

117TH CONGRESS
1ST SESSION

H. R. 1914

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 HOUSE OF REPRESENTATIVES

MARCH 16, 2021

Mr. DEFAZIO (for himself, Mr. BLUMENAUER, Ms. BONAMICI, Ms. NORTON, Mrs. HAYES, Mr. THOMPSON of California, and Ms. PRESSLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 “(cc) **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.

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 outside of a hospital or
2 other facility setting to an individual who is—

3 “(i) entitled to medical assistance
4 under such plan or waiver; and

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

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

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

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

1 “(iii) that is able to respond in a
2 timely manner and, where appropriate,
3 provide the following—

4 “(I) screening and assessment;

5 “(II) stabilization and de-esca-
6 lation;

7 “(III) coordination with, and re-
8 ferrals to, health, social, and other
9 services and supports as needed; and

10 “(IV) facilitate an individual into
11 the State’s Medicaid transportation
12 process to ensure access to the next
13 step in care or treatment;

14 “(iv) that maintains relationships with
15 relevant community partners, including
16 medical, primary care, and behavioral
17 health providers, community health cen-
18 ters, crisis respite centers, managed care
19 organizations (if applicable), entities able
20 to provide assistance with application and
21 enrollment in the State plan or a waiver of
22 the plan, entities able to provide assistance
23 with applying for and enrolling in benefit
24 programs, entities that provide assistance
25 with housing (such as public housing au-

1 thorities, Continuum of Care programs, or
2 not-for-profit entities that provide housing
3 assistance), and entities that provide as-
4 sistance with other social services;

5 “(v) that coordinates with crisis inter-
6 vention hotlines and emergency response
7 systems;

8 “(vi) that maintains the privacy and
9 confidentiality of patient information con-
10 sistent with Federal and State require-
11 ments; and

12 “(vii) that operates independently
13 from (but may coordinate with) State or
14 local law enforcement agencies;

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

17 “(D) voluntary to receive.

18 “(3) PAYMENTS.—

19 “(A) IN GENERAL.—Notwithstanding sec-
20 tion 1905(b), beginning October 1, 2020, dur-
21 ing each of the first 12 fiscal quarters that a
22 State meets the requirements described in para-
23 graph (4), the Federal medical assistance per-
24 centage applicable to amounts expended by the
25 State for medical assistance for qualifying com-

1 community-based mobile crisis intervention services
2 furnished during such quarter shall be equal to
3 95 percent.

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

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

22 “(ii) the amount of such excess shall
23 be disregarded in applying such sub-
24 sections.

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

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

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

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

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

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

1 expended for such services in the fiscal
2 year preceding the first fiscal year in which
3 the State elected to provide medical assist-
4 ance under this subsection;

5 “(ii) if the State made qualifying com-
6 munity-based mobile crisis intervention
7 services available in a region of the State
8 in such preceding fiscal year, the State will
9 continue to make such services available in
10 such region under this subsection; and

11 “(iii) the State will conduct the eval-
12 uation and assessment, and submit the re-
13 port, required under paragraph (5).

14 “(5) STATE EVALUATION AND REPORT.—

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

22 “(i) determining the effect of the pro-
23 vision of such services on—

24 “(I) emergency room visits;

25 “(II) use of ambulatory services;

1 “(III) hospitalizations;

2 “(IV) the involvement of law en-
3 forcement in mental health or sub-
4 stance use disorder crisis events;

5 “(V) the diversion of individuals
6 from jails or similar settings; and

7 “(ii) assessing—

8 “(I) the types of services pro-
9 vided to individuals;

10 “(II) the types of events re-
11 sponded to;

12 “(III) cost savings or cost-effec-
13 tiveness attributable to such services;

14 “(IV) the experiences of individ-
15 uals who receive qualifying commu-
16 nity-based mobile crisis intervention
17 services;

18 “(V) the successful connection of
19 individuals with follow-up services;
20 and

21 “(VI) other relevant outcomes
22 identified by the Secretary.

23 “(B) COMPARISON TO HISTORICAL MEAS-
24 URES.—The contract described in subparagraph
25 (A) shall specify that the evaluation is based on

1 a comparison of the historical measures of
2 State performance with respect to the outcomes
3 specified under such subparagraph to the
4 State’s performance with respect to such out-
5 comes during the period beginning with the
6 first quarter in which the State begins pro-
7 viding qualifying community-based mobile crisis
8 intervention services in accordance with this
9 subsection.

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

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

18 “(ii) The number of individuals who
19 received qualifying community-based mo-
20 bile crisis intervention services.

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

1 “(iv) The processes and models devel-
2 oped by the State to provide qualifying
3 community-based mobile crisis intervention
4 services under such the State plan or waiv-
5 er, including the processes developed to
6 provide referrals for, or coordination with,
7 follow-up care and services.

8 “(v) Lessons learned regarding the
9 provision of such services.

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

15 “(6) BEST PRACTICES REPORT.—

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

22 “(i) identifies the States that elected
23 to provide services in accordance with this
24 subsection;

1 “(ii) summarizes the information re-
2 ported by such States under paragraph
3 (5)(C); and

4 “(iii) identifies best practices for the
5 effective delivery of community-based mo-
6 bile crisis intervention services.

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

12 “(7) STATE PLANNING AND EVALUATION
13 GRANTS.—

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

1 “(B) STATE CONTRIBUTION.—A State
2 awarded a grant under this subsection shall
3 contribute for each fiscal year for which the
4 grant is awarded an amount equal to the State
5 percentage determined under section 1905(b)
6 (without regard to the temporary increase in
7 the Federal medical assistance percentage of
8 the State under section 6008(a) of the Families
9 First Coronavirus Response Act (Public Law
10 116–127) or any other temporary increase in
11 the Federal medical assistance percentage of
12 the State for fiscal year 2020 or any succeeding
13 fiscal year) of the grant amount.

14 “(8) FUNDING.—

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

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

1 paragraph (7), to remain available until ex-
2 pended.”.

○