

**Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 22-0815.01 Shelby Ross x4510

HOUSE BILL 22-1302

HOUSE SPONSORSHIP

Kennedy and Will, Amabile, Gonzales-Gutierrez, Michaelson Jenet, Bernett, Bird, Boesenecker, Cutter, Duran, Esgar, Exum, Gray, Herod, Hooton, Lindsay, Lontine, McCluskie, McCormick, Sirota, Titone, Weissman

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House Committees

Public & Behavioral Health & Human Services
Appropriations

Senate Committees

Health & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING HEALTH-CARE PRACTICE TRANSFORMATION TO SUPPORT**
102 **WHOLE-PERSON HEALTH THROUGH INTEGRATED CARE MODELS,**
103 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

The bill creates the primary care and behavioral health statewide integration grant program in the department of health care policy and financing to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.

The bill requires the department of health care policy and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

HOUSE
3rd Reading Unamended
April 11, 2022

HOUSE
Amended 2nd Reading
April 8, 2022

financing, in collaboration with the behavioral health administration and other agencies, to develop a universal contract for behavioral health services.

The bill makes an appropriation.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) Since the COVID-19 pandemic began, rates of psychological
5 distress, including anxiety, depression, and other behavioral and mental
6 health disorders, among them substance use disorders, have increased;

7 (b) From 2015 to 2019, Colorado's state innovation model used
8 federal grant funding to support 344 primary care practices and four
9 community mental health centers to integrate behavioral and physical
10 health care, build a network of regional health connectors that links
11 practices with community resources, and advance the development of
12 value-based payment structures;

13 (c) A federal evaluation showed that Colorado's practice
14 transformation program was associated with greater access to behavioral
15 health care and fewer behavioral-health-related emergency visits;

16 (d) Efforts to continue the progress of the state innovation model
17 have continued, but too few Coloradans have access to behavioral health
18 services, and even fewer have access to these services in their primary
19 care provider's office;

20 (e) The federal government enacted the "American Rescue Plan
21 Act of 2021" (ARPA), Pub.L. 117-2, to provide support to state, local,
22 and tribal governments in responding to the impact of the COVID-19
23 pandemic; and

1 (f) Regulations construing ARPA promulgated by the federal
2 department of treasury identify a nonexclusive list of uses for the
3 COVID-19 pandemic and its negative public health impacts.

4 (2) Therefore, the general assembly declares that:

5 (a) Investments in practice transformation, including behavioral
6 health integration, will increase access to behavioral health-care services
7 for Coloradans struggling due to the public health emergency; and

8 (b) The programs and services funded by the federal money in this
9 act are important government services and appropriate uses of the money
10 transferred to Colorado under ARPA.

11 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-332 as
12 follows:

13 **25.5-5-332. Primary care and behavioral health statewide**
14 **integration grant program - creation - report - definition - repeal.**

15 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES, "GRANT PROGRAM" MEANS THE PRIMARY CARE AND
17 BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT PROGRAM
18 CREATED IN SUBSECTION (2) OF THIS SECTION.

19 (2) THERE IS CREATED IN THE STATE DEPARTMENT THE PRIMARY
20 CARE AND BEHAVIORAL HEALTH STATEWIDE INTEGRATION GRANT
21 PROGRAM TO PROVIDE GRANTS TO PHYSICAL AND BEHAVIORAL HEALTH
22 CARE PROVIDERS FOR IMPLEMENTATION OF EVIDENCE-BASED CLINICAL
23 INTEGRATION CARE MODELS, AS DEFINED BY THE STATE DEPARTMENT, IN
24 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
25 DEPARTMENT OF HUMAN SERVICES.

26 (3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED
27 THROUGH THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

1 (I) DEVELOPING INFRASTRUCTURE FOR PRIMARY CARE, PEDIATRIC,
2 AND BEHAVIORAL HEALTH-CARE PROVIDERS TO BETTER SERVE
3 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS IN OUTPATIENT HEALTH
4 CARE SETTINGS;

5 (II) INCREASING ACCESS TO QUALITY HEALTH CARE FOR
6 INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS;

7 (III) INVESTING IN EARLY INTERVENTIONS FOR CHILDREN, YOUTH,
8 AND ADULTS THAT REDUCE ESCALATION AND EXACERBATION OF
9 BEHAVIORAL HEALTH CONDITIONS;

10 (IV) ADDRESSING THE NEED TO EXPAND THE BEHAVIORAL
11 HEALTH-CARE WORKFORCE;

12 (V) DEVELOPING AND IMPLEMENTING ALTERNATIVE PAYMENT
13 MODELS, INCLUDING THE DEVELOPMENT OF PROTOCOLS, PROCESSES, WORK
14 FLOW, AND PARTNERSHIPS; AND

15 (VI) TRAINING PRIMARY CARE PROVIDERS IN TRAUMA-INFORMED
16 CARE, ADVERSE CHILDHOOD EXPERIENCES, AND TRAUMA RECOVERY.

