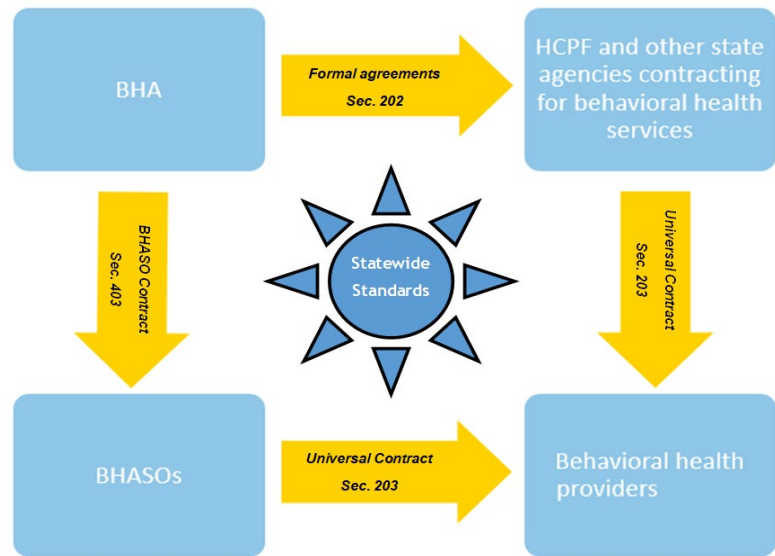


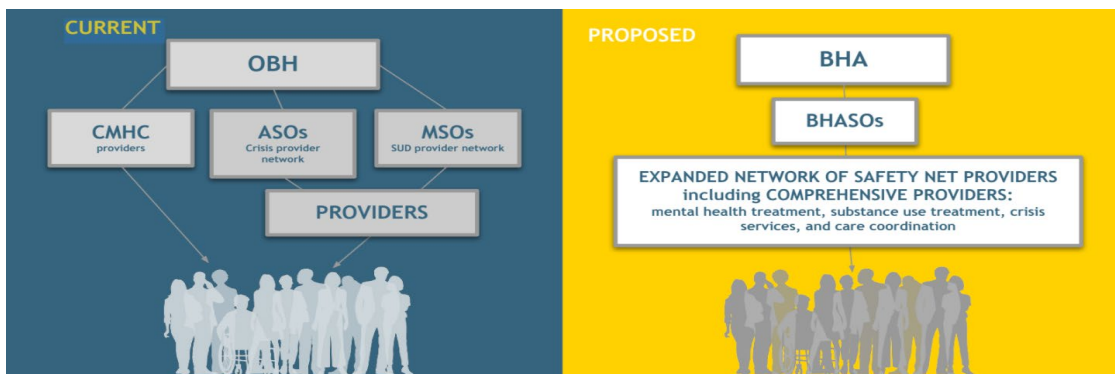


Behavioral Health Administration HB 22-1278 Summary

The Behavioral Health Administration (BHA) will establish a comprehensive, accountable behavioral health safety net system throughout Colorado. The behavioral health safety net includes 14 critical behavioral health services which will be available in every region of the state. The BHA sets statewide standards for accessibility and quality of the safety net services. Providers will be accountable to meet these standards through a universal contract, which is used by the BHA, its contracted intermediary organizations, and any state agency contracting for behavioral health services in Colorado. The BHA will enter into formal agreements with State agencies addressing data sharing and use of the universal contract.



The BHA will reduce bureaucracy by a) consolidating fragmented behavioral health networks (mental health, substance use disorder treatment, and crisis services) into one behavioral health administrative services organization (BHASO) per region, and b) aligning BHASO regions with medicaid regions (regional accountable entities or “RAEs”). The BHA will collect and analyze data on behavioral health grievances in Colorado. Aggregate data on grievances will be posted publicly and will be used to identify and address service delivery gaps and needs.



An advisory council of diverse stakeholders will make recommendations to the BHA on service needs and gaps, standards of care, and strategic policy. At least half of the advisory council must be people with lived experience in the behavioral health system.

