

118TH CONGRESS
1ST SESSION

S. 2993

To amend the Social Security Act and the Public Health Service Act to permanently authorize certified community behavioral health clinics, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 28 (legislative day, SEPTEMBER 22), 2023

Ms. STABENOW (for herself and Mr. CORNYN) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend the Social Security Act and the Public Health Service Act to permanently authorize certified community behavioral health clinics, and for other purposes.

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 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Ensuring Excellence in Mental Health Act”.

6 (b) **TABLE OF CONTENTS.**—The table of contents for
7 this Act is as follows:

Sec. 1. Short title.

TITLE I—ENSURING PERMANENCY FOR CERTIFIED COMMUNITY
BEHAVIORAL HEALTH CLINICS IN THE MEDICAID PROGRAM

Sec. 101. Establishing Certified Community Behavioral Health Clinic Services as a Medicaid State Plan Option.

Sec. 102. Establishing a Medicaid Prospective Payment System for Certified Community Behavioral Health Clinics.

TITLE II—COVERAGE OF CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES UNDER THE MEDICARE PROGRAM

Sec. 201. Coverage of certified community behavioral health clinic services under the Medicare program.

TITLE III—COMMUNITY BEHAVIORAL HEALTH CLINIC GRANTS

Sec. 301. Operating grants for community behavioral health clinics.

1 **TITLE I—ENSURING PERMA-**
2 **NENCY FOR CERTIFIED COM-**
3 **MUNITY BEHAVIORAL**
4 **HEALTH CLINICS IN THE**
5 **MEDICAID PROGRAM**

6 **SEC. 101. ESTABLISHING CERTIFIED COMMUNITY BEHAV-**
7 **IORAL HEALTH CLINIC SERVICES AS A MED-**
8 **ICAID STATE PLAN OPTION.**

9 (a) IN GENERAL.—Section 1905 of the Social Secu-
10 rity Act (42 U.S.C. 1396d) is amended—

11 (1) in subsection (a)—

12 (A) in paragraph (30), by striking “; and”
13 and inserting a semicolon;

14 (B) by redesignating paragraph (31) as
15 paragraph (32); and

16 (C) by inserting after paragraph (30) the
17 following new paragraph:

1 “(31) certified community behavioral health
 2 clinic services, as defined in subsection (jj); and”;
 3 and

4 (2) by adding at the end the following new sub-
 5 section:

6 “(jj) CERTIFIED COMMUNITY BEHAVIORAL HEALTH
 7 CLINIC SERVICES.—

8 “(1) IN GENERAL.—The term ‘certified commu-
 9 nity behavioral health services’ means any of the fol-
 10 lowing when furnished to an individual as a patient
 11 of a certified community behavioral health clinic (as
 12 defined in paragraph (2)), in a manner reflecting
 13 person-centered care and which, if not available di-
 14 rectly through a certified community behavioral
 15 health clinic, may be provided or referred through
 16 formal relationships with other providers:

17 “(A) Crisis mental health services, includ-
 18 ing 24-hour mobile crisis teams, emergency cri-
 19 sis intervention services, and crisis stabilization.

20 “(B) Screening, assessment, and diagnosis,
 21 including risk assessment.

22 “(C) Patient-centered treatment planning
 23 or similar processes, including risk assessment
 24 and crisis planning.

1 “(D) Outpatient mental health and sub-
2 stance use services.

3 “(E) Outpatient clinic primary care screen-
4 ing and monitoring of key health indicators and
5 health risk.

6 “(F) Targeted case management.

7 “(G) Psychiatric rehabilitation services.

8 “(H) Peer support and counselor services
9 and family supports.

10 “(I) Intensive, community-based mental
11 health care for members of the armed forces
12 and veterans, particularly those members and
13 veterans located in rural areas, provided the
14 care is consistent with minimum clinical mental
15 health guidelines promulgated by the Veterans
16 Health Administration, including clinical guide-
17 lines contained in the Uniform Mental Health
18 Services Handbook of such Administration.