17 (b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST
18 SUPPLEMENT AND NOT SUPPLANT EXISTING HEALTH-CARE SERVICES.
19 GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE
20 GRANT PROGRAM FOR:

21 (I) ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF
22 SALARIES;

23 (II) SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S
24 INSURANCE; OR

25 (III) ONGOING OR EXISTING ELECTRONIC HEALTH RECORDS COSTS.

26 (c) (I) (A) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
27 HOSPITAL-AFFILIATED PRACTICE THAT IS NOT PART OF A HOSPITAL SYSTEM

1 AND HAS LESS THAN TEN PERCENT TOTAL PROFIT AS MEASURED BY STATE
2 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL
3 PROVIDE A TWENTY-FIVE PERCENT MATCH FOR THE AWARDED AMOUNT.
4 THE GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
5 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE TWENTY-FIVE
6 PERCENT MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(A).

7 (B) IF A GRANT RECIPIENT IS A HOSPITAL-OWNED OR
8 HOSPITAL-AFFILIATED PRACTICE THAT IS PART OF A HOSPITAL SYSTEM
9 OR HAS TEN PERCENT OR MORE TOTAL PROFIT AS MEASURED BY STATE
10 DEPARTMENT TRANSPARENCY REPORTING, THE GRANT RECIPIENT SHALL
11 PROVIDE A FIFTY PERCENT MATCH FOR THE AWARDED AMOUNT. THE
12 GRANT RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND
13 PERSONNEL TIME, OR FEDERAL RELIEF FUNDING FOR THE FIFTY PERCENT
14 MATCH REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(B).

15 (C) IF A GRANT RECIPIENT IS A CRITICAL ACCESS HOSPITAL, AS
16 DEFINED IN SECTION 10-16-1303 (2), THE GRANT RECIPIENT SHALL
17 PROVIDE A TEN PERCENT MATCH FOR THE AWARDED AMOUNT. THE GRANT
18 RECIPIENT MAY USE COMMUNITY BENEFIT FUNDS, IN-KIND PERSONNEL
19 TIME, OR FEDERAL RELIEF FUNDING FOR THE TEN PERCENT MATCH
20 REQUIRED PURSUANT TO THIS SUBSECTION (3)(c)(I)(C).

21 (II) FOR THE PURPOSES OF THIS SUBSECTION (3)(c),
22 "HOSPITAL-AFFILIATED" MEANS THERE IS A CONTRACTUAL RELATIONSHIP
23 BETWEEN A HOSPITAL OR AN ENTITY THAT IS OWNED BY OR UNDER
24 COMMON OWNERSHIP AND CONTROL WITH THE HOSPITAL IN WHICH THE
25 CONTRACTUAL RELATIONSHIP ENABLES THE HOSPITAL OR ENTITY THAT IS
26 OWNED BY OR UNDER COMMON OWNERSHIP AND CONTROL WITH THE
27 HOSPITAL TO EXERCISE CONTROL OVER ONE OF THE FOLLOWING ENTITIES:

1 (A) ANOTHER HOSPITAL;

2 (B) AN ENTITY OWNED BY OR UNDER COMMON OWNERSHIP AND
3 CONTROL WITH ANOTHER HOSPITAL; OR

4 (C) A PHYSICIAN GROUP PRACTICE.

5 (d) THE STATE DEPARTMENT MAY PROVIDE FUNDING TO PHYSICAL
6 AND BEHAVIORAL HEALTH-CARE PROVIDERS THROUGH INFRASTRUCTURE
7 BUILDING AND POPULATION-BASED PAYMENT MECHANISMS.

8 (e) GRANT RECIPIENTS SHALL PARTICIPATE IN TECHNICAL
9 ASSISTANCE EDUCATION AND TRAINING AND RELATED WORKGROUPS AS
10 DETERMINED BY THE STATE DEPARTMENT.

