H. R. ____

To amend title XVIII of the Social Security Act to establish a long-term care services and supports benefit as part of the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M_. introduced the following bill; which was referred to the Committee on

A BILL

To amend title XVIII of the Social Security Act to establish a long-term care services and supports benefit as part of the Medicare program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; PURPOSE.

(a) SHORT TITLE.—This Act may be cited as the “Medicare Long-Term Care Services and Supports Act of 2018”.

(b) PURPOSE.—The purpose of this Act is to establish a long-term care benefit as part of the Medicare pro-
gram for the elderly and individuals with disabilities in order to—

(1) assist individuals with functional limitations to maintain their personal and financial independence;

(2) protect individuals and families from high out-of-pocket costs;

(3) alleviate burdens on family caregivers; and

(4) address the unmet health care needs of and provide financial security for those with significant long-term care expenditures.

SEC. 2. ESTABLISHMENT OF LONG-TERM CARE SERVICES AND SUPPORTS PROGRAM AS PART OF MEDI-
CARE.

(a) IN GENERAL.—Title XVIII of the Social Security Act is amended—

(1) by redesignating part E as part F; and

(2) by inserting after part D the following new part:

“PART E—LONG-TERM CARE SERVICES AND SUPPORTS PROGRAM

“ELIGIBILITY; ENROLLMENT; COVERAGE

“Sec. 1860E–1. (a) ELIGIBILITY; ENROLLMENT; COVERAGE.—
“(1) Individuals deemed enrolled and covered.—Each individual who is entitled to benefits (or enrolled) under part A and covered under such part for a month beginning with January 2023 is deemed to be enrolled in and covered under the program under this part for such month.

“(2) Treatment of other individuals.—

“(A) Other eligibility.—Each individual not described in paragraph (1) who meets the requirements described in subparagraphs (A), (B), and (C) of section 223(a)(1) and who is an individual described in section 7702B(c)(2) of the Internal Revenue Code of 1986 is eligible to enroll under this part.

“(B) Continuous open enrollment.—At any time on or after November 1, 2022, an individual described in subparagraph (A) may enroll under this part in such form and manner as the Secretary shall prescribe by regulations.

“(C) Coverage.—In the case of an individual who enrolls under subparagraph (B), the coverage of such individual under this part shall be effective beginning with the second month following the month in which the individual so enrolls.
“(b) Entitlement to Benefits for Qualified Individuals.—Subject to the succeeding provisions of this part, each individual enrolled under this part who is determined to be a qualified individual under the procedures established by the Secretary under subsection (d) is entitled to benefits under section 1860E–2. No benefits shall be available under this part for months before January 2023.

“(c) Qualified Individual Defined.—In this part, the term ‘qualified individual’ means an individual described in section 7702B(c)(2) of the Internal Revenue Code of 1986), such as an individual with substantially reduced functional capacity with respect to communication, social interaction, learning, mobility, self-care, or self-management, who is so described in such section.

“(d) Determination Process.—

“(1) In General.—Not later than July 1, 2022, the Secretary shall establish procedures under which an individual may apply for a determination under this part of whether the individual is a qualified individual and, in the case of such an individual, for determining the level of functional limitations for purposes of determining the appropriate level of benefits under this part. Such procedures shall include an appeals process and a redetermination process.
“(2) EFFECTIVE PERIOD OF DETERMINATIONS.—

“(A) IN GENERAL.—A determination described in paragraph (1) that an individual is a qualified individual shall last—

“(i) in the case of such a determination that is the first such determination under this part that an individual is a qualified individual, for a period of 2 years; and

“(ii) in the case of such a determination that is not a determination described in clause (i), for a period of 1 year.

“(B) SPECIAL RULE.—Under rules specified by the Secretary, the Secretary may extend the period specified in subparagraph (A)(ii) for such period (including an indefinite period) as the Secretary specifies, for an individual who, because of the nature of the individual’s functional limitations, is unlikely to have an improvement in such functional limitations.

