

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 23-0853.01 Shelby Ross x4510

HOUSE BILL 23-1236

HOUSE SPONSORSHIP

Young and Amabile,

SENATE SPONSORSHIP

(None),

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING IMPLEMENTATION UPDATES TO THE BEHAVIORAL**
102 **HEALTH ADMINISTRATION.**

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>.)

Sections 1, 5, 13, and 22 transfer administrative responsibilities from the behavioral health administration (BHA) to the department of human services (department).

Section 2, 3, 11, and 12 transfer administrative responsibilities from the office of behavioral health (OBH) to the department.

Sections 4, 10, 24, 26, and 27 transfer administrative

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

responsibilities from OBH to the BHA.

Section 6 transfers administrative responsibilities from the department to the BHA.

Section 7 repeals OBH as an office in the department.

Section 8 requires the chief information officer of the office of information technology to invite the commissioner of the BHA to select a member to represent the BHA on the government data advisory board.

Section 9 adds the commissioner of the BHA to the health equity commission.

Section 15 states that the BHA is a health oversight agency charged with overseeing the behavioral health-care system in Colorado and discharging the BHA's duties.

Section 16 authorizes the BHA to seek, accept, and expend gifts, grants, or donations for the purpose of administering any behavioral health program and service.

Section 17 requires a behavioral health safety net provider to include services that address the necessary language and cultural barriers to serve communities of color and other underserved populations.

Current law requires the BHA to create one regional subcommittee of the advisory council for each behavioral health administrative services organization region. **Section 18** requires the BHA to create a regional subcommittee structure of the advisory council that is not limited by the behavioral health administrative services organization region.

To implement the care navigation program, **Section 19** requires the BHA to provide, directly or through contract, care navigation services and align the care navigation services with the care coordination infrastructure.

Section 20 continuously appropriates money to the 988 crisis hotline cash fund.

Current law specifies the rights of a person detained by a certified peace officer or emergency medical services provider and transported to an outpatient mental health facility or facility designated by the commissioner of the BHA. **Section 21** expands the rights to any person detained whether or not the person is transported to an outpatient mental health facility or facility designated by the commissioner of the BHA.

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

2 **SECTION 1.** In Colorado Revised Statutes, 16-8.5-111, **amend**
3 (2)(b)(II)(B) as follows:

4 **16-8.5-111. Procedure after determination of competency or**
5 **incompetency.** (2) If the final determination made pursuant to section

1 16-8.5-103 is that the defendant is incompetent to proceed, the court has
2 the following options:

3 (b) (II) (B) As a condition of bond, the court shall order that the
4 restoration take place on an outpatient basis. Pursuant to section
5 27-60-105, ~~the behavioral health administration~~ in the department is the
6 entity responsible for the oversight of restoration education and
7 coordination of all competency restoration services. As a condition of
8 release for outpatient restoration services, the court may require pretrial
9 services, if available, to work with the ~~behavioral health administration~~
10 DEPARTMENT and the restoration services provider under contract with the
11 ~~behavioral health administration~~ DEPARTMENT to assist in securing
12 appropriate support and care management services, which may include
13 housing resources. The individual agency responsible for providing
14 outpatient restoration services for the defendant shall notify the court or
15 other designated agency within twenty-one days if restoration services
16 have not commenced.

17 **SECTION 2.** In Colorado Revised Statutes, 16-11.9-204, **amend**
18 **as it exists until July 1, 2024,** (1)(f)(III) introductory portion as follows:

19 **16-11.9-204. Behavioral health court liaisons - duties and**
20 **responsibilities - consultation and collaboration.** (1) A court liaison
21 hired pursuant to this part 2 has the following duties and responsibilities:

22 (f) Identifying existing programs and resources that are already
23 available in the community, including, but not limited to:

24 (III) Community mental health centers and other local community
25 behavioral health providers that receive state funding through the ~~office~~
26 ~~of behavioral health~~ DEPARTMENT OF HUMAN SERVICES for services such
27 as:

1 **SECTION 3.** In Colorado Revised Statutes, 16-11.9-204, **amend**
2 **as it becomes effective July 1, 2024,** (1)(f)(III) introductory portion as
3 follows:

4 **16-11.9-204. Behavioral health court liaisons - duties and**
5 **responsibilities - consultation and collaboration.** (1) A court liaison
6 hired pursuant to this part 2 has the following duties and responsibilities:

7 (f) Identifying existing programs and resources that are already
8 available in the community, including but not limited to:

9 (III) Behavioral health safety net providers and other local
10 community behavioral health providers that receive state funding through
11 the ~~office of behavioral health~~ DEPARTMENT OF HUMAN SERVICES for
12 services such as:

13 **SECTION 4.** In Colorado Revised Statutes, 16-13-311, **amend**
14 (3)(a)(VII)(B) as follows:

