



FAMILY FIRST PREVENTION SERVICES ACT

PURPOSE-- To enable States to use Federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

I. PREVENTION ACTIVITIES UNDER TITLE IV–E--FOSTER CARE PREVENTION SERVICES AND PROGRAMS.

STATE OPTION

At the option of the State, services or programs specified in this section for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children, in accordance with the requirements of the subsection;

PREVENTION AND FAMILY SERVICES AND PROGRAMS.—

HHS may make a payment to a state for providing the following services or programs for a child described as a candidate for foster care and the parents or kin caregivers of the child when the need of the child, a parent, or a caregiver for the services or programs are directly related to the safety, permanence, or wellbeing of the child or to preventing the child from entering foster care.

MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.

Covered services include mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12 month period that begins on any date described in this act with respect to the child.

IN-HOME PARENT SKILL-BASED PROGRAMS

Covered in-home parent skill-based programs for not more than a 12-month period that begins on any date described in this act with respect to the child and that include parenting skills training, parent education, and individual and family counseling.

CHILD DESCRIBED:

A child who is a candidate for foster care as defined, but who can remain safely at home or in a kinship placement with receipt of services or programs specified or a child in foster care who is a pregnant or is a parenting foster youth.

The start date on which a child is identified in a prevention plan—maintained under this section as a child who is a candidate for foster care as defined in this section—or the date on which a child is identified in a prevention plan maintained under this section as a pregnant or parenting foster youth in need of services or programs specified in a state plan.

REQUIREMENTS RELATED TO PROVIDING SERVICES AND PROGRAMS

Services and programs specified may be provided under this subsection only if specified in advance in the child’s prevention plan described in this act:

PREVENTION PLAN FOR THE CHILD

The State maintains a written prevention plan for the child that meets the following requirements (as applicable):

CANDIDATES—In the case of a child who is a candidate for foster care the prevention plan shall

- identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;
- list the services or programs to be provided to or on behalf of the child to ensure the success of that prevention strategy; and
- complies with other requirements as HHS establish.

PREGNANT OR PARENTING FOSTER YOUTH—In the case of a child who is a pregnant or parenting foster youth described, the prevention plan shall:

- be included in the child’s case plan required
- list the services or programs to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent;
- describe the foster care prevention strategy for any child born to the youth; and
- complies with such other requirements as HHS shall establish.

TRAUMA-INFORMED

Services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing.

ONLY SERVICES AND PROGRAMS PROVIDED IN ACCORDANCE WITH PROMISING, SUPPORTED, OR

WELL-SUPPORTED PRACTICES PERMITTED:

GENERAL PRACTICE REQUIREMENTS ALL PROGRAMS MUST MEET:

- The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.
- There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice.
- Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.
- There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

PROMISING PRACTICE DEFINED

A practice shall be considered to be a 'promising practice' if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that:

- was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and
- Utilized some form of control (such as an untreated group, a placebo group, or a wait list study).

SUPPORTED PRACTICE DEFINED

A practice shall be considered to be a 'supported practice' if:

- the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that—
 - was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;
 - was a rigorous random controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); and
 - was carried out in a usual care or practice setting; and

- the study described in established that the practice has a sustained effect (when compared to a control group) for at least 6 months beyond the end of the treatment.

WELL-SUPPORTED PRACTICE DEFINED

A practice shall be considered to be a 'well- supported practice' if:

- the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two studies that:
 - were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;
 - were rigorous random- controlled trials (or, if not available, studies using a rigorous quasi-experimental research design);
 - were carried out in a usual care or practice setting; and
 - at least one of the studies described established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment.

GUIDANCE BY HHS ON PRACTICES CRITERIA AND PRE-APPROVED SERVICES AND PROGRAMS

Not later than *October 1, 2018*, HHS shall issue guidance to States regarding the practices criteria required for services or programs to satisfy the requirements. The guidance shall include a pre-approved list of services and programs that satisfy the requirements.

HHS shall issue updates to the guidance required as often as HHS determines necessary.

OUTCOME ASSESSMENT AND REPORTING

The state shall collect and report to HHS the following information with respect to each child for whom, or on whose behalf mental health and substance abuse prevention and treatment services or in-home parent skill- based programs are provided during a three month period beginning on the date the child is determined by the State to be a child described under this section:

- The specific services or programs provided and the total expenditures for each of the services or programs.
- The duration of the services or programs provided.
- The child's placement status at the beginning, and at the end, of the 1-year period, respectively, and whether the child entered foster care within 2 years after being determined a candidate for foster care.

STATE PLAN REQUIREMENTS FOR ACCESS TO SERVICES PART

A state electing to provide services or programs specified under this section shall submit as part of the state plan required a prevention services and programs plan component that meets these requirements:

- **PREVENTION SERVICES AND PROGRAMS PLAN COMPONENT.**—In order to meet the requirements of this subparagraph, a prevention services and programs plan component, with respect to each year period for which the plan component is in operation in the State, shall include the following:
 - How providing services and programs specified is expected to improve specific outcomes for children and families.
 - How the State will monitor and oversee the safety of children who receive services and programs specified, including through periodic risk assessments throughout the period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under this section
 - For the provision of the services or programs if the State determines the risk of the child entering foster care remains high despite the provision of the services or programs.