19 “(2) CERTIFIED COMMUNITY BEHAVIORAL
20 HEALTH CLINIC.—The term ‘certified community be-
21 havioral health clinic’ means an organization that—

22 “(A) is engaged in furnishing to patients
23 all of the services described in paragraph (1);

24 “(B) is legally authorized to furnish such
25 services under State law;

1 “(C) agrees, as a condition of the certifi-
2 cation described in subparagraph (D), to fur-
3 nish to the State or Secretary any data re-
4 quired as part of ongoing monitoring of the or-
5 ganization’s provision of services, including any
6 such data as the State, by agreement with the
7 Secretary, shall access via the system described
8 in section 340J–4 of the Public Health Service
9 Act; and

10 “(D) has been certified by a State—

11 “(i) as meeting the criteria established
12 by the Secretary pursuant to subsection
13 (a) of section 223 of the Protecting Access
14 to Medicare Act and is carrying out a dem-
15 onstration program under this title under
16 subsection (d) of such section; or

17 “(ii) for purposes of services furnished
18 on or after January 1, 2024, subject to
19 paragraph (3), as meeting the criteria es-
20 tablished under section 340J–1(a) of the
21 Public Health Service Act, and as being el-
22 igible to furnish medical assistance under
23 the State plan under this title (or under a
24 waiver of such plan) for certified commu-

1 nity behavioral health services described in
2 paragraph (1).

3 “(3) ACCREDITATION.—In the case of services
4 furnished on or after January 1, 2024, at State op-
5 tion, a State may determine that an organization
6 does not meet the criteria established under section
7 340J–1(a) of the Public Health Service Act unless
8 the organization has an accreditation by an accredi-
9 tation body approved under section 340J–5 of the
10 Public Health Service Act. An election by a State
11 under the preceding sentence shall not relieve a
12 State of the requirement to certify an organization
13 under paragraph (2)(D).”.

14 (b) CONFORMING AMENDMENTS.—

15 (1) Section 1902(nm)(3) of such Act (42 U.S.C.
16 1396a(nm)(3)), is amended by striking “paragraph
17 (31)” and inserting “the last numbered paragraph”.

18 (2) The fifth sentence of section 1905(a) of
19 such Act (42 U.S.C. 1396d(a)) is amended by strik-
20 ing “paragraph (30)” and inserting “the last num-
21 bered paragraph”.

22 (3) Effective July 1, 2025, section
23 1902(a)(84)(A) of such Act (42 U.S.C.
24 1396a(a)(84)(A)), as amended by section 5122(a)(2)
25 of division FF of Public Law 117–328, is amended

1 by striking “paragraph (31)” and inserting “the last
2 numbered paragraph”.

3 **SEC. 102. ESTABLISHING A MEDICAID PROSPECTIVE PAY-**
4 **MENT SYSTEM FOR CERTIFIED COMMUNITY**
5 **BEHAVIORAL HEALTH CLINICS.**

6 Section 1902 of the Social Security Act (42 U.S.C.
7 1396a) is amended by adding at the end the following new
8 subsection:

9 “(uu) PAYMENT FOR SERVICES PROVIDED BY CER-
10 TIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.—

11 “(1) IN GENERAL.—Beginning with fiscal year
12 2024, with respect to services furnished on or after
13 January 1, 2024, and each succeeding fiscal year, a
14 State may provide under the State plan under this
15 title (or under a waiver of such plan) for payment
16 for services described in section 1905(a)(31) fur-
17 nished by a certified community behavioral health
18 clinic (in this subsection referred to as a ‘clinic’) in
19 accordance with the provisions of this subsection.

20 “(2) PAYMENT FOR SERVICES IN INITIAL YEAR
21 AND EVERY THIRD YEAR.—Subject to paragraphs
22 (4), (5), and (6), for services furnished by a clinic
23 in the first fiscal year for which a State elects to
24 provide for payment for services described in section
25 1905(a)(31) in accordance with the payment option

1 under paragraph (1), and every third fiscal year
2 thereafter in which the State makes such an elec-
3 tion, the State shall provide for payment for such
4 services in an amount (calculated on the basis of
5 daily visits or unduplicated monthly visits, at the
6 State's election) that is equal to 100 percent of the
7 average costs of the clinic of furnishing any of the
8 services described in paragraph (31) of section
9 1905(a) during the 2 fiscal years preceding the fis-
10 cal year involved which are reasonable and related to
11 the costs of furnishing such services; provided that,
12 in the absence of complete actual cost data rep-
13 resenting the provision of the full covered benefit in
14 such preceding fiscal years, certified community be-
15 havioral health clinics may, at the State's discretion,
16 use estimated or projected data relating to specific
17 services for which they lack cost experience. The
18 per-unit rate derived from such cost data shall be
19 adjusted to take into account any increase or de-
20 crease in the scope of such services furnished by the
21 clinic in the fiscal year involved.

