

117TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend title XIX of the Social Security Act to establish a demonstration project testing Whole Child Health Models, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend title XIX of the Social Security Act to establish a demonstration project testing Whole Child Health Models, 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 This Act may be cited as the “Kickstarting Innova-  
5 tive Demonstrations Supporting Kids Health Act of 2022”  
6 or the “KIDS Health Act of 2022”.

1 **SEC. 2. ESTABLISHMENT OF WHOLE CHILD HEALTH MOD-**  
2 **ELS.**

3 Section 1903 of the Social Security Act (42 U.S.C.  
4 1396b) is amended by adding at the end the following new  
5 subsection:

6 “(cc) WHOLE CHILD HEALTH DEMONSTRATION  
7 PROJECT.—

8 “(1) IN GENERAL.—The Secretary, acting  
9 through the Deputy Administrator and Director of  
10 the Center for Medicaid and CHIP Services, shall  
11 conduct a demonstration project (referred to in this  
12 subsection as the ‘demonstration project’) under  
13 which participating States shall design and imple-  
14 ment whole child health models in 1 or more target  
15 communities in accordance with the requirements of  
16 this subsection. The requirements of section  
17 1902(a)(1) (relating to statewideness) shall not  
18 apply to the demonstration project.

19 “(2) DESIGN PHASE.—

20 “(A) GRANTS.—Not later than 12 months  
21 after the date of the enactment of this sub-  
22 section, the Secretary shall award up to 15  
23 grants to States that submit complete applica-  
24 tions for such grants which meet the require-  
25 ments of subparagraph (C).

1           “(B) SELECTION OF GRANTEES.—In  
2           awarding grants under this paragraph, the Sec-  
3           retary shall, to the extent possible, prioritize  
4           awarding grants to a geographically diverse se-  
5           lection of States and target communities of dif-  
6           ferent sizes and with varying experience with  
7           value-based payment, including rural and urban  
8           communities.

9           “(C) GRANT APPLICATION.—A State shall  
10          include in an application for a grant awarded  
11          under this paragraph the following:

12                 “(i) A description of each proposed  
13                 target community in which the State pro-  
14                 poses to implement a whole child health  
15                 model.

16                 “(ii) For each target community de-  
17                 scribed in clause (i), a statement of the  
18                 proposed objectives of the State in imple-  
19                 menting a whole child health model in that  
20                 community.

21                 “(iii) Such other information as the  
22                 Secretary may require.

23          “(D) USE OF GRANT FUNDS.—

1                   “(i) IN GENERAL.—A State awarded a  
2 grant under this paragraph shall use the  
3 grant funds to—

4                   “(I) conduct or use an existing  
5 needs assessment that is not more  
6 than two years old and meets the re-  
7 quirements of clause (ii) for each pro-  
8 posed target community;

9                   “(II) not later than 12 months  
10 after being awarded the grant, design  
11 and submit for approval by the Sec-  
12 retary a proposed whole child health  
13 model that meets the requirements of  
14 subparagraph (E) for each target  
15 community based on the results of the  
16 needs assessment and other assess-  
17 ments or surveys conducted for that  
18 community; and

19                   “(III) implement the whole child  
20 health model during the implementa-  
21 tion phase described in paragraph (3).

22                   “(ii) NEEDS ASSESSMENT REQUIRE-  
23 MENTS.—A needs assessment conducted  
24 for a proposed target community with

1 grant funds awarded to a State shall in-  
2 clude the following:

3 “(I) An evaluation of the physical  
4 health, mental, emotional and behav-  
5 ioral health, developmental, social, re-  
6 lational and substance use disorder  
7 service needs of eligible individuals in  
8 the target community, including needs  
9 that could be addressed through popu-  
10 lation-based or community-based  
11 interventions.

12 “(II) A review of the resources  
13 available to meet the physical health,  
14 mental health, and substance use dis-  
15 order service needs of eligible individ-  
16 uals in the target community.

17 “(III) A description of the bar-  
18 riers identified in the target commu-  
19 nity to eligible individuals accessing  
20 resources and services to address their  
21 physical health, mental health, and  
22 substance use disorder service needs.

23 “(IV) A description of health dis-  
24 parities identified in the target com-  
25 munity, including input from commu-

1                   nity residents in the target commu-  
2                   nity.

3                   “(E) WHOLE CHILD HEALTH MODEL RE-  
4                   QUIREMENTS.—

5                   “(i) IN GENERAL.—A proposed whole  
6                   child health model shall include descrip-  
7                   tions of the following:

8                   “(I) How the State and its multi-  
9                   sector partners will address the phys-  
10                  ical health, mental, emotional and be-  
11                  havioral health, developmental, social,  
12                  relational and substance use disorder  
13                  service needs of eligible individuals in  
14                  the target community identified in the  
15                  needs assessment of that community  
16                  through implementation of the whole  
17                  child health model and provision of  
18                  whole child health services.

