

112TH CONGRESS
2^D SESSION

H. R. 4147

To amend title XIX of the Social Security Act to provide States an option to cover a children's program of all-inclusive coordinated care (ChiPACC) under the Medicaid Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2012

Mr. MORAN introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide States an option to cover a children's program of all-inclusive coordinated care (ChiPACC) 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 “ChiPACC Act of
5 2011”.

1 **SEC. 2. OPTIONAL MEDICAID COVERAGE OF CHILDREN'S**
 2 **PROGRAM OF ALL-INCLUSIVE COORDINATED**
 3 **CARE (CHIPACC).**

4 (a) IN GENERAL.—Section 1905(a) of the Social Se-
 5 curity Act (42 U.S.C. 1396d(a)) is amended—

6 (1) by striking “and” at the end of paragraph
 7 (28);

8 (2) by redesignating paragraph (29) as para-
 9 graph (30); and

10 (3) by inserting after paragraph (28) the fol-
 11 lowing new paragraph:

12 “(29) services furnished under a children’s pro-
 13 gram of all-inclusive coordinated care (ChiPACC)
 14 under section 1944; and”.

15 (b) CHILDREN’S PROGRAM OF ALL-INCLUSIVE CO-
 16 ORDINATED CARE.—Title XIX of such Act is further
 17 amended by inserting after section 1943 the following new
 18 section:

19 **“SEC. 1944. CHILDREN’S PROGRAM OF ALL-INCLUSIVE CO-**
 20 **ORDINATED CARE.**

21 “(a) STATE OPTION.—

22 “(1) IN GENERAL.—A State may elect to pro-
 23 vide medical assistance under this section to
 24 ChiPACC eligible individuals who are eligible for
 25 medical assistance under the State plan under this
 26 title and who choose to enroll in a children’s pro-

1 gram of all-inclusive coordinated care. In the case of
2 an individual who chooses to enroll in such a pro-
3 gram pursuant to such an election—

4 “(A) the individual shall receive benefits
5 under the State plan solely through such pro-
6 gram; and

7 “(B) the health care providers furnishing
8 services under such program shall receive pay-
9 ment for providing such services in accordance
10 with the terms of such program.

11 “(2) NUMERICAL AND GEOGRAPHICAL LIMITA-
12 TIONS PERMITTED.—A State may establish—

13 “(A) a numerical limit on the number of
14 individuals who may be enrolled in the State’s
15 ChiPACC; and

16 “(B) geographic limitations on the service
17 areas for a ChiPACC.

18 “(b) CHIPACC AND OTHER TERMS DEFINED.—In
19 this section:

20 “(1) CHILDREN’S PROGRAM OF ALL-INCLUSIVE
21 COORDINATED CARE; CHIPACC.—The terms ‘chil-
22 dren’s program of all-inclusive coordinated care’ and
23 ‘ChiPACC’ mean a program of coordinated care for
24 ChiPACC eligible children that is established by a

1 State under this section and meets the following re-
2 quirements:

3 “(A) OPERATION.—The program is admin-
4 istered by a single State agency. Such agency
5 may provide for the operation of the program
6 through arrangements between one or more
7 other entities, such as a ChiPACC coordinator
8 and such agency.

9 “(B) COMPREHENSIVE BENEFITS.—

10 “(i) IN GENERAL.—The program pro-
11 vides comprehensive health care items and
12 services to ChiPACC eligible individuals in
13 accordance with this section and regula-
14 tions (as such term is defined in paragraph
15 (6)).

16 “(ii) SCOPE AND PLAN FOR SERV-
17 ICES.—Such items and services shall—

18 “(I) include items and services
19 described in subsection (c)(1)(A) to
20 the extent such items and services are
21 appropriate for the individual; and

22 “(II) be provided consistent with
23 a comprehensive care plan developed
24 by an interdisciplinary health profes-
25 sional team.

1 “(iii) QUALIFICATIONS OF PRO-
2 VIDERS.—Such items and services are pro-
3 vided through health care providers that—

4 “(I) meet such certification or
5 other quality requirements as may be
6 necessary to participate in the pro-
7 gram of medical assistance under this
8 title or in the program under title
9 XVIII; and

10 “(II) maintain records on
11 ChiPACC eligible individuals enrolled
12 in the program and to whom the pro-
13 vider furnishes services, reflecting
14 both the specific care and services fur-
15 nished by the provider and the rela-
16 tionship of those services to the com-
17 prehensive plan of care for that indi-
18 vidual and to the delivery of other
19 services to the individual through the
20 program.