15 **16-13-311. Disposition of seized personal property.** (3) (a) If
16 the prosecution prevails in the forfeiture action, the court shall order the
17 property forfeited. Such order perfects the state's right and interest in and
18 title to such property and relates back to the date when title to the property
19 vested in the state pursuant to section 16-13-316. Except as otherwise
20 provided in subsection (3)(c) of this section, the court shall also order
21 such property to be sold at a public sale by the law enforcement agency
22 in possession of the property in the manner provided for sales on
23 execution, or in another commercially reasonable manner. Property
24 forfeited pursuant to this section or proceeds therefrom must be
25 distributed or applied in the following order:

26 (VII) The balance must be delivered, upon order of the court, as
27 follows:

1 (B) Twenty-five percent to the behavioral health administrative
2 services organization contracting with the ~~office of behavioral health~~
3 ADMINISTRATION in the department of human services serving the judicial
4 district where the forfeiture proceeding was prosecuted to fund
5 detoxification and substance use disorder treatment. Money appropriated
6 to the behavioral health administrative services organization must be in
7 addition to, and not be used to supplant, other funding appropriated to the
8 ~~office of behavioral health~~ ADMINISTRATION; and

9 **SECTION 5.** In Colorado Revised Statutes, 19-2.5-704, **amend**
10 (2)(b) as follows:

11 **19-2.5-704. Procedure after determination of competency or**
12 **incompetency.** (2) (b) Pursuant to section 27-60-105, ~~the behavioral~~
13 ~~health administration~~ in the department of human services is the entity
14 responsible for the oversight of restoration education and coordination of
15 services necessary to competency restoration.

16 **SECTION 6.** In Colorado Revised Statutes, 19-3-304.4, **amend**
17 (1)(d)(I)(J) as follows:

18 **19-3-304.4. Pre-adolescent services task force - duties - report**
19 **- repeal.** (1) (d) (I) The task force shall convene on or before August 1,
20 2022. The appointing authorities shall appoint persons from throughout
21 the state, persons with a disability, and persons who reflect the racial and
22 ethnic diversity of the state. The task force consists of:

23 (J) A representative of the behavioral health administration with
24 expertise concerning the development and operation of rapid crisis
25 response teams, appointed by the ~~executive director of the department of~~
26 ~~human services~~ COMMISSIONER OF THE BEHAVIORAL HEALTH
27 ADMINISTRATION;

1 **SECTION 7.** In Colorado Revised Statutes, 24-1-120, **repeal**
2 (6)(d) as follows:

3 **24-1-120. Department of human services - creation.** (6) The
4 department consists of the following divisions, units, offices, and boards:

5 (d) ~~The office of behavioral health in the department of human~~
6 ~~services created pursuant to article 80 of title 27. The office of behavioral~~
7 ~~health is a **type 2** entity, as defined in section 24-1-105.~~

8 **SECTION 8.** In Colorado Revised Statutes, 24-37.5-702, **amend**
9 (1)(c) as follows:

10 **24-37.5-702. Government data advisory board - created -**
11 **duties - definitions.** (1) (c) (I) The remaining membership of the
12 advisory board consists of persons from state agencies who are either
13 experts in data or responsible for diverse aspects of data management
14 within the member's respective department and who are selected by the
15 head of the member's respective department to participate on the advisory
16 board at the invitation of the chief information officer.

17 (II) THE CHIEF INFORMATION OFFICER SHALL INVITE THE
18 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION TO SELECT
19 A MEMBER TO REPRESENT THE BEHAVIORAL HEALTH ADMINISTRATION ON
20 THE ADVISORY BOARD.

21 **SECTION 9.** In Colorado Revised Statutes, 25-1.5-302, **amend**
22 (1) introductory portion as follows:

23 **25-1.5-302. Administration of medications - powers and duties**
24 **of department - record checks - rules.** (1) The department has, in
25 addition to all other powers and duties imposed upon it by law, the power
26 to establish and maintain by rule a program for the administration of
27 medications in facilities. The department of human services, THE

1 BEHAVIORAL HEALTH ADMINISTRATION, the department of health care
2 policy and financing, and the department of corrections shall develop and
3 conduct a medication administration program as provided in this part 3.
4 A medication administration program developed pursuant to this
5 subsection (1) must be conducted within the following guidelines:

6 **SECTION 10.** In Colorado Revised Statutes, 25-4-2206, **amend**
7 (2)(a)(XII) and (2)(a)(XIII); and **add** (2)(a)(XIV) as follows:

8 **25-4-2206. Health equity commission - creation - repeal.**

9 (2) (a) The commission consists of the following ~~twenty-two~~
10 TWENTY-THREE members, who are as follows:

11 (XII) The executive director of the department of corrections, or
12 the executive director's designee; ~~and~~

13 (XIII) The executive director of the department of higher
14 education, or the executive director's designee; AND

15 (XIV) THE COMMISSIONER OF THE BEHAVIORAL HEALTH
16 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, OR THE
17 COMMISSIONER'S DESIGNEE.

