

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0803.01 Shelby Ross x4510

SENATE BILL 22-177

SENATE SPONSORSHIP

Pettersen and Rankin,

HOUSE SPONSORSHIP

Titone and Bradfield,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING BEHAVIORAL HEALTH SYSTEM INVESTMENTS IN THE
102 STATEWIDE CARE COORDINATION INFRASTRUCTURE.

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 requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not utilize an electronic health record to actively participate in the care coordination infrastructure.

- The bill requires the behavioral health administration (BHA) to:
- Ensure navigators are available through the statewide care

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.

coordination infrastructure website and mobile application, as well as in specific regional locations; and

- Utilize behavioral health administrative service organizations to help individuals and families initiate care and ensure timely access to services.

To implement the care coordination infrastructure, the bill requires the BHA to train new and existing navigators on behavioral health safety net system services, behavioral health service delivery procedures, and social determinants of health resources; ensure that the care coordination infrastructure can direct individuals where to seek in-person or virtual navigation support; ensure that the administrative burden associated with provider enrollment and credentialing for navigators and care coordination providers is minimal; and include a summary of outcomes for individuals who access the infrastructure in the BHA's annual report.

For the 2022-23 state fiscal year, the bill requires the general assembly to appropriate \$12.2 million from the behavioral and mental health cash fund to the department of human services for use by the behavioral health administration for the care coordination infrastructure.

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) The COVID-19 pandemic has had a profound impact on the
5 behavioral health of individuals across the state;

6 (b) Throughout the COVID-19 pandemic, Coloradans have faced
7 significant challenges in accessing behavioral health care for reasons that
8 include social distancing, increased demand for care, and difficulty
9 getting in-person appointments with a provider;

10 (c) All Coloradans should have access to a high-quality behavioral
11 health care system that has a full continuum of behavioral health
12 treatment services;

13 (d) It is imperative that the state improve care coordination to
14 better support access to behavioral health services so that individuals can
15 get the care they need when they need it;

1 (e) The federal government enacted the "American Rescue Plan
2 Act of 2021" (ARPA), Pub. L. 117-2, in which Colorado received over
3 \$3.8 billion to mitigate the fiscal effects of the COVID-19 public health
4 emergency; and

5 (f) Government recipients of ARPA funds may use the funding to
6 provide resources to meet the public health and economic needs of those
7 impacted by the COVID-19 pandemic. Pursuant to the ARPA and
8 subsequent federal regulations, when providing behavioral health care
9 services, government recipients may presume that the general public has
10 been impacted by the COVID-19 pandemic, and they can therefore use
11 ARPA money to provide a broad range of behavioral health care services
12 to the public.

13 (2) The general assembly further finds that the care coordination
14 infrastructure created in this act is a critical government service.

15 (3) Therefore, the general assembly declares that expenditures to
16 improve care coordination to better support access to behavioral health
17 services is an allowable use under the ARPA and is necessary to respond
18 to the COVID-19 public health emergency.

19 **SECTION 2.** In Colorado Revised Statutes, **amend** 27-60-204 as
20 follows:

21 **27-60-204. Care coordination infrastructure - implementation**
22 **- repeal.** (1) (a) NO LATER THAN JULY 1, 2024, the ~~state department~~
23 BEHAVIORAL HEALTH ADMINISTRATION, in collaboration with the
24 department of health care policy and financing, shall develop a statewide
25 care coordination infrastructure to drive accountability and more effective
26 behavioral health navigation to care that builds upon and collaborates
27 with existing care coordination services. The infrastructure must include:

1 (I) A website and mobile application that serves as a centralized
2 gateway for information for patients, providers, and care coordination and
3 that facilities access and navigation of behavioral health-care services and
4 support; AND

5 (II) A CLOUD-BASED PLATFORM TO ALLOW PROVIDERS THAT DO
6 NOT UTILIZE AN ELECTRONIC HEALTH RECORD TO ACTIVELY PARTICIPATE
7 IN THE CARE COORDINATION INFRASTRUCTURE.

8 (b) The ~~state department~~ BEHAVIORAL HEALTH ADMINISTRATION
9 shall convene a working group of geographically and demographically
10 diverse partners and stakeholders, including those with lived and
11 professional experience, to provide feedback and recommendations that
12 inform and guide the development of the statewide care coordination
13 infrastructure developed pursuant to subsection (1)(a) of this section.