22 “(3) PAYMENT FOR SERVICES IN SUCCEEDING
23 FISCAL YEARS.—Subject to paragraphs (4), (5), and
24 (6), for services described in section 1905(a)(31)
25 furnished by a clinic for which a State elects to pro-

1 vide for payment for such services in accordance
2 with the payment option under paragraph (1) and
3 that are furnished in a fiscal year that is not de-
4 scribed in paragraph (2), the State plan shall pro-
5 vide for payment for such services in an amount
6 (calculated on the basis of daily visits or
7 unduplicated monthly visits, at the State’s election)
8 that is equal to the amount calculated under this
9 subsection for such services and clinic for the pre-
10 ceding year—

11 “(A) increased by the percentage increase
12 in the inflationary factor described in section
13 1834(aa)(2)(C); and

14 “(B) adjusted to take into account any in-
15 crease or decrease in the scope of such services
16 furnished by the clinic during the fiscal year in-
17 volved.

18 “(4) ESTABLISHMENT OF INITIAL YEAR PAY-
19 MENT FOR NEW CLINICS.—In any case in which an
20 entity first qualifies as a certified community behav-
21 ioral health clinic after the first fiscal year in which
22 a State elects to provide for payment for services de-
23 scribed in section 1905(a)(31) in accordance with
24 the payment option under paragraph (1), the State
25 plan shall provide for payment for such services in

1 the first 2 years in which the clinic so qualifies in
2 an amount (calculated on the basis of daily visits or
3 unduplicated monthly visits, at the State's election)
4 that is equal to the rates established under this sub-
5 section for other such clinics located in the same or
6 adjacent area with a similar case load, or in the ab-
7 sence of any such clinic, based on the average per-
8 unit rate for other certified community behavioral
9 health clinics in the State; provided, however, that
10 effective, at latest, as of the 3rd year in which the
11 clinic furnishes such services, the State establishes a
12 unique payment rate for the clinic based on the
13 methodology described in paragraph (2), using al-
14 lowable costs from the clinic's first 2 fiscal years of
15 operation as the basis for establishing such rates;
16 and provided, additionally, that in any year following
17 the establishment of an initial rate under this para-
18 graph, the State plan or waiver provides for the pay-
19 ment amount to be calculated in accordance with
20 paragraph (2) or (3) (as applicable).

21 “(5) ADMINISTRATION IN THE CASE OF MAN-
22 AGED CARE.—

23 “(A) IN GENERAL.—In the case of services
24 furnished by a certified community behavioral
25 health clinic pursuant to a contract between the

1 clinic and a managed care entity (as defined in
2 section 1932(a)(1)(B)), the State plan or a
3 waiver of such plan shall provide for 1 of the
4 following:

5 “(i) Payment to the clinic by the
6 State of a supplemental payment equal to
7 the amount (if any) by which the amount
8 determined under paragraph (2), (3), or
9 (4) (as applicable) exceeds the amount of
10 payments under the contract, with such
11 supplemental payment being made pursu-
12 ant to a payment schedule agreed to by the
13 State and the certified community behav-
14 ioral health clinic, but in no case less fre-
15 quently than every 3 months.

16 “(ii) Delegation by the State to the
17 managed care entity of the obligation to
18 pay the clinic at least the rate determined
19 under paragraph (2), (3), or (4) (as appli-
20 cable); provided, however, that the State
21 shall use reconciliation and oversight proc-
22 esses to ensure that each clinic is paid at
23 least the amounts required under such
24 paragraphs.

1 “(6) ALTERNATIVE PAYMENT METHODOLO-
 2 GIES.—Notwithstanding any other provision of this
 3 subsection, the State plan or a waiver of such plan
 4 may provide for payment in any year to a certified
 5 community behavioral health clinic for services de-
 6 scribed in paragraph (31) of section 1905(a) in an
 7 amount which is determined under an alternative
 8 payment methodology that—

9 “(A) is agreed to by the State and the clin-
 10 ic; and

11 “(B) results in payment to the clinic of an
 12 amount which is not less than the amount oth-
 13 erwise required to be paid to the clinic under
 14 this subsection.”.

15 **TITLE II—COVERAGE OF CER-**
 16 **TIFIED COMMUNITY BEHAV-**
 17 **IORAL HEALTH CLINIC SERV-**
 18 **ICES UNDER THE MEDICARE**
 19 **PROGRAM**

20 **SEC. 201. COVERAGE OF CERTIFIED COMMUNITY BEHAV-**
 21 **IORAL HEALTH CLINIC SERVICES UNDER THE**
 22 **MEDICARE PROGRAM.**

23 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
 24 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

1 (1) in subparagraph (II), by striking “and” at
2 the end;

3 (2) in subparagraph (JJ), by inserting “and”
4 at the end; and

5 (3) by adding at the end the following new sub-
6 paragraph:

7 “(KK) certified community behavioral health
8 clinic services (as defined in subsection (aa)(8)) fur-
9 nished on or after January 1, 2024.”.