“BENEFITS

“Sec. 1860E–2. (a) LTSS BENEFIT FOR QUALIFIED INDIVIDUALS SUBJECT TO WAITING PERIOD [OR ALTERNATIVE BENEFIT DEDUCTIBLE].—
“(1) IN GENERAL.—For each day after the
waiting period (as specified in subsection (b)(1))
that an individual is entitled to benefits under this
part [(or, in the case of an eligible individual (as de-
defined in subsection (b)(2)(C)) who elects to apply the
alternative benefit deductible specified in subsection
(b)(2) in lieu of such waiting period, for each day
after an individual is determined to be a qualified in-
dividual under procedures established by the Sec-
retary under section 1860E–1(d) and pays to the
Secretary such deductible, while such individual is
enrolled under such part)], there shall be paid a
cash benefit that, subject to adjustment under para-
graph (2), satisfies the following requirements:

“(A) MINIMUM REQUIRED AMOUNT.—The
benefit amount provides the individual with not
less than an amount equal to the average hour-
ly cost of a home health aide for five hours a
day.

“(B) AMOUNT SCALED TO FUNCTIONAL
ABILITY.—The benefit amount is varied based
on a scale of functional ability, with not less
than 2, and not more than 4, benefit level
amounts.

“(2) ADJUSTMENTS.—
“(A) For geographic variation.—The benefit amount described in paragraph (1) shall be adjusted for geographic variation consistent with the area wage adjustment applied under section 1895(b)(4)(A)(ii).

“(B) For inflation.—The benefit amount described in paragraph (1) shall be adjusted, for months beginning with January 2023, for inflation consistent with the applicable increase percentage describe in section 1895(b)(3)(B).

“(b) Deductible.—

“(1) Application of waiting period as deductible.—In this part, the term ‘waiting period’ means, with respect to an individual, a continuous period of 2 years—

“(A) beginning on the first day of the first month beginning after the date that the individual is determined to be a qualified individual under procedures established by the Secretary under section 1860E–1(d) and is enrolled under this part; and

“(B) during which the individual is so enrolled.

“(2) Alternative benefit deductible.—]
“(A) IN GENERAL.—In this part, the term ‘alternative benefit deductible’ means, with respect to an eligible individual, a fee paid to the Secretary by such individual in an amount specified under subparagraph (B).”

“(B) FEE AMOUNT.—Sponsors propose to scale to household income level based on such amounts as defined by IRC 36(b) with 12 percent of household income applicable to such incomes over 400 percent of the federal poverty level.

“(C) ELIGIBLE INDIVIDUAL DEFINED.—In this subsection, the term ‘eligible individual’ means a qualified individual who is unable to perform (without substantial assistance from another individual) at least 3 activities of daily living (as defined in section 7702B(c)(2)(B) of the Internal Revenue Code of 1986) for a period of at least 90 days due to a loss of functional capacity or who has a severe cognitive impairment.”

“(c) PAYMENT OF BENEFITS.—

“(1) QUALIFIED INDIVIDUAL LONG-TERM CARE BENEFIT ACCOUNT.—
“(A) IN GENERAL.—The Secretary shall establish procedures for administering the provision of cash benefits under this part for an individual through payment of the benefit into a Qualified Individual Long-Term Care Benefit Account established by the Secretary on behalf of the individual.

“(B) USE OF AMOUNTS IN ACCOUNT.—

“(i) IN GENERAL.—Cash benefits paid into a Qualified Individual Long-Term Care Benefit Account of an individual shall be used to purchase certain self-directed medical and nonmedical services and supports (as defined in clause (iii)) that the individual needs to maintain the individual’s independence at home or in the community of the individual’s choice, which can include expenditures for—

“(I) home care aides, nursing support, respite care, and personal care assistance services;

“(II) housing, home modifications, assistive technology, accessible transportation, and homemaker and home maintenance services; and
“(III) care in a skilled nursing facility or other assisted living facility.

“(ii) SPECIAL RULE.—The Secretary shall provide for such requirements and limitations as the Secretary determines appropriate to prevent abuse and promote accountability in the case where a relative of an individual described in clause (i) receives payment out of cash benefits paid into the Qualified Individual Long-Term Care Benefit Account of such individual.

“(iii) SELF-DIRECTED MEDICAL AND NONMEDICAL SERVICES AND SUPPORTS.—In this subparagraph, the term ‘self-directed medical and nonmedical services and supports’ means medical and nonmedical services and supports that are chosen by the individual receiving such services and supports.

“(C) CLARIFICATION.—Nothing in the subparagraph (B) shall prevent an eligible beneficiary from using cash benefits paid into a Qualified Individual Long-Term Care Benefit Account for obtaining end-of-life assistance with respect to decision making concerning medical
care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives or other written instructions recognized under State law, such as a living will or durable power of attorney for health care, in the case that an injury or illness causes the individual to be unable to make health care decisions.

