COMMU-  
18           NITY BEHAVIORAL HEALTH CENTERS.—

19                 “(1) DEFINITION.—For purposes of subsection  
20                 (a)(2) and subsection (b), the term ‘certified feder-  
21                 ally qualified community behavioral health center’  
22                 means a nonprofit or local government center that is  
23                 certified by the Secretary as performing each of the  
24                 following actions:

1           “(A) Providing services in locations that  
2 ensure services will be available and accessible  
3 promptly and in a manner which preserves  
4 human dignity and assures continuity of care.

5           “(B) Providing services in a mode of serv-  
6 ice delivery appropriate for the target popu-  
7 lation.

8           “(C) Providing individuals with a choice of  
9 service options where there is more than one ef-  
10 ficacious treatment.

11           “(D) Employing a core staff of clinical  
12 staff that is multidisciplinary and culturally and  
13 linguistically competent.

14           “(E) Providing services, within the limits  
15 of the capacities of the center, to any individual  
16 residing or employed in the service area of the  
17 center, regardless of the ability of the individual  
18 to pay.

19           “(F) Providing, directly or through con-  
20 tract, to the extent covered for adults in the  
21 State Medicaid plan under title XIX of the So-  
22 cial Security Act and for children in accordance  
23 with section 1905(r) of such Act regarding  
24 early and periodic screening, diagnosis, and  
25 treatment, each of the following services:

1           “(i) Screening, assessment, and diag-  
2           nosis, including risk assessment.

3           “(ii) Person-centered treatment plan-  
4           ning or similar processes, including risk as-  
5           sessment and crisis planning.

6           “(iii) Outpatient mental health and  
7           substance use services, including screening,  
8           assessment, diagnosis, psychotherapy,  
9           medication management, and integrated  
10          treatment for mental illness and substance  
11          abuse which shall be evidence-based (in-  
12          cluding cognitive behavioral therapy and  
13          other such therapies which are evidence-  
14          based).

15          “(iv) Outpatient clinic primary care  
16          screening and monitoring of key health in-  
17          dicators and health risk (including screen-  
18          ing for diabetes, hypertension, and cardio-  
19          vascular disease and monitoring of weight,  
20          height, body mass index (BMI), blood pres-  
21          sure, blood glucose or HbA1C, and lipid  
22          profile).

23          “(v) Crisis mental health services, in-  
24          cluding 24-hour mobile crisis teams, emer-

1 agency crisis intervention services, and cri-  
2 sis stabilization.

3 “(vi) Targeted case management  
4 (services to assist individuals gaining ac-  
5 cess to needed medical, social, educational,  
6 and other services and applying for income  
7 security and other benefits to which they  
8 may be entitled).

9 “(vii) Psychiatric rehabilitation serv-  
10 ices including skills training, assertive com-  
11 munity treatment, family psychoeducation,  
12 disability self-management, supported em-  
13 ployment, supported housing services,  
14 therapeutic foster care services, and such  
15 other evidence-based practices as the Sec-  
16 retary may require.

17 “(viii) Peer support and counselor  
18 services and family supports.

19 “(G) Maintaining linkages, and where pos-  
20 sible entering into formal contracts with the fol-  
21 lowing:

22 “(i) Federally qualified health centers.

23 “(ii) Inpatient psychiatric facilities  
24 and substance use detoxification, post de-

1                   toxication step-down services, and resi-  
2                   dential programs.

3                   “(iii) Adult and youth peer support  
4                   and counselor services.

5                   “(iv) Family support services for fam-  
6                   ilies of children with serious mental or sub-  
7                   stance abuse disorders.

8                   “(v) Other community or regional  
9                   services, supports, and providers, including  
10                  schools, child welfare agencies, juvenile and  
11                  criminal justice agencies and facilities,  
12                  housing agencies and programs, employers,  
13                  and other social services.

14                  “(vi) Onsite or offsite access to pri-  
15                  mary care services.

16                  “(vii) Enabling services, including  
17                  outreach, transportation, and translation.

18                  “(viii) Health and wellness services,  
19                  including services for tobacco cessation.

