

<p>Payments</p>	<p>During the first 8 fiscal year quarters that the State plan amendment is in effect, the Federal medical assistance percentage applicable to such payments shall be increased by 20 percentage points, but in no case shall exceed 90 percent.</p>	<p>During the first 2 fiscal year quarters that the State plan amendment is in effect, the Federal medical assistance percentage applicable to such payments shall be increased by 15 percentage points, but in no case shall exceed 90 percent.</p>
<p>Models of Payment</p>	<p>The methodology under subparagraph (A) may include payments made on a per-member, per-month basis and may include shared savings models, pay-for-performance models, contingency awards dependent on reducing utilization of emergency departments, or other incentive-based approaches, as defined by the State.</p>	<p>The methodology for determining payment for provision of health home services under this section shall not be limited to a per-member per-month basis and may provide (as proposed by the State and subject to approval by the Secretary) for alternate models of payment.</p>
<p>Guidance on Coordinating Care From Out-Of-State Providers</p>	<p>(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Administrator of the Centers for Medicare & Medicaid Services shall issue guidance to State Medicaid Directors on best practices for using out-of-State providers to provide care to children with medically complex conditions (as defined in section 1947 of the Social Security Act, as added by section 2 of this Act), including guidance regarding—</p> <p>(1) arranging access to, and providing payment for, care for such children furnished by such out-of-State providers (including when provided in emergency and non-emergency situations);</p> <p>(2) reducing barriers for such children receiving care from such providers in a timely fashion; and</p> <p>(3) processes for screening and enrolling such providers in the State plan under title XIX of the Social Security Act (or a waiver of the plan), including efforts to streamline such processes or reduce the burden of such processes on providers.</p>	<p>“(1) IN GENERAL.—Not later than October 1, 2020, the Secretary shall issue (and update as the Secretary determines necessary) guidance to State Medicaid directors on</p> <p>“(A) best practices for using out-of-State providers to provide care to children with medically complex conditions;</p> <p>“(B) coordinating care for such children provided by such out-of-State providers (including when provided in emergency and non-emergency situations);</p> <p>“(C) reducing barriers for such children receiving care from such providers in a timely fashion; and</p> <p>“(D) processes for screening and enrolling such providers in the respective State plan (or a waiver of such plan), including efforts to streamline such processes or reduce the burden of such processes on such providers.</p>

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<p>Definition of Child With Medically Complex Conditions</p>	<p>“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘child with medically complex conditions’ means an individual under 21 years of age who—</p> <p>“(i) is eligible for medical assistance under the State plan under this title or under a waiver of such plan; and</p> <p>“(ii) has at least—</p> <p>“(I) 1 chronic condition that affects three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and which also requires the use of medication, durable medical equipment, therapy, surgery, or other treatment or treatments; or</p> <p>“(II) 1 life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360fff(a)(3))), such as a form of cancer.</p>	<p>“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘child with medically complex conditions’ means an individual under 21 years of age who—</p> <p>“(i) is eligible for medical assistance under the State plan (or under a waiver of such plan); and</p> <p>“(ii) has at least—</p> <p>“(I) one or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or</p> <p>“(II) one life-limiting illness or rare pediatric disease (as defined in section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3))).</p>
<p>Chronic Condition</p>	<p>The term ‘chronic condition’ means a serious, long-term physical, mental, or developmental disability or disease, such as any of the following:</p> <p>“(A) Cerebral palsy.</p> <p>“(B) Cystic fibrosis.</p> <p>“(C) HIV/AIDS.</p> <p>“(D) Blood diseases, such as anemia or sickle cell disease.</p> <p>“(E) Muscular dystrophy.</p> <p>“(F) Spina bifida.</p> <p>“(G) Epilepsy.</p> <p>“(H) Severe autism spectrum disorder.</p> <p>“(I) Serious emotional disturbance or serious mental health illness</p>	<p>The term ‘chronic condition’ means a serious, long-term physical, mental, or developmental disability or disease, including the following:</p> <p>“(A) Cerebral palsy.</p> <p>“(B) Cystic fibrosis.</p> <p>“(C) HIV/AIDS.</p> <p>“(D) Blood diseases, such as anemia or sickle cell disease.</p> <p>“(E) Muscular dystrophy.</p> <p>“(F) Spina bifida.</p> <p>“(G) Epilepsy.</p> <p>“(H) Severe autism spectrum disorder.</p> <p>“(I) Serious emotional disturbance or serious mental health illness.</p>
<p>Health Home Services</p>	<p>IN GENERAL.—The term ‘health home services’ means the services described in subparagraph (B) that are provided by a designated provider, or a team of health care professionals in a</p>	<p>IN GENERAL.—The term ‘health home services’ means comprehensive and timely high-quality services described in subparagraph (B) that are provided by a designated provider, a team of health care</p>

