United States Senate

WASHINGTON, DC 20510

September 30, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Brooks-LaSure,

As the federal government implements the new three-digit dialing code (9-88) for the National Suicide Prevention Lifeline (Lifeline), it is critical that crisis stabilization facilities have the regulatory certainty they need to ensure access for the expected increase in demand for crisis services. Therefore, we ask that the Centers for Medicare and Medicaid Services (CMS) clarify whether or not crisis stabilization facilities fall under the Institutions of Mental Disease exclusion.

Crisis stabilization programs offer access to mental health and substance use care to communities and are distinct from longer-term treatment facilities. They accept all patients that walk-in, or arrive by ambulance, fire, or police drop-offs. The maximum length of stay for these programs is 23 to 72 hours, and their primary goal is to keep patients in mental health crises out of inappropriate settings like homeless shelters and county jails. Such programs rely on the availability of federal Medicaid funds to offer sustainable access to patients of limited means.

As you know, the Institutions of Mental Disease (IMD) exclusion was enacted in 1965 to disincentivize the large-scale institutionalization of patients suffering from mental illness by preventing the use of federal Medicaid funds to care for patients in mental health and substance use disorder facilities larger than 16 beds. However, it did not anticipate the present-day need for crisis stabilization programs. Without clarifying guidance from CMS, we are concerned that states may feel compelled to apply the IMD exclusion to crisis stabilization programs, which would limit the availability of these programs significantly and leave vulnerable individuals experiencing mental health crises without access to necessary crisis support services.

Vibrant Emotional Health, which has administered the Lifeline since 2005, estimates that the new three-digit dialing code will increase utilization of crisis services from around 4 million contacts to 9 million contacts in the first year alone. This expected increase in demand necessitates that steps be taken to ensure that patients have access to the full continuum of crisis services after making contact with the Lifeline.

By allowing crisis stabilization programs to provide Medicaid-funded services with more than 16 beds, CMS would increase the ability of vulnerable individuals to recover from immediate mental health crises and help prevent them from experiencing additional crises in future. Without additional steps taken to ensure access to crisis stabilization programs is part of the full continuum of crisis supports across states, we are concerned the implementation of the National Suicide Prevention Lifeline will not reach its full potential. Therefore, it is critical that

CMS proactively clarify whether or not crisis stabilization facilities fall under the IMD exclusion and work with State Medicaid Directors to ensure these programs have stable Medicaid funding pathways.

Thank you for your prompt attention to this critical need, and we look forward to your response.

Sincerely,

Alex Padilla
United States Senator

Bill Cassidy, M.D.
United States Senator

Catherine Cortez Masto
United States Senator

John Cornyn
United States Senator

Charles E. Grassley
United States Senator