10 (b) DEFINITIONS.—Section 1861(aa) of the Social
11 Security Act (42 U.S.C. 1395x) is amended—

12 (1) in the heading, by striking “and Federally
13 Qualified Health Center Services” and inserting “,
14 Federally Qualified Health Center Services, and Cer-
15 tified Community Behavioral Health Clinic Serv-
16 ices”; and

17 (2) by adding at the end the following new
18 paragraph:

19 “(8) The terms ‘certified community behavioral
20 health clinic services’ and ‘certified community behavioral
21 health clinic’ have the meaning given those terms in para-
22 graphs (1) and (2), respectively, of section 1905(jj).”.

23 (c) PAYMENT.—

1 (1) IN GENERAL.—Section 1833(a)(1) of the
2 Social Security Act (42 U.S.C. 1395l(a)(1)) is
3 amended—

4 (A) by striking “and (HH)” and inserting
5 “(HH)”; and

6 (B) by inserting before the semicolon at
7 the end the following: “, and (II) with respect
8 to certified community behavioral health clinic
9 services for which payment is made under sec-
10 tion 1834(aa), the amounts paid shall be equal
11 to 80 percent of the lesser of the actual charge
12 or the amount determined under such section”.

13 (2) DEVELOPMENT AND IMPLEMENTATION OF
14 PROSPECTIVE PAYMENT SYSTEM.—Section 1834 of
15 the Social Security Act (42 U.S.C. 1395m) is
16 amended by adding at the end the following new
17 subsection:

18 “(aa) DEVELOPMENT AND IMPLEMENTATION OF
19 PROSPECTIVE PAYMENT SYSTEM FOR CERTIFIED COM-
20 MUNITY BEHAVIORAL HEALTH CLINICS.—

21 “(1) DEVELOPMENT.—The Secretary shall de-
22 velop a prospective payment system for payment to
23 certified community behavioral health clinics (as de-
24 fined in section 1861(aa)(8)) for the furnishing of
25 certified community behavioral health clinic services

1 (as defined in such section) under this title. Such
2 system shall be established to take into account the
3 type, intensity, and duration of services furnished by
4 certified community behavioral health clinics. Such
5 system may include adjustments, including geo-
6 graphic adjustments, as determined appropriate by
7 the Secretary.

8 “(2) IMPLEMENTATION.—

9 “(A) IN GENERAL.—The Secretary shall
10 provide, for cost reporting periods beginning on
11 or after January 1, 2024, for payments of pro-
12 spective payment rates for certified community
13 behavioral health clinic services furnished by
14 certified community behavioral health clinics
15 under this title in accordance with the prospec-
16 tive payment system developed by the Secretary
17 under paragraph (1).

18 “(B) INITIAL PAYMENTS.—The Secretary
19 shall implement such prospective payment sys-
20 tem to reflect the national average allowable
21 service costs of such clinics on the basis of the
22 most current audited cost report data for two
23 fiscal years available to the Secretary; provided
24 that, in the absence of complete actual cost
25 data representing the provision of the full cov-

1 ered benefit during the relevant fiscal years,
2 certified community behavioral health clinics
3 may, at the Secretary’s discretion, use esti-
4 mated or projected data relating to specific
5 services. Initial payments shall be established
6 without the application of a per visit limit or
7 productivity screen and shall be based on na-
8 tional average costs per unit of service, updated
9 as appropriate by the inflationary adjustment
10 described in subparagraph (C).

11 “(C) PAYMENTS IN SUBSEQUENT YEARS.—

12 Payment rates in years after the year of imple-
13 mentation of such system shall be the payment
14 rates in the previous year increased—

15 “(i) in the first year after implemen-
16 tation of such system, by the percentage
17 increase in the MEI (as defined in section
18 1842(i)(3)) for the year involved; and

19 “(ii) in subsequent years, by the per-
20 centage increase in a market basket of cer-
21 tified community behavioral health clinic
22 services, designed by the Secretary, or if
23 such an index is not available, by the per-
24 centage increase in the MEI (as defined in
25 section 1842(i)(3)) for the year involved.