19                  “(II) How the State Medicaid,  
20                  human services, and child welfare  
21                  agencies will coordinate with commu-  
22                  nity partners to ensure the successful  
23                  implementation of the whole child  
24                  health model in the target commu-

1 nities and the provision of whole child  
2 health services.

3 “(III) The lead agency or other  
4 entity the State proposes to designate  
5 to coordinate activities carried out to  
6 implement the whole child health  
7 model in the target communities.

8 “(ii) REQUIREMENTS.—A proposed  
9 whole child health model shall meet the fol-  
10 lowing requirements:

11 “(I) Align with an existing or  
12 planned delivery and payment system  
13 of the State plan under this title or  
14 under a waiver of such plan, includ-  
15 ing, as applicable, a managed care de-  
16 livery system.

17 “(II) Include partnerships with  
18 child and family serving organizations  
19 and agencies such as health care pro-  
20 viders, payers, school districts, public  
21 health and child care.

22 “(III) Promote the delivery of  
23 trauma-informed and culturally com-  
24 petent care, including strategies to ad-  
25 dress systemic resource needs, includ-

1 ing workforce shortages, in the target  
2 community and an assessment of the  
3 potential impact of the model on  
4 health equity, disparities, and safety  
5 net providers in the target commu-  
6 nity.

7 “(IV) Coordinate funding sources  
8 under the State plan under this title  
9 (or under a waiver of plan), the State  
10 plans under parts B and E of title IV,  
11 and other applicable funding sources,  
12 for the whole child health services pro-  
13 vided under the model.

14 “(V) Include—

15 “(aa) the design and imple-  
16 mentation or adaptation of a  
17 value-based payment arrange-  
18 ment for providing whole child  
19 health services under the State  
20 plan under this title (or under a  
21 waiver of such plan) that pro-  
22 motes pediatric health; or

23 “(bb) in the case of a State  
24 that faces significant barriers to  
25 implementing or adapting such a



1 value-based payment arrange-  
2 ment, a proposal for steps that  
3 the State will take towards ad-  
4 vancing value-based care with re-  
5 spect to whole child health serv-  
6 ices provided under the State  
7 plan under this title (or under a  
8 waiver of such plan).

9 “(VI) Include strategies to co-  
10 ordinate referrals to whole child  
11 health services, including using tele-  
12 health, referral networks and/or other  
13 technologies to facilitate access to  
14 whole child health services.

15 “(VII) Include strategies to pro-  
16 mote the integration of primary care  
17 with whole child health services and  
18 substance use disorder services.

19 “(VIII) Include strategies to inte-  
20 grate and streamline eligibility, enroll-  
21 ment, and renewal processes to facili-  
22 tate enrollment in health coverage and  
23 other benefit programs.

1                   “(IX) Include strategies to pro-  
2                   mote school-based health and  
3                   wellness.

4                   “(X) Describe how the State will  
5                   leverage or enhance existing health in-  
6                   formation technology infrastructure  
7                   and cross-sector data-sharing capabili-  
8                   ties to support the provision of en-  
9                   hanced care coordination services, in-  
10                  cluding with respect to claiming ad-  
11                  ministrative matching funds for the  
12                  design, development, and installation  
13                  of data systems to allow or enhance  
14                  coordination among State agencies  
15                  and other entities.

16                  “(XI) Describe how the State will  
17                  evaluate the impact of the model on  
18                  child health and disparities in health  
19                  outcomes, according to requirements  
20                  outlined by Secretary.

21                  “(XII) Include other such popu-  
22                  lation health strategies or core serv-  
23                  ices as the State determines appro-  
24                  priate.

1                   “(iii) PARTICIPATION BY INDIAN  
2                   TRIBES IN WHOLE CHILD HEALTH MOD-  
3                   ELS.—The Secretary may waive or other-  
4                   wise modify the requirements for a whole  
5                   child health model described in clause (ii)  
6                   to the extent necessary to permit Indian  
7                   tribes to participate in such a model.

8                   “(3) IMPLEMENTATION PHASE.—After the de-  
9                   sign period, the implementation phase of the dem-  
10                  onstration project shall be conducted for a period of  
11                  not less than 48 months and not more than 72  
12                  months.

13                  “(4) AUTHORIZATION OF APPROPRIATIONS.—

14                  “(A) IN GENERAL.—There are authorized  
15                  to be appropriated to the Secretary for the pur-  
16                  pose of carrying out this subsection, out of any  
17                  funds in the Treasury not otherwise appro-  
18                  priated, \$125,000,000, to remain available until  
19                  expended.

