

117TH CONGRESS
2D SESSION

H. R. 7233

To amend title XIX of the Social Security Act to provide for requirements under Medicaid State plans for health screenings and referrals for certain eligible juveniles in public institutions; and to require the Secretary of Health and Human Services to issue clear and specific guidance under the Medicaid and Children's Health Insurance programs to improve the delivery of health care services, including mental health services, in elementary and secondary schools and school-based health centers.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. HUDSON (for himself and Ms. KUSTER) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

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1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Keeping Incarceration
3 Discharges Streamlined for Children and Accommodating
4 Resources in Education Act” or the “KIDS CARES Act”.

5 **SEC. 2. MEDICAID STATE PLAN REQUIREMENTS FOR**
6 **HEALTH SCREENINGS AND REFERRALS FOR**
7 **ELIGIBLE JUVENILES IN PUBLIC INSTITU-**
8 **TIONS.**

9 Section 1902(a)(84) of the Social Security Act (42
10 U.S.C. 1936a(a)(84)) is amended—

11 (1) in subparagraph (B), by striking “and” at
12 the end;

13 (2) in subparagraph (C), by adding “and” at
14 the end; and

15 (3) by adding at the end the following new sub-
16 paragraph:

17 “(D) beginning October 1, 2023, in the
18 case of individuals who are eligible juveniles de-
19 scribed in subsection (nn)(2), and who the
20 State determines pursuant to subparagraph (B)
21 or (C), as applicable, meet the eligibility re-
22 quirements for medical assistance under the
23 State plan—

24 “(i) the State shall have in place a
25 plan to ensure and, in accordance with
26 such plan, provide—

1 “(I) for, prior to release of such
2 an eligible juvenile from such public
3 institution (or not later than one week
4 after release from the public institu-
5 tion), and in coordination with such
6 institution, screenings of such eligible
7 individual, including the screenings
8 described under section 1905(r); and

9 “(II) for, not later than the lat-
10 ter of the date on which such eligible
11 juvenile is released from such institu-
12 tion or the date on which the
13 screenings pursuant to subclause (I)
14 for such individual are completed, re-
15 ferrals for such eligible individual to
16 the appropriate health care services
17 based on such screenings; and

18 “(ii) at the option of the State, make
19 medical assistance available under the
20 State plan for screenings pursuant to
21 clause (i) conducted prior to the release of
22 such eligible juvenile from such public in-
23 stitution;”.

1 **SEC. 3. GUIDANCE ON REDUCING ADMINISTRATIVE BAR-**
2 **RIERS TO PROVIDING HEALTH CARE SERV-**
3 **ICES IN SCHOOLS.**

4 (a) IN GENERAL.—Not later than 180 days after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services shall issue proposed guidance to State
7 Medicaid agencies, elementary and secondary schools, and
8 school-based health centers on reducing administrative
9 barriers to such schools and centers furnishing specified
10 health services and obtaining reimbursement for such
11 services under titles XIX and XXI of the Social Security
12 Act (42 U.S.C. 1396 et seq., 1397aa et seq.).

13 (b) CONTENTS OF GUIDANCE.—The guidance issued
14 pursuant to subsection (a) shall—

15 (1) include proposed revisions to the May 2003
16 Medicaid School-Based Administrative Claiming
17 Guide and other guidance in effect on the date of
18 enactment of this Act;

19 (2) provide information on reimbursement
20 under titles XIX and XXI of the Social Security Act
21 (42 U.S.C. 1396 et seq., 1397aa et seq.) for the pro-
22 vision of specified health services, including such
23 services provided in accordance with an individual-
24 ized education program or under the “free care” pol-
25 icy described in the State Medicaid Director letter

1 on payment for services issued on December 15,
2 2014 (#14–006);

3 (3) take into account reasons why small and
4 rural local education agencies may choose not to
5 provide specified health services, and consider ap-
6 proaches to encourage such agencies to provide such
7 services; and

8 (4) include best practices and examples of
9 methods that State Medicaid agencies and local edu-
10 cation agencies have used to reimburse for, and in-
11 crease the availability of, specified health services.

12 (c) DEFINITIONS.—In this Act:

13 (1) INDIVIDUALIZED EDUCATION PROGRAM.—
14 The term “individualized education program” has
15 the meaning given such term in section 602(14) of
16 the Individuals with Disabilities Education Act (20
17 U.S.C. 1401(14)).

18 (2) SCHOOL-BASED HEALTH CENTER.—The
19 term “school-based health center” has the meaning
20 given such term in section 2110(c)(9) of the Social
21 Security Act (42 U.S.C. 1397jj(c)(9)).

22 (3) SPECIFIED HEALTH SERVICES.—The term
23 “specified health services” means health services (in-
24 cluding mental health services) for which medical as-
25 sistance may be provided under a State plan (or

1 waiver of such plan) under title XIX of the Social
2 Security Act (42 U.S.C. 1396 et seq.) or a State
3 child health plan (or waiver of such plan) under title
4 XXI of such Act (42 U.S.C. 1397aa et seq.).

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