11 (4) (a) THE STATE DEPARTMENT SHALL ADMINISTER THE GRANT
12 PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD
13 GRANTS AS PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE
14 APPROPRIATIONS, GRANTS SHALL BE PAID OUT OF THE BEHAVIORAL AND
15 MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230.

16 (b) IN ORDER TO SUPPORT REAL-TIME TRANSFORMATION AND
17 ACCESS TO CARE, THE STATE DEPARTMENT SHALL ENSURE TIMELY
18 PAYMENT TO GRANT RECIPIENTS FOR SERVICES RELATED TO THE GRANT
19 PROGRAM.

20 (5) GRANT APPLICANTS SHALL DEMONSTRATE A COMMITMENT TO
21 MAINTAINING MODELS AND PROGRAMS THAT, AT A MINIMUM:

22 (a) MEASURABLY INCREASE ACCESS TO BEHAVIORAL HEALTH
23 SCREENING, REFERRAL, TREATMENT, AND RECOVERY CARE;

24 (b) IMPLEMENT OR EXPAND EVIDENCE-BASED MODELS FOR
25 INTEGRATION THAT IMPROVE PATIENT HEALTH AS EVIDENCED BY
26 RELEVANT AND MEANINGFUL OUTCOMES MEASURES, INCLUDING
27 PATIENT-REPORTED OUTCOMES;

1 (c) LEVERAGE MULTIDISCIPLINARY TREATMENT TEAMS;

2 (d) SERVE PUBLICLY FUNDED CLIENTS;

3 (e) MAINTAIN A PLAN FOR HOW TO ADDRESS A CLIENT WITH
4 EMERGENCY NEEDS;

5 (f) MAINTAIN A PLAN FOR HOW TECHNOLOGY WILL BE LEVERAGED
6 FOR WHOLE-PERSON CARE, WHICH MAY INCLUDE PLANS FOR DATA
7 SECURITY, ELECTRONIC HEALTH RECORDS REFORMS, CARE MANAGEMENT
8 PLATFORMS, AND TELEHEALTH IMPLEMENTATION OR EXPANSION; AND

9 (g) IMPLEMENT OR ENGAGE IN STATE-DEPARTMENT-SPECIFIED
10 TOOLS AND SHARED LEARNING AND RESOURCES, INCLUDING BUT NOT
11 LIMITED TO:

12 (I) PEER LEARNING COLLABORATIVES TO DEVELOP SUSTAINABLE
13 POPULATION-BASED PAYMENT MODELS LED BY THE STATE DEPARTMENT;

14 (II) USE OF ELECTRONIC TOOLS FOR SCREENING,
15 MEASUREMENT-BASED CARE MANAGEMENT, AND REFERRALS; AND

16 (III) DATA-SHARING BEST PRACTICES.

17 (6) IN SELECTING GRANT RECIPIENTS, THE STATE DEPARTMENT
18 SHALL FIRST PRIORITIZE APPLICANTS THAT SERVE PRIORITY POPULATIONS
19 THAT EXPERIENCE DISPARITIES IN HEALTH-CARE ACCESS AND OUTCOMES,
20 INCLUDING BUT NOT LIMITED TO HISTORICALLY MARGINALIZED AND
21 UNDERSERVED COMMUNITIES, DETERMINED BY THE COMMUNITIES WITH
22 THE HIGHEST PROPORTION OF PATIENTS RECEIVING ASSISTANCE THROUGH
23 THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF
24 TITLE 25.5. THE STATE DEPARTMENT SHALL THEN PRIORITIZE APPLICANTS
25 THAT MEET AS MANY OF THE FOLLOWING CRITERIA AS POSSIBLE:

26 (a) SERVE INDIVIDUALS WITH CO-OCCURRING AND COMPLEX CARE
27 NEEDS, SERIOUS MENTAL ILLNESSES, OR DISABILITIES;