1 “(3) UNIT OF PAYMENT.—In establishing a
2 prospective payment amount under the system under
3 this subsection, the Secretary shall consider an ap-
4 propriate unit of service and a general system design
5 that provides for continued access to quality serv-
6 ices.

7 “(4) PERIODIC REEVALUATION OF RATES.—At
8 the Secretary’s discretion, the Secretary shall, from
9 time to time, adjust the amounts that would other-
10 wise be applicable under subparagraph (2) by a per-
11 centage determined appropriate by the Secretary to
12 reflect such factors as changes in the intensity of
13 services furnished within a unit of service, the aver-
14 age cost of providing care per unit of service, and
15 other factors that the Secretary considers to be rel-
16 evant. Such adjustment shall be made before the up-
17 date under clause (i) or (ii) of paragraph (2)(C)(i)
18 has been applied for the year.”.

19 (d) WAIVER OF APPLICATION OF DEDUCTIBLE.—
20 Section 1833(b)(4) of the Social Security Act (42 U.S.C.
21 1395l(b)(4)) is amended by inserting “or certified commu-
22 nity behavioral health clinic services” before the comma
23 at the end.

24 (e) PRRB REVIEW OF COST REPORTS.—Section
25 1878(j) of the Social Security Act (42 U.S.C. 1395oo(j))

1 is amended by striking “and a Federally qualified health
 2 center” and inserting “, a Federally qualified health cen-
 3 ter, and a certified community behavioral health clinic”.

4 (f) SAFE HARBOR FOR WAIVER OF COINSURANCE.—
 5 Section 1128B(b)(3)(D) of the Social Security Act (42
 6 U.S.C. 1320a–7b(b)(3)(D)) is amended by inserting “or
 7 a certified community behavioral health clinic” after
 8 “Federally qualified health care center”.

9 (g) EFFECTIVE DATE.—The amendments made by
 10 this section shall apply with respect to services furnished
 11 on or after January 1, 2024.

12 **TITLE III—COMMUNITY BEHAV-**
 13 **IORAL HEALTH CLINIC**
 14 **GRANTS**

15 **SEC. 301. OPERATING GRANTS FOR COMMUNITY BEHAV-**
 16 **IORAL HEALTH CLINICS.**

17 Part D of title III of the Public Health Service Act
 18 (42 U.S.C. 254b et seq.) is amended by adding at the end
 19 the following:

20 **“Subpart XIII—Community Behavioral Health**
 21 **Clinics**

22 **“SEC. 340J. DEFINITIONS.**

23 “In this subpart:

24 “(1) CERTIFIED COMMUNITY BEHAVIORAL
 25 HEALTH CLINIC.—The term ‘certified community be-

1 havioral health clinic’ has the meaning given the
 2 term in section 1905(jj)(2)) of the Social Security
 3 Act.

4 “(2) CERTIFIED COMMUNITY BEHAVIORAL
 5 HEALTH SERVICES.—The term ‘certified community
 6 behavioral health services’ has the meaning given the
 7 term in section 1905(jj)(1) of the Social Security
 8 Act.

9 **“SEC. 340J-1. COMMUNITY BEHAVIORAL HEALTH CLINIC**
 10 **CERTIFICATION.**

11 “(a) IN GENERAL.—Not later than 180 days after
 12 the date of enactment of the Ensuring Excellence in Men-
 13 tal Health Act, the Secretary, after public notice and op-
 14 portunity for comment, shall publish in the Federal Reg-
 15 ister criteria for a clinic to be certified as a community
 16 behavioral health clinic for purposes of section
 17 1905(jj)(2)(D)(ii) of the Social Security Act.

18 “(b) REQUIREMENTS.—The criteria published under
 19 subsection (a) shall include criteria with respect to the fol-
 20 lowing:

21 “(1) STAFFING.—Staffing requirements, includ-
 22 ing criteria that staff have diverse disciplinary back-
 23 grounds, have necessary State-required license and
 24 accreditation, and are culturally and linguistically

1 trained to serve the needs of the patient populations
2 of the community behavioral health clinic.

3 “(2) AVAILABILITY AND ACCESSIBILITY OF
4 SERVICES.—Availability and accessibility of services,
5 including crisis management services that are avail-
6 able and accessible 24 hours a day, the use of a slid-
7 ing scale for payment, and no rejection for services
8 or limiting of services on the basis of a patient’s
9 ability to pay or a place of residence.