With respect to the services and programs specified, information on the specific promising, supported, or well- supported practices the state plans to use to provide the services or programs, including a description of:

- the services or programs and whether the practices used are promising, supported, or well-supported;
- how the state plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices;
- how the State selected the services or programs;
- the target population for the services or programs; and
- how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by HHS
- A description of the consultation that the State agencies responsible for administering the state plans under Title IV-E and Title IV-B child welfare plan engage in with other State agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described and their parents or kin caregivers.
- A description of how the State shall assess children and their parents or kin caregivers to determine eligibility for services or programs specified.
- A description of how the services or programs specified are provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family

services provided to the child and the parents or kin caregivers of the child under the state plans in effect under Child Welfare Services (Title IV-B, part 1) and Promoting Safe and Stable Families programs (Title IV-B, part2)

- Descriptions of steps the state is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including:
 - ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well-supported practice models selected;
 - developing appropriate prevention plans, and conducting the risk assessments required
 - A description of how the state will provide training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services
 - A description of how caseload size and type for prevention caseworkers will be determined, managed, and overseen.
 - An assurance that the State will report to HHS information and data as HHS may require with respect to the provision of services and programs specified including information and data necessary to determine the performance measures for the State

REIMBURSEMENT FOR SERVICES UNDER THE PREVENTION PLAN COMPONENT

State may not receive a Federal payment under this part for a given promising, supported, or well-supported practice unless the plan includes a well-designed and rigorous evaluation strategy for that practice.

WAIVER OF LIMITATION ON EVALUATION FOR WELL-SUPPORTED

HHS may waive the requirement for a well-designed and rigorous evaluation of any well-supported practice if HHS deems the evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements.

PREVENTION SERVICES MEASURES

Beginning with fiscal year 2021 (October 1, 2020), and annually thereafter, HHS shall establish the following prevention services measures based on information and data reported by states that elect to provide services and programs specified:

- The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period.

- The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child covered.
- HHS shall establish and annually update the prevention services measures based on the median State values of the information reported and taking into account State differences in the price levels of consumption goods and services using the most recent regional price parities published by the Bureau of Economic Analysis of the Department of Commerce or such other data as the Secretary determines appropriate.

PUBLICATION OF STATE PREVENTION SERVICES MEASURES

Annually HHS shall make public the prevention services measures of each State.

MAINTENANCE OF EFFORT FOR STATE FOSTER CARE PREVENTION EXPENDITURES

If a state elects to provide services and programs specified under this section, the state foster care prevention expenditures for the fiscal year shall not be less than the amount of the expenditures for fiscal year 2014 or, for a state with a population of children less than 200,000 as determined by the Census Bureau --at the option of a state fiscal year 2015 or fiscal year 2016 (whichever that state elects).

STATE FOSTER CARE PREVENTION EXPENDITURES DEFINED

- TANF; Title IV–B; Social Services Block Grant (SSBG)—State expenditures for foster care prevention services and activities under the state program funded under part A (i.e. TANF) including the federal portion of the TANF block grant,
 - Title IV-B under the state plan developed under part B (i.e. child welfare service plan) including any amounts,
 - or under the Social Services Block Grant Programs (i.e. Title XX—SSBG)
- OTHER STATE PROGRAMS— State expenditures for foster care prevention services and activities under any state program that is not described above *other than* any state expenditures for foster care prevention services and activities under this new program (including under a waiver of the program.
- The term ‘State expenditures’ means all State or local funds that are expended by the State or a local agency including State or local funds that are matched or reimbursed by the Federal Government and state or local funds that are not matched or reimbursed by the Federal Government.

DETERMINATION OF PREVENTION SERVICES AND ACTIVITIES

HHS shall require each state that elects to provide services and programs under the state option to report the expenditures specified in the maintenance of effort (MOE) section for fiscal year 2014 and for fiscal years thereafter as are necessary to determine whether the state is complying with the maintenance of effort requirement.

- HHS shall specify the specific services and activities under each program referred to in MOE section

PROHIBITION AGAINST USE OF STATE FOSTER CARE PREVENTION EXPENDITURES AND FEDERAL IV–E PREVENTION FUNDS FOR MATCHING OR EXPENDITURE REQUIREMENT

State that elects to provide services and programs specified in this section

- shall not use any state foster care prevention expenditures for a fiscal year for the state share of expenditures under section 474(a)(6) for a fiscal year

ADMINISTRATIVE COSTS

- Expenditures described in section 474(a)(6)(B)— “(A) shall not be eligible for payment under subparagraph (A), (B), or (E) of section 474(a)(3); and “(B) shall be eligible for payment under section 474(a)(6)(B) without regard to whether the expenditures are incurred on behalf of a child who is, or is potentially, eligible for foster care maintenance payments under this part.— States shall be reimbursed at 50 percent not 75 percent but without regard to current AFDC eligibility requirements for foster care

APPLICATION— The provision of services or programs under this subsection to or on behalf of a child described at risk of foster care shall not be considered to be receipt of aid or assistance under the State plan under this part for purposes of eligibility for any other program established under the Social Security Act.

CANDIDATES IN KINSHIP CARE (Home of Removal)

- A child described (candidate for foster care) for whom services or programs are provided for more than 6 months while in the home of a kin caregiver, and who would satisfies the AFDC eligibility requirement (link to AFDC eligibility) but for residing in the home of the caregiver for more than the current 6 month requirement, is deemed to satisfy that requirement for purposes of determining whether the child is eligible for foster care maintenance payments. (A child is not limited to the current six-month window in defining that child’s “home of removal” for the purposes of IV-E eligibility under foster care.