<p>Health Home Services Cont'd</p>	<p>timely manner and on a high-quality basis.</p> <p>“(B) SERVICES DESCRIBED.— The services described in this subparagraph shall, at a minimum, include—</p> <p>“(i) an individualized comprehensive pediatric family-centered care plan for each child with complex medical conditions assigned to the health home that provides seamless pediatric care coordination by a customized care team with a designated team lead for each such child and the child’s family;</p> <p>“(ii) care coordination, health promotion, and providing access to the full range of pediatric specialty and subspecialty medical services, including early and periodic screening, diagnostic, and treatment services described in section 1905(a)(4)(B) and services from out-of-State providers, as medically necessary;</p> <p>“(iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;</p> <p>“(iv) working with the family of each child with complex medical conditions assigned to the health home to develop and incorporate ongoing home care, community based pediatric primary care, care from the most medically appropriate or family-preferred children’s hospital, social support services, and local hospital pediatric emergency care into the child’s care plan, to the extent consistent with family choice and the needs of the child;</p> <p>“(v) referrals to community and social support services, if relevant;</p>	<p>professionals operating with such a provider, or a health team.</p> <p>“(B) SERVICES DESCRIBED.— The services described in this subparagraph shall include—</p> <p>“(i) comprehensive care management;</p> <p>“(ii) care coordination, health promotion, and providing access to the full range of pediatric specialty and subspecialty medical services, including services from out-of-State providers, as medically necessary;</p> <p>“(iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;</p> <p>“(iv) patient and family support (including authorized representatives);</p> <p>“(v) referrals to community and social support services, if relevant; and</p> <p>“(vi) use of health information technology to link services, as feasible and appropriate.</p>
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<p>Health Home Services Cont'd</p>	<p>“(vi) use of health information technology to link services, as feasible and appropriate;</p> <p>“(vii) in the case of a State that, as of the date of the enactment of the ACE Kids Act, provides under the State plan under this title (or a waiver of such plan) for palliative services, palliative services;</p> <p>“(viii) efforts to include, with respect to the delivery of care and the development, operation, and evaluation of the health home’s services, the families of children with complex medical conditions;</p> <p>“(ix) ensuring that any interactions with each child with complex medical conditions and the child’s family occurs in a culturally and linguistically appropriate manner; and</p> <p>“(x) providing integration with, and access to, subspecialized pediatric services and programs for children with complex medical conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary and appropriate out-of-State care.</p>	
<p>Team of Health Care Professionals</p>	<p>The term ‘team of health care professionals’ means a team of health care professionals (as described in the State plan amendment under this section) that may—</p> <p>“(i) include physicians and other professionals, such as pediatricians or pediatric specialty or subspecialty providers, nurse care coordinators, dietitians, nutritionists, social workers, behavioral health professionals, physical therapists, occupational therapists, speech pathologists, nurses, individuals with experience in medical supportive technologies, or any professionals determined to be appropriate by the State and approved by the Administrator of the Centers for Medicare & Medicaid Services; and</p>	<p>The term ‘team of health care professionals’ means a team of health care professionals (as described in the State plan amendment under this section) that may—</p> <p>“(A) include—</p> <p>“(i) physicians and other professionals, such as pediatricians or pediatric specialty or subspecialty providers, nurse care coordinators, dietitians, nutritionists, social workers, behavioral health professionals, physical therapists, occupational therapists, speech pathologists, nurses, individuals with experience in medical supportive technologies, or any professionals determined to be appropriate by the State and approved by the Secretary;</p>