21 “(2) CHIPACC ELIGIBLE INDIVIDUAL.—The
22 term ‘ChiPACC eligible individual’ means, with re-
23 spect to a ChiPACC, an individual—

24 “(A) who, at the time of enrollment in the
25 ChiPACC, is a child (as defined under the State

1 plan for this purpose) and who is not older than
2 such age as the State may specify;

3 “(B) who suffers from a serious illness or
4 health condition that is life threatening;

5 “(C) for whom there is a reasonable likeli-
6 hood that the child’s life will be threatened by
7 such illness or condition;

8 “(D) whose health status is expected to de-
9 cline because of such illness or condition before
10 attaining full adulthood (as defined under the
11 State plan);

12 “(E) resides in the service area of the
13 ChiPACC; and

14 “(F) is eligible for medical assistance
15 under the State plan without regard to this sec-
16 tion (or, but for enrollment in a ChiPACC
17 would, based on the individual’s illness or
18 health condition or the projected cost of treat-
19 ment required for such illness or condition, be-
20 come so eligible).

21 The Secretary may waive the application of subpara-
22 graph (F) with respect to eligibility for medical as-
23 sistance under the State plan without regard to this
24 section in the case of individuals if the State dem-
25 onstrates to the satisfaction of the Secretary that

1 the sum of the additional expenditures under this
2 title resulting from such waiver in a fiscal year will
3 not exceed the aggregate savings in expenditures
4 otherwise resulting from the implementation of this
5 section in the fiscal year.

6 “(3) CHIPACC COORDINATOR.—The term
7 ‘ChiPACC coordinator’ means, with respect to a
8 ChiPACC, an entity (which may be the State admin-
9 istering agency or another entity under an arrange-
10 ment with such an agency) that directs, supervises,
11 and assures the coordination of comprehensive serv-
12 ices to ChiPACC eligible individuals enrolled in the
13 ChiPACC consistent with the following:

14 “(A) The entity must assure the direct and
15 continuous involvement of an interdisciplinary
16 health professional team in managing and co-
17 ordinating the provision of care and services
18 within the coordinator’s responsibility to each
19 such enrolled individual.

20 “(B) The entity must include on its staff,
21 or otherwise arrange for the provision of serv-
22 ices, through contracts or otherwise, of each of
23 the types of the health care professionals and
24 other service providers required to provide the

1 items and services required under subsection
2 (c)(1)(A).

3 “(C) To the extent consistent with provi-
4 sion of the highest quality of care to enrolled
5 individuals—

6 “(i) promote the utilization of volun-
7 teers in the provision of care and services
8 under the ChiPACC, in accordance with
9 standards set by the Secretary, which
10 standards shall ensure a continuing level of
11 effort to utilize such volunteers; and

12 “(ii) ensure that records are main-
13 tained on the use of such volunteers and
14 the cost savings and expansion of care and
15 services achieved through the use of such
16 volunteers.

17 “(4) INTERDISCIPLINARY HEALTH PROFES-
18 SIONAL TEAM.—The term ‘interdisciplinary health
19 professional team’ means, with respect to a
20 ChiPACC, a group of health professionals that—

21 “(A) includes at least—

22 “(i) one physician (as defined in sec-
23 tion 1861(r)(1));

24 “(ii) one registered professional nurse;
25 and

1 “(iii) one social worker, pastoral coun-
2 selor, or other counselor;

3 “(B) develops a comprehensive plan of care
4 for ChiPACC eligible individuals enrolled with
5 the ChiPACC and furnishes, or supervises the
6 provision of, care and services described in sub-
7 section (c)(1) to an individual enrolled in the
8 ChiPACC; and

9 “(C) through direct action and communica-
10 tion with health care providers furnishing serv-
11 ices under the ChiPACC, on behalf of or under
12 the direction or supervision of a State admin-
13 istering agency or a ChiPACC coordinator, co-
14 ordinates the care and services furnished to
15 such enrollees in a manner that takes into ac-
16 count the best interests of each such enrollee
17 and the enrollee’s family.

18 “(5) STATE ADMINISTERING AGENCY.—The
19 term ‘State administering agency’ means, with re-
20 spect to the operation of a ChiPACC in a State, the
21 agency of that State (which may be the single agen-
22 cy responsible for administration of the State plan
23 under this title in the State) responsible for the im-
24 plementation, either directly or through arrange-

1 ments with one or more ChiPACC coordinators, of
2 the ChiPACC under this section in the State.