Section-By-Section Overview

<p>27-50-101. Definitions</p>	<p>Defined terms:</p> <ul style="list-style-type: none"> ● Administration ● Alcohol use disorder ● Alcohol use disorder program ● Behavioral health ● Behavioral health disorder ● Behavioral health entity ● Behavioral health safety net provider ● Behavioral health safety net services ● Commissioner ● Community-based ● Comprehensive behavioral health safety net provider <ul style="list-style-type: none"> ○ An approved behavioral health entity or program that provides at least the following specific safety net services within a region: <ol style="list-style-type: none"> 1. Emergency and crisis behavioral health services; 2. Mental health and substance use outpatient services; 3. Behavioral health high-intensity outpatient services; 4. Clinical case management; 5. Outreach, education, and engagement services; 6. Mental health and substance use recovery supports; 7. Care coordination; 8. Outpatient competency restoration. ○ Comprehensive behavioral health safety net providers are eligible for preferred contracting status and incentives. ● Essential behavioral health safety net provider <ul style="list-style-type: none"> ○ An approved behavioral health entity or program that provides at least one safety net service. ○ Essential behavioral health safety net providers are eligible for incentives. ● Mental health disorder ● Primary prevention ● Priority populations ● Substance use disorder ● Substance use disorder program ● State agency
<p>27-50-102. Behavioral health administration -</p>	<ul style="list-style-type: none"> ● The Behavioral Health Administration is established within the Department of Human Services (CDHS). ● The Commissioner is required to chair a regular convening of

creation - coordination.	executive directors of state agencies.
27-50-103. Behavioral health Commissioner - appointment - powers, duties, and functions - divisions of the BHA.	<ul style="list-style-type: none"> ● The head of the BHA is the Commissioner. The Commissioner is appointed by the Governor.
27-50-104. Powers and duties of the Commissioner - rules.	<ul style="list-style-type: none"> ● The Commissioner has the authority to establish “Commissioner Rules” for internal procedures and policies.
27-50-105. Administration of behavioral health programs - state plan - sole mental health authority.	<ul style="list-style-type: none"> ● Transfers community-based programs from the CDHS Office of Behavioral Health to the BHA
27-50-106. Transfer of functions.	<ul style="list-style-type: none"> ● Over a period of two years, responsibility for licensing behavioral health entities transfers from the Department of Public Health and the Environment (CDPHE) to the BHA. <ul style="list-style-type: none"> ○ SFY 22-23: CDPHE continues licensing function. BHA begins rulemaking to implement new standards for BHEs. These rules will not apply to BHEs that are currently licensed by CDPHE. ○ SFY 23-24: CDPHE ceases issuing new/renewal BHE licenses; BHA begins licensing. The BHA’s rules adopted in the prior year are effective for those BHEs licensed by the BHA. During this transition year, BHEs with licenses from CDPHE will still be subject to the CDPHE rules. <ul style="list-style-type: none"> ■ Since BHE licenses are effective for one year, by June 30, 2024, all BHEs will be licensed by the BHA and subject to the BHA’s rules.
27-50-107. State board of human services - rules.	<ul style="list-style-type: none"> ● The State Board of Human Services is the Type 1 rulemaking body for the BHA.
27-50-108. Systemwide behavioral health	<ul style="list-style-type: none"> ● The BHA will track and analyze behavioral health grievances and publish this data on a public-facing website. ● The BHA will use the data and analysis on grievances to identify and address, at a systemic level, service delivery

<p>grievance system</p>	<p>gaps and to inform statewide behavioral health policy.</p> <ul style="list-style-type: none"> ● By July 1, 2024 the BHA will clarify its role in addressing individual grievances. The BHA will engage stakeholders in making these decisions.
<p>27-50-201. Behavioral health system monitoring - capacity - safety net performance.</p>	<ul style="list-style-type: none"> ● By July 1, 2024, the BHA will establish a performance monitoring system for tracking capacity and performance of behavioral health providers. ● The BHA will determine performance standards addressing accessibility of care and quality of care. ● The BHA will collaborate with the Department of Health Care Policy and Financing (HCPF) and other State agencies, and consider the recommendations of the advisory council, in determining standards. ● The BHA will execute data sharing agreements to ensure access to data relevant to performance monitoring.
<p>27-50-202. Formal agreements - state agencies and tribal governments.</p>	<ul style="list-style-type: none"> ● The BHA will execute formal agreements between the BHA and other State agencies and the BHA and tribal governments, at the tribe's option. ● The formal agreements will require all agencies to implement the same standards for all behavioral health providers, through use of the universal contract (section 203). ● The formal agreements will ensure behavioral health programs across all State agencies reflect a cohesive vision for the state.
<p>27-50-203. Universal contract - requirements.</p>	<ul style="list-style-type: none"> ● The BHA will develop a universal contract for all State agencies to use when contracting for behavioral health services. ● The universal contract will hold all behavioral health providers to the same set of standards developed in section 201. ● The universal contract will require data sharing and reporting as necessary to implement performance monitoring to the standards. ● The universal contract will prescribe standard payment methodologies.
<p>27-50-204. Reporting.</p>	<ul style="list-style-type: none"> ● The BHA will prepare and submit an annual report, known as the behavioral health system plan, to the Joint Budget Committee and the Public and Behavioral Health and Human Services Committee of the House of Representatives and the Health and Human Services Committee of the Senate. ● The report will include, at a minimum, updates on performance standards (section 201), analysis of grievances (section 301), updates on care coordination (section 301), and the report of the Advisory Council (section 701).