DEFINITION OF CANDIDATE FOR FOSTER CARE

The term ‘child who is a candidate for foster care’ means, a child who is identified in a prevention plan under this program, as being at imminent risk of entering foster care (without regard to whether the child would be eligible for foster care maintenance payments or is or would be eligible for adoption assistance or kinship guardianship assistance payments) but who can remain safely in the child’s home

or in a kinship placement as long as services or programs specified in this program that are necessary to prevent the entry of the child into foster care are provided.

The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

PAYMENTS UNDER TITLE IV–E FOR SERVICES

Beginning after September 30, 2019 (FY 2020), and before October 1, 2026 (FY 2026), an amount equal to 50 percent (50 percent match) of the total amount expended during the federal fiscal quarter for services or programs specified under this program that are provided in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified under this program.

Beginning after September 30, 2026 (FY 2027), an amount equal to the Federal Medical Assistance Percentage (FMAP-Medicaid matching rate) in the case of a state other than the District of Columbia, or 70 percent, in the case of the District of Columbia.

Or with respect to the payments made under a cooperative agreement or contract entered into by the State and an Indian tribe, tribal organization, or tribal consortium for the administration or payment of funds under this part, an amount equal to the Federal Medical Assistance Percentage (FMAP-Medicaid matching rate) that would apply under the tribal FMAP if the Indian tribe, tribal organization, or tribal consortium made the payments under a program operated under that section, unless the tribal FMAP is less than the Federal medical assistance percentage that applies to the state

In FY 2020, not less than 50 percent of the total amount expended by a State for a fiscal year shall be for the provision of services or programs specified (Mental Health, Substance Abuse and In-Home Parent-Skilled Based Programs) that are provided in accordance with *well-supported practices*; plus

- for each federal quarter an amount equal to the sum of the following proportions of the total amount expended during the quarter
 - 50 percent of so much of the expenditures as are found necessary by HHS for the proper and efficient administration of the state plan for the provision of services or programs specified including expenditures for activities approved HHS that promote the development of necessary processes and procedures to establish and implement the provision of the services and programs for individuals who are eligible for the services and programs and expenditures attributable to data collection and reporting; and
 - 50 percent of so much of the expenditures with respect to the provision of services and programs specified for training of personnel employed or preparing for employment by the state agency or by the local agency administering the plan in the political subdivision and of the members of the staff of state-licensed or state-approved child welfare agencies providing services to children described and their parents or kin caregivers, including on how to determine who are individuals eligible for the services or programs,

how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.”

TECHNICAL ASSISTANCE AND BEST PRACTICES

CLEARINGHOUSE, AND DATA COLLECTION AND EVALUATIONS

HHS shall provide to states and, as applicable, to Indian tribes, tribal organizations, and tribal consortia, technical assistance regarding the provision of services and programs described here and shall disseminate best practices with respect to the provision of the services and programs, including how to plan and implement a well-designed and rigorous evaluation of a promising, supported, or well-supported practice.

CLEARINGHOUSE OF PROMISING, SUPPORTED, AND WELL-SUPPORTED PRACTICES

HHS shall, directly or through grants, contracts, or interagency agreements, evaluate research on the practices specified in this section and programs that meet the requirements described including:

- culturally specific, or location- or population-based adaptations of the practices,
- identify and establish a public clearing house of the practices that satisfy each category described by such clauses.
- The clearinghouse shall include information on the specific outcomes associated with each practice, including whether the practice has been shown to prevent child abuse and neglect and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children

DATA COLLECTION AND EVALUATIONS

HHS directly or through grants, contracts, or interagency agreements, may collect data and conduct evaluations with respect to the provision of services and programs described for purposes of:

- assessing the extent to which the provision of the services and programs
 - reduces the likelihood of foster care placement;
 - increases use of kinship care arrangements; or
 - improves child well-being.

REPORTS TO CONGRESS

HHS shall submit to the Senate Finance Committee and the House Ways and Means periodic reports based on the provision of services and programs described in this program. HHS shall make the reports to Congress publicly available.

APPROPRIATION

HHS has \$1,000,000 for fiscal year 2018 and each fiscal year thereafter to carry out this section on data and evaluation.

APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS

In the case of a tribe, organization, or consortium that elects to provide services and programs specified in section to children described in this section (program) and their parents or kin caregivers under the plan, HHS shall specify the requirements applicable to the provision of the services and programs.

The requirements shall, to the greatest extent practicable, be consistent with the requirements applicable to states under this section and shall permit the provision of the services and programs in the form of services and programs that are adapted to the culture and context of the tribal communities served.

PERFORMANCE MEASURES FOR TRIBES

HHS shall establish specific performance measures for each tribe, organization, or consortium that elects to provide services and programs specified in this program. The performance measures shall, to the greatest extent practicable, be consistent with the prevention services measures required for states under this program and shall allow for consideration of factors unique to the provision of the services by tribes, organizations, or consortia.