10 “(3) CARE COORDINATION.—Care coordination,
11 including requirements to coordinate care across set-
12 tings and providers to ensure seamless transitions
13 for patients across the full spectrum of health serv-
14 ices including acute, chronic, and behavioral health
15 needs. Care coordination requirements shall include
16 partnerships or formal contracts with the following:

17 “(A) Federally-qualified health centers (as
18 defined in section 1905(l) of the Social Security
19 Act) and, as applicable, rural health clinics (as
20 so defined), to provide Federally-qualified
21 health center services (as so defined) and, as
22 applicable, rural health clinic services (as so de-
23 fined), to the extent such services are not pro-
24 vided directly through the community behav-
25 ioral health clinic.

1 “(B) Inpatient psychiatric facilities and
2 substance use detoxification, post-detoxification
3 step-down services, and residential programs.

4 “(C) Other community or regional services,
5 supports, and providers, including schools, child
6 welfare agencies, juvenile and criminal justice
7 agencies and facilities, Indian Health Service
8 youth regional treatment centers, State-licensed
9 and nationally accredited child placing agencies
10 for therapeutic foster care service, and other so-
11 cial and human services.

12 “(D) Medical centers, outpatient clinics,
13 and drop-in centers of the Department of Vet-
14 erans Affairs and other facilities of the Depart-
15 ment (as defined in section 1701 of title 38,
16 United States Code).

17 “(E) Inpatient acute care hospitals and
18 hospital outpatient clinics.

19 “(4) SCOPE OF SERVICES.—Provision (in a
20 manner reflecting person-centered care) of the full
21 array of certified community behavioral health serv-
22 ices which, if not available directly through the com-
23 munity behavioral health clinic, are provided or re-
24 ferred through formal relationships with other pro-
25 viders.

1 “(5) QUALITY AND OTHER REPORTING.—Re-
2 quirements relating to development by the commu-
3 nity behavioral health clinic of an effective procedure
4 for compiling and reporting to the Secretary such
5 statistics and other information as the Secretary
6 may require relating to—

7 “(A) the costs of its operations;

8 “(B) the patterns of use of its services, in-
9 cluding the reporting of encounter data, clinical
10 outcomes data, quality data, and such other
11 data as the Secretary may require;

12 “(C) the availability, accessibility, and ac-
13 ceptability of its services; and

14 “(D) such other matters relating to oper-
15 ations of the applicant as the Secretary may re-
16 quire.

17 “(6) ORGANIZATIONAL AUTHORITY.—Require-
18 ments that a community behavioral health clinic
19 be—

20 “(A) a nonprofit entity;

21 “(B) part of a local government behavioral
22 health authority;

23 “(C) operated under the authority of the
24 Indian Health Service;

1 “(D) operated by an Indian Tribe or Trib-
2 al organization pursuant to a contract, grant,
3 cooperative agreement, or compact with the In-
4 dian Health Service pursuant to the Indian
5 Self-Determination and Education Assistance
6 Act; or

7 “(E) operated by an urban Indian organi-
8 zation pursuant to a grant or contract with the
9 Indian Health Service under title V of the In-
10 dian Health Care Improvement Act.

11 **“SEC. 340J-2. OPERATING GRANTS FOR COMMUNITY BE-**
12 **HAVIORAL HEALTH CLINICS.**

13 “(a) IN GENERAL.—The Secretary shall establish a
14 grant program under which the Secretary shall award
15 grants to eligible community behavioral health clinics to
16 provide (in a manner reflecting person-centered care) the
17 full array of certified community behavioral health serv-
18 ices.

19 “(b) ELIGIBILITY.—To be eligible to receive a grant
20 under subsection (a), a community behavioral health clinic
21 shall be—

22 “(1) a certified community behavioral health
23 clinic; or

24 “(2) a community behavioral health clinic that
25 indicates in the grant application that the clinic will

1 use the grant funds to meet the criteria described in
2 section 340J-1(a).

