

115TH CONGRESS  
2D SESSION

# H. R. 5306

To reauthorize the Money Follows the Person Demonstration Program.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2018

Mr. GUTHRIE (for himself and Mrs. DINGELL) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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## A BILL

To reauthorize the Money Follows the Person Demonstration  
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 “Ensuring Medicaid  
5       Provides Opportunities for Widespread Equity, Resources,  
6       and Care Act” or the “EMPOWER Care Act”.

7       **SEC. 2. EXTENSION OF DEMONSTRATION.**

8       (a) **FUNDING.**—Section 6071(h) of the Deficit Re-  
9       duction Act of 2005 (42 U.S.C. 1396a note) is amended—  
10       (1) in paragraph (1)—

1 (A) in subparagraph (D), by striking  
2 “and” after the semicolon;

3 (B) in subparagraph (E), by striking the  
4 period at the end and inserting “; and”; and

5 (C) by adding at the end the following:

6 “(F) \$450,000,000 for each of fiscal years  
7 2018 through 2022.”; and

8 (2) in paragraph (2), by striking “2016” and  
9 inserting “2022”.

10 (b) RESEARCH AND EVALUATION.—Section 6071(g)  
11 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a  
12 note) is amended—

13 (1) in paragraph (2), by striking “2016” and  
14 inserting “2022”; and

15 (2) in paragraph (3), by inserting “and for each  
16 of fiscal years 2018 through 2022,” after “2016,”.

17 **SEC. 3. CHANGES TO INSTITUTIONAL RESIDENCY PERIOD**  
18 **REQUIREMENT.**

19 Section 6071(b)(2) of the Deficit Reduction Act of  
20 2005 (42 U.S.C. 1396a note) is amended—

21 (1) in subparagraph (A)(i), by striking “90”  
22 and inserting “60”; and

23 (2) by striking the flush sentence after subpara-  
24 graph (B).

1 **SEC. 4. UPDATES TO STATE APPLICATION REQUIREMENTS.**

2 Section 6071(c) of the Deficit Reduction Act of 2005  
3 (42 U.S.C. 1396a note) is amended—

4 (1) in paragraph (3), by striking “, which shall  
5 include” and all that follows through “2007”;

6 (2) in paragraph (7)—

7 (A) in the paragraph heading, by striking  
8 “REBALANCING” and inserting “EXPENDI-  
9 TURES”; and

10 (B) in subparagraph (B)—

11 (i) in clause (i), by striking “and”  
12 after the semicolon;

13 (ii) in clause (ii), by striking the pe-  
14 riod at the end and inserting a semicolon;  
15 and

16 (iii) by adding at the end the fol-  
17 lowing:

18 “(iii) include a work plan that describes  
19 for each Federal fiscal year that occurs during  
20 the proposed MFP demonstration project—

21 “(I) the use of grant funds for each  
22 proposed initiative that is designed to ac-  
23 complish the objective described in sub-  
24 section (a)(1), including a funding source  
25 for each activity that is part of each such  
26 proposed initiative;

1 “(II) an evaluation plan that identi-  
2 fies expected results for each such pro-  
3 posed initiative; and

4 “(III) a sustainability plan for compo-  
5 nents of such proposed initiatives that are  
6 intended to improve transitions, which  
7 shall be updated with actual expenditure  
8 information for each Federal fiscal year  
9 that occurs during the MFP demonstration  
10 project; and

11 “(iv) contain assurances that grant funds  
12 used to accomplish the objective described in  
13 subsection (a)(1) shall be obligated not later  
14 than 24 months after the date on which the  
15 funds are awarded and shall be expended not  
16 later than 60 months after the date on which  
17 the funds are awarded (unless the Secretary ap-  
18 proves a waiver of either such requirement).”;

19 and

20 (3) in paragraph (13)—

21 (A) in subparagraph (A), by striking “;  
22 and” and inserting “, and in such manner as  
23 will meet the reporting requirements set forth  
24 for the Transformed Medicaid Statistical Man-  
25 agement Information System (T-MSIS);”;

1 (B) by redesignating subparagraph (B) as  
2 subparagraph (D); and

3 (C) by inserting after subparagraph (A)  
4 the following:

5 “(B) the State shall report on a quarterly  
6 basis on the use of grant funds by distinct ac-  
7 tivity, as described in the approved work plan,  
8 and by specific population as targeted by the  
9 State;

10 “(C) if the State fails to report the infor-  
11 mation required under subparagraph (B), fails  
12 to report such information on a quarterly basis,  
13 or fails to make progress under the approved  
14 work plan, the State shall implement a correc-  
15 tive action plan and any lack of progress under  
16 the approved work plan may result in with-  
17 holding of grant funds made available to the  
18 State; and”.

19 **SEC. 5. FUNDING FOR QUALITY ASSURANCE AND IMPROVE-**  
20 **MENT; TECHNICAL ASSISTANCE; OVERSIGHT.**

21 Section 6071(f) of the Deficit Reduction Act of 2005  
22 (42 U.S.C. 1396a note) is amended by striking paragraph  
23 (2) and inserting the following:

24 “(2) FUNDING.—From the amounts appro-  
25 priated under subsection (h)(1)(F) for each of fiscal

1       years 2018 through 2022, \$1,000,000 shall be avail-  
2       able to the Secretary for each such fiscal year to  
3       carry out this subsection.”.