II. ADDITIONAL IMPROVEMENTS UNDER IV-E and IV-B

FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE

A child who is eligible for foster care maintenance payments under this section (Title IV-E) or who would be eligible for the payments if the eligibility were determined without regard to paragraphs Title IV-E eligibility, shall be eligible for the payments for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family- based treatment facility for substance abuse, but only if:

- the recommendation for the placement is specified in the child's case plan before the placement;
- the treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and
- the substance abuse treatment, parenting skills training, parent education, and individual and family counseling is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in

accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

- With respect to children for whom foster care maintenance payments are made under section, only the children who are identified as a candidate for foster care shall be considered to be children with respect to whom foster care maintenance payments are made under this section

TITLE IV–E PAYMENTS FOR EVIDENCE-BASED KINSHIP NAVIGATOR PROGRAMS

An amount equal to 50 percent of the amounts expended by the State during the quarter as HHS determines are for kinship navigator programs that HHS determines are operated in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices

ENHANCED SUPPORT UNDER TITLE IV– B

ELIMINATION OF TIME LIMIT FOR FAMILY REUNIFICATION SERVICES WHILE IN FOSTER CARE AND PERMITTING TIME-LIMITED FAMILY REUNIFICATION SERVICES WHEN A CHILD RETURNS HOME FROM FOSTER CARE

The 15 month time limit on using funding for the purposes of reunification shall start on the date that the child returns home.

REDUCING BUREAUCRACY AND UNNECESSARY DELAYS WHEN PLACING CHILDREN IN HOMES ACROSS STATE LINES

A State plan shall provide that the State shall have in effect procedures providing for the use of an electronic interstate case processing system but shall not apply to an Indian tribe, tribal organization, or tribal consortium that elects to operate a program under this part.

The purpose of this subsection is to facilitate the development of an electronic interstate case-processing system for the exchange of data and documents to expedite the placements of children in foster, guardianship, or adoptive homes across state lines.

A State that seeks funding under this subsection shall submit to HHS a description of the goals and outcomes to be achieved, which goals and outcomes must result in:

- reducing the time it takes for a child to be provided with a safe and appropriate permanent living arrangement across State lines;
- improving administrative processes and reducing costs in the foster care system; and
- the secure exchange of relevant case files and other necessary materials in real time, and timely communications and placement decisions regarding interstate placements of children
- A description of the activities to be funded in whole or in part with the funds, including the sequencing of the activities

- A description of the strategies for integrating programs and services for children who are placed across State lines
- Such other information HHS may require.

HHS may provide funds to a state and shall prioritize states that are not yet connected with the electronic interstate case processing system referred to in paragraph

Use of Funds—State to which funding is provided under this subsection shall use the funding to support connecting with, or enhancing or expediting services provided under, the electronic interstate case-processing system referred to in paragraph

Evaluations—Not later than 1 year after the final year in which funds are awarded under this subsection, the HHS shall submit to the Congress, and make available to the general public by posting on a website, a report that contains the following information:

- How using the electronic interstate case-processing system developed pursuant to this section has changed the time it takes for children to be placed across state lines
- The number of cases subject to the Interstate Compact on the Placement of Children that were processed through the electronic interstate case-processing system, and
- the number of interstate child placement cases that were processed outside the electronic interstate case-processing system, by each State in each year
- The progress made by states in implementing the electronic interstate case-processing system
- How using the electronic interstate case-processing system has affected various metrics related to child safety and well-being, including the time it takes for children to be placed across State lines
- How using the electronic interstate case-processing system has affected administrative costs and caseworker time spent on placing children across state lines

DATA INTEGRATION—HHS in consultation with the Secretariat for the Interstate Compact on the Placement of Children(ICPC) and the states, shall assess how the electronic interstate case-processing system developed could be used to better serve and protect children that come to the attention of the child welfare system, by:

- connecting the system with other data systems (such as systems operated by state law enforcement and judicial agencies, systems operated by the Federal Bureau of Investigation for the purposes of the Innocence Lost National Initiative, and other systems)
- simplifying and improving reporting regarding children or youth who have been identified as being a sex trafficking victim or children missing from foster care
- improving the ability of states to quickly comply with background check requirements

HHS shall reserve \$5,000,000 of the amount made available for fiscal year 2018 for grants under this section (Promoting Safe and Stable Families, Title IV-B, part 2, discretionary funds).

ENHANCEMENTS TO GRANTS TO IMPROVE WELL-BEING OF FAMILIES AFFECTED BY SUBSTANCE ABUSE REGIONAL PARTNERSHIP GRANTS (RPGs) DEFINED

The State agency responsible for administering for child welfare and the state agency for the substance abuse prevention and treatment block grant provided under the Public Health Service Act are mandatory partners for these grants. If the grant is to address serving children in out of home care, the Juvenile or Office of the Court that is most appropriate in that State.

If an Indian tribe or tribal consortium enters into a regional partnership for purposes of this subsection, the Indian tribe or tribal consortium:

- may (but is not required to) include the state child welfare agency as a partner in the collaborative agreement;
- may not enter into a collaborative agreement only with tribal child welfare agencies (or a consortium of the agencies); and
- If the tribal grant includes children in out of home care it may include the appropriate tribal court.

Funding for (RPGs) is extended from 2016” and inserting “2017 through 2021”; and by striking the minimum grants “\$500,000 and not more than \$1,000,000” and inserting “\$250,000 and not more than \$1,000,000.”