<p>Team of Health Care Professionals Cont'd</p>	<p>“(ii) be free standing, virtual, or based at a children’s hospital, hospital, community health center, community mental health center, rural clinic, clinical practice or clinical group practice, academic health center, or any entity determined to be appropriate by the State and approved by the Administrator of the Centers for Medicare & Medicaid Services. “(B) INCLUSION.—Such term includes— “(i) an entity or individual who is designated to coordinate such team; and “(ii) community health workers, translators, and other individuals with culturally-appropriate expertise.</p>	<p>“(ii) an entity or individual who is designated to coordinate such a team; and “(iii) community health workers, translators, and other individuals with culturally-appropriate expertise; and “(B) be freestanding, virtual, or based at a children’s hospital, hospital, community health center, community mental health center, rural clinic, clinical practice or clinical group practice, academic health center, or any entity determined to be appropriate by the State and approved by the Secretary. “(7) HEALTH TEAM.—The term ‘health team’ has the meaning given such term for purposes of section 3502 of Public Law 111–148”..</p>
<p>State Reporting Requirements/ Comprehensive Report</p>	<p>A State electing to provide medical assistance pursuant to subsection (a) shall collect and provide to the Administrator of the Centers for Medicare & Medicaid Services (and to the Medicaid and CHIP Payment and Access Commission upon request), in a form and manner determined by the Administrator to be reasonable and minimally burdensome, the following information:</p> <p>“(A) Information reported under paragraph (1).</p> <p>“(B) The number of children with medically complex conditions who have selected a health home or for whom a health home was selected pursuant to this section.</p> <p>“(C) The nature, number, and prevalence of chronic conditions, life-threatening illnesses, disabilities, or rare diseases that such children have.</p> <p>“(D) The type of delivery systems and payment models used to provide services to such children under this section.</p> <p>“(E) The number and characteristics of providers or health care</p>	<p>A State with a State plan amendment approved under this section shall report to the Secretary (and, upon request, to the Medicaid and CHIP Payment and Access Commission), at such time and in such form and manner determined by the Secretary to be reasonable and minimally burdensome, the following information, life-threatening illnesses, disabilities, or rare diseases that such children have.</p> <p>“(iv) The type of delivery systems and payment models used to provide services to such children under this section.</p> <p>“(v) The number and characteristics of designated providers, teams of health care professionals operating with such providers, and health teams selected as health homes pursuant to this section, including the number and characteristics of out-of-State providers, teams of health care professionals operating with such providers, and health teams who have provided health care items and services to such children.</p> <p>“(vi) The extent to which such children receive health care items and services under the State plan.</p> <p>“(vii) Quality measures developed specifically with respect to health care</p>

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<p>State Reporting Requirements/ Comprehensive Report Cont'd</p>	<p>professionals designated as health homes pursuant to this section, including the number and characteristics of out-of-State providers or health care professionals who provide health care items and services to such children.</p> <p>“(F) The extent to which such children receive health care items and services under a State plan under this title or a waiver of such plan from out-of-State providers, and the extent to which such services were provided on an emergency or non-emergency basis.</p> <p>“(G) Quality measures developed specifically with respect to health care items and services furnished to children with medically complex conditions.</p>	<p>items and services provided to children with medically complex conditions.</p>
<p>Provider Reporting Requirements</p>	<p>As a condition of receiving payment under this section, a designated provider or team of health care professionals receiving payment for health home services under this section shall report to the State the following information:</p> <p>“(A) With respect to each such provider or team, the name, National Provider Identification number, address, and specific health care services offered to be provided to children with medically complex conditions enrolled in the health home involved.</p> <p>“(B) Information on all applicable measures used by such provider or team for purposes of assisting in assessing the quality and effectiveness of such services.</p> <p>“(C) Other such information as the Administrator of the Centers for Medicare & Medicaid Services shall specify in guidance.</p>	<p>In order to receive payments from a State under subsection (c), a designated provider, a team of health care professionals operating with such a provider, or a health team shall report to the State, at such time and in such form and manner as may be required by the State, the following information:</p> <p>“(A) With respect to each such provider, team of health care professionals, or health team, the name, National Provider Identification number, address, and specific health care services offered to be provided to children with medically complex conditions who have selected such provider, team of health care professionals, or health team as the health home of such children.</p> <p>“(B) Information on all applicable measures for determining the quality of health home services provided by such provider, team of health care professionals, or health team, including, to the extent applicable, child health quality measures and measures for centers of excellence for children with complex needs developed under this title, title XXI, and section 1139A.</p> <p>“(C) Such other information as the Secretary shall specify in guidance.</p>
<p>Provider Reporting</p>		