3 “(c) USE OF FUNDS.—A community behavioral
4 health clinic that receives a grant under subsection (a)—

5 “(1) shall use the grant funds—

6 “(A) to provide the services described in
7 subsection (a); and

8 “(B) in the case of a community behavioral
9 health clinic described in subsection (b)(2), to
10 meet the criteria described in section 340J-
11 1(a); and

12 “(2) may use the grant funds—

13 “(A) to carry out other activities that—

14 “(i) reduce costs associated with the
15 provision of certified community behavioral
16 health services;

17 “(ii) improve access to, and avail-
18 ability of, certified community behavioral
19 health services provided to individuals
20 served by the community behavioral health
21 clinic;

22 “(iii) enhance the quality and coordi-
23 nation of certified community behavioral
24 health services; or

1 “(iv) improve the health status of
2 communities; and

3 “(B) to pay for—

4 “(i) the costs of acquiring and leasing
5 buildings and equipment (including the
6 costs of amortizing the principal of, and
7 paying interest on, loans);

8 “(ii) costs relating to the purchase or
9 lease of equipment, including data and in-
10 formation systems and behavioral health
11 information technology to facilitate data
12 reporting and other purposes;

13 “(iii) the costs of in-service staff
14 training and other operational or infra-
15 structure costs identified by the Secretary;
16 and

17 “(iv) costs associated with expanding
18 and modernizing existing buildings or con-
19 structing new buildings (including the
20 costs of amortizing the principal of, and
21 paying the interest on, loans), if such costs
22 are specifically allowed for in the grant op-
23 portunity published by the Secretary.

24 “(d) TERM.—Grants awarded under subsection (a)
25 shall be for a period of not more than 5 years.

1 “(e) CONDITION ON RECEIPT OF FUNDS.—The Sec-
2 retary shall not make a grant to an applicant under sub-
3 section (a) unless the applicant provides assurances to the
4 Secretary that within 120 days of receiving grant funding
5 for the operation of the clinic, the applicant will submit
6 for approval by the Secretary an implementation plan that
7 describes how the applicant will—

8 “(1) provide the services described in subsection
9 (a); and

10 “(2) in the case of a community behavioral
11 health clinic described in subsection (b)(2), meet the
12 criteria described in section 340J-1(a).

13 “(f) AMOUNT OF GRANT.—

14 “(1) IN GENERAL.—Subject to paragraph (2),
15 the amount of a grant made in any fiscal year to a
16 community behavioral health clinic under subsection
17 (a) shall be determined by the Secretary based on
18 information provided by the community behavioral
19 health clinic, but may not exceed an amount equal
20 to the difference obtained by subtracting—

21 “(A) the sum obtained by adding—

22 “(i) the total State, local, and other
23 operational funding provided to the clinic
24 for such fiscal year; and

1 “(ii) the fees, premiums, and third-
2 party reimbursements that the clinic rea-
3 sonably expects to receive for its operations
4 in such fiscal year; from

5 “(B) the costs of operating the clinic to
6 meet the purposes and requirements of the
7 grant program under this section during such
8 fiscal year.

9 “(2) REQUIREMENT.—

10 “(A) IN GENERAL.—In determining the
11 costs described in paragraph (1)(B), the Sec-
12 retary may estimate the anticipated costs of the
13 grant recipient in—

14 “(i) providing the services described in
15 subsection (a), including the anticipated
16 costs of providing any individual certified
17 community behavioral health service that
18 the applicant entity does not have cost ex-
19 perience providing at the time of submit-
20 ting an application for such grant; and

21 “(ii) if applicable, meeting the criteria
22 described in section 340J-1(a).

23 “(B) ANTICIPATED COSTS.—The Secretary
24 shall base the estimate of anticipated costs
25 under subparagraph (A) on an estimate of an-

1 ticipated costs provided by the applicable com-
2 munity behavioral health clinic.

3 “(3) PAYMENTS.—The Secretary may—

4 “(A) award grants under subsection (a)—

5 “(i) in advance or through reimburse-
6 ment; and

7 “(ii) in installments;

8 “(B) make adjustments to account for
9 overpayments or underpayments.

10 “(g) USE OF ACCREDITATION.—

11 “(1) IN GENERAL.—In selecting grant recipi-
12 ents under this section, the Secretary may take into
13 account whether an applicant community behavioral
14 health clinic is accredited under section 340J–5(a).

15 “(2) COMPLIANCE.—In determining whether a
16 community behavioral health clinic receiving a grant
17 under this section is providing the services described
18 in subsection (a) and, if applicable, meeting the cri-
19 teria described in section 340J–1(a), the Secretary
20 may take into account whether the community be-
21 havioral health clinic is accredited under section
22 340J–5(a).

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) IN GENERAL.—There is authorized to be
2 appropriated to carry out this section, \$552,500,000
3 for each of fiscal years 2024 through 2028.

4 “(2) MAINTENANCE OF FUNDING.—The
5 amount made available under paragraph (1) shall
6 supplement (and not supplant) any other Federal
7 funding made available for community behavioral
8 health clinics.