3 “(6) REGULATIONS.—Except as otherwise pro-
4 vided, the term ‘regulations’ refers to interim final
5 or final regulations promulgated under subsection
6 (g).

7 “(c) SCOPE OF BENEFITS; BENEFICIARY SAFE-
8 GUARDS.—

9 “(1) IN GENERAL.—Under a ChiPACC of a
10 State, the State administering agency shall assure
11 that—

12 “(A) an individual enrolled in the
13 ChiPACC is **【covered for】**, at a minimum—

14 “(i) all items and services that are
15 covered for any individual under this title,
16 and all additional items and services speci-
17 fied in regulations, but without any limita-
18 tion or condition as to amount, duration,
19 or scope;

20 “(ii) access to covered items and serv-
21 ices, as needed, 24 hours per day, every
22 day of the year; and

23 “(iii) services that include comprehen-
24 sive, integrated palliative and curative
25 services, expressive therapy and counseling,

1 and counseling and anticipatory bereave-
2 ment services to immediate family mem-
3 bers of the ChiPACC eligible individual, as
4 part of the services to the eligible indi-
5 vidual;

6 “(B) provision of such services to such in-
7 dividuals through a comprehensive, interdiscipli-
8 nary and multidisciplinary health and social
9 services delivery system which integrates, as ap-
10 propriate to the individual recipient of services,
11 acute and long-term care services, palliative,
12 respite and curative treatment, counseling and
13 support for family members who are caretakers
14 or otherwise relevant to appropriate care and
15 treatment of the individual, and such other
16 services as may be furnished pursuant to regu-
17 lations and the provisions of the applicable
18 State plan; and

19 “(C) the ChiPACC is operated, and the
20 services to enrolled individuals are furnished, in
21 a manner that is consistent with Standards of
22 Care and Practice Guidelines developed by Chil-
23 dren’s Hospice International for a Program of
24 All-Inclusive Care for Children (as in effect as

1 of the date of the enactment of this section or
2 such later date as the Secretary may specify).

3 “(2) QUALITY ASSURANCE; PATIENT SAFE-
4 GUARDS.—With respect to a ChiPACC, the State
5 administering agency shall assure the following:

6 “(A) The provision of services under the
7 ChiPACC meets Federal and State guidelines
8 for quality assurance.

9 “(B) Necessary safeguards have been es-
10 tablished to protect the health and welfare of
11 individuals enrolled in the ChiPACC under this
12 section.

13 “(C) There is financial accountability of
14 funds expended under this title with respect to
15 such services.

16 “(D) There is a written plan of quality as-
17 surance, and procedures implementing such
18 plan, in accordance with regulations.

19 “(E) Written safeguards of the rights of
20 individuals enrolled in the ChiPACC, including
21 a patient bill of rights and procedures for griev-
22 ances and appeals, in accordance with regula-
23 tions and with other requirements of this title
24 and Federal and State law designed for the pro-
25 tection of patients.

1 “(F) There are in effect procedures for
2 data collection, record maintenance and reten-
3 tion, and the development of outcome measures,
4 and such other policies, systems, and proce-
5 dures as are sufficient to afford the Secretary
6 and the State administering agency access to
7 records and data relating to the ChiPACC, in-
8 cluding pertinent financial, medical, and per-
9 sonnel records.

10 “(G) The agency shall submit to the Sec-
11 retary such reports as the Secretary finds (in
12 consultation with State administering agencies)
13 necessary to monitor the operation, cost, and
14 effectiveness of ChiPACCs.

15 “(3) COST-SHARING WAIVER.—A State admin-
16 istering agency may, in the case of a ChiPACC eligi-
17 ble individual enrolled in the State’s ChiPACC,
18 waive deductibles, copayments, coinsurance, or other
19 cost-sharing that would otherwise apply under the
20 State plan under this title.

21 “(d) ELIGIBILITY DETERMINATIONS.—

22 “(1) IN GENERAL.—In determining whether an
23 individual is a ChiPACC eligible individual, the
24 State administering agency shall conduct an inde-

1 pendent evaluation and assessment, which shall in-
2 clude the following:

3 “(A) Where appropriate, consultation with
4 the individual’s family, guardian, or other re-
5 sponsible individual.

