

Increased Access to Behavioral Health Care Services



Background

CHA was actively involved in strengthening, refining and advancing bills that expand access to care, particularly bills with a focus on access to behavioral health care. The General Assembly was able to pass legislation that improved the enforcement of parity between behavioral and medical health care in HB 19-1269 and increases access to treatment for behavioral health disorders in HB 19-1287.

HB 19-1269: Mental Health Parity Insurance Medicaid

HB 19-1269 requires coverage of behavioral, mental health and substance use disorder services in parity with physical health services, as required by the Mental Health Parity and Addiction Equity Act, provided through private health insurance plans regulated by the Division of Insurance (DOI) and Medicaid.

What You Need to Know

By March 1, 2020, DOI-regulated private health plans must submit a report to DOI demonstrating compliance with coverage requirements, and DOI must produce a parity report by June 1, 2020.

Managed care entities, including Regional Accountable Entities (RAEs), under the Department of Health Care Policy and Financing (HCPF), must disclose all necessary information to HCPF in order for HCPF to produce a parity report by June 1, 2020, and annually by June 1 thereafter. Additionally, HCPF is required to:

- By Oct. 1, 2019, seek stakeholder input regarding analyses and development of annual parity reports;
- By Jan. 1, 2020, create reimbursement procedures, in rule, regarding policies related to procedures for both mental health diagnoses and substance use disorder diagnoses;
- By July 1, 2020, create utilization management guidelines, in rule, for RAEs; and,
- Contract with an external quality review organization (EQRO) at least annually to monitor RAEs' utilization management programs and policies and make the EQRO report public.

Finally, both DOI and HCPF are required to examine any complaints received by the Office of the Ombudsman for Behavioral Health Access to Care and must report on the actions taken by the agency in response.

This guidance does not constitute legal advice to CHA members or others. Each hospital should consult with legal counsel on these matters and have legal counsel review any policies proposed as a result of this guidance.

HB 19-1287: Treatment for Opioids and Substance Use Disorders

HB 19-1287 enacts three initiatives to improve access to behavioral health care and substance use disorder treatment services: development of a web-based behavioral health capacity tracking system (i.e., a “bed tracking system”), establishment of a care navigation program and creation of a capacity-building grant program.

What You Need to Know

Under the law, the Colorado Department of Human Services (CDHS) must establish a centralized, web-based behavioral health tracking system to track bed space use and availability at crisis stabilization units, acute treatment units, community mental health centers and hospitals, including inpatient treatment facilities, residential treatment facilities, medical detoxification facilities and substance use disorder treatment facilities. Specifically, hospitals must provide daily updates for the following information:

- Name, address, web address and telephone number of the facility, as well as information regarding how to confirm current availability of a bed or slot in the facility or treatment program;
- Facility or treatment program license type;
- Number of beds or slots currently available and staffed for behavioral health services;
- Admission and exclusion criteria;
- Type of substance for which the facility or treatment program provides treatment;
- Whether the facility serves involuntary clients;
- Payer sources accepted;
- Time and date of last update; and,
- A link to a stable location map.

CDHS may establish rules regarding penalties for providers who demonstrate consistent noncompliance with the bed tracking system, which is defined as a provider who does not complete daily required updates for two or more consecutive days or has five or more days of noncompliance in any given month.

CDHS is required to implement the bed tracking system by Jan. 1, 2021, and to make information contained within the bed tracking system available to health care professionals, law enforcement, court personnel and the public by Jan. 1, 2022.

Additional Resources

- HB 19-1269: [Final Bill](#) and [Fiscal Note](#)
- [Mental Health Parity and Addiction Equity Act](#)
- HB 19-1269 took effect on May 16, 2019
- HB 19-1287: [Final Bill](#) and [Fiscal Note](#)
- HB 19-1287 took effect May 14, 2019

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