Semiannual reports not later than September 30 of each fiscal year and every six months after that shall be submitted to HHS.

REVIEWING AND IMPROVING LICENSING STANDARDS FOR PLACEMENT IN A RELATIVE FOSTER FAMILY HOME

Not later than October 1, 2018, HHS shall identify reputable model licensing standards with respect to the licensing of foster family homes

STATE PLAN REQUIREMENTS AMENDED

Not later than April 1, 18 2019, the State shall submit to HHS

- whether the State licensing standards are in accord with model standards identified by HHS and if not, the reason for the specific deviation and a description as to why having a standard that is reasonably in accord with the corresponding national model standards is not appropriate for the State
- whether the state has elected to waive standards established for relative foster family homes pursuant to waiver authority
- a description of which standards the state most commonly waives, and

- if the State has not elected to waive the standards, the reason for not waiving these standards;
- if the State has elected to waive standards specified, how caseworkers are trained to use the waiver authority and whether the State has developed a process or provided tools to assist caseworkers in waiving nonsafety standards per the authority provided to quickly place children with relatives; and
- a description of the steps the State is taking to improve caseworker training or the process, if any

DEVELOPMENT OF A STATEWIDE PLAN TO PREVENT CHILD ABUSE AND NEGLECT FATALITIES

The state plan requirements are amended with requirement “(19) document steps taken to track and prevent child maltreatment deaths by including:”

- a description of the steps the State is taking to compile complete and accurate information on the deaths required by Federal law to be reported by the State agency referred to including:
- gathering relevant information on the deaths from the relevant organizations in the State including entities such as State vital statistics department, child death review teams, law enforcement agencies, offices of medical examiners, or coroners; and
- a description of the steps the State is taking to develop and implement a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.

IN GENERAL

In the case of a State plan under part B or E of title IV of the Social Security Act which the HHS determines requires state legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by parts I through III of this subtitle, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act.

APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS

In the case of an Indian tribe, tribal organization, or tribal consortium which HHS determines requires time to take action necessary to comply with the additional requirements imposed by the amendments made by parts I through III of this subtitle (whether the tribe, organization, or tribal consortium has a plan under section 479B of the Social Security Act or a cooperative agreement or contract entered into with a State), the Secretary shall provide the tribe, organization, or tribal consortium with such additional time as the Secretary determines is necessary for the tribe, organization, or tribal consortium to take the action to comply with the additional requirements before being regarded as failing to comply with the requirements.

III ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME

LIMITATION ON FEDERAL FINANCIAL PARTICIPATION (TITLE IV-E Foster Care) FOR PLACEMENTS THAT ARE NOT IN FOSTER FAMILY HOMES

IN GENERAL-Beginning with the third week for which foster care maintenance payments are made under this section on behalf of a child placed in a child-care institution, no Federal payment shall be made to the State for amounts expended for foster care maintenance payments on behalf of the child unless:

- the child is placed in a child-care institution that is a setting specified in this section or is placed in a licensed residential family-based treatment facility consistent with section
- in the case of a child placed in a qualified residential treatment program (QRTP) as defined here.

SPECIFIED SETTINGS FOR PLACEMENT

The settings for placement specified in this paragraph are the following:

- *A qualified residential treatment program as defined*
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth
- In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims, in accordance with this section 471(a)(9)(C). (Current Title IV-E provisions requiring a plan to identify, document and provide services for youth at-risk)

ASSESSMENT TO DETERMINE APPROPRIATENESS OF PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM

DEADLINE FOR ASSESSMENT

In the case of a child who is placed in a qualified residential treatment program, if the assessment required is not completed within 30 days after the placement is made, no Federal payment shall be made to the state for any amounts expended for foster care maintenance payments on behalf of the child during the placement

If the assessment required:

- determines that the placement of a child in a qualified residential treatment program is not appropriate, a court disapproves such a placement under section

- or a child who has been in an approved placement in a qualified residential treatment program is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home, Federal payments shall be made to the state for amounts expended for foster care maintenance payments on behalf of the child while the child remains in the qualified residential treatment program only during the period necessary for the child to transition home or to such a placement.
- In no event shall a state receive Federal payments under this section for amounts expended for foster care maintenance payments on behalf of a child who remains placed in a qualified residential treatment program after the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement for the child.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM

The term ‘qualified residential treatment program’ means a program that

- has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required
- subject to Administrative Costs outlined, and the Rule of Construction outlined, has registered or licensed nursing staff and other licensed clinical staff who
 - provide care within the scope of their practice as defined by state law
 - are on-site according to the treatment trauma informed model outlined here; and
 - are available 24 hours a day and 7 days a week
- to extent appropriate, and in accordance with the child’s best interests, facilitates participation of family members in the child’s treatment program
- facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child
- documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained
- provides discharge planning and family-based aftercare support for at least 6 months post-discharge; and
- is licensed in accordance with this law, and
- is accredited by any of the following independent, not-for-profit organizations:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF)
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - The Council on Accreditation (COA).
 - Any other independent, not-for- profit accrediting organization approved by HHS

ADMINISTRATIVE COSTS

The prohibition on Federal payments shall not be construed as prohibiting Federal payments for administrative expenditures incurred on behalf of a child placed in a child-care institution and for which payment is available

RULE OF CONSTRUCTION

The requirements in “Qualified Residential treatment Program” shall not be construed as requiring a qualified residential treatment program to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship.”