“(D) ELECTRONIC MANAGEMENT OF FUNDS.—The Secretary shall establish procedures for—

“(i) crediting an account established on behalf of an individual with the individual’s cash benefit;

“(ii) allowing the individual to access such account through debit cards;

“(iii) accounting for withdrawals by the individual from such account; and

“(iv) ensuring such withdrawals are used in accordance with subparagraph (B).

“(2) AUTHORIZED REPRESENTATIVES.—

“(A) IN GENERAL.—The Secretary shall establish procedures and requirements [[similar to those described in section 807(b)]] to allow access to an individual’s cash benefits by an au-
authorized representative of the individual on whose behalf such benefits are paid in cases determined appropriate by the Secretary.

“(B) QUALITY ASSURANCE AND PROTECTION AGAINST FRAUD AND ABUSE.—The procedures established under subparagraph (A) shall ensure that authorized representatives of individuals comply with standards of conduct established by the Secretary, including standards requiring that such representatives provide quality services on behalf of such individuals, do not have conflicts of interest, and do not misuse benefits paid on behalf of such individuals or otherwise engage in fraud or abuse.

“(3) ROLLOVER OPTION FOR LUMP-SUM PAYMENT.—An individual may elect to—

“(A) defer payment of the individual’s cash benefits and to rollover any such deferred benefits from month-to-month (not to exceed 3 months in a year); and

“(B) receive a lump-sum payment of such deferred benefits in an amount of the accrued deferred benefits.

“(4) PERIOD FOR DETERMINATION OF ANNUAL BENEFITS.—
“(A) IN GENERAL.—The applicable period for determining with respect to an individual the applicable annual benefit and the amount of any accrued deferred benefits is the 12-month period that commences with the first month in which the individual began to receive such cash benefits, and each 12-month period thereafter.

“(B) INCLUSION OF INCREASED BENEFITS.—The Secretary shall establish procedures, in consultation with relevant stakeholders, the Centers for Medicare & Medicaid Services, and the Administration for Community Living, under which cash benefits paid to an individual beneficiary that increase or decrease as a result of a change in the functional status of the individual before the end of a 12-month benefit period shall be included in the determination of the applicable annual benefit paid to the individual.

“(C) RECOUPMENT OF UNPAID, ACCRUED BENEFITS.—

“(i) IN GENERAL.—The Secretary, in coordination with the Secretary of the Treasury, shall recoup any accrued benefits in the event of—
“(I) the death of an individual; or

“(II) the failure of the individual to elect under paragraph (4)(B) to receive such benefits as a lump-sum payment before the end of the 3-month period in which such benefits accrued.

“(ii) Payment into LTSS Account.—Any benefits recouped in accordance with clause (i) shall be paid into the LTSS Account and used for outreach activities such as advice and benefit management counseling under subsection (e) and advocacy on behalf of individuals enrolled under this part by entities such as Aging and Disability Resource Centers.

“(5) Accounting for expenditures.—An individual shall, not less than quarterly, submit records of expenditures attributable to the aggregate cash benefit received by the individual during the preceding year.

“(6) Supplement, not supplant other health care benefits.—Subject to the Medicaid payment rules under paragraph (1)(D), benefits re-
ceived by an individual shall supplement, but not supplant, other health care benefits for which the individual is eligible under Medicaid or any other Federally funded program that provides health care benefits or assistance.

“(d) No Effect on Eligibility for Other Benefits.—Benefits paid to an individual under this part shall be disregarded for purposes of determining or continuing the eligibility of the individual (or, in the case of medical assistance under title XIX of this Act, the spouse of the individual) for receipt of benefits under any other Federal, State, or locally funded assistance program, including benefits paid under titles II, XVI, XVIII, XIX, or XXI of this Act, under the laws administered by the Secretary of Veterans Affairs, under low-income housing assistance programs, under the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.), or under programs administered by State vocational rehabilitation agencies.

“(e) Advice and Benefit Management Counseling.—The Secretary shall assign a counselor using procedures developed in consultation with the Centers for Medicare & Medicaid Services and the Administration for Community Living to each qualified individual enrolled under this part who shall provide such individual with—
“(1) information regarding resources for managing assistance received under this part;

“(2) assistance with respect to the determination process under section 1860E–1(d) and the appeals process under such section;

“(3) a description of the benefits available after the waiting period under this part;

“(4) information on possible eligibility for other benefits and services;

“(5) assistance with respect to the development of a service and support plan;

“(6) assistance accessing and coordinating long-term services and supports in the most integrated setting; and

“(7) information about programs established under the Assistive Technology Act of 1998 and the services offered under such programs.

