

116TH CONGRESS
2D SESSION

S. 4441

To amend title XIX of the Social Security Act to encourage State Medicaid programs to provide community-based mobile crisis intervention services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 5, 2020

Mr. WYDEN (for himself and Ms. CORTEZ MASTO) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to encourage State Medicaid programs to provide community-based mobile crisis intervention services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Crisis Assistance Help-
5 ing Out On The Streets Act” or the “CAHOOTS Act”.

1 **SEC. 2. ENHANCED FEDERAL MEDICAID SUPPORT FOR**
2 **COMMUNITY-BASED MOBILE CRISIS INTER-**
3 **VENTION SERVICES.**

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

7 “(bb) COMMUNITY-BASED MOBILE CRISIS INTER-
8 VENTION SERVICES.—

9 “(1) IN GENERAL.—Notwithstanding section
10 1902(a)(1) (relating to Statewideness), section
11 1902(a)(10)(B) (relating to comparability), section
12 1902(a)(23)(A) (relating to freedom of choice of
13 providers), or section 1902(a)(27) (relating to pro-
14 vider agreements), a State may provide medical as-
15 sistance for qualifying community-based mobile cri-
16 sis intervention services under a State plan amend-
17 ment or waiver approved under section 1115 or
18 1915(e).

19 “(2) QUALIFYING COMMUNITY-BASED MOBILE
20 CRISIS INTERVENTION SERVICES DEFINED.—For
21 purposes of this subsection, the term ‘qualifying
22 community-based mobile crisis intervention services’
23 means, with respect to a State, items and services
24 for which medical assistance is available under the
25 State plan under this title or a waiver of such plan,
26 that are—

1 “(A) furnished to an individual who is—

2 “(i) outside of a hospital or other fa-
3 cility setting; and

4 “(ii) experiencing a mental health or
5 substance use disorder crisis;

6 “(B) furnished by a multidisciplinary mo-
7 bile crisis team—

8 “(i) that includes at least 1 behavioral
9 health care professional who is capable of
10 conducting an assessment of the individual,
11 in accordance with the professional’s per-
12 mitted scope of practice under State law,
13 and other professionals or paraprofes-
14 sionals with appropriate expertise in behav-
15 ioral health or mental health crisis re-
16 sponse, including nurses, social workers,
17 peer support specialists, and others, as
18 designated by the State and approved by
19 the Secretary;

20 “(ii) whose members are trained in
21 trauma-informed care, de-escalation strate-
22 gies, and harm reduction;

23 “(iii) that is able to respond in a
24 timely manner and, where appropriate,
25 provide the following—

- 1 “(I) screening and assessment;
- 2 “(II) stabilization and de-escala-
- 3 tion;
- 4 “(III) coordination with, and re-
- 5 ferrals to, health, social, and other
- 6 services and supports as needed; and
- 7 “(IV) provision or coordination of
- 8 transportation to the next step in care
- 9 or treatment;
- 10 “(iv) that maintains relationships with
- 11 relevant community partners, including
- 12 medical and behavioral health providers,
- 13 community health centers, crisis respite
- 14 centers, managed care organizations (if ap-
- 15 plicable), entities able to provide assistance
- 16 with application and enrollment in the
- 17 State plan or a waiver of the plan, entities
- 18 able to provide assistance with applying for
- 19 and enrolling in benefit programs, entities
- 20 that provide assistance with housing (such
- 21 as public housing authorities, Continuum
- 22 of Care programs, or not-for-profit entities
- 23 that provide housing assistance), and enti-
- 24 ties that provide assistance with other so-
- 25 cial services;

1 “(v) that coordinates with crisis inter-
2 vention hotlines and emergency response
3 systems;

4 “(vi) that maintains the privacy and
5 confidentiality of patient information con-
6 sistent with Federal and State require-
7 ments; and

8 “(vii) that operates independently
9 from (but may coordinate with) State or
10 local law enforcement agencies;

11 “(C) available 24 hours per day, every day
12 of the year; and

13 “(D) voluntary to receive.