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<p>Requirements Cont'd</p>		<p>When appropriate and feasible, such provider, team of health care professionals, or health team, as the case may be, shall use health information technology in providing the State with such information.</p>
<p>Hospital Notification/ Hospital Referral</p>	<p>A State shall include in the State plan amendment under this section</p> <p>“(A) a requirement for hospitals participating under the State plan under this title or a waiver of such plan to establish procedures for hospital emergency departments to refer children with medically complex conditions enrolled in a health home pursuant to this section to designated providers or teams of health care professionals who are participating in such health home; and</p> <p>“(B) a requirement for the State to notify such hospitals of any designated providers or teams of health care professionals who are participating in a health home.</p>	<p>A State with a State plan amendment approved under this section shall require each hospital that is a participating provider under the State plan (or a waiver of such plan) to establish procedures for, in the case of a child with medically complex conditions who is enrolled in a health home pursuant to this section and seeks treatment in the emergency department of such hospital, notifying the health home of such child of such treatment.</p>
<p>Education With Respect to Availability of Health Home Services</p>	<p>A State shall include in the State plan amendment under this section a description of the State’s process for educating providers participating in the State plan under this title or a waiver of such plan about the availability of health home services for children with medically complex conditions, including the process by which such providers can refer such children to designated providers (or a team of health care professionals) to receive such services.</p>	<p>In order for a State plan amendment to be approved under this section, a State shall include in the State plan amendment a description of the State’s process for educating providers participating in the State plan (or a waiver of such plan) on the availability of health home services for children with medically complex conditions, including the process by which such providers can refer such children to a designated provider, team of health care professionals operating such a provider, or health team for the purpose of establishing a health home through which such children may receive such services.</p>
<p>Family Education</p>	<p>A State shall include in the State plan amendment under this section a description of the State’s process for educating families with children eligible to receive health home services pursuant to this section of the availability of such services. Such process may include the</p>	<p>In order for a State plan amendment to be approved under this section, a State shall include in the State plan amendment a description of the State’s process for educating families with children eligible to receive health home services pursuant to this section of the availability of such</p>