20                  “(2) FREQUENCY OF CERTIFICATION.—Certifi-  
21                  cation under paragraph (1) shall be for a 5-year pe-  
22                  riod. The Administrator shall provide an opportunity  
23                  for recertification at the end of each certification pe-  
24                  riod.

1           “(3) RULE OF CONSTRUCTION.—Nothing in  
2 paragraph (1) shall be construed as prohibiting any  
3 State receiving funds appropriated through the Com-  
4 munity Mental Health Services Block Grant under  
5 this subpart from financing qualified community  
6 programs (whether such programs meet the defini-  
7 tion of eligible programs prior to or after the date  
8 of enactment of the Excellence in Mental Health  
9 Act).”.

10          (b) REGULATIONS.—Not later than 18 months after  
11 the date of the enactment of this Act, the Secretary of  
12 Health and Human Services, in consultation with State  
13 mental health and substance abuse authorities, shall issue  
14 final regulations for certifying nonprofit or local govern-  
15 ment centers under subsection (c) of section 1913 of the  
16 Public Health Service Act, as amended by this section.

17 **SEC. 3. MEDICAID COVERAGE AND PAYMENT FOR COMMU-**  
18 **NITY BEHAVIORAL HEALTH CENTER SERV-**  
19 **ICES.**

20          (a) PAYMENT FOR SERVICES PROVIDED BY FEDER-  
21 ALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH  
22 CENTERS.—Section 1902(bb) of the Social Security Act  
23 (42 U.S.C. 1396a(bb)) is amended—

1 (1) in the heading, by striking “AND RURAL  
2 HEALTH CLINICS” and inserting “, SELECTED CER-  
3 TIFIED FQCBHCs, AND RURAL HEALTH CLINICS”;

4 (2) in paragraph (1), by inserting “(and begin-  
5 ning with fiscal year 2014 with respect to services  
6 furnished on or after January 1, 2014, and each  
7 succeeding fiscal year, for services described in sec-  
8 tion 1905(a)(2)(D) furnished by a selected certified  
9 FQCBHC)” after “by a rural health clinic”;

10 (3) in paragraph (2)—

11 (A) by striking the heading and inserting  
12 “INITIAL FISCAL YEAR”;

13 (B) by inserting “(or, in the case of serv-  
14 ices described in section 1905(a)(2)(D) fur-  
15 nished by a selected certified FQCBHC, for  
16 services furnished on and after January 1,  
17 2014, during fiscal year 2014)” after “January  
18 1, 2001, during fiscal year 2001”;

19 (C) by inserting “(or, in the case of serv-  
20 ices described in section 1905(a)(2)(D) fur-  
21 nished by a selected certified FQCBHC, during  
22 fiscal years 2012 and 2013)” after “1999 and  
23 2000”; and

24 (D) by inserting “(or, in the case of serv-  
25 ices described in section 1905(a)(2)(D) fur-



1 nished by a selected certified FQCBHC, during  
2 fiscal year 2014)” before the period;

3 (4) in paragraph (3)—

4 (A) in the heading, by striking “FISCAL  
5 YEAR 2002 AND SUCCEEDING” and inserting  
6 “SUCCEEDING”; and

7 (B) by inserting “(or, in the case of serv-  
8 ices described in section 1905(a)(2)(D) fur-  
9 nished by a selected certified FQCBHC, for  
10 services furnished during fiscal year 2015 or a  
11 succeeding fiscal year)” after “2002 or a suc-  
12 ceeding fiscal year”;

13 (5) in paragraph (4)—

14 (A) by inserting “(or as a selected certified  
15 FQCBHC after fiscal year 2013)” after “or  
16 rural health clinic after fiscal year 2000”;

17 (B) by striking “furnished by the center  
18 or” and inserting “furnished by the federally  
19 qualified health center, services described in  
20 section 1905(a)(2)(D) furnished by the selected  
21 certified FQCBHC, or”; and

22 (C) in the second sentence, by striking “or  
23 rural health clinic” and inserting “, selected  
24 certified FQCBHC, or rural health clinic”;