14 (c) ~~The extent to which medicaid and private insurance existing~~
15 ~~care coordination services are aligned with the statewide care~~
16 ~~coordination infrastructure described in subsection (1)(a) of this section~~
17 ~~shall be determined by~~ The department of health care policy and
18 financing, the division of insurance in the department of regulatory
19 agencies, and the working group created pursuant to subsection (1)(b) of
20 this section SHALL DETERMINE HOW MEDICAID AND PRIVATE INSURANCE
21 EXISTING CARE COORDINATION SERVICES ARE ALIGNED WITH THE
22 STATEWIDE CARE COORDINATION INFRASTRUCTURE DESCRIBED IN
23 SUBSECTION (1)(a) OF THIS SECTION.

24 (d) The ~~state department~~ BEHAVIORAL HEALTH ADMINISTRATION
25 shall implement, directly or through a contractor, a comprehensive and
26 robust marketing and outreach plan to make Coloradans aware of the
27 website, ~~and~~ mobile application, CLOUD-BASED PLATFORM, and associated

1 care coordination services developed pursuant to subsection (1)(a) of this
2 section.

3 (2) ~~On or before July 1, 2022, the statewide care coordination~~
4 ~~infrastructure developed pursuant to subsection (1)(a) of this section is~~
5 ~~the responsibility of the behavioral health administration established in~~
6 ~~section 27-60-203.~~ THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
7 ENSURE NAVIGATORS ARE AVAILABLE THROUGH THE WEBSITE AND MOBILE
8 APPLICATION DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS
9 SECTION, AS WELL AS IN SPECIFIC REGIONAL LOCATIONS. THE STATEWIDE
10 CARE COORDINATION INFRASTRUCTURE IS RESPONSIBLE FOR PROVIDING
11 REGIONAL ACCESS TO CARE COORDINATION SERVICES.

12 (3) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL UTILIZE
13 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS
14 ESTABLISHED PURSUANT TO PART 4 OF ARTICLE 50 OF THIS TITLE 27 TO
15 HELP INDIVIDUALS AND FAMILIES INITIATE CARE AND ENSURE TIMELY
16 ACCESS TO PERSON-CENTERED, TRAUMA-INFORMED, AND CULTURALLY
17 RESPONSIVE QUALITY CRISIS SUPPORTS; MENTAL HEALTH AND SUBSTANCE
18 USE DISORDER SERVICES; AND PREVENTIVE CARE SERVICES, INCLUDING
19 SERVICES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. WHEN
20 POSSIBLE, THE CARE COORDINATION INFRASTRUCTURE MUST INTEGRATE
21 WITH OTHER HEALTH-CARE SYSTEM RESOURCES TO SERVE INDIVIDUALS
22 WITH COMPLEX NEEDS.

23 (4) IN IMPLEMENTING THE CARE COORDINATION INFRASTRUCTURE
24 DEVELOPED PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE
25 BEHAVIORAL HEALTH ADMINISTRATION SHALL:

26 (a) TRAIN NEW AND EXISTING NAVIGATORS ON THE BEHAVIORAL
27 HEALTH SAFETY NET SYSTEM SERVICES FOR CHILDREN, YOUTH, AND

1 ADULTS, BEHAVIORAL HEALTH SERVICE DELIVERY PROCEDURES, AND
2 SOCIAL DETERMINANTS OF HEALTH RESOURCES. AT A MINIMUM, THE
3 BEHAVIORAL HEALTH ADMINISTRATION SHALL TRAIN EXISTING MANAGED
4 CARE ENTITY PROVIDERS, EMPLOYEES OF THE 988 CRISIS HOTLINE
5 ENTERPRISE CREATED IN SECTION 27-64-103, AND OTHER PROVIDERS
6 PARTICIPATING IN OTHER SAFETY NET PROVIDER SETTINGS;

7 (b) ENSURE THAT THE CARE COORDINATION INFRASTRUCTURE CAN
8 DIRECT INDIVIDUALS WHERE TO SEEK IN-PERSON OR VIRTUAL NAVIGATION
9 SUPPORT;

10 (c) ENSURE THAT THE ADMINISTRATIVE BURDEN ASSOCIATED WITH
11 PROVIDER ENROLLMENT AND CREDENTIALING FOR NAVIGATORS AND CARE
12 COORDINATION PROVIDERS IS MINIMAL; AND

13 (d) AS PART OF THE ANNUAL REPORT SUBMITTED PURSUANT TO
14 SECTION 27-50-204, INCLUDE A SUMMARY OF OUTCOMES FOR INDIVIDUALS
15 WHO ACCESS THE STATEWIDE CARE COORDINATION INFRASTRUCTURE.