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<p>Family Education Cont'd</p>	<p>participation of family-to-family entities or other public or private organizations or entities who provide outreach and information about the availability of health care items and services to families of individuals eligible to receive medical assistance under the State plan under this title (or a waiver of the plan).</p>	<p>services. Such process shall include the participation of family-to-family entities or other public or private organizations or entities who provide outreach and information on the availability of health care items and services to families of individuals eligible to receive medical assistance under the State plan (or a waiver of such plan).</p>
<p>Mental Health Coordination</p>	<p>A State shall consult and coordinate, as appropriate, with the Assistant Secretary for Mental Health and Substance Use, in addressing issues regarding the prevention and treatment of mental illness and substance use among children with medically complex conditions receiving home health services pursuant to this section.</p>	<p>A State with a State plan amendment approved under this section shall consult and coordinate, as appropriate, with the Secretary in addressing issues regarding the prevention and treatment of mental illness and substance use among children with medically complex conditions receiving health home services under this section.</p>
<p>Designated Provider</p>	<p>The term ‘designated provider’ means a physician (including a pediatrician or a pediatric specialty or subspecialty provider), children’s hospital, clinical practice or clinical group practice, prepaid inpatient health plan or prepaid ambulatory health plan (as defined by the Secretary of Health and Human Services), rural clinic, community health center, community mental health center, home health agency, or any other entity or provider that is determined by the State and approved by the Administrator of the Centers for Medicare & Medicaid Services to be qualified to be a health home for children with medically complex conditions on the basis of documentation evidencing that the entity has the systems, expertise, and infrastructure in place to provide health home services. Such term may include providers who are employed by, or affiliated with, a children’s hospital.</p>	<p>The term ‘designated provider’ means a physician (including a pediatrician or a pediatric specialty or subspecialty provider), children’s hospital, clinical practice or clinical group practice, prepaid inpatient health plan or prepaid ambulatory health plan (as defined by the Secretary), rural clinic, community health center, community mental health center, home health agency, or any other entity or provider that is determined by the State and approved by the Secretary to be qualified to be a health home for children with medically complex conditions on the basis of documentation evidencing that the entity has the systems, expertise, and infrastructure in place to provide health home services. Such term may include providers who are employed by, or affiliated with, a children’s hospital.</p>
<p>Stakeholder Input</p>	<p>In carrying out subsection (a), the Administrator of the Centers for Medicare & Medicaid Services shall issue a request for information to seek input from children with medically complex conditions (as defined in section 1947 of the Social Security Act, as added by section 2 of this Act) and their families, States, providers</p>	<p>In carrying out paragraph (1), the Secretary shall issue a request for information to seek input from children with medically complex conditions and their families, States, providers (including children’s hospitals, hospitals, pediatricians, and other providers), managed care plans, children’s health groups, family and beneficiary advocates,</p>

<p>Stakeholder Input Cont'd</p>	<p>(including children’s hospitals, hospitals, pediatricians, and other providers), managed care plans, children’s health groups, family and beneficiary advocates, and other stakeholders with respect to coordinating the care for such children furnished by out-of-State providers.</p>	<p>and other stakeholders with respect to coordinating the care for such children provided by out-of-State providers.</p>
<p>Ensuring High Quality Care</p>	<p>The methodology under subparagraph (A) shall include the State’s strategy for evaluating the quality of care provided within a health home pursuant to this section. Such strategy shall take into account the following quality measures that may be applicable for health homes that serve children with medically complex conditions:</p> <p>“(i) Child health quality measures and measures for centers of excellence for children with complex needs developed under this title, title XXI, and section 1139A.</p> <p>“(ii) The Healthcare Effectiveness Data and Information Set (HEDIS).</p> <p>“(iii) The health home’s expertise in providing, integrating, or coordinating prompt care for children with complex medical conditions, including access to pediatric emergency services at all times.</p> <p>“(iv) The health home’s ability to coordinate and integrate the full range of pediatric medical, surgical, and behavioral specialists and subspecialists needed, based on clinical qualifications (such as board certification) and patient preference on the care team to care for children with complex medical conditions, as well as providers offering specialized services, such as rehabilitative and habilitative health care and private-duty nursing, if needed.</p> <p>“(v) The health home’s ability to coordinate the provision of outpatient care needs, including durable medical equipment, medical supplies, and medical foods, if needed.</p>	<p>N/A</p>