- 1 (b) SERVE CHILDREN AND YOUTH;
- 2 (c) INCLUDE OPPORTUNITIES TO BUILD OUT COMMUNITY HEALTH
3 WORKER, BEHAVIORAL HEALTH AIDE, OR SIMILAR PROGRAMS, SUPPORTED
4 BY POPULATION-BASED PAYMENTS;
- 5 (d) SERVE PREGNANT AND POSTPARTUM PEOPLE;
- 6 (e) THE PRACTICE IS CONSIDERED A SMALL AND INDEPENDENT
7 PRACTICE;
- 8 (f) DEMONSTRATE THE ABILITY AND INTENT TO SERVE
9 CULTURALLY DIVERSE POPULATIONS AND POPULATIONS WITH LIMITED
10 ENGLISH PROFICIENCY;
- 11 (g) INCLUDE WORKFORCE CAPACITY-BUILDING COMPONENTS;
- 12 (h) INCLUDE HIGH-INTENSITY OUTPATIENT SERVICES;
- 13 (i) IMPROVE DATA EXCHANGE AND DATA INTEGRATION THAT
14 SUPPORTS WHOLE-PERSON CARE;
- 15 (j) UTILIZE TELEHEALTH;
- 16 (k) ALIGN WITH OR PARTICIPATE IN COMMERCIAL ALTERNATIVE
17 PAYMENT MODELS;
- 18 (l) DEMONSTRATE COMMUNITY PARTNERSHIPS; OR
- 19 (m) PARTICIPATE IN THE REGIONAL HEALTH CONNECTOR
20 WORKFORCE PROGRAM CREATED IN SECTION 23-21-901.

21 (7) (a) THE STATE DEPARTMENT SHALL ESTABLISH A SET OF
22 STATEWIDE RESOURCES TO SUPPORT GRANT RECIPIENTS. AT A MINIMUM,
23 THE RESOURCES MUST INCLUDE:

24 (I) A CLINICAL CONSULTATION AND PRACTICE TRANSFORMATION
25 SUPPORT TEAM PROVIDED BY THE COLORADO HEALTH EXTENSION SYSTEM
26 IN THE PRACTICE INNOVATION PROGRAM; AND

27 (II) A SUSTAINABLE BILLING AND DATA PARTNERSHIP TEAM THAT

1 WILL TRAIN AND SUPPORT GRANT RECIPIENTS IN MEETING STANDARDS AND
2 CORE COMPETENCIES FOR ALTERNATIVE PAYMENT MODELS,
3 TRANSFORMING THE PRIMARY CARE PROVIDERS' PAYMENT SYSTEMS TO
4 FOCUS ON INTEGRATIVE, WHOLE-PERSON CARE, AND CREATING AND
5 IMPLEMENTING DATA-SHARING PRACTICES AND POLICIES THAT SUPPORT
6 MENTAL HEALTH DISORDERS, SUBSTANCE USE DISORDERS, AND
7 CO-OCCURRING DISORDERS.

8 (b) THE STATE DEPARTMENT MAY ENTER INTO INTERAGENCY
9 AGREEMENTS OR PROCURE CONTRACTS TO ESTABLISH THE RESOURCES
10 PURSUANT TO THIS SUBSECTION (7).

11 (8) THE STATE DEPARTMENT MAY PROCURE A GRANT APPLICATION
12 AND SUPPORT TEAM TO ASSIST THE STATE DEPARTMENT WITH DRAFTING
13 THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING
14 AND PROCESSING GRANT AWARDS.

15 (9) A GRANT RECIPIENT SHALL SPEND OR OBLIGATE ANY MONEY
16 RECEIVED PURSUANT TO THIS SECTION NO LATER THAN **DECEMBER 30,**
17 **2024.** ANY MONEY A GRANT RECIPIENT OBLIGATES MUST BE EXPENDED NO
18 LATER THAN **DECEMBER 30, 2026.**

19 (10) (a) THE STATE DEPARTMENT SHALL ESTABLISH A STEERING
20 COMMITTEE TO:

21 (I) PROVIDE CONTINUOUS INPUT INTO GRANT APPLICATION
22 REQUIREMENTS;

23 (II) PROVIDE FEEDBACK AND DIRECTION ON DATA COLLECTION
24 STANDARDS AND REVIEW; AND

25 (III) ENGAGE WITH COMMUNITY PARTNERS WHO WILL HELP
26 SUPPORT THE INTEGRATED CARE PRACTICES THROUGH REFERRALS AND
27 TRUSTED COMMUNICATIONS.

1 (b) THE STATE DEPARTMENT SHALL SELECT A STATE DEPARTMENT
2 EMPLOYEE TO CHAIR THE STEERING COMMITTEE, STAFF THE STEERING
3 COMMITTEE, AND REIMBURSE ANY PARTICIPANT WHO IS NOT A STATE
4 EMPLOYEE FOR REASONABLE TRAVEL EXPENSES.