16 (5) EACH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
17 ORGANIZATION ESTABLISHED PURSUANT TO PART 4 OF ARTICLE 50 OF THIS
18 TITLE 27 SHALL:

19 (a) UTILIZE NAVIGATORS TRAINED IN THE USE OF THE CARE
20 COORDINATION INFRASTRUCTURE PURSUANT TO SUBSECTION (4)(a) OF
21 THIS SECTION TO IDENTIFY COMMUNITY-BASED AND SOCIAL
22 DETERMINANTS OF HEALTH SERVICES AND CAPACITY, INCLUDING ON-THE-
23 GROUND LOCAL SUPPORT TO ENCOURAGE PARTICIPATION AND
24 ENGAGEMENT IN SERVICES;

25 (b) UTILIZE NAVIGATORS TO SUPPORT INDIVIDUALS IN CONNECTING
26 TO THE SAFETY NET SYSTEM CREATED PURSUANT TO PART 3 OF ARTICLE 50
27 OF THIS TITLE 27, INCLUDING SERVICES NOT COVERED BY AN INDIVIDUAL'S

1 INSURANCE;

2 (c) MONITOR AND REPORT QUARTERLY ON THE SAFETY NET
3 SYSTEM AND SAFETY NET PROVIDERS TO SUPPORT ACCOUNTABILITY IN
4 CONNECTING INDIVIDUALS TO SERVICES AND THE DELIVERY OF THOSE
5 SERVICES TO INDIVIDUALS WITH THE HIGHEST NEEDS;

6 (d) SUPPORT CONTINUED CONNECTION WITH THE SAFETY NET
7 SYSTEM AFTER AN INDIVIDUAL IS DISCHARGED FROM HOSPITALIZATION,
8 THE CRIMINAL JUSTICE SYSTEM, AN EMERGENCY DEPARTMENT, OR OTHER
9 BEHAVIORAL HEALTH FACILITIES, INCLUDING WITHDRAWAL MANAGEMENT
10 FACILITIES AND JAILS, BY BUILDING MULTI-SECTOR, MULTI-SYSTEM
11 REFERRAL AND OUTCOME TRACKING INTO THE CARE COORDINATION
12 SYSTEM;

13 (e) REQUIRE CONTRACTED PROVIDERS TO USE THE STATEWIDE
14 CARE COORDINATION SYSTEM, REPORT ON OUTCOMES, INCLUDING HOW
15 AND WHEN INDIVIDUALS ACCESSED CARE, AND WORK COLLABORATIVELY
16 WITH THE CARE COORDINATION ENTITY TO ENSURE INDIVIDUALS RECEIVE
17 NEEDED SERVICES IN A TIMELY MANNER; AND

18 (f) ANY OTHER DUTIES REQUIRED BY LAW OR THE BEHAVIORAL
19 HEALTH ADMINISTRATION.

20 (6) THE BEHAVIORAL HEALTH ADMINISTRATION AND ANY PERSON
21 THAT RECEIVES MONEY FROM THE STATE DEPARTMENT SHALL COMPLY
22 WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND PROGRAM
23 EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE
24 PLANNING AND BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE
25 WITH SECTION 24-75-226 (5).

26 (7) (a) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL
27 ASSEMBLY SHALL APPROPRIATE TWELVE MILLION TWO HUNDRED

1 THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH
2 FUND CREATED IN SECTION 24-75-230 TO THE DEPARTMENT OF HUMAN
3 SERVICES FOR USE BY THE BEHAVIORAL HEALTH ADMINISTRATION FOR THE
4 PURPOSES OF THIS SECTION.

5 (b) THIS SUBSECTION (7) IS REPEALED, EFFECTIVE JULY 1, 2023.

6 **SECTION 3. Effective date.** This act takes effect only if House
7 Bill 22-1278 becomes law, in which case this act takes effect upon
8 passage or on the effective date of House Bill 22-1278, whichever is later.

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