9 **“SEC. 340J-3. TECHNICAL ASSISTANCE.**

10 “(a) IN GENERAL.—Not later than 180 days after
11 the date of enactment of the Ensuring Excellence in Men-
12 tal Health Act, the Secretary shall establish programs
13 through which the Secretary shall provide (either through
14 the Department of Health and Human Services or by
15 grant or contract) technical assistance and other assist-
16 ance to any of the following:

17 “(1) Entities that receive a grant under section
18 340J-2.

19 “(2) Entities participating in a Medicaid dem-
20 onstration program under section 223(d) of the Pro-
21 tecting Access to Medicare Act.

22 “(3) Certified community behavioral health clin-
23 ics (as defined in sections 1861(aa)(8) and
24 1905(jj)(2) of the Social Security Act), furnishing
25 services under title XVIII or title XIX of such Act.

1 “(4) Health or social service provider organiza-
2 tions pursuing or considering certified community
3 behavioral health clinic status or partnering with
4 certified community behavioral health clinics.

5 “(5) Other stakeholders, for the purpose of fa-
6 cilitating successful implementation of the certified
7 community behavioral health clinic model.

8 “(b) INCLUSIONS.—Assistance provided by the Sec-
9 retary under subsection (a) may include technical and
10 nonfinancial assistance, including—

11 “(1) fiscal and program management assist-
12 ance;

13 “(2) operational and administrative support;
14 and

15 “(3) the provision of information to the entities
16 about the variety of resources available under this
17 part and how those resources can be best used to
18 meet the health and behavioral health needs of the
19 communities served by the entities.

20 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section
22 \$6,000,000 for each of fiscal years 2024 through 2028.

1 **“SEC. 340J-4. DATA INFRASTRUCTURE FOR COMMUNITY**
2 **BEHAVIORAL HEALTH CLINIC REPORTING.**

3 “(a) IN GENERAL.—Not later than 180 days after
4 the date of enactment of the Ensuring Excellence in Men-
5 tal Health Act, the Secretary shall establish a system
6 under which the Secretary shall collect and analyze data
7 on community behavioral health clinics.

8 “(b) SCOPE OF DATA COLLECTION.—The system es-
9 tablished under subsection (a) shall be used by the Sec-
10 retary to collect and analyze data from—

11 “(1) entities that receive a grant under section
12 340J-2; and

13 “(2) organizations that provide services, or have
14 applied to provide services, under title XVIII of the
15 Social Security Act, as described in section
16 1861(aa)(8) of such Act, or under a State Medicaid
17 program in accordance with section 1905(jj) of such
18 Act.

19 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section
21 \$51,000,000 for each of fiscal years 2024 through 2028.

22 **“SEC. 340J-5. COMMUNITY BEHAVIORAL HEALTH CLINIC**
23 **ACCREDITATION.**

24 “(a) ACCREDITATION STANDARDS.—A community
25 behavioral health clinic may be accredited if the entity—

1 “(1) meets the standards of an approved ac-
2 creditation body; and

3 “(2) authorizes the accreditation body to sub-
4 mit to the Secretary (or such agency as the Sec-
5 retary may designate) such records or other infor-
6 mation as the Secretary may require.

7 “(b) APPROVAL OF ACCREDITATION BODIES.—

8 “(1) IN GENERAL.—The Secretary may approve
9 a private nonprofit organization to be an accredita-
10 tion body for the accreditation of community behav-
11 ioral health clinics under subsection (a) if—

12 “(A) using inspectors qualified to evaluate
13 quality of care in a behavioral health service
14 setting, the accreditation body agrees to inspect
15 the clinic with such frequency as is determined
16 by the Secretary;

17 “(B) the standards applied by the body in
18 determining whether or not to accredit a clinic
19 correspond to the criteria described in section
20 340J–1(a), and are not less restrictive than
21 such criteria;

22 “(C) there is adequate provision for assur-
23 ing that the standards of the accreditation body
24 continue to be met by the clinic;

1 “(D) in the case of any clinic previously
2 accredited by the body which has had its ac-
3 creditation denied, suspended, withdrawn, or re-
4 voked or which has had any other action taken
5 against it by the accrediting body, the accred-
6 iting body agrees to submit to the Secretary the
7 name of such clinic within 30 days of the action
8 taken; and

9 “(E) if the accreditation body has its ap-
10 proval withdrawn by the Secretary, the body
11 agrees to notify each clinic accredited by the
12 body of the withdrawal within 10 days of the
13 withdrawal.”.

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