DEFINITION OF FOSTER FAMILY HOME, CHILD CARE INSTITUTION

FOSTER FAMILY HOME

The term ‘foster family home’ means the home of an individual or family

- that is licensed or approved by the state in which it is situated as a foster family home that meets the standards established for the licensing or approval; and
- In which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the state to be a foster parent
 - that the state deems capable of adhering to the reasonable and prudent parent standard;
 - that provides 24-hour substitute care for children placed away from their parents or other caretakers; and
 - that provides the care for not more than six children in foster care
 -

STATE FLEXIBILITY

The number of foster children that may be cared for in a home under may exceed the numerical limitation at the option of the state for any of the following reasons:

- To allow a parenting youth in foster care to remain with the child of the parenting youth
- To allow siblings to remain together
- To allow a child with an established meaningful relationship with the family to remain with the family
- To allow a family with special training or skills to provide care to a child who has a severe disability

This definition shall not be construed as prohibiting a foster parent from renting the home in which the parent cares for a foster child placed in the parent’s care

CHILD-CARE INSTITUTION

The term ‘child-care institution’ means a private child-care institution, or a public child-care institution which accommodates no more than children, which is licensed by the state in which it is situated or has been approved by the agency of the state responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing

SUPERVISED SETTINGS

In the case of a child who has attained 18 years of age, the term shall include a supervised setting in which the individual is living independently, in accordance with such conditions HHS shall establish in regulations

EXCLUSIONS

The term shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent

TRAINING FOR STATE JUDGES, ATTORNEYS, AND OTHER LEGAL PERSONNEL IN CHILD WELFARE CASES

The Court Improvement Program is amended by inserting “shall provide for the training of judges, attorneys, and other legal personnel in child welfare cases on Federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home,”

ASSURANCE OF NONIMPACT ON JUVENILE JUSTICE SYSTEM

The state plan is amended with,

“(37) includes a certification that, in response to the limitation imposed with respect to foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, the state will not enact or advance policies or practices that would result in a significant increase in the population of youth in the state’s juvenile justice system.”

GAO STUDY AND REPORT ON JUVENILE JUSTICE

Government Accountability Office (GAO) shall evaluate the impact, if any, on state juvenile justice systems of the limitation imposed under the restrictions on foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, in accordance with the amendments made by this new section. In particular, GAO shall evaluate the extent to which children in foster care who also are subject to the juvenile justice system of the state are placed in a facility under the jurisdiction of the juvenile justice system and whether the lack of available congregate care placements under the jurisdiction of the child welfare systems is a contributing factor to that result.

Not later than December 31, 2025, the GAO shall submit to Congress a report on the results of the evaluation.

ASSESSMENT AND DOCUMENTATION OF THE NEED FOR PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM

In the case of any child who is placed in a qualified residential treatment program (QRTP) the following requirements shall apply for purposes of approving the case plan for the child and the case system review procedure for the child:

Within 30 days of the start of each placement in such a setting, a qualified individual (as defined) shall:

- assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by HHS
- determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in this section would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and
- develop a list of child-specific short and long-term mental and behavioral health goals

The State shall assemble a family and permanency team for the child in accordance with the requirements listed here. The qualified individual conducting the assessment required shall work in conjunction with the family and permanency team for, the child while conducting and making the assessment.

- The family and permanency team shall consist of all appropriate biological family members, relative, and fictive kin of the child, as well as, as appropriate, professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy.
- In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child in accordance with this section
- The State shall document in the child's case plan
 - the reasonable and good faith effort of the state to identify and include all the individuals described here
 - all contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team
 - evidence that meetings of the family and permanency team, including meetings relating to the assessment required are held at a time and place convenient for family;
 - if reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency team;
 - evidence that the assessment required is determined in conjunction with the family and permanency team;

- the placement preferences of the family and permanency team relative to the assessment that recognizes children should be placed with their siblings unless there is a finding by the court that such placement is contrary to their best interest; and
- if the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual conducting the assessment under this section, the reasons why the preferences of the team and of the child were not recommended.

In the case of a child who the qualified individual conducting the assessment determines should not be placed in a foster family home, the qualified individual shall specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home.

- A shortage or lack of foster family homes shall not be an acceptable reason for determining that the needs of the child cannot be met in a foster family home. The qualified individual also shall specify in writing why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

In this subsection, the term 'qualified individual' means a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

- HHS may approve a request of a State to waive any requirement in this section upon a submission by the State, in accordance with criteria established by HHS, that certifies that the trained professionals or licensed clinicians with responsibility for performing the assessments described shall maintain objectivity with respect to determining the most effective and appropriate placement for a child.
- Within 60 days of the start of each placement in a qualified residential treatment program, a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or an administrative body appointed or approved by the court, independently, shall
 - consider the assessment, determination, and documentation made by the qualified individual conducting the assessment
 - determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and
 - approve or disapprove the placement.

- The written documentation made the determination and approval or disapproval of the placement in a qualified residential treatment program by a court or administrative body under this section shall be included in and made part of the case plan for the child.

As long as a child remains placed in a qualified residential treatment program, the state agency shall submit evidence at each status review and each permanency hearing held with respect to the child

- demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;
- documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and
- documenting the efforts made by the state agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home.