“(f) PROTECTION AGAINST CONFLICT OF INTERESTS.—The Secretary shall establish procedures to ensure that counselors under subsections (e) and any other entities that provide services to individuals enrolled under this part minimize conflicts of interest. Such procedures shall ensure that such counselor or such entity—

“(1) provides services in a manner that fosters the best interests of such individual;
“(2) establishes procedures designed to avoid or minimize conflicts of interest between the counselor or the entity and such individual;

“(3) ensuring that such individual is informed of any financial interest that the counselor or entity has in a service provider;

“(4) provides to such individual or such authorized representative information about all services and options available, to the best of the knowledge of the counselor or entity, including services available through other counselors, entities, or providers;

“(5) assists such individual in accessing desired services, regardless of the provider; and

“(6) reports the number of such individuals provided with assistance by the counselor or entity by age and disability.

“(g) RULE OF CONSTRUCTION.—Nothing in this part shall be construed as prohibiting benefits paid under this part from being used to compensate a family caregiver for providing community living assistance services and supports to an individual entitled to benefits under this part.

“LTSS ACCOUNT WITHIN THE SMI TRUST FUND

“Sec. 1860E–3. (a) ESTABLISHMENT AND OPERATION OF ACCOUNT.—

“(1) ESTABLISHMENT.—There is created within the Federal Supplementary Medical Insurance Trust
Fund established by section 1841 an account to be known as the ‘LTSS Account’.

“(2) Application of certain provisions.—The provisions of paragraphs (2) and (3) of section 1860D–16(a) shall apply to the LTSS Account in the same manner as they apply to the Medicare Prescription Drug Account.

“(b) Payments from LTSS account.—

“(1) In general.—The Managing Trustee shall pay from time to time from the LTSS Account such amounts as the Secretary certifies are necessary to make payments to operate the program under this part, including—

“(A) payments of cash benefits under this part; and

“(B) payments with respect to administrative expenses under this part in accordance with section 201(g).

“(2) Treatment in relation to part B premium.—Amounts payable from the LTSS Account shall not be taken into account in computing actuarial rates or premium amounts under part B.

“(c) Deposits into LTSS Account.—

[(1) Payment of certain earmarked taxes.—There are hereby appropriated to the Trust
Fund established by section 1841 to the credit of the LTSS Account, out of any moneys in the Treasury not otherwise appropriated, amounts equivalent to 100 per cent of the following:]

[(A) [conform to financing section; to be provided]]

The amounts appropriated by the preceding provisions of this paragraph shall be transferred from time to time from the general fund in the Treasury to the Trust Fund, such amounts to be determined on the basis of estimates by the Secretary of the Treasury of the taxes, specified in such provisions, paid to or deposited into the Treasury; and proper adjustments shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or were less than the taxes specified in such provisions.]

“(2) Appropriations to cover balance through government contributions.—There are authorized to be appropriated from time to time, out of any moneys in the Treasury not otherwise appropriated, to the LTSS Account, an amount equivalent to the amount of payments made from the LTSS Account under subsection (b) plus such amounts as the Managing Trustee certifies are nec-
necessary to maintain an appropriate contingency margin, reduced by the amounts deposited under the previous paragraphs of this subsection.

“(d) TRANSITIONAL FUNDING.—In order to assure prompt payment of benefits provided under this part and the administrative expenses thereunder during the early months of the program established by this part, and to provide a contingency reserve, there is authorized to be appropriated, out of any monies in the Treasury not otherwise appropriated, to remain available through the calendar year 2023 for repayable advances (without interest) to the LTSS Account, an amount equal to $____ multiplied by the sum of the number of individuals (as estimated by the Secretary) eligible for or entitled to benefits under part A and the number of individuals (as estimated by the Secretary) described in section 1860E–1(a)(2)(A) as of [July 2018]."