18 **SECTION 11.** In Colorado Revised Statutes, 25-4-2209, **amend**
19 (1)(a) as follows:

20 **25-4-2209. Culturally relevant and affirming health-care**
21 **training - health-care providers - grants - definitions.** (1) As used in
22 this section:

23 (a) "Priority populations" means people experiencing
24 homelessness; people involved with the criminal justice system; Black
25 people, indigenous people, and people of color; American Indians and
26 Alaska natives; veterans; people who are lesbian, gay, bisexual,
27 transgender, queer, or questioning; people of disproportionately affected

1 sexual orientations and gender identities; people who have AIDS or HIV;
2 older adults; children and families; and people with disabilities, including
3 people who are deaf and hard of hearing, people who are blind and
4 deafblind, people with brain injuries, people with intellectual and
5 developmental disabilities, people with other co-occurring disabilities;
6 and other populations as deemed appropriate by the ~~office of behavioral~~
7 health ADMINISTRATION.

8 **SECTION 12.** In Colorado Revised Statutes, 25.5-5-325, **amend**
9 (2)(b)(I) as follows:

10 **25.5-5-325. Residential and inpatient substance use disorder**
11 **treatment - medical detoxification services - federal approval -**
12 **performance review report.** (2) (b) Prior to seeking federal approval
13 pursuant to subsection (2)(a) of this section, the state department shall
14 seek input from relevant stakeholders, including existing providers of
15 substance use disorder treatment and medical detoxification services and
16 behavioral health administrative services organizations. The state
17 department shall seek input and involve stakeholders in decisions
18 regarding:

19 (I) The coordination of benefits with behavioral health
20 administrative services organizations and ~~the office of behavioral health~~
21 ~~in~~ the department of human services;

22 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-803, **amend**
23 (1) as follows:

24 **25.5-5-803. High-fidelity wraparound services for children**
25 **and youth - federal approval - reporting.** (1) Subject to available
26 appropriations, the state department shall seek federal authorization from
27 the federal centers for medicare and medicaid services to provide

1 wraparound services for eligible children and youth who are at risk of
2 out-of-home placement or in an out-of-home placement. Prior to seeking
3 federal authorization, the state department shall seek input from relevant
4 stakeholders including counties, managed care entities participating in the
5 statewide managed care system, families of children and youth with
6 behavioral health disorders, communities that have previously
7 implemented wraparound services, mental health professionals, the
8 behavioral health administration and the office of behavioral health in the
9 department of human services, and other relevant departments. The state
10 department shall consider tiered care coordination as an approach when
11 developing the wraparound model.

12 **SECTION 14.** In Colorado Revised Statutes, 26-5-117, **amend**
13 (2)(a), (2)(b)(I), (2)(c), (4)(a) introductory portion, (4)(a)(II), (4)(b),
14 (4)(c), (4)(d), (5), and (8); and **repeal** (2)(b)(II) as follows:

15 **26-5-117. Out-of-home placement for children and youth with**
16 **mental or behavioral needs - funding - report - rules - legislative**
17 **declaration - definitions - repeal.** (2) (a) The ~~BHA~~ STATE DEPARTMENT
18 shall develop a program to provide emergency resources to licensed
19 providers to help remove barriers such providers face in serving children
20 and youth whose behavioral or mental health needs require services and
21 treatment in a residential child care facility. Any such licensed provider
22 shall meet the requirements of a qualified residential treatment program,
23 as defined in section 26-5.4-102; a psychiatric residential treatment
24 facility, as defined in section 25.5-4-103 (19.5); treatment foster care; or
25 therapeutic foster care.

26 (b) (I) Beginning July 1, 2022, the ~~BHA~~ STATE DEPARTMENT shall
27 provide ongoing operational support for psychiatric residential treatment

1 facilities, therapeutic foster care, treatment foster care, and qualified
2 residential treatment programs as described in subsection (2)(a) of this
3 section.

4 (II) ~~For the 2022-23 budget year, the general assembly shall~~
5 ~~appropriate money from the behavioral and mental health cash fund~~
6 ~~created in section 24-75-230 to the BHA to fund operational support for~~
7 ~~psychiatric residential treatment facilities for youth, qualified residential~~
8 ~~treatment programs, therapeutic foster care, and treatment foster care for~~
9 ~~youth across the state as described in this subsection (2).~~

10 (c) The ~~BHA~~ STATE DEPARTMENT and any person who receives
11 money from the ~~BHA~~ STATE DEPARTMENT shall comply with the
12 compliance, reporting, record-keeping, and program evaluation
13 requirements established by the office of state planning and budgeting
14 and the state controller in accordance with section 24-75-226 (5).

15 (4) (a) The ~~BHA~~ STATE DEPARTMENT shall contract with licensed
16 providers for the delivery of services to children and youth who are
17 determined eligible for and placed in the program. A provider that
18 contracts with the ~~BHA~~ STATE DEPARTMENT shall not:

19 (II) Discharge a child or youth based on the severity or complexity
20 of the child's or youth's physical, behavioral, or mental health needs;
21 except that the ~~BHA~~ STATE DEPARTMENT may arrange for