1           (6) in paragraph (5), in each of subparagraphs  
2           (A) and (B), by striking “or rural health clinic” and  
3           inserting “, selected certified FQCBHC, or rural  
4           health clinic”;

5           (7) in paragraph (6), by striking “or to a rural  
6           health clinic” and inserting “, to a selected certified  
7           FQCBHC for services described in section  
8           1905(a)(2)(D), or to a rural health clinic”; and

9           (8) by adding at the end the following:

10           “(7) SELECTED CERTIFIED FQCBHC.—For pur-  
11           poses of this subsection, the term ‘selected certified  
12           FQCBHC’ shall have the meaning given such term  
13           in section 1905(l)(4)(B).”.

14           (b) INCLUSION OF COMMUNITY BEHAVIORAL  
15           HEALTH CENTER SERVICES IN THE TERM MEDICAL AS-  
16           SISTANCE.—Section 1905(a)(2) of the Social Security Act  
17           (42 U.S.C. 1396d(a)(2)) is amended—

18           (1) by striking “and” before “(C)”; and

19           (2) by inserting before the semicolon at the end  
20           the following: “, and (D) federally qualified commu-  
21           nity behavioral health center services (as defined in  
22           subsection (l)(4))”.

23           (c) DEFINITION OF FEDERALLY QUALIFIED COMMU-  
24           NITY BEHAVIORAL HEALTH CENTER SERVICES.—Section

1 1905(l) of the Social Security Act (42 U.S.C. 1396d(l))  
2 is amended by adding at the end the following paragraph:

3           “(4)(A) The term ‘community behavioral health  
4 center services’ means services furnished to an indi-  
5 vidual at a selected certified FQCBHC (as defined  
6 by subparagraph (B)).

7           “(B) The term ‘selected certified FQCBHC’  
8 means, with respect to a fiscal year, a certified fed-  
9 erally qualified community behavioral health center  
10 that is selected by the Secretary under subparagraph  
11 (D) for such fiscal year.

12           “(C) With respect to a fiscal year, for purposes  
13 of this paragraph, an entity is a certified federally  
14 qualified community behavioral health center for  
15 such fiscal year if the entity is a certified federally  
16 qualified community behavioral health center under  
17 section 1913(c) of the Public Health Service Act for  
18 such fiscal year.

19           “(D)(i) For purposes of this section and section  
20 1902(bb)—

21           “(I) for fiscal years 2014 through 2018,  
22 the Secretary shall select 20 percent of the total  
23 number of certified federally qualified commu-  
24 nity behavioral health centers;

1           “(II) for fiscal years 2019 through 2023,  
2           the Secretary shall select the certified federally  
3           qualified community behavioral health centers  
4           selected under subclause (II) and an additional  
5           20 percent of the total number of certified fed-  
6           erally qualified community behavioral health  
7           centers; and

8           “(III) for fiscal year 2024 and subsequent  
9           fiscal years, the Secretary shall select all cer-  
10          tified federally qualified community behavioral  
11          health centers.

12          “(ii) In making the selections under subclauses  
13          (I) and (II) of clause (i), the Secretary shall—

14                 “(I) ensure geographic diversity of the se-  
15                 lected certified FQCBHCs; and

16                 “(II) take into account the ability of such  
17                 centers to provide the services required by sec-  
18                 tion 1913 of the Public Health Service Act and  
19                 to report data as required under this title.”.

20 **SEC. 4. COMMUNITY-BASED MENTAL HEALTH INFRASTRUC-**  
21 **TURE IMPROVEMENT.**

22           Title V of the Public Health Service Act (42 U.S.C.  
23 280g et seq.) is amended—

24                 (1) by redesignating the second part G, as  
25                 added by section 144 of the Community Renewal

1 Tax Relief Act of 2000 (as enacted into law by sec-  
2 tion 1(a)(7) of Public Law 106–554; 114 Stat.  
3 2763A–619), as part J;

4 (2) by redesignating sections 581 through 584  
5 in such part (42 U.S.C. 290kk through 290kk–3) as  
6 sections 595C through 595F, respectively; and

7 (3) by inserting after part J, as so redesi-  
8 gated, the following:

9 **“PART K—COMMUNITY-BASED MENTAL HEALTH**  
10 **INFRASTRUCTURE IMPROVEMENTS**

11 **“SEC. 595G. GRANTS FOR COMMUNITY-BASED MENTAL**  
12 **HEALTH INFRASTRUCTURE IMPROVEMENTS.**

13 “(a) GRANTS AUTHORIZED.—The Secretary may  
14 award grants to eligible entities to expend funds for the  
15 construction or modernization of facilities used to provide  
16 mental health and substance abuse services to individuals.