<p>27-50-301. Behavioral health safety net system implementation.</p>	<ul style="list-style-type: none"> ● By July 1, 2024, the BHA, in collaboration with HCPF, must establish a comprehensive and standardized behavioral health safety net system in each region of Colorado. ● The safety net system must proactively engage hard-to-serve individuals, including with adequate case management and care coordination. ● The following safety net services must be available statewide: <ol style="list-style-type: none"> 1. Emergency or crisis behavioral health services 2. Behavioral health outpatient services 3. Behavioral health high-intensity outpatient services 4. Behavioral health residential services 5. Withdrawal management services 6. Behavioral health inpatient services 7. Recovery support services 8. Integrated care services 9. Clinical case management services 10. Outreach, education, and engagement services 11. School-based services 12. Outpatient competency restoration 13. Care coordination 14. Hospital alternatives 15. Additional services that the BHA determines are necessary in a community or throughout the state ● Behavioral health safety net providers may not refuse services based on an individual’s insurance coverage, clinical acuity level, readiness to transition out of a mental health institute, involvement in the criminal or juvenile justice system, involvement in the child welfare system, co-occurring mental health and substance use disorders, physical disability, or intellectual or developmental disability, aggressive behavior due to intoxication or a mental health disorder, place of residence, or any protected status.
<p>27-50-302. Behavioral health safety net provider network - incentives - preferred status - rules.</p>	<ul style="list-style-type: none"> ● The BHA, through the Behavioral Health Administrative Services Organizations (BHASOs) (section 400 et seq) and managed care entities (Section 25.5-5-403, C.R.S.) are responsible for ensuring network adequacy in every region in the state. ● The BHASOs will provide approved behavioral health safety net providers with opportunities for quality incentives, value-based payment, or other enhanced payments or preferred contract status. ● The BHASOs will prioritize comprehensive behavioral health safety net providers in awarding contracts to meet network adequacy.
<p>27-50-401. Regional behavioral health</p>	<ul style="list-style-type: none"> ● By July 1, 2024, the Commissioner of the BHA will establish regionally-based BHASOs, which are responsible for ensuring network adequacy in the region for all required safety net

<p>administrative service organizations - establishment.</p>	<p>services.</p> <ul style="list-style-type: none"> ● The Commissioner will determine the boundaries of each region; it is expected the regions will align with the medicaid regions (i.e., RAEs)
<p>27-50-402. Selection of behavioral health administrative service organizations - application - selection - denial - revocation.</p>	<ul style="list-style-type: none"> ● The BHA will select the BHASOs through a competitive bid process pursuant to the procurement code. <ul style="list-style-type: none"> ○ Selection criteria of the BHASOs are broadly outlined in the bill, including consideration of real or perceived conflicts of interest. ● Selection as a BHASO continues for 5 years, at which point the competitive bid process begins again. ● The BHA may revoke a BHASO's status for non-compliance, in which case the BHA may designate (not subject to the procurement code) a temporary replacement BHASO for the remainder of the 5-year term.
<p>27-50-403. Behavioral health administrative service organizations - contract requirements - individual access - care coordination.</p>	<ul style="list-style-type: none"> ● The BHA must develop a contract for the BHASOs. ● The contract must address expectations for subcontracting with safety net providers, adherence to the universal contract (section 203), requirements to provide medically necessary services, requirements to serve all individuals in need, and data reporting.
<p>27-50-404. Behavioral health administrative service organizations - stakeholder input - report - rules.</p>	<ul style="list-style-type: none"> ● BHASOs must solicit stakeholder input on behavioral health services and gaps. ● BHASOs must publicly report on the stakeholder input received and the BHASO's past or planned responses to the feedback.
<p>27-50-501. License required - criminal and civil penalties.</p>	<ul style="list-style-type: none"> ● By July 1, 2024, behavioral health entities must be licensed by the BHA.
<p>27-50-502. Behavioral health entities - minimum standard - rules.</p>	<ul style="list-style-type: none"> ● The BHA shall promulgate rules setting minimum standards for behavioral health entities. The bill outlines specific topics rules must address. ● Rule must establish standards for comprehensive behavioral health safety net providers and standards for essential behavioral health safety net providers.