20                  “(B) LIMITATION ON USE OF FUNDS.—

21                  From any amounts appropriated pursuant to  
22                  this paragraph, the Secretary shall use—

23                  “(i) not more than \$2,000,000 for ad-  
24                  ministrative costs, staffing, and reporting  
25                  requirements;

1           “(ii) not more than \$10,000,000 for  
2           learning platforms, staffing, and technical  
3           assistance related directly to the design  
4           and implementation of whole child health  
5           models, and to carry out activities under  
6           this subsection; and

7           “(iii) not more than \$3,000,0000 may  
8           be used for carrying out evaluations de-  
9           scribed in paragraph (5).

10           “(C) PAYMENT FOR WHOLE CHILD  
11           HEALTH SERVICES.—

12           “(i) IN GENERAL.—For each fiscal  
13           quarter occurring during the implementa-  
14           tion phase of the demonstration project,  
15           subject to clause (ii), the Secretary shall  
16           pay each State selected to participate in  
17           that phase of the project, an amount equal  
18           to 80 percent of the amounts expended by  
19           the State during such quarter for pro-  
20           viding whole child health services to eligible  
21           individuals in the target communities net  
22           of any Federal payments made to the  
23           State for such expenditures, under this  
24           title or otherwise.

1                   “(ii) REQUIREMENT.—The additional  
2                   Federal funds paid to a State under this  
3                   subparagraph shall be used to supplement,  
4                   not supplant, the level of State funds ex-  
5                   pended for services that are treated as  
6                   whole child health services under the dem-  
7                   onstration project.

8                   “(5) REPORTS AND EVALUATION.—

9                   “(A) IN GENERAL.—A State that is se-  
10                  lected to participate in the demonstration  
11                  project shall report on the outcomes under the  
12                  entity’s whole child health model pursuant to  
13                  periodic reporting requirements established by  
14                  the Secretary.

15                  “(B) STATE REPORTS.—Each State  
16                  awarded a grant under this subsection shall  
17                  submit the following reports to the Secretary:

18                  “(i) INTERIM REPORT.—An interim  
19                  report at the end of the first 24 months of  
20                  the implementation phase of the project  
21                  that describes—

22                                 “(I) the progress of the State’s  
23                                 implementation of the whole child  
24                                 health model in the target commu-  
25                                 nities;

1                   “(II) the organizations and pro-  
2                   viders that are participating in the  
3                   implementation of the model in the  
4                   target communities;

5                   “(III) the number of eligible indi-  
6                   viduals in the target communities re-  
7                   ceiving enhanced care coordination  
8                   services; and

9                   “(IV) such other information as  
10                  the Secretary may require.

11                  “(ii) FINAL REPORT.—A final report  
12                  not later than 1 year after the end of the  
13                  implementation phase of the demonstration  
14                  project that describes—

15                         “(I) best practices and challenges  
16                         in implementing the whole child  
17                         health model in the target commu-  
18                         nities;

19                         “(II) the impact of the model on  
20                         child well-being, health care outcomes  
21                         and health disparities in the target  
22                         communities; and

23                         “(III) such other information as  
24                         the Secretary may require.

1           “(C) GAO REPORT.—Not later than 3  
2           years after the first grant is awarded under this  
3           subsection, the Comptroller General of the  
4           United States shall submit a report to Congress  
5           evaluating the individual, financial, and sys-  
6           tems-level impacts associated with whole child  
7           health models implemented under the dem-  
8           onstration project.

9           “(6) CONSULTATION.—A State awarded a  
10          grant under paragraph (2) shall consult with stake-  
11          holders, such as eligible individuals and their pri-  
12          mary caregivers, schools, health care, mental health,  
13          and substance use disorder treatment organizations,  
14          pediatric providers, public health departments, child  
15          care providers, juvenile justice programs, child wel-  
16          fare programs, and community-based organizations,  
17          in designing and carrying out the activities required  
18          under paragraph (2), and with respect to the imple-  
19          mentation and evaluation of the whole child health  
20          models implemented by the State. Such consultation  
21          may include establishment of a Community Advisory  
22          Board as defined by the Secretary.

23          “(7) RESPONSIBILITIES OF THE SECRETARY.—

24          “(A) TECHNICAL ASSISTANCE.—

1           “(i) IN GENERAL.—The Secretary  
2           shall provide States awarded a grant under  
3           paragraph (2) with technical assistance  
4           with respect to the design of whole child  
5           health models. Such assistance may include  
6           assisting States with moving along a whole  
7           child health model and utilizing innovative  
8           financing strategies, such as braiding pub-  
9           lic and private funds. As feasible, the Sec-  
10          retary may partner with other Federal  
11          agencies, including the Office of Manage-  
12          ment and Budget, when providing tech-  
13          nical assistance to promote a whole child  
14          health approach. The Secretary shall also  
15          provide such States with technical assist-  
16          ance with respect to implementation of  
17          such models.

18          “(ii) SHARED LEARNING.—The Sec-  
19          retary shall facilitate shared learning, such  
20          as a learning collaborative, among the  
21          States participating in the demonstration  
22          project.

23          “(iii) REPORTS TO CONGRESS.—The  
24          Secretary shall submit to the Committee  
25          on Finance of the Senate and the Com-



1                   mittee on Energy and Commerce of the  
2                   House of Representatives the following re-  
3                   ports:

4                               “(I) DESIGN PHASE.—Not later  
5                               than 36 months after the date on  
6                               which design grant funds are first  
7                               awarded under paragraph (2), a re-  
8                               port that describes the whole child  
9                               health models proposed by States.

10                              “(II)               IMPLEMENTATION  
11                              PHASE.—

12                                       “(aa) INTERIM REPORT.—  
13                                       Not later than 3 years after the  
14                                       date on which the implementa-  
15                                       tion phase of the demonstration  
16                                       project begins, an interim report.

17                                       “(bb) FINAL REPORT.—Not  
18                                       later than 2 years after the date  
19                                       on which the demonstration  
20                                       project ends, a final report.

21                                       “(cc) CONTENT.—The in-  
22                                       terim and final reports required  
23                                       under this clause shall include  
24                                       the following:

1                   “(AA) A summary of  
2                   the whole child health mod-  
3                   els being implemented under  
4                   the demonstration project.

5                   “(BB) An assessment  
6                   of the impacts of such mod-  
7                   els on the physical and men-  
8                   tal health and well-being of  
9                   eligible individuals in the  
10                  target communities.

11                  “(CC) A description of  
12                  the most effective strategies  
13                  of such models in promoting  
14                  the physical and mental  
15                  health of eligible individuals,  
16                  including the effectiveness of  
17                  such strategies in reducing  
18                  health disparities and im-  
19                  proving health equity.

20                  “(DD) A summary of  
21                  the information reported to  
22                  the Secretary by States.

23                  “(dd) LEGISLATIVE REC-  
24                  COMMENDATIONS.—In addition to  
25                  the information required under

1 item (cc), the final report sub-  
2 mitted under item (bb) shall in-  
3 clude recommendations for such  
4 Federal legislative changes, if  
5 any, as the Secretary rec-  
6 ommends to implement positive  
7 outcomes identified by the use of  
8 whole child health models under  
9 the demonstration project.

10 “(8) DEFINITIONS.—In this subsection:

11 “(A) ELIGIBLE INDIVIDUAL.—The term  
12 ‘eligible individual’ means an individual who has  
13 not attained age 21 and who is eligible for med-  
14 ical assistance under a State plan under this  
15 title or under a waiver of such plan, or for as-  
16 sistance under a State child health plan under  
17 title XXI or under a waiver of such plan.

18 “(B) INDIAN TRIBE.—The term ‘Indian  
19 Tribe’ has the meaning given that term in sec-  
20 tion 4(e) of the Indian Self-Determination and  
21 Education Assistance Act (25 U.S.C. 5304(e)).

22 “(C) TARGET COMMUNITY.—The term  
23 ‘target community’ means, with respect to a  
24 State, the boundaries of a geographic area with-

1 in the State in which the State proposes to im-  
2 plement a whole child health model.

3 “(D) WHOLE CHILD HEALTH SERVICES.—  
4 The term ‘whole child health services’ means  
5 the following:

6 “(i) Comprehensive care management.

7 “(ii) Enhanced care coordination serv-  
8 ices and referrals to health, developmental  
9 and social supports that include strategies  
10 to—

11 “(I) identify and address the  
12 physical, mental, emotional, and be-  
13 havioral health, developmental, rela-  
14 tional and social needs of eligible indi-  
15 viduals;

16 “(II) coordinate referrals, as  
17 needed, to health care, mental, emo-  
18 tional, and behavioral health, sub-  
19 stance use disorder treatment, child  
20 development, and social service pro-  
21 viders;

22 “(III) ensure that eligible individ-  
23 uals follow up with service providers  
24 to whom they are referred; and

1                   “(IV) facilitate the ability of eli-  
2                   gible individuals to access needed  
3                   services by centralizing, coordinating  
4                   with, or co-locating resources.

5                   “(9) REQUIREMENT TO ISSUE GUIDANCE ON  
6                   COMBINING FEDERAL AND NON-FEDERAL FUNDS TO  
7                   ADDRESS SOCIAL DETERMINANTS OF HEALTH IN  
8                   LOW-INCOME POPULATIONS.—Not later than 365  
9                   days after the selection of eligible entities under this  
10                  subsection, the Secretary shall issue and disseminate  
11                  guidance and technical assistance to grant awardees  
12                  to clarify strategies and best practices to combine  
13                  funds, including Medicaid, in the context of a child  
14                  health and wellness fund, consistent with Federal  
15                  law, and shall make such guidance publicly avail-  
16                  able.”.