

107TH CONGRESS
2D SESSION

S. 2072

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.

IN THE SENATE OF THE UNITED STATES

MARCH 22, 2002

Mr. CORZINE (for himself, Mr. BINGAMAN, and Mr. BREAU) 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 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 2001”.

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;” and

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, 2002.

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