“(e) OUTREACH, EDUCATION, AND ENROLLMENT ACTIVITIES FUNDING.—There are appropriated to the LTSS Account, out of any monies in the Treasury not otherwise appropriated, [[$1,000,000,000]] for purposes of conducting outreach, education, and enrollment activities with respect to individuals enrolled or eligible to enroll under this part, to remain available until expended.
'“(f) ADDITIONAL REPORTS BY BOARD OF TRUSTEES OF SMI TRUST FUND.—

“LTSS ADVISORY COUNCIL

“Sec. 1860E–4. (a) Establishment.—There is hereby created an Advisory Committee to be known as the ‘LTSS Advisory Council’.

“(b) Membership.—

“(1) In general.—The LTSS Advisory Council shall be composed of not more than 15 individuals, not otherwise in the employ of the United States—

“(A) who shall be appointed by the President without regard to the civil service laws and regulations; and

“(B) shall include representatives of Medicare and Medicaid beneficiaries, older and younger workers, individuals with disabilities, family caregivers of individuals who require services and supports to maintain their independence at home or in another residential or community setting of their choice in the community, individuals with expertise in long-term care or disability insurance, actuarial science, economics, and other relevant disciplines, as determined by the Secretary.

“(2) Terms.—
“(A) IN GENERAL.—The members of the LTSS Advisory Council shall serve overlapping terms of 3 years (unless appointed to fill a vacancy occurring prior to the expiration of a term, in which case the individual shall serve for the remainder of the term).

“(B) LIMITATION.—A member shall not be eligible to serve for more than 2 consecutive terms.

“(3) CHAIR.—The President shall, from time to time, appoint one of the members of the LTSS Advisory Council to serve as the Chair.

“(c) DUTIES.—The LTSS Advisory Council shall advise the Secretary on matters of general policy in the administration of the LTSS program established under this part and in the formulation of regulations under this part.

“(d) APPLICATION OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.), other than section 14 of that Act, shall apply to the LTSS Advisory Council.

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There are authorized to be appropriated to the LTSS Advisory Council to carry out its duties under this section, such sums as may be necessary for fiscal year 2023 and for each fiscal year thereafter.
“(2) AVAILABILITY.—Any sums appropriated under the authorization contained in this section shall remain available, without fiscal year limitation, until expended.

“ANNUAL REPORT

“SEC. 1860E–5. For fiscal year 2025, and each fiscal year thereafter, the Secretary shall submit a report to Congress on the LTSS program. Each report shall include the following:

“(1) The total number of enrollees in the program during the fiscal year.

“(2) The total number of individuals eligible for benefits during the fiscal year.

“(3) The total amount of cash benefits provided during the fiscal year.

“(4) A description of instances of fraud or abuse identified during the fiscal year.

“(5) Recommendations for such administrative or legislative action as the Secretary determines is necessary to improve the program, ensure the solvency of the program, or to prevent the occurrence of fraud or abuse.”.

(b) ALIGNING MEDICARE PART E WITH MEDICAID.—

(1) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—
(A) in subsection (a), by striking paragraph (50) and inserting the following:

“(50) provide—

“(A) in accordance with paragraphs (1) and (2) of subsection (q), for a monthly personal needs allowance for certain institutionalized individuals and couples; and

“(B) in accordance with paragraph (3) of subsection (q), with respect to individuals enrolled in the State plan under this title or under a waiver of such plan who are entitled to benefits under part E of title XVIII, that the State will comply with the requirements specified in that paragraph regarding the retention of cash benefits paid to such individuals;”; and

(B) in subsection (q)—

(i) in paragraph (1)(A), in the matter preceding clause (i), by striking “subsection (a)(50)” and inserting “subsection (a)(50)(A)”;

(ii) by adding at the end the following:

“(3) In order to meet the requirement of subsection (a)(50)(B), the State plan must provide that, in the case of an individual enrolled in the State plan under this title
or under a waiver of such plan who is entitled to benefits under part E of title XVIII, the State shall comply with the following with respect to cash benefits paid to the individual under that part:

“(A) If the individual is a patient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or an institution for mental diseases, the individual shall retain an amount equal to 5 percent of the individual’s daily or weekly LTSS program cash benefit (as applicable) (which shall be in addition to the amount of the individual’s personal needs allowance provided under the State plan under this title), and the remainder of the LTSS program cash benefit shall be applied toward the facility’s cost of providing the individual’s care.

