

106<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5572

To amend title XIX of the Social Security Act to provide States with the option of covering intensive community mental health treatment under the Medicaid Program.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 26, 2000

Ms. KAPTUR (for herself and Mrs. CUBIN) introduced the following bill; which was referred to the Committee on Commerce

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## A BILL

To amend title XIX of the Social Security Act to provide States with the option of covering intensive community mental health treatment under the Medicaid Program.

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 “Medicaid Intensive  
5 Community Mental Health Treatment Act of 2000”.

1 **SEC. 2. PROVIDING STATES WITH THE OPTION OF COV-**  
2 **ERING INTENSIVE COMMUNITY MENTAL**  
3 **HEALTH TREATMENT UNDER THE MEDICAID**  
4 **PROGRAM.**

5 (a) IN GENERAL.—Section 1905 of the Social Secu-  
6 rity Act (42 U.S.C. 1396d) is amended—

7 (1) in subsection (a)—

8 (A) by striking “and” at the end of para-  
9 graph (26);

10 (B) by redesignating paragraph (27) as  
11 paragraph (28); and

12 (C) by inserting after paragraph (26) the  
13 following new paragraph:

14 “(27) intensive community mental health treat-  
15 ment (as defined in subsection (x)) for adults with  
16 diagnosed severe and persistent mental illness, and  
17 for children with diagnosed serious mental and emo-  
18 tional disturbances (manifested by substantial func-  
19 tional impairment), who—

20 “(A) have a history of repeated episodes of  
21 psychiatric hospitalization or are high users of  
22 emergency and inpatient hospital services;

23 “(B) have been arrested repeated times for  
24 minor offenses;

1           “(C) have a history of poor outcomes from  
2           provision of, or lack of access to, less intensive  
3           mental health services;

4           “(D) cannot meet their own basic needs  
5           and live in substandard housing situations, in-  
6           cluding being homeless; or

7           “(E) have a history of coexisting substance  
8           use of at least a 12-month duration;”;

9           (2) by adding at the end the following new sub-  
10          section:

11          “(x)(1) The term ‘intensive community mental health  
12          treatment’ means all of the following mental health serv-  
13          ices provided in a coordinated manner:

14                 “(A) 24-hour, 7-day-a-week intensive case man-  
15                 agement, including assertive community treatment.

16                 “(B) Psychiatric rehabilitation.

17                 “(C) Integrated treatment services for individ-  
18                 uals with co-occurring mental illness and substance  
19                 abuse disorders.

20                 “(D) Crisis residential treatment (as defined in  
21                 paragraph (2)).

22                 “(E) Psychiatric support services for individuals  
23                 residing in supported housing facilities.

24                 “(F) Psychiatric hospital discharge planning  
25                 (as defined in paragraph (3)).

1           “(G) Medication education and management.

2           “(H) Family psycho-education services.

3           “(I) Other evidenced-based intensive community  
4           mental health treatment.

5           “(2) The term ‘crisis residential treatment’ means  
6           services (other than inpatient psychiatric services) that  
7           provide 24-hour a day intervention to individuals experi-  
8           encing severe emotional distress.

9           “(3) The term ‘discharge planning’ means, with re-  
10          spect to a psychiatric hospital, the process that includes—

11           “(A) identification of an individual’s needs for  
12          treatment, housing, and support services in the com-  
13          munity after discharge from the hospital;

14           “(B) establishment of a plan to develop appro-  
15          priate linkages between the hospital and the commu-  
16          nity to meet such needs; and

17           “(C) implementation of the plan at the point of  
18          discharge from the hospital.”.

19          (b) EFFECTIVE DATE.—The amendments made by  
20          this section apply to treatment furnished on or after Janu-  
21          ary 1, 2001.

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