4   **SEC. 6. BEST PRACTICES EVALUATION.**

5       Section 6071 of the Deficit Reduction Act of 2005  
6   (42 U.S.C. 1396a note) is amended by adding at the end  
7   the following:

8       “(i) BEST PRACTICES.—

9               “(1) REPORT.—The Secretary, directly or  
10       through grant or contract, shall submit a report to  
11       the President and Congress not later than Sep-  
12       tember 30, 2020, that contains findings and conclu-  
13       sions on best practices from the State MFP dem-  
14       onstration projects carried out with grants made  
15       under this section. The report shall include informa-  
16       tion and analyses with respect to the following:

17               “(A) The most effective State strategies  
18       for transitioning beneficiaries from institutional  
19       to qualified community settings carried out  
20       under the State MFP demonstration projects  
21       and how such strategies may vary for different  
22       types of beneficiaries, such as beneficiaries who  
23       are aged, physically disabled, intellectually or  
24       developmentally disabled, or individuals with se-

1           rious mental illnesses, and other targeted waiv-  
2           er beneficiary populations.

3           “(B) The most common and the most ef-  
4           fective State uses of grant funds carried out  
5           under the State MFP demonstration projects  
6           for transitioning beneficiaries from institutional  
7           to qualified community settings and improving  
8           health outcomes, including differentiating fund-  
9           ing for current initiatives that are designed for  
10          such purpose and funding for proposed initia-  
11          tives that are designed for such purpose.

12          “(C) The most effective State approaches  
13          carried out under State MFP demonstration  
14          projects for improving person-centered care and  
15          planning.

16          “(D) Identification of program, financing,  
17          and other flexibilities available under the State  
18          MFP demonstration projects, that are not  
19          available under the traditional Medicaid pro-  
20          gram, and which directly contributed to suc-  
21          cessful transitions and improved health out-  
22          comes under the State MFP demonstration  
23          projects.

24          “(E) State strategies and financing mecha-  
25          nisms for effective coordination of housing fi-

1           nanced or supported under State MFP dem-  
2           onstration projects with local housing authori-  
3           ties and other resources.

4           “(F) Effective State approaches for deliv-  
5           ering Money Follows the Person transition serv-  
6           ices through managed care entities.

7           “(G) Other best practices and effective  
8           transition strategies demonstrated by States  
9           with approved MFP demonstration projects, as  
10          determined by the Secretary.

11          “(H) Identification and analyses of oppor-  
12          tunities and challenges to integrating effective  
13          Money Follows the Person practices and State  
14          strategies into the traditional Medicaid pro-  
15          gram.

16          “(2) COLLABORATION.—In preparing the report  
17          required under this subsection, the Secretary shall  
18          collect and incorporate information from States with  
19          approved MFP demonstration projects and bene-  
20          ficiaries participating in such projects, and providers  
21          participating in such projects.

22          “(3) FUNDING.—From the amounts appro-  
23          priated under subsection (h)(1) for each of fiscal  
24          years 2017 through 2019, not more than \$300,000



1 shall be available to the Secretary for each such fis-  
2 cal year to carry out this subsection.”.

3 **SEC. 7. MACPAC REPORT ON QUALIFIED SETTINGS CRI-**  
4 **TERIA.**

5 Section 6071 of the Deficit Reduction Act of 2005  
6 (42 U.S.C. 1396a note), as amended by section 6, is  
7 amended by adding at the end the following:

8 “(j) MACPAC REPORT.—Prior to the final imple-  
9 mentation date established by the Secretary for the cri-  
10 teria established for home and community-based settings  
11 in section 441.301(c)(4) of title 42, Code of Federal Regu-  
12 lations, as part of final implementation of the Home and  
13 Community Based Services (HCBS) Final Rule published  
14 on January 16, 2014 (79 Fed. Reg. 2947) (referred to  
15 in this subsection as the ‘HCBS final rule’), the Medicaid  
16 and CHIP Payment and Access Commission (MACPAC)  
17 shall submit to Congress a report that—

18 “(1) identifies the types of home and commu-  
19 nity-based settings and associated services that are  
20 available to eligible individuals in both the MFP  
21 demonstration program and sites in compliance with  
22 the HCBS final rule, including regional variation in  
23 the type and accessibility of such settings; and

24 “(2) recommends policies to align the criteria  
25 for a qualified residence under subsection (b)(6) (as

1 in effect on October 1, 2017) with the criteria in the  
2 HCBS final rule.”.

3 **SEC. 8. TECHNICAL AMENDMENT.**

4 Section 6071(b) of the Deficit Reduction Act of 2005  
5 (42 U.S.C. 1396a note) is amended by adding at the end  
6 the following:

7 “(10) SECRETARY.—The term ‘Secretary’  
8 means the Secretary of Health and Human Serv-  
9 ices.”.

10 **SEC. 9. EFFECTIVE DATES; APPLICATION TO CURRENT**  
11 **PROJECTS.**

12 (a) EFFECTIVE DATES.—

13 (1) IN GENERAL.—Except as provided in para-  
14 graph (2), the amendments made by this Act shall  
15 take effect as if enacted on October 1, 2017.

16 (2) CHANGES TO INSTITUTIONAL RESIDENCY  
17 PERIOD REQUIREMENT.—The amendments made by  
18 section 3 shall take effect on the date that is 30  
19 days after the date of enactment of this Act.

20 (b) APPLICATION TO CURRENT PROJECTS.—Not  
21 later than 1 year after the date of enactment of this Act,  
22 any State with an approved MFP demonstration project  
23 under section 6071 of the Deficit Reduction Act of 2005  
24 (42 U.S.C. 1396a note) on the date of enactment of this  
25 Act shall submit a revised application to the Secretary

1 that contains the same information and assurances as are  
2 required for any new State applicant under the amend-  
3 ments made by this Act.