“(B)(i) If the individual is receiving medical assistance under the State plan under this title or under a waiver of the plan for home and community based services, the individual shall contribute an amount equal to 75 percent of the individual’s daily or weekly LTSS program cash benefit (as applicable), to be applied toward the cost to the State of providing such assistance (and shall not be used to claim Federal matching funds under this title).
“(ii) In this subparagraph, the term ‘home and community-based services’ means, with respect to a State, any of the following services that the State has elected to provide under the State plan or under a waiver of the plan outside of an institution:

“(I) Services provided under subsection (c), (d), (i), (j), or (k) of section 1915 of the Social Security Act (42 U.S.C. 1396n) or under a waiver under section 1115 of such Act (42 U.S.C. 1315).

“(II) Home health care services.

“(III) Personal care services.

“(C)(i) Subject to clause (ii), if an individual is receiving medical assistance under the State plan for PACE program services under section 1934, the individual shall retain an amount equal to 95 percent of the individual’s daily or weekly LTSS program cash benefit (as applicable), and the remainder of the daily or weekly LTSS program cash benefit shall be applied toward the cost to the State of providing such assistance (and shall not be used to claim Federal matching funds under this title).

“(ii) If an individual receiving assistance under the State plan for PACE program services is a patient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or an institution for mental diseases,
the individual shall be treated in the same manner as an individual described as in subparagraph (A).

“(4) The Secretary shall by regulation specify the manner in which a State shall administer paragraph (3) in the case of individuals who are entitled to benefits under part E of title XVIII and who are receiving institutional care or home and community-based services through a Medicaid managed care organization described in section 1903(m)(1)(A).”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) is amended by adding at the end the following new subparagraph:

“(L) TREATMENT OF LTSS BENEFIT.—

Any amount received by an individual under part E of title XVIII shall be disregarded for purposes of determining the income eligibility of such individual for medical assistance under the State plan or any waiver of such plan.”.

(B) Section 1902(r)(1)(A) of the Social Security Act (42 U.S.C. 1396a(r)(1)(A)) is amended by inserting “and there shall be disregarded any amount received by the individual
(or spouse of the individual) under part E of title XVIII’’ after ‘‘Germany’’.

(C) Section 1924(d)(1) of the Social Security Act is amended by inserting (42 U.S.C. 1396r-5(d)(1)) after subparagraph (D), the following new subparagraph:

‘‘(E) Amounts received by the institutionalized spouse under part E of title XVIII.’’.

(D) Section 1934(i) of the Social Security Act (42 U.S.C. 1396u–4(i)) is amended by adding at the end the following new sentence: ‘‘Amounts received by the individual (or spouse of the individual) under part E of title XVIII of the Social Security Act shall be disregarded for purposes of such post-eligibility treatment.’’.

(e) Medicare Conforming Amendments.—

(1) Conforming Amendments to SMI Trust Fund.—Section 1841 of the Social Security Act (42 U.S.C. 1395t) is amended—

(A) in subsection (a)—

(i) by striking ‘‘or the Transitional’’ and inserting ‘‘, the Transitional’’; and

(ii) by inserting before the period at the end the following: ‘‘, or the LTSS Account established by section 1860E–4’’;
(B) in subsection (g), by adding at the end the following: “The payments provided for under part E shall be made from the LTSS Account in the Trust Fund.”; and

(C) in subsection (i), in the first sentence, by inserting before the period at the end the following: “and pursuant to section 1860E–2 (in which case payments shall be made in appropriate part from the LTSS Account in the Trust Fund).”

(2) ADDITIONAL CONFORMING AMENDMENTS.—

(d) INCLUSION OF LTSS PROGRAM INFORMATION IN THE NATIONAL CLEARINGHOUSE FOR LONG-TERM CARE INFORMATION; EXTENSION OF FUNDING.—Section 6021(d) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396p note) is amended—

(1) in paragraph (2)(A)—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(iv) include information regarding the LTSS program established under part
E of title XVIII of the Social Security Act and information regarding how benefits provided under such part differ from disability insurance benefits.”; and

(2) in paragraph (3), by striking “2010” and inserting “2022”.

(e) Rule of Construction.—Nothing in part E of title XVIII of the Social Security Act or the amendments made by this Act are intended to replace or displace public or private disability insurance benefits, including such benefits that are for income replacement.

SEC. 3. FINANCING.

[to be provided]

SEC. 4. OUTREACH, EDUCATION, AND ENROLLMENT ACTIVITIES ADDITIONAL FUNDING.

Section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note) is amended—

(1) in subsection (a)(1)(B)—

(A) in clause (vii), by striking “and”;

(B) in clause (viii), by striking “and”;

(C) in clause (ix), by striking the period at the end and inserting “; and”; and

(D) by inserting after clause (ix) the following new clause:


“(x) for each of fiscal years 2020 through 2024, of $15,000,000.”;

(2) in subsection (b)(1)(B)—

(A) in clause (vii), by striking “and”;

(B) in clause (viii), by striking “and”;

(C) in clause (ix), by striking the period at the end and inserting “; and”; and

(D) by inserting after clause (ix) following new clause:

“(x) for each of fiscal years 2020 through 2024, of $15,000,000.”; and

(3) in subsection (c)(1)(B)—

(A) in clause (vii), by striking “and”;

(B) in clause (viii), by striking “and”;

(C) in clause (ix), by striking the period at the end and inserting “; and”; and

(D) by inserting after clause (ix) the following new clause:

“(x) for each of fiscal years 2020 through 2024, of $15,000,000.”.

SEC. 5. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.

(a) Data Collection and Reporting.—Section 2904 of the Public Health Service Act (42 U.S.C. 290ii–3) is amended to read as follows:
“SEC. 2904. DATA COLLECTION AND REPORTING.

“Each eligible State agency awarded a grant or cooperative agreement under section 2902 shall collect, maintain, and report such data and records at such times, in such form, and in such manner as the Secretary may require to enable the Secretary—

“(1) to monitor State administration of programs and activities funded pursuant to such grant or cooperative agreement; and

“(2) to evaluate, and to compare effectiveness on a State-by-State basis, of programs and activities funded pursuant to section 2902.”.

(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking “to carry out this title” and all that follows and inserting “to carry out this title $15,000,000 for each of fiscal years 2019 through 2023.”.

SEC. 6. MISCELLANEOUS PROVISIONS.

[(a) LTSS Program Treated in Same Manner as Long-Term Care Insurance.—]

[(1) In general.—[review policy here. Current subsection (f) is aimed at providing for favorable tax treatment for State plans providing for State employees and dependents] Subsection (f) of section 7702B of the Internal Revenue Code of 1986 is amended—]
[(A) in paragraph (1)(A), by striking “State long-term care plan” and inserting “government long-term care plan”;]

[(B) by redesignating paragraph (2) as paragraph (3); and]

[(C) by inserting after paragraph (2) the following new paragraph:]

“(2) GOVERNMENT LONG-TERM CARE PLAN.—
For purposes of this subsection, the term ‘government long-term care plan’ means—]

“(A) the LTSS program established under part E of title XVIII of the Social Security Act, and]

“(B) any State long-term care plan.”]

[(2) CONFORMING AMENDMENTS.—

[(A) Paragraph (3) of section 7702B(f) of such Code, as redesignated by subsection (a), is amended by striking “paragraph (1)” and inserting “this subsection”.]

[(B) Subsection (f) of section 7702(B) of such Code is amended by striking “STATE-MAINTAINED” in the heading thereof and inserting “GOVERNMENT”].
(3) Effective date.—The amendments made by this subsection shall apply to taxable years ending after December 31, 2018.]

(b) Exclusion from gross income of cash benefit for qualified individuals subject to waiting period or alternative benefit deductible.—

(1) In general.—Part III of subchapter B of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 139F the following new section:

“SEC. 139G. CASH BENEFIT FOR QUALIFIED INDIVIDUALS SUBJECT TO WAITING PERIOD.

“Gross income shall not include amounts paid under section 1860E-2(a) of the Social Security Act.”.

(2) Clerical amendment.—The table of sections for part III of subchapter B of chapter 1 of such Code is amended by inserting after the item relating to section 139F the following new item:

“Sec. 139G. Cash benefit for qualified individuals subject to waiting period.”.

(3) Effective date.—The amendments made by this subsection shall apply to taxable years beginning after the date of the enactment of this Act.

(e) Advocacy services for individuals with developmental disabilities.—Section 143(a)(2) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043(a)(2)) is amended—
(1) in subparagraph (L), by striking “and” at the end;

(2) in subsection (M), by striking the semicolon at the end and inserting “; and”; and

(3) by adding at the end the following new subparagraph:

“(N) provide resources and advocacy services as appropriate to such individuals who are enrolled under part E of title XVIII of the Social Security Act with respect to benefits paid under such part;”.