5 (11) THE STATE DEPARTMENT SHALL, IN COLLABORATION WITH
6 THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DIVISION OF
7 INSURANCE, PREPARE A REPORT THAT INCLUDES RECOMMENDATIONS ON
8 BEST PRACTICES FOR SUSTAINING INTEGRATED CARE MODELS. IN
9 PREPARING THE REPORT, THE STATE DEPARTMENT SHALL COLLECT DATA
10 FROM EACH GRANT RECIPIENT RELATED TO CLINICAL QUALITY
11 IMPROVEMENT AND ACCESS TO CARE. GRANT RECIPIENTS SHALL PROVIDE
12 DATA TO THE STATE DEPARTMENT IN A TIMELY MANNER, AS DETERMINED
13 BY THE STATE DEPARTMENT. THE STATE DEPARTMENT IS AUTHORIZED TO
14 RECOUP OR DISCONTINUE GRANT FUNDING FOR GRANT RECIPIENTS THAT
15 DO NOT COMPLY WITH THE DATA REPORTING REQUIREMENTS OR GRANT
16 STANDARDS SET BY THE STATE DEPARTMENT.

17 (12) THE STATE DEPARTMENT AND ANY PERSON WHO RECEIVES
18 MONEY FROM THE STATE DEPARTMENT PURSUANT TO THIS SECTION SHALL
19 COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND
20 PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF
21 STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN
22 ACCORDANCE WITH SECTION 24-75-226 (5).

23 (13) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

24 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-402, **add** (3.5)
25 as follows:

26 **25.5-5-402. Statewide managed care system - rules - definition**
27 **- repeal.** (3.5) (a) NO LATER THAN JULY 1, 2023, THE STATE

1 DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH
2 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND OTHER
3 STATE AGENCIES, SHALL DEVELOP THE UNIVERSAL CONTRACT AS
4 DESCRIBED IN SECTION 27-50-203.

5 (b) (I) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL
6 ASSEMBLY SHALL APPROPRIATE THREE MILLION DOLLARS FROM THE
7 BEHAVIORAL AND MENTAL HEALTH CASH FUND, CREATED IN SECTION
8 24-75-230, TO THE STATE DEPARTMENT FOR THE DEVELOPMENT,
9 IMPLEMENTATION, AND ADMINISTRATION OF THE UNIVERSAL CONTRACT.

10 (II) THIS SUBSECTION (3.5)(b) IS REPEALED, EFFECTIVE JULY 1,
11 2024.

12 **SECTION 4. In Colorado Revised Statutes, add 25.5-6-115 as**
13 **follows:**

14 **25.5-6-115. Community placement transformation - creation**
15 **- report - repeal. (1) THE STATE DEPARTMENT SHALL UNDERTAKE**
16 **EFFORTS TO TRANSFORM THE STATE DEPARTMENT'S PROCESS FOR CLIENTS**
17 **ATTEMPTING TO RECEIVE LONG-TERM CARE IN THE COMMUNITY.**

18 (2) **IN ORDER TO AFFIRM COLORADO'S COMMITMENT TO THE**
19 **UNITED STATES SUPREME COURT'S DECISION IN *OLMSTEAD V. L.C.*, 527**
20 **U.S. 581 (1999), AND TO THE FEDERAL "AMERICANS WITH DISABILITIES**
21 **ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED, AND RESPOND**
22 **TO THE UNITED STATES DEPARTMENT OF JUSTICE'S LETTER OF FINDINGS,**
23 **DATED MARCH 3, 2022, CONCERNING THE INVESTIGATION OF COLORADO'S**
24 **USE OF NURSING FACILITIES TO SERVE ADULTS WITH PHYSICAL**
25 **DISABILITIES, THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY TO**
26 **THE STATE DEPARTMENT IN ORDER TO ADVANCE COMMUNITY PLACEMENT**
27 **AND INTEGRATION FOR INDIVIDUALS WITH DISABILITIES.**

1 (3) NO LATER THAN JANUARY 2023, AND JANUARY 2024, THE
2 STATE DEPARTMENT SHALL REPORT TO THE JOINT BUDGET COMMITTEE,
3 THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND
4 HUMAN SERVICES COMMITTEE, AND THE SENATE HEALTH AND HUMAN
5 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AS PART OF ITS
6 "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND
7 TRANSPARENT (SMART) GOVERNMENT ACT" HEARING REQUIRED BY
8 SECTION 2-7-203. AT A MINIMUM, THE REPORT MUST INCLUDE AN
9 ANALYSIS AND RECOMMENDATIONS ON THE FOLLOWING:

10 (a) THE STATE DEPARTMENT'S WORK AND STRATEGIC PLANNING
11 REGARDING FULFILLING COLORADO'S COMMITMENT TO THE *OLMSTEAD*
12 DECISION TO ENSURE COMMUNITY LIVING;

13 (b) PROGRAMMATIC DECISIONS, ANALYSIS, AND POLICY CHANGES
14 IN ACCORDANCE WITH THE FEDERAL "AMERICANS WITH DISABILITIES ACT
15 OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED; AND

16 (c) INFORMATION REGARDING THE STATE DEPARTMENT'S
17 COORDINATION, PROGRAMMATIC OR MEDICAID BENEFIT CHANGES,
18 IMPLEMENTATION OF QUALITY OVERSIGHT STRATEGIES, AND METRICS
19 AROUND COMMUNITY INTEGRATION.

20 (4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

21 **SECTION 5. Appropriation.** (1) For the 2022-23 state fiscal
22 year, \$616,968 is appropriated to the department of health care policy and
23 financing for use by the executive director's office. This appropriation is
24 from the general fund. To implement this act, the office may use this
25 appropriation as follows:

26 (a) \$440,226 for personal services, which amount is based on an
27 assumption that the office will require an additional 12.0 FTE;

- 1 (b) \$5,882 for operating expenses;
2 (c) \$40,860 for leased space;
3 (d) \$80,000 for general professional services and special projects;
4 and
5 (e) \$50,000 for Medicaid management information system
6 maintenance and projects.

7 (2) For the 2022-23 state fiscal year, the general assembly
8 anticipates that the department of health care policy and financing will
9 receive \$986,948 in federal funds to implement this act, which amount is
10 subject to the "(I)" notation as defined in the annual general appropriation
11 act for the same fiscal year. The appropriation in subsection (1) of this
12 section is based on the assumption that the department will receive this
13 amount of federal funds to be used as follows:

- 14 (a) \$413,090 for personal services;
15 (b) \$5,518 for operating expenses;
16 (c) \$38,340 for leased space;
17 (d) \$80,000 for general professional services and special projects;
18 and
19 (e) \$450,000 for Medicaid management information system
20 maintenance and projects.

21 **SECTION 6. Appropriation.** (1) For the 2022-23 state fiscal
22 year, \$31,750,000 is appropriated to the department of health care policy
23 and financing for use by other medical services. This appropriation is
24 from the behavioral and mental health cash fund created in section
25 24-75-230 (2)(a), C.R.S., is of money the state received from the federal
26 coronavirus state fiscal recovery fund, and is based on an assumption that
27 the division will require an additional 2.3 FTE. To implement this act, the

1 division may use this appropriation for the primary care and behavioral
2 health statewide integration grant program. Any money appropriated in
3 this section not expended prior to July 1, 2023, is further appropriated to
4 the division from July 1, 2023, through December 30, 2024, for the same
5 purpose.

6 (2) For the 2022-23 state fiscal year, \$3,000,000 is appropriated to
7 the department of health care policy and financing for use by the
8 executive director's office, general administration. This appropriation is
9 from the behavioral and mental health cash fund created in section
10 24-75-230 (2)(a), C.R.S., and is of money the state received from the
11 federal coronavirus state fiscal recovery fund. To implement this act, the
12 division may use this appropriation for the universal contract for
13 behavioral health services. Any money appropriated in this section not
14 expended prior to July 1, 2023, is further appropriated to the division
15 from July 1, 2023, through December 30, 2024, for the same purpose.

16 (3) For the 2022-23 fiscal year, \$250,000 is appropriated to the
17 department of higher education for use by the regents of the university of
18 Colorado. This appropriation is from the behavioral and mental health
19 cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the
20 state received from the federal coronavirus state fiscal recovery fund. To
21 implement this act, the regents may use this appropriation for allocation
22 to the school of medicine for the regional health connector workforce
23 program.

24 **SECTION 7. Effective date.** This act takes effect upon passage;
25 except that section 3 of this act takes effect only if House Bill 22-1278
26 becomes law, in which case section 3 takes effect either upon the
27 effective date of this act or House Bill 22-1278, whichever is later, and

1 sections 4 and 5 of this act take effect only if House Bill 22-1411
2 becomes law, in which case sections 4 and 5 take effect either upon the
3 effective date of this act or House Bill 22-1411, whichever is later.

4 **SECTION 8. Safety clause.** The general assembly hereby finds,
5 determines, and declares that this act is necessary for the immediate
6 preservation of the public peace, health, or safety.