In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or non-consecutive months), the state agency shall submit to HHS

- the most recent versions of the evidence and documentation specified
- the signed approval of the head of the state agency for the continued placement of the child in that setting.

PROTOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES

STATE PLAN REQUIREMENT

The state plan requirements are amended by inserting, '(vii) the procedures and protocols the state has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses

EVALUATION

HHS shall conduct an evaluation of the procedures and protocols established by states in accordance with the requirements. The evaluation shall analyze the extent to which states comply with and enforce the procedures and protocols and the effectiveness of various state procedures and protocols and shall

identify best practices. Not later than January 1, 2020, HHS shall submit a report on the results of the evaluation to Congress.

ADDITIONAL DATA AND REPORTS REGARDING CHILDREN PLACED IN A SETTING THAT IS NOT A FOSTER FAMILY HOME

AFCARS requirements are amended by inserting the following:

- with respect to each placement
 - the type of the placement setting, including whether the placement is shelter care, a group home and if so, the range of the child population in the home, a residential treatment facility, a hospital or institution providing medical, rehabilitative, or psychiatric care, a setting specializing in providing prenatal, post-partum, or parenting supports, or some other kind of child-care institution and if so, what kind
 - the number of children in the placement setting and the age, race, ethnicity, and gender of each of the children;
 - for each child in the placement setting, the length of the placement of the child in the setting, whether the placement of the child in the setting is the first placement of the child and if not, the number and type of previous placements of the child, and whether the child has special needs or another diagnosed mental or physical illness or condition
 - the extent of any specialized education, treatment, counseling, or other services provided in the setting; and
 - separately, the number and ages of children in the placements who have a permanency plan of another planned permanent living arrangement

CRIMINAL RECORDS CHECKS AND CHECKS OF CHILD ABUSE AND NEGLECT REGISTRIES FOR ADULTS WORKING IN CHILD-CARE INSTITUTIONS AND OTHER GROUP CARE SETTINGS.

The state plan is amended by adding

“(D) provides procedures for any child care institution, including a group home, residential treatment center, shelter, or other congregate care setting, to conduct criminal records checks, including fingerprint-based checks of national crime information databases (as defined in section 534(f)(3)(A) of title 28, 7 United States Code), and checks described in subparagraph of this paragraph, on any adult working in a child-care institution, including a group home, residential treatment center, shelter, or other congregate care setting, unless the state reports to HHS the alternative criminal records checks and child abuse registry checks the state conducts on any adult working in a child-care institution, including a group home, residential treatment center, shelter, or other congregate care setting, and why the checks specified in this subparagraph are not appropriate for the State;”.

EFFECTIVE DATES; APPLICATION TO WAIVERS

In the case of a state plan under part B or E of title IV of the Social Security Act which HHS determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this part, the State plan shall not be

regarded as failing to comply with the requirements of part B or E of 15 title IV of such Act solely on the basis of the failure of the plan to meet the additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the state legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a state that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the state legislature

The amendments made by limitations on placements not in a family foster home, definitions of foster family home and child care institution, assurance on nonimpact on Juvenile Justice, and assessment and documentation shall take effect on October 1, 2019 (FY 2020)

- A State may request a delay in the effective date, HHS shall delay the effective date provided for the amount of time requested by the State, not to exceed 2 years.
- If the effective date is so delayed for a period with respect to a state under this section the prevention services be delayed in the same manner

CRIMINAL RECORDS CHECKS AND CHECKS OF CHILD ABUSE AND NEGLECT REGISTRIES FOR ADULTS WORKING IN CHILD-CARE INSTITUTIONS AND OTHER GROUP CARE SETTINGS

These amendments shall take effect on October 1, 2018

APPLICATION TO STATES WITH WAIVERS

In the case of a state that, on the date of enactment of this Act, has in effect a waiver approved under section 11309 of the Social Security Act, the amendments made by this part shall not apply with respect to the state before the expiration (determined without regard to any extensions) of the waiver to the extent the amendments are inconsistent with the terms of the waiver.

SUPPORTING AND RETAINING FOSTER FAMILIES FOR CHILDREN

To support and retain foster families so they can provide quality family-based settings for children in foster care, there are appropriated to HHS for fiscal year 2018, \$8,000,000 for HHS to make competitive grants to states, Indian tribes, or tribal consortia to support the recruitment and retention of high-quality foster families to increase their capacity to place more children in family settings, focused on states, Indian tribes, or tribal consortia with the highest percentage of children in non-family settings. The amount appropriated under this subparagraph shall remain available through fiscal year 2022.

IV EXTENSION OF TITLE IV-B PROGRAMS AND CHAFEE IMPROVEMENTS

EXTENSION OF STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM

Child Welfare services (Title IV-B part 1) is extended from 2016 to 2021''

EXTENSION OF PROMOTING SAFE AND STABLE FAMILIES PROGRAM AUTHORIZATIONS

Funding is amended and extended by striking all that follows “\$345,000,000” and inserting “for each of fiscal years 2017 through 2021.”.

Funding is also extended for discretionary grants, the Court Improvement Program (CIP), the Regional Partnership Grants (RPGs), and funding for monthly caseworker visits by striking “2012 through 2016” and inserting “2017 through 2021”.