14 “(3) PAYMENTS.—

15 “(A) IN GENERAL.—Notwithstanding sec-
16 tion 1905(b), beginning October 1, 2020, dur-
17 ing each of the first 12 fiscal quarters that a
18 State meets the requirements described in para-
19 graph (4), the Federal medical assistance per-
20 centage applicable to amounts expended by the
21 State for medical assistance for qualifying com-
22 munity-based mobile crisis intervention services
23 furnished during such quarter shall be equal to
24 95 percent.

1 “(B) EXCLUSION OF ENHANCED PAY-
 2 MENTS FROM TERRITORIAL CAPS.—To the ex-
 3 tent that the amount of a payment to Puerto
 4 Rico, the Virgin Islands, Guam, the Northern
 5 Mariana Islands, or American Samoa for med-
 6 ical assistance for qualifying community-based
 7 mobile crisis intervention services that is based
 8 on the Federal medical assistance percentage
 9 specified in subparagraph (A) exceeds the
 10 amount that would have been paid to such ter-
 11 ritory for such services if the Federal medical
 12 assistance percentage for the territory had been
 13 determined without regard to such subpara-
 14 graph—

15 “(i) the limitation on payments to ter-
 16 ritories under subsections (f) and (g) of
 17 section 1108 shall not apply to the amount
 18 of such excess; and

19 “(ii) the amount of such excess shall
 20 be disregarded in applying such sub-
 21 sections.

22 “(4) REQUIREMENTS.—The requirements de-
 23 scribed in this paragraph are the following:

24 “(A) The State demonstrates, to the satis-
 25 faction of the Secretary—

1 “(i) that it will be able to support the
2 provision of qualifying community-based
3 mobile crisis intervention services that
4 meet the conditions specified in paragraph
5 (2); and

6 “(ii) how it will support coordination
7 between mobile crisis teams and commu-
8 nity partners, including health care pro-
9 viders, to enable the provision of services,
10 needed referrals, and other activities iden-
11 tified by the Secretary.

12 “(B) The State provides assurances satis-
13 factory to the Secretary that—

14 “(i) any additional Federal funds re-
15 ceived by the State for qualifying commu-
16 nity-based mobile crisis intervention serv-
17 ices provided under this subsection that
18 are attributable to the increased Federal
19 medical assistance percentage under para-
20 graph (3)(A) will be used to supplement,
21 and not supplant, the level of State funds
22 expended for such services for fiscal year
23 2019;

24 “(ii) if the State made qualifying com-
25 munity-based mobile crisis intervention

1 services available in a region of the State
 2 in fiscal year 2019, the State will continue
 3 to make such services available in such re-
 4 gion under this subsection at the same
 5 level that the State made such services
 6 available in such fiscal year; and

7 “(iii) the State will conduct the eval-
 8 uation and assessment, and submit the re-
 9 port, required under paragraph (5).

10 “(5) STATE EVALUATION AND REPORT.—

11 “(A) STATE EVALUATION.—Not later than
 12 4 fiscal quarters after a State begins providing
 13 qualifying community-based mobile crisis inter-
 14 vention services in accordance with this sub-
 15 section, the State shall enter into a contract
 16 with an independent entity or organization to
 17 conduct an evaluation for the purposes of—

18 “(i) determining the effect of the pro-
 19 vision of such services on—

20 “(I) emergency room visits;

21 “(II) use of ambulatory services;

22 “(III) hospitalizations;

23 “(IV) the involvement of law en-
 24 forcement in mental health or sub-
 25 stance use disorder crisis events;

1 “(V) the diversion of individuals
2 from jails or similar settings; and

3 “(ii) assessing—

4 “(I) the types of services pro-
5 vided to individuals;

6 “(II) the types of events re-
7 sponded to;

8 “(III) cost savings or cost-effec-
9 tiveness attributable to such services;

10 “(IV) the experiences of individ-
11 uals who receive qualifying commu-
12 nity-based mobile crisis intervention
13 services;

14 “(V) the successful connection of
15 individuals with follow-up services;
16 and

17 “(VI) other relevant outcomes
18 identified by the Secretary.