6 “(B) Consultation with appropriate treat-
7 ing and consulting health and support profes-
8 sionals caring for the individual.

9 “(C) An examination of the individual’s
10 relevant history, medical records, and care and
11 support needs, guided by best practices and re-
12 search on effective strategies that result in im-
13 proved health and quality of life outcomes.

14 “(2) CERTIFICATION.—Upon completion of the
15 evaluation and assessment described in paragraph
16 (1), an individual meeting the criteria of a ChiPACC
17 eligible individual shall be certified as such, pursuant
18 to procedures specified in regulations and the appli-
19 cable State plan.

20 “(3) CONTINUATION OF ELIGIBILITY.—An indi-
21 vidual who is a ChiPACC eligible individual may be
22 deemed to continue to be such an individual notwith-
23 standing a determination that the individual no
24 longer meets the requirement of subsection (b)(2)(B)
25 if, in accordance with regulations, it is reasonably

1 foreseeable that, if the individual is not furnished
2 services under this section, the severity or impact of
3 the individual’s illness or condition would increase to
4 a degree that the individual would again meet such
5 requirement before the individual attains adulthood
6 or within the succeeding 12-month period.

7 “(4) ANNUAL REEVALUATIONS.—Subject to
8 such limitations as the Secretary may by regulation
9 prescribe, the eligibility determination made under
10 this subsection shall be reevaluated annually, except
11 that such an annual evaluation may be waived, in
12 accordance with regulations, in a case where the ad-
13 ministering State agency determines that there is no
14 reasonable expectation of improvement or significant
15 change in the individual’s illness or condition during
16 a period to which the reevaluation requirement
17 would otherwise be applicable.

18 “(5) ENROLLMENT AND DISENROLLMENT.—

19 “(A) VOLUNTARY DISENROLLMENT AT ANY
20 TIME.—The enrollment and disenrollment of
21 ChiPACC eligible individuals in a ChiPACC
22 shall be pursuant to procedures specified in reg-
23 ulations and the State plan, but shall permit an
24 enrollee, or an enrollee’s guardian or other legal
25 representative, acting on behalf of an enrollee,

1 to voluntarily disenroll for any reason at any
2 time.

3 “(B) LIMITATIONS ON DISENROLLMENT.—

4 “(i) IN GENERAL.—Regulations, and
5 the applicable State plan, shall provide
6 that a ChiPACC may not involuntarily
7 disenroll a ChiPACC eligible individual en-
8 rolled in the ChiPACC except—

9 “(I) for disruptive or threatening
10 behavior by the enrollee, or by a fam-
11 ily member with whom a health care
12 provider providing services under the
13 ChiPACC necessarily has contact in
14 the provision of services, as defined in
15 provisions of regulations (developed in
16 close consultation with State admin-
17 istering agencies); or

18 “(II) if there is a change in the
19 individual’s medical condition, resi-
20 dency or geographic location, or finan-
21 cial situation such that the individual
22 no longer is a ChiPACC eligible indi-
23 vidual and paragraph (3) does not
24 apply to warrant continuation of en-
25 rollment.

1 “(ii) NO DISENROLLMENT FOR NON-
2 COMPLIANT BEHAVIOR.—Except as allowed
3 under regulations, a ChiPACC may not
4 disenroll a ChiPACC eligible individual on
5 the ground that the individual has engaged
6 in noncompliant behavior if such behavior
7 is related to a mental or physical condition
8 of the individual. For purposes of the pre-
9 ceding sentence, the term ‘noncompliant
10 behavior’ includes repeated noncompliance
11 with medical advice and repeated failure to
12 appear for appointments.

13 “(iii) TIMELY REVIEW OF PROPOSED
14 NONVOLUNTARY DISENROLLMENT.—A pro-
15 posed involuntary disenrollment under this
16 subparagraph shall be subject to timely re-
17 view and final determination by the Sec-
18 retary or by the State administering agen-
19 cy (as applicable), prior to the proposed
20 disenrollment becoming effective, pursuant
21 to procedures prescribed in regulations.

22 “(C) APPEALS.—If an individual is deter-
23 mined not to be a ChiPACC eligible individual
24 upon application, any time after such services
25 begin, or is disenrolled from a ChiPACC for

1 reasons described in subparagraph (B)(i)(I), the
2 State plan under this title shall allow for an ap-
3 peal of such determination. During the course
4 of the appeals process, an individual previously
5 enrolled in a ChiPACC shall continue to be so
6 enrolled and to receive benefits through the
7 ChiPACC.