IMPROVEMENTS TO THE JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND RELATED PROVISIONS

AUTHORITY TO SERVE FORMER FOSTER YOUTH UP TO AGE 23 IF a STATE EXTENDS FOSTER CARE TO 21 by inserting “(or 23 years of age, in the case of a state with a certification under subsection (b)(3)(A)(ii) to provide assistance and services to youths who have aged out 16 of foster care and have not attained such age, in accordance with such subsection)” after “21 years of 18 age”;

AUTHORITY TO REDISTRIBUTE UNSPENT FUNDS

To the extent that amounts paid to States under this section (CHAFEE) in a fiscal year remain unexpended by the states at the end of the succeeding fiscal year, HHS may make the amounts available for redistribution in the second succeeding fiscal year among the states that apply for additional funds under this section

REDISTRIBUTION—HHS shall redistribute the amounts made available for a fiscal year among eligible applicant states. Eligible applicant state means a state that has applied for additional funds for the fiscal year if HHS determines that the State will use the funds for the purpose intended under this section

AMOUNT TO BE REDISTRIBUTED—The amount to be redistributed to each eligible applicant state shall be the amount so made available multiplied by the state foster care ratio as defined

TREATMENT OF REDISTRIBUTED AMOUNT—Any amount made available to a state under this paragraph shall be regarded as part of the allotment of the state for the fiscal year in which the redistribution is made

EXPANDING AND CLARIFYING THE USE OF EDUCATION AND TRAINING VOUCHERS

The education and training vouchers are amended by striking “23” and inserting “to remain eligible until they attain 26” and (B) by inserting “, but in no event may a youth participate in the program for more than 5 years (whether or not consecutive)

The program is re-named by striking “INDEPENDENCE PROGRAM” and inserting “PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD”

REPORT TO CONGRESS

Not later than October 1, 2019, HHS shall submit to the House Ways and Means Committee and the Senate Finance Committee a report on the National Youth in Transition Database and any other databases in which states report outcome measures relating to children in foster care and children who have aged out of foster care or left foster care for kinship guardianship or adoption. The report shall include the following:

- A description of the reasons for entry into foster care and of the foster care experiences, such as length of stay, number of placement settings, case goal, and discharge reason of 17-year-olds who are surveyed by the National Youth in Transition Database and an analysis of the comparison of that description with the reasons for entry and foster care experiences of children of other ages who exit from foster care before attaining age 17
- A description of the characteristics of the individuals who report poor outcomes at ages 19 and 21 to the National Youth in Transition Database.
- Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans the executive branch will take to incorporate these benchmarks in efforts to evaluate child welfare agency performance in providing services to children transitioning from foster care
- An analysis of the association between types of placement, number of overall placements, time spent in foster care, and other factors, and outcomes at ages 19 and 21.
- An analysis of the differences in outcomes for children in and formerly in foster care at age 19 and 21 among States”

CLARIFYING DOCUMENTATION PROVIDED TO FOSTER YOUTH LEAVING FOSTER CARE

The REAL ID Act of 2005” requiring the provision of certain documents to youth leaving foster care “any official documentation necessary to prove that 12 the child was previously in foster care” as a way to assist in providing the necessary documentation to qualify for Medicaid coverage to age 26.

REAUTHORIZING ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PROGRAMS

The adoption and kinship incentive fund is extended by striking “2013 through 2015” and inserting “2016 through 2021”

TECHNICAL CORRECTIONS TO DATA EXCHANGE STANDARDS TO IMPROVE PROGRAM COORDINATION

HHS in consultation with an interagency work group established by the Office of Management and Budget and considering state government perspectives, by rule, designates data exchange standards to govern, under this part and part E

- necessary categories of information that state agencies operating programs under state plans approved under this part are required under applicable Federal law to electronically exchange with another state agency; and
- Federal reporting and data exchange required under applicable Federal law

REQUIREMENTS—The data exchange standards required shall, to the extent practicable

- incorporate a widely accepted, non-proprietary, searchable, computer-readable format, such as the Extensible Markup Language
- contain interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model
- incorporate interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance
- be consistent with and implement applicable accounting principles
- be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and
- be capable of being continually upgraded as necessary.

RULE OF CONSTRUCTION—Nothing in this section shall be construed to require a change to existing data exchange standards found to be effective and efficient.

EFFECTIVE DATE--Not later than the date that is 24 months after the date of the enactment of this section, HHS shall issue a proposed rule that—

- identifies federally required data exchanges, include specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data exchanges; and
- specifies State implementation options and describes future milestones.

ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE

DELAY OF ADOPTION ASSISTANCE PHASE-IN

The law is amended by re-linking eligibility to the 1996 AFDC programs for children 2 or younger. The link to AFDC is now “2017 through 2023 2

2024 2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)

2025 or thereafter any age.”

The EFFECTIVE DATE.—The amendment made by this section shall take effect as if enacted on January 1, 2018.

A GAO STUDY AND REPORT ON STATE REINVESTMENT OF SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE. The Government Accountability Office (GAO) shall study the extent to which states are complying with the requirements in the 2008 the Fostering Connections to Success and Increasing Adoptions Act (Public Law 110–351) requiring states to reinvest state savings resulting from the gradual delink of adoption assistance from 1996 AFDC eligibility standard. The GAO shall submit the report to the Senate Finance Committee and the House Ways and Means of Committee.