

Key Crisis Response Provisions in the FY 2023 Omnibus Funding Bill

Addressing our country's mental health needs and improving crisis response for people experiencing both mental health and substance use- (MH and SU) related crises has been an increasing federal priority in recent years. This led to the creation of 988, which is the federally mandated three-digit number that replaced the former National Suicide Prevention Lifeline with a simpler, easier-to-remember number. The new number (988) became active on July 16, 2022, and the federal government has taken certain steps to support implementation around the country.

In December 2022, Congress passed and the President signed into law [the Consolidated Appropriations Act](#), also referred to as the FY 2023 Omnibus bill. The FY 2023 Omnibus bill includes a number of provisions aimed at strengthening our nation's capacity to meet the needs of people in crisis including provisions to:

- better equip SAMHSA (the Substance Abuse and Mental Health Services Administration) to support the state and local implementation of 988 and coordination across the crisis continuum,
- strengthen provision of crisis response through Medicaid and CHIP, and
- improve coverage of mobile crisis care in Medicare.

Specifically, to strengthen the nation's crisis response capacity, the FY 2023 Omnibus bill:

- **Establishes within SAMHSA a Behavioral Health Crisis Coordinating office** which will:
 - Coordinate work relating to MH and SU crisis care across the operating divisions and agencies of the Department of Health and Human Services (HHS), including SAMHSA, the Centers for Medicare & Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA), and external stakeholders.
 - Improve the crisis response continuum of care by identifying and publishing best practices for a crisis response continuum of care related to mental health (MH) and substance use disorders (SUD).
 - Work to improve the Suicide Prevention Lifeline by increasing awareness of the program and improving the collection and analysis of demographic information, "in a manner that protects personal privacy."
- **Requires HHS to establish a national maternal mental health hotline** to:
 - Provide emotional support, information, brief intervention, and MH and SUD resources to pregnant and postpartum women at risk of, or affected by, maternal MH and SUD, and to their families or household members.
 - Requires coordination between this hotline and the Domestic Violence Hotline, National Suicide Prevention Lifeline, and Veterans Crisis Line to ensure that pregnant and postpartum women are connected in real-time to the appropriate specialized hotline service.
- **Requires HHS to establish a mobile crisis response grant program** which will:
 - Award competitive grants to States, localities, territories, Indian Tribes, and Tribal organizations to establish new, or enhance existing, mobile crisis response teams that divert the response for MH and SUD crises from law enforcement to mobile crisis teams.
- **Seeks to enhance mobile crisis care in Medicare** by:
 - Establishing increased payment rates for crisis psychotherapy services when furnished by a mobile unit and some additional settings other than a facility or physician office, beginning in 2024.

- Requiring the HHS Secretary to provide education and outreach to stakeholders on the ability of health professionals to bill for psychotherapy for crisis services under the Medicare physician fee schedule when services are provided at an applicable site of service to a Medicare beneficiary who is experiencing a MH or SUD crisis.
- Requiring that education and outreach be conducted on the use of peer support specialists and other auxiliary personnel in providing psychotherapy for crisis services and behavioral health integration services.
- Requiring that stakeholders and experts be convened for an Open Door Forum to discuss current Medicare program coverage and payment policies for services that can be provided to a Medicare beneficiary who is experiencing a mental or behavioral health crisis.

- **Seeks to strengthen provision of crisis services through Medicaid and CHIP** by:

- **Requiring HHS, in coordination with CMS and SAMHSA, to issue guidance to States on an effective continuum of crisis response services** that:
 - Includes crisis call centers, including 988 crisis services hotlines, mobile crisis teams, crisis response services delivered in home, community, residential facility, and hospital settings, and coordination with follow-up MH and SUD services, such as intensive outpatient and partial hospitalization programs, as well as connections to social services and supports
 - Promotes access to appropriate and timely MH and SUD crisis response services in the least restrictive setting appropriate to an individual's needs; and
 - Promotes culturally competent, trauma-informed care, and crisis de-escalation.

The guidance to States, which is required to be issued by July 1, 2025, will also:

- Outline the Federal authorities through which States may finance and enhance under Medicaid and CHIP the availability of crisis response services across each stage of the continuum of crisis response services.
- Address how States under Medicaid and CHIP may support the ongoing implementation of crisis call centers, including 988 crisis services hotlines, and how Medicaid administrative funding, including enhanced matching, and the Medicaid Information Technology Architecture 3.0 framework, maybe used to establish or enhance regional or statewide crisis call centers, including 988 crisis services hotlines, that coordinate in real time.
- Identify:
 - How States under Medicaid and CHIP may support access to crisis response services that are responsive to the needs of children, youth, and families, including through CHIP health services initiatives, behavioral disorder-specific crisis response, trained peer support services, and establishing or enhancing crisis call centers that are youth-focused.
 - Policies and practices to meet the need for crisis response services with respect to differing patient populations, including urban, rural, and frontier communities, differing age groups, cultural and linguistic minorities, individuals with co-occurring MH and SUD conditions, and individuals with disabilities.
 - Policies and practices to promote evidence-based suicide risk screenings and assessments.
 - Strategies to facilitate timely provision of crisis response services, including how States can enable access to crisis response services without requiring a diagnosis, the use of presumptive eligibility at different stages of the continuum of crisis response services, the use of telehealth to deliver crisis response services, strategies to make crisis response services available 24/7 in medically underserved regions, and best practices used by States and health providers for maximizing capacity to deliver crisis response services, such as identifying and repurposing available beds, space, and staff for crisis response services.
- Describe best practices for:
 - Coordinating Medicaid and CHIP funding with other payors and sources of Federal funding for MH and SUD crisis response services, and best practices for Medicaid and CHIP financing when the continuum of crisis response services serves individuals regardless of payor.

- Establishing effective connections with follow-up MH and SUD services, as well as with social services and supports.
 - Coordinating and financing a continuum of crisis response services through Medicaid managed care organizations, pre-paid inpatient health plans, prepaid ambulatory health plans, and fee-for-service delivery systems, including when States carve-out from delivery through Medicaid managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, or fee-for-service systems, mental health or substance use disorder benefits or a subset of such services.
 - Measuring and monitoring utilization of, and outcomes related to, crisis response services.
- **Requiring HHS, in coordination with CMS and SAMHSA, to by July 1, 2025 establish a technical assistance center to provide support for states in designing and implementing crisis response services.**
- The center will help States under Medicaid and CHIP design, implement, or enhance a continuum of crisis response services for children, youth, and adults. Examples of the technical assistance that will be provided include:
- Leveraging the Federal authorities through which Medicaid and CHIP may finance mental health and substance use disorder crisis response services.
 - Coordinating Medicaid and CHIP funds with other sources of Federal funding for mental health and substance use disorder crisis response services.

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