<p>Ensuring High Quality Care Cont'd</p>	<p>“(vi) The health home’s ability to arrange and coordinate care for children with complex medical conditions from out-of-State providers to the maximum extent practicable for the families of such children and where medically necessary in accordance with the guidance from the Administrator of the Centers for Medicare & Medicaid Services issued pursuant to section 4 of the ACE Kids Act.</p> <p>“(vii) The health home’s ability to coordinate and collect payments from liable third parties (including parties described in section 1902(a)(25)(A)) for care and services provided or arranged for by the entity.</p> <p>“(viii) The health home’s ability to collect and report on the information required under subsection (d)(1).</p>	
<p>Health Home Qualification Standards</p>	<p>N/A</p>	<p>The Secretary shall establish standards for qualification as a health home for purposes of this section. Such standards shall include requiring designated providers, teams of health care professionals operating with such providers, and health teams to demonstrate to the State the ability to do the following:</p> <p>“(1) Coordinate prompt care for children with medically complex conditions, including access to pediatric emergency services at all times.</p> <p>“(2) Develop an individualized comprehensive pediatric family-centered care plan for children with medically complex conditions that accommodates patient preferences.</p> <p>“(3) Work in a culturally and linguistically appropriate manner with the family of a child with medically complex conditions to develop and incorporate into such child’s care plan, in a manner consistent with the needs of the child and the choices of the child’s family, ongoing</p>

<p>Health Home Qualification Standards Cont'd</p>		<p>home care, community-based pediatric primary care, pediatric inpatient care, social support services, and local hospital pediatric emergency care.</p> <p>“(4) Coordinate access to—</p> <p>“(A) subspecialized pediatric services and programs for children with medically complex conditions, including the most intensive diagnostic, treatment, and critical care levels as medically necessary; and</p> <p>“(B) palliative services if the State provides such services under the State plan (or a waiver of such plan).</p> <p>“(5) Coordinate care for children with medically complex conditions with out-of-State providers furnishing care to such children to the maximum extent practicable for the families of such children and where medically necessary, in accordance with guidance issued under subsection (e)(1) and section 431.52 of title 42, Code of Federal Regulations.</p> <p>“(6) Collect and report information under subsection (g)(1).</p>
<p>MACPAC Report</p>	<p>(a) IN GENERAL.—Not later than 24 months after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission established under section 1900 of the Social Security Act (42 U.S.C. 1396) shall submit to Congress and the Secretary of Health and Human Services a report on children with medically complex conditions that—</p> <p>(1) describes options for defining the characteristics of such children;</p> <p>(2) includes the information described in subsection (b); and</p>	<p>N/A</p>

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(3) includes such recommendations as the Commission determines is appropriate.

(b) INFORMATION TO BE INCLUDED.—The information described in this subsection is, to the extent practical and available, the following information:

(1) With respect to the characteristics of children with medically complex conditions (as defined in section 1947 of the Social Security Act (as added by section 2 of this Act))—

(A) a literature review examining—

(i) research on such children;

(ii) clinical measures or other groupings which enable comparison among such children; and

(iii) demographic characteristics, including primary language, based on available data; and

(B) information gathered from consultation with medical and academic experts engaged in research about, or the treatment of, such children.

(2) Information relating to children with medically complex conditions who are receiving medical assistance under a State Medicaid plan under title XIX of the Social Security Act (or a waiver of such plan), including—

(A) the number of such children;

(B) the chronic conditions, life-threatening illnesses, disabilities, injuries, or rare diseases that such children have;

(C) the number of such children receiving services under each delivery system or payment model, including

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health homes (as defined in such section 1947), fee-for-service systems, primary care case managers, or managed care plans; and

(D) the extent to which such children receive care coordination services.

(3) Information on the providers who furnish health care items and services to children with medically complex conditions, such as physicians (including pediatricians and pediatric specialty or subspecialty providers), children’s hospitals, clinical practices or clinical group practices, rural clinics, community health centers, community mental health centers, or home health agencies.

(4) The extent to which children with medically complex conditions receive (or are denied) health care items and services from out-of-State providers that receive payment under the State Medicaid plan under title XIX of the Social Security Act (or a waiver of such plan) and any barriers to receiving such services from such providers in a timely fashion, including any variation in access to such services furnished by such providers, disaggregated by delivery system.