8 “(6) CONSTRUCTION.—The fact that a
9 ChiPACC eligible individual is enrolled under a
10 ChiPACC shall not be construed as adversely affect-
11 ing the eligibility of the individual’s parents or care-
12 taker relatives for medical assistance under this
13 title.

14 “(e) PAYMENTS TO HEALTH CARE PROVIDERS
15 UNDER CHIPACC.—

16 “(1) IN GENERAL.—Payments to health care
17 providers furnishing items and services under a
18 ChiPACC shall be paid on a capitated or fee-for-
19 service basis, according to regulations and as speci-
20 fied in the applicable State plan consistent with this
21 subsection.

22 “(2) USE OF INTEGRATED, BUDGET-NEUTRAL
23 FINANCING.—Payments under this subsection shall
24 be made—

1 “(A) on a basis that permits provision for
2 integrated financing methodologies that allow
3 providers to pool payments received from public
4 and private programs and individuals; and

5 “(B) in amounts that are designed, accord-
6 ing to regulations, to ensure that aggregate
7 payments under this section for individuals en-
8 rolled in a ChiPACC, whether made on a
9 capitated basis or fee-for-service basis, do not
10 exceed on average the aggregate payments that
11 would have been paid under the State plan for
12 such individuals if they were not so enrolled,
13 taking into account the comparative case-mix of
14 ChiPACC enrollees and such other factors as
15 the Secretary determines to be appropriate.

16 “(f) TERMINATION PROCEDURES.—

17 “(1) IN GENERAL.—Under regulations—

18 “(A) the Secretary may require a State ad-
19 ministering agency to terminate the participa-
20 tion of a ChiPACC coordinator for cause; and

21 “(B) a State administering agency may
22 terminate operation of a ChiPACC after appro-
23 priate notice to the Secretary and enrollees.

24 “(2) CAUSES FOR COORDINATOR TERMI-
25 NATION.—In accordance with regulations estab-

1 lishing procedures for termination of participation of
2 ChiPACC coordinators, the Secretary may require a
3 State administering agency to terminate participa-
4 tion of a ChiPACC coordinator for, among other
5 reasons, the fact that—

6 “(A) the Secretary determines that the
7 ChiPACC coordinator has failed to comply sub-
8 stantially with requirements for a ChiPACC co-
9 ordinator under this section; and

10 “(B) the State administering agency has
11 failed to develop and successfully initiate, with-
12 in 30 days of the date of the receipt of written
13 notice of such a determination for the ChiPACC
14 coordinator, a plan to correct the coordinator’s
15 deficiencies, or has failed to continue implemen-
16 tation of such a plan of correction.

17 “(g) REGULATIONS.—

18 “(1) IN GENERAL.—The Secretary shall issue
19 interim final or final regulations to carry out this
20 section.

21 “(2) USE OF EXISTING STANDARDS.—

22 “(A) IN GENERAL.—In issuing such regu-
23 lations, the Secretary shall, to the extent appro-
24 priate and consistent with the provisions of this
25 section, incorporate the standards and require-

1 ments applied to Programs of All-Inclusive Care
2 for Children demonstration waiver programs
3 that have been implemented before (or as of)
4 the date of the enactment of this section, in-
5 cluding standards of care and practice guide-
6 lines applied under such programs.

7 “(B) FLEXIBILITY.—In order to provide
8 for reasonable flexibility in adapting the service
9 delivery model described in subparagraph (A) to
10 the needs of particular organizations (such as
11 those in rural areas or those that may deter-
12 mine it appropriate to use nonstaff physicians
13 according to State licensing law requirements)
14 under this section, the Secretary (in close con-
15 sultation with State administering agencies)
16 may modify or waive provisions described in
17 subparagraph (A) so long as any such modifica-
18 tion or waiver is not inconsistent with and
19 would not impair the essential elements, objec-
20 tives, and requirements of this section, but may
21 not modify or waive any of the following provi-
22 sions:

23 “(i) The requirement of delivery of
24 comprehensive, integrated palliative, res-
25 pite and curative services, therapy, coun-

1 seling and other medical and psycho-social
2 services for ChiPACC eligible individual, to
3 the extent such services would benefit the
4 individual.