<p>27-50-503. License - application - inspection - issuance.</p>	<ul style="list-style-type: none"> ● Behavioral health entities must apply to the BHA for a license annually. ● The BHA must inspect the applicant’s facilities to ensure the health, safety, and welfare of the clients. ● The bill maintains existing procedures and requirements of the licensing process; these are repealed from Title 25 (CDPHE) and moved to Title 27 for administration by the BHA.
<p>27-50-504. License fees - rules.</p>	<ul style="list-style-type: none"> ● The BHA will assess fees to cover the costs of behavioral health entity licensing. ● The bill maintains existing procedures and requirements of the licensing process; these are repealed from Title 25 (CDPHE) and moved to Title 27 for administration by the BHA.
<p>27-50-505. License - denial - suspension - revocation.</p>	<ul style="list-style-type: none"> ● The bill outlines the procedures for denial and revocation of behavioral health entity licenses. ● The BHA may impose intermediate restrictions or conditions to address compliance.
<p>27-50-506. Behavioral health licensing cash fund - creation.</p>	<ul style="list-style-type: none"> ● The bill creates a cash fund to implement section 505.
<p>27-50-507. Employee and contracted service provider - criminal history record check.</p>	<ul style="list-style-type: none"> ● Employees and contracted providers of behavioral health entities must have criminal background checks.
<p>27-50-508. Enforcement.</p>	<ul style="list-style-type: none"> ● The BHA is responsible for enforcement of behavioral health entity laws in this part, as well as any rule adopted pursuant to this part.
<p>27-50-509. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions.</p>	<ul style="list-style-type: none"> ● State and local government entities may contract with behavioral health entities licensed by the BHA. ● With voter approval, boards of county Commissioners may fund these services by levying a tax of up to two mills upon real property.
<p>27-50-510. Behavioral health entities - consumer</p>	<ul style="list-style-type: none"> ● Behavioral health entities must report certain patient incidents to the BHA, such as injuries or circumstances posing risk to patients. ● The bill maintains existing procedures and requirements for

<p>information - reporting - release - rule.</p>	<p>incident reporting; these are repealed from Title 25 (CDPHE) and moved to Title 27 for administration by the BHA.</p>
<p>27-50-601. Department of health care policy and financing - behavioral health network standards.</p>	<ul style="list-style-type: none"> ● HCPF must use behavioral health entities licensed by the BHA and individual behavioral health providers licensed by the Department of Regulatory Agencies (DORA) when creating statewide or regional behavioral health networks. ● HCPF must align its behavioral health programs with the safety net requirements and standards established by the BHA. This includes care coordination. ● HCPF must require behavioral health providers to sign the universal contract.
<p>27-50-602. Division of Insurance behavioral health network standards.</p>	<ul style="list-style-type: none"> ● The Commissioner of the Division of Insurance in DORA must align behavioral health programs with the safety net requirements and standards established by the BHA. This includes care coordination.
<p>27-50-603. State Agency behavioral health network and program standards.</p>	<ul style="list-style-type: none"> ● All State agencies contracting for behavioral health services must align behavioral health programs with the safety net requirements and standards established by the BHA. This includes care coordination.
<p>27-50-701. Behavioral health administration advisory council.</p>	<ul style="list-style-type: none"> ● There will be a Behavioral Health Administration Advisory Council. The Advisory Council will provide diverse community input on the challenges and gaps in the behavioral health system as well as input on solutions and strategic planning.
<p>27-50-702. Behavioral health administration advisory council membership.</p>	<ul style="list-style-type: none"> ● The Advisory Council will include between 15 and 20 members, a majority of whom must have lived experience with the behavioral health system, whether as clients themselves or as the relatives of clients. ● Membership must include at least one member that represents: <ol style="list-style-type: none"> 1. Rural communities 2. Each tribal government in Colorado 3. County governments 4. Persons with disabilities, their families, or an advocacy organization for persons with disabilities 5. State Judicial 6. Behavioral health safety net providers

<p>27-50-703. Behavioral health administration advisory council committees - workgroups.</p>	<ul style="list-style-type: none"> ● The Advisory Council may establish committees ● The committees may serve to meet other State and federal requirements for advisory groups
<p>25-??-???. Transfer of functions - employees - property - records.</p>	<ul style="list-style-type: none"> ● Moves the Community Prevention and Early Intervention Programs to CDPHE from CDHS.
<p>2-7-203 SMART Act</p>	<ul style="list-style-type: none"> ● The BHA will deliver a SMART Act presentation.
<p>25.5-4-403. Providers - safety net behavioral health provider reimbursement</p>	<ul style="list-style-type: none"> ● For the purpose of reimbursing essential and comprehensive safety net providers, HCPF will establish a payment methodology annually with the BHA. The methodology will be determined by an auditing and accounting committee.

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