17 “(b) ELIGIBLE ENTITY.—In this section, the term  
18 ‘eligible entity’ means—

19 “(1) a State that is the recipient of a Commu-  
20 nity Mental Health Services Block Grant under sub-  
21 part I of part B of title XIX and a Substance Abuse  
22 Prevention and Treatment Block Grant under sub-  
23 part II of such part; or

24 “(2) an Indian tribe or a tribal organization (as  
25 such terms are defined in sections 4(b) and 4(c) of

1 the Indian Self-Determination and Education Assist-  
2 ance Act).

3 “(c) APPLICATION.—An eligible entity desiring a  
4 grant under this section shall submit to the Secretary an  
5 application at such time, in such manner, and con-  
6 taining—

7 “(1) a plan for the construction or moderniza-  
8 tion of facilities used to provide mental health and  
9 substance abuse services to individuals that—

10 “(A) designates a single State or tribal  
11 agency as the sole agency for the supervision  
12 and administration of the grant;

13 “(B) contains satisfactory evidence that  
14 such agency so designated will have the author-  
15 ity to carry out the plan;

16 “(C) provides for the designation of an ad-  
17 visory council, which shall include representa-  
18 tives of nongovernmental organizations or  
19 groups, and of the relevant State or tribal agen-  
20 cies, that aided in the development of the plan  
21 and that will implement and monitor any grant  
22 awarded to the eligible entity under this section;

23 “(D) in the case of an eligible entity that  
24 is a State, includes a copy of the State plan  
25 under section 1912(b) and section 1932(b);

1           “(E)(i) includes a listing of the projects to  
2 be funded by the grant; and

3           “(ii) in the case of an eligible entity that  
4 is a State, explains how each listed project  
5 helps the State in accomplishing its goals and  
6 objectives under the Community Mental Health  
7 Services Block Grant under subpart I of part B  
8 of title XIX and the Substance Abuse Preven-  
9 tion and Treatment Block Grant under subpart  
10 II of such part;

11           “(F) includes assurances that the facilities  
12 will be used for a period of not less than 10  
13 years for the provision of community-based  
14 mental health or substance abuse services for  
15 those who cannot pay for such services, subject  
16 to subsection (e); and

17           “(G) in the case of a facility that is not a  
18 public facility, includes the name and executive  
19 director of the entity who will provide services  
20 in the facility; and

21           “(2) with respect to each construction or mod-  
22 ernization project described in the application—

23           “(A) a description of the site for the  
24 project;

1           “(B) plans and specifications for the  
2 project and State or tribal approval for the  
3 plans and specifications;

4           “(C) assurance that the title for the site is  
5 or will be vested with either the public entity or  
6 private nonprofit entity who will provide the  
7 services in the facility;

8           “(D) assurance that adequate financial re-  
9 sources will be available for the construction or  
10 major rehabilitation of the project and for the  
11 maintenance and operation of the facility;

12           “(E) estimates of the cost of the project;  
13 and

14           “(F) the estimated length of time for com-  
15 pletion of the project.

16       “(d) SUBGRANTS BY STATES.—

17           “(1) IN GENERAL.—A State that receives a  
18 grant under this section may award a subgrant to  
19 a qualified community program (as such term is  
20 used in section 1913(b)(1)).