5 “(ii) The requirement of delivery of
6 counseling and bereavement services to im-
7 mediate family members of the ChiPACC
8 enrollees as part of the services to the en-
9 rollee.

10 “(iii) The requirement of an inter-
11 disciplinary health professional team ap-
12 proach to care management and service de-
13 livery to ChiPACC eligible individuals.

14 “(iv) The provision of integrated fi-
15 nancing methodologies that allow for the
16 pooling of payments received from public
17 and private programs and individuals.

18 “(v) The limitation on average aggre-
19 gate payment under subsection (e)(2).

20 “(C) CONTINUATION OF MODIFICATIONS
21 OR WAIVERS OPERATIONAL REQUIREMENTS.—If
22 a State agency administering a program of all-
23 inclusive coordinated care for seriously ill chil-
24 dren approved pursuant to waiver authority
25 under section 1115 or 1915(c) has contractual

1 or other operating arrangements relating to
2 such program which are not otherwise recog-
3 nized in regulation and which were in effect as
4 of the date of the enactment of this section, the
5 Secretary shall permit the agency to continue
6 such arrangements so long as such arrange-
7 ments are found by the Secretary to be reason-
8 ably consistent with the objectives of a
9 ChiPACC.

10 “(3) CONSTRUCTION.—Nothing in this sub-
11 section shall be construed as preventing the Sec-
12 retary from including in regulations provisions to en-
13 sure the health and safety of individuals enrolled in
14 a ChiPACC under this section that are in addition
15 to those otherwise provided under this section.

16 “(h) APPLICABILITY OF REQUIREMENTS.—With re-
17 spect to carrying out a ChiPACC under this section, the
18 following requirements of this title (and regulations relat-
19 ing to such requirements) shall not apply:

20 “(1) Section 1902(a)(1), relating to any re-
21 quirement that ChiPACCs or ChiPACC services be
22 provided in all areas of a State.

23 “(2) Section 1902(a)(10), insofar as such sec-
24 tion relates to comparability of services among dif-
25 ferent population groups.

1 “(3) Sections 1902(a)(23) and 1915(b)(4), re-
2 relating to freedom of choice of providers under a
3 ChiPACC.

4 “(4) Section 1903(m)(2)(A), insofar as it re-
5 stricts a ChiPACC provider from receiving prepaid
6 capitation payments.

7 “(5) Section 1905(o), limiting the scope of hos-
8 pice care.

9 “(6) Such other provisions of this title that the
10 Secretary determines are inapplicable to carrying out
11 a ChiPACC under this section.”.

12 (c) CONTINUED DEMONSTRATION PROJECT AU-
13 THORITY.—Section 1944 of the Social Security Act, as
14 added by subsection (b) shall not be construed as pre-
15 venting a State from developing, or the Secretary from
16 approving, a project similar to or related to ChiPACCs
17 (as described in such section) under existing authorities,
18 including demonstration project and waiver authorities
19 under this title or other provisions of this Act.

20 (d) OTHER CONFORMING AMENDMENTS.—Section
21 1905(r)(5) of such Act (42 U.S.C. 1396d(r)(5)) is amend-
22 ed by inserting before the period at the end the following:
23 “, other than items and services that are only covered as
24 section 1944 ChiPACC benefits”.

1 (e) **TIMELY ISSUANCE OF REGULATIONS; EFFECTIVE**
2 **DATE.**—The Secretary of Health and Human Services
3 shall promulgate regulations to carry out the amendments
4 made by this section in a timely manner, so as to assure
5 that it will be feasible for State agencies and entities to
6 establish and operate ChiPACCs for periods beginning not
7 later than 1 year after the date of the enactment of this
8 Act.

9 (f) **FUNDS FOR TECHNICAL ASSISTANCE.**—The Sec-
10 retary is authorized to expend funds appropriated to carry
11 out title XIX of the Social Security Act to make grants
12 to, or enter into contracts with, private entities or organi-
13 zations that are qualified to provide technical or other as-
14 sistance in developing and establishing ChiPACCs within
15 the States, except that—

16 (1) such funds may be expended solely for the
17 purposes of implementing this section; and

18 (2) a private entity or organization in receipt of
19 such funds must have demonstrated expertise and a
20 minimum of 5 years of experience in working with
21 or assisting in the establishment of programs for
22 comprehensive care of children meeting the descrip-
23 tion of ChiPACC eligible individuals under section

1 1944(b) of the Social Security Act, as added by sub-
2 section (b).

○