(5) The amount and nature of the total resources used to provide care to individual children with medically complex conditions during the period in which such a child is enrolled in a health home, including—

(A) the amount of capital spent in providing such care;

(B) the resources used to provide such care during any waiting period with respect to the enrollment of the child in the State plan under title XIX of the Social Security Act (or a waiver of such

<p>MACPAC Report Cont'd</p>	<p>plan) or any necessary approval under the State plan for the furnishing of such services (such as inpatient costs awaiting discharge);</p> <p>(C) the cost of the coordination of such child's care;</p> <p>(D) the cost of providing to such child any non-medical benefits (such as transportation and home services); and</p> <p>(E) the clinical costs of providing such care.</p>	
<p>Report on Best Practices</p>	<p>N/A</p>	<p>Not later than 90 days after a State has a State plan amendment approved under this section, such State shall submit to the Secretary, and make publicly available on the appropriate State website, a report on how the State is implementing guidance issued under subsection (e)(1), including through any best practices adopted by the State.</p>
<p>Best Practices</p>	<p>A State electing to provide medical assistance pursuant to subsection (a) shall, to the extent practicable, adopt best practices for providing access to out-of-State providers for children with medically complex conditions consistent with guidance issued by the Administrator of the Centers for Medicare & Medicaid Services pursuant to section 4 of the ACE Kids Act. The Administrator of the Centers for Medicare & Medicaid Services shall make available on a public Internet website of the Centers for Medicare & Medicaid Services a list of the States with a State plan amendment approved under this section and the degree to which (as determined by the Administrator) such States have adopted the best practices recommended by the Administrator in such guidance.</p>	<p>N/A</p>
<p>Failure to Implement Best Practices</p>	<p>FAILURE TO IMPLEMENT BEST PRACTICES.—Beginning 180 days after the date on which guidance is issued by the Administrator of the Centers for Medicare & Medicaid Services pursuant to section 4 of the</p>	

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	<p>ACE Kids Act, in the case of a State with a State plan amendment approved under this section that the Administrator of the Centers for Medicare & Medicaid Services determines has not adopted the best practices recommended by the Administrator in such guidance, the increase of the Federal medical assistance percentage applied under subsection (b)(1) shall be reduced by 10 percentage points.</p>	
<p>Planning Grants</p>	<p>N/A</p>	<p>“(A) IN GENERAL.—Beginning October 1, 2022, the Secretary may award planning grants to States for purposes of developing a State plan amendment under this section. A planning grant awarded to a State under this paragraph shall remain available until expended.</p> <p>“(B) STATE CONTRIBUTION.—A State awarded a planning grant shall contribute an amount equal to the State percentage determined under section 1905(b) (without regard to section 5001 of Public Law 111–5) for each fiscal year for which the grant is awarded.</p> <p>“(C) LIMITATION.—The total amount of payments made to States under this paragraph shall not exceed \$5,000,000.</p>
<p>Monitoring</p>	<p>N/A</p>	<p>“(1) a methodology for tracking avoidable hospital readmissions and calculating savings that result from improved care coordination and management under this section;</p> <p>“(2) a proposal for use of health information technology in providing health home services under this section and improving service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider); and</p> <p>“(3) a methodology for tracking prompt and timely access to medically necessary care for children with medically complex conditions from out-of-State providers.</p>

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<p>Rules of Construction</p>	<p>RULE OF CONSTRUCTION ON FREEDOM OF CHOICE.</p> <p>Nothing in section 1947 of the Social Security Act (as added by section 2 of this Act) may be construed, with respect to children with medically complex conditions (as defined in such section 1947), to limit the choice of such children or their families to participate (or not participate in) a health home (as defined in such section 1947).</p>	<p>“(h) RULE OF CONSTRUCTION.—Nothing in this section may be construed—</p> <p>“(1) to require a child with medically complex conditions to enroll in a health home under this section;</p> <p>“(2) to limit the choice of a child with medically complex conditions in selecting a designated provider, team of health care professionals operating with such a provider, or health team that meets the health home qualification standards established under subsection (b) as the child’s health home; or</p> <p>“(3) to reduce or otherwise modify—</p> <p>“(A) the entitlement of children with medically complex conditions to early and periodic screening, diagnostic, and treatment services (as defined in section 1905(r)); or</p> <p>“(B) the informing, providing, arranging, and reporting requirements of a State under section 1902(a)(43).</p>
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