21           “(2) USE OF FUNDS.—Subgrants awarded pur-  
22 suant to paragraph (1) may be used for activities  
23 such as—

24           “(A) the construction, expansion, and mod-  
25 ernization of facilities used to provide mental



1 health and substance abuse services to individ-  
2 uals;

3 “(B) acquiring and leasing facilities and  
4 equipment (including paying the costs of amor-  
5 tizing the principal of, and paying the interest  
6 on, loans for such facilities and equipment) to  
7 support or further the operation of the sub-  
8 grantee;

9 “(C) the construction and structural modi-  
10 fication (including equipment acquisition) of fa-  
11 cilities to permit the integrated delivery of be-  
12 havioral health and primary care of specialty  
13 medical services to individuals with co-occurring  
14 mental illnesses and chronic medical or surgical  
15 diseases at a single service site; and

16 “(D) acquiring information technology re-  
17 quired to accommodate the clinical needs of pri-  
18 mary and specialty care professionals.

19 “(3) LIMITATION.—Not to exceed 15 percent of  
20 grant funds may be used for activities described in  
21 paragraph (2)(D).

22 “(e) REQUEST TO TRANSFER OBLIGATION.—An eli-  
23 gible entity that receives a grant under this section may  
24 submit a request to the Secretary for permission to trans-

1 fer the 10-year obligation of facility use, as described in  
2 subsection (e)(1)(F), to another facility.

3 “(f) AGREEMENT TO FEDERAL SHARE.—As a condi-  
4 tion of receipt of a grant under this section, an eligible  
5 entity shall agree, with respect to the costs to be incurred  
6 by the entity in carrying out the activities for which such  
7 grant is awarded, that the entity will make available non-  
8 Federal contributions (which may include State or local  
9 funds, or funds from the qualified community program)  
10 in an amount equal to not less than \$1 for every \$1 of  
11 Federal funds provided under the grant.

12 “(g) REPORTING.—

13 “(1) REPORTING BY STATES.—During the 10-  
14 year period referred to in subsection (e)(1)(F), the  
15 Secretary shall require that a State that receives a  
16 grant under this section submit, as part of the re-  
17 port of the State required under the Community  
18 Mental Health Services Block Grant under subpart  
19 I of part B of title XIX and the Substance Abuse  
20 Prevention and Treatment Block Grant under sub-  
21 part II of such part, a description of the progress  
22 on—

23 “(A) the projects carried out pursuant to  
24 the grant under this section; and

1           “(B) the assurances that the facilities in-  
2           volved continue to be used for the purpose for  
3           which they were funded under such grant dur-  
4           ing such 10-year period.

5           “(2) REPORTING BY INDIAN TRIBES AND TRIB-  
6           AL ORGANIZATIONS.—The Secretary shall establish  
7           reporting requirements for Indian tribes and tribal  
8           organizations that receive a grant under this section.  
9           Such reporting requirements shall include that such  
10          Indian tribe or tribal organization provide a descrip-  
11          tion of the progress on—

12                 “(A) the projects carried out pursuant to  
13                 the grant under this section; and

14                 “(B) the assurances that the facilities in-  
15                 volved continue to be used for the purpose for  
16                 which they were funded under such grant dur-  
17                 ing the 10-year period referred to in subsection  
18                 (c)(1)(F).

19          “(h) FAILURE TO MEET OBLIGATIONS.—

20                 “(1) IN GENERAL.—If an eligible entity that re-  
21                 ceives a grant under this section fails to meet any  
22                 of the obligations of the entity required under this  
23                 section, the Secretary shall take appropriate steps,  
24                 which may include—

1           “(A) requiring that the entity return the  
2           unused portion of the funds awarded under this  
3           section for the projects that are incomplete; and

4           “(B) extending the length of time that the  
5           entity must ensure that the facility involved is  
6           used for the purposes for which it is intended,  
7           as described in subsection (c)(1)(F).

8           “(2) HEARING.—Prior to requesting the return  
9           of the funds under paragraph (1)(B), the Secretary  
10          shall provide the entity notice and opportunity for a  
11          hearing.

12          “(i) COLLABORATION.—The Secretary may establish  
13          intergovernmental and interdepartmental memoranda of  
14          agreement as necessary to carry out this section.

15          “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
16          is authorized to be appropriated to carry out this section  
17          such sums as may be necessary for each of fiscal years  
18          2014 through 2018.”.

○