19 “(B) COMPARISON TO HISTORICAL MEAS-
20 URES.—The contract described in subparagraph
21 (A) shall specify that the evaluation is based on
22 a comparison of the historical measures of
23 State performance with respect to the outcomes
24 specified under such subparagraph to the
25 State’s performance with respect to such out-

1 comes during the period beginning with the
2 first quarter in which the State begins pro-
3 viding qualifying community-based mobile crisis
4 intervention services in accordance with this
5 subsection.

6 “(C) REPORT.—Not later than 2 years
7 after a State begins to provide qualifying com-
8 munity-based mobile crisis intervention services
9 in accordance with this subsection, the State
10 shall submit a report to the Secretary on the
11 following:

12 “(i) The results of the evaluation car-
13 ried out under subparagraph (A).

14 “(ii) The number of individuals who
15 received qualifying community-based mo-
16 bile crisis intervention services.

17 “(iii) Demographic information re-
18 garding such individuals when available,
19 including the race or ethnicity, age, sex,
20 sexual orientation, gender identity, and ge-
21 ographic location of such individuals.

22 “(iv) The processes and models devel-
23 oped by the State to provide qualifying
24 community-based mobile crisis intervention
25 services under such the State plan or waiv-

1 er, including the processes developed to
2 provide referrals for, or coordination with,
3 follow-up care and services.

4 “(v) Lessons learned regarding the
5 provision of such services.

6 “(D) PUBLIC AVAILABILITY.—The State
7 shall make the report required under subpara-
8 graph (C) publicly available, including on the
9 website of the appropriate State agency, upon
10 submission of such report to the Secretary.

11 “(6) BEST PRACTICES REPORT.—

12 “(A) IN GENERAL.—Not later than 3 years
13 after the first State begins to provide qualifying
14 community-based mobile crisis intervention
15 services in accordance with this subsection, the
16 Secretary shall submit a report to Congress
17 that—

18 “(i) identifies the States that elected
19 to provide services in accordance with this
20 subsection;

21 “(ii) summarizes the information re-
22 ported by such States under paragraph
23 (5)(C); and

1 “(iii) identifies best practices for the
2 effective delivery of community-based mo-
3 bile crisis intervention services.

4 “(B) PUBLIC AVAILABILITY.—The report
5 required under subparagraph (A) shall be made
6 publicly available, including on the website of
7 the Department of Health and Human Services,
8 upon submission to Congress.

9 “(7) STATE PLANNING AND EVALUATION
10 GRANTS.—

11 “(A) IN GENERAL.—As soon as practicable
12 after the date of enactment of this subsection,
13 the Secretary may award planning and evalua-
14 tion grants to States for purposes of developing
15 a State plan amendment or section 1115 or
16 1915(c) waiver request (or an amendment to
17 such a waiver) to provide qualifying community-
18 based mobile crisis intervention services and
19 conducting the evaluation required under para-
20 graph (5)(A). A grant awarded to a State
21 under this paragraph shall remain available
22 until expended.

23 “(B) STATE CONTRIBUTION.—A State
24 awarded a grant under this subsection shall
25 contribute for each fiscal year for which the

1 grant is awarded an amount equal to the State
2 percentage determined under section 1905(b)
3 (without regard to the temporary increase in
4 the Federal medical assistance percentage of
5 the State under section 6008(a) of the Families
6 First Coronavirus Response Act (Public Law
7 116–127) or any other temporary increase in
8 the Federal medical assistance percentage of
9 the State for fiscal year 2020 or any succeeding
10 fiscal year) of the grant amount.

11 “(8) FUNDING.—

12 “(A) IMPLEMENTATION AND ADMINISTRA-
13 TION.—There is appropriated to the Secretary,
14 out of any funds in the Treasury not otherwise
15 appropriated, such sums as are necessary for
16 purposes of implementing and administering
17 this section.

18 “(B) PLANNING AND EVALUATION
19 GRANTS.—There is appropriated, out of any
20 funds in the Treasury not otherwise appro-
21 priated, \$25,000,000 to the Secretary for fiscal
22 year 2021 for purposes of making grants under
23 paragraph (7), to remain available until ex-
24 pended.”.

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