

S 1217

Medicaid Services Restoration Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 9, 2009

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Jun 9, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/1217>

Sponsor

Name: Sen. Stabenow, Debbie [D-MI]

Party: Democratic • **State:** MI • **Chamber:** Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Begich, Mark [D-AK]	D · AK		Jun 9, 2009
Sen. Lincoln, Blanche L. [D-AR]	D · AR		Jun 9, 2009
Sen. Wyden, Ron [D-OR]	D · OR		Jul 13, 2009
Sen. Landrieu, Mary L. [D-LA]	D · LA		Nov 30, 2009
Sen. Klobuchar, Amy [D-MN]	D · MN		Feb 11, 2010

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 9, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 4787	Related bill	Mar 9, 2010: Referred to the House Committee on Energy and Commerce.

Medicaid Services Restoration Act of 2009 - Amends title XIX (Medicaid) of the Social Security Act to extend medical assistance coverage to therapeutic foster care services.

Allows reasonable and efficient payment methodologies, including fee-for-service payments, case rates, daily rates, or other forms of capitated payment, as means of reimbursement for rehabilitative services.

Includes medical or remedial services for attainment and retention of functional status among rehabilitative services.

Includes among inpatient psychiatric hospital services for children early and periodic screening, diagnostic, and treatment services.

Allows payment for medical assistance for diagnostic, screening, preventive, and rehabilitative services or optional targeted case management services furnished by qualified providers under non-medical programs, provided a state or local agency administering such plan complies with certain requirements.

Allows reasonable and efficient payment methodologies for reimbursement for case management and targeted case management services.

Authorizes the state to: (1) require case management services for each beneficiary; and (2) limit the case managers available in order to ensure that the case managers for eligible individuals are capable of ensuring that such individuals receive needed services. Allows staff of non-medical programs, or contractors with non-medical programs, to offer such services, so long as: (1) such individuals are state-qualified providers; and (2) the case management services are distinct from the non-medical program's direct services.

Redefines case management services to mean those furnished to assist eligible individuals, who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services.

Allows a state to provide case management or targeted case management services through multiple case managers to: (1) any qualified individual; (2) specific classes of individuals; or (3) individuals who reside in specified areas selected by the state.

Actions Timeline

- **Jun 9, 2009:** Introduced in Senate
- **Jun 9, 2009:** Read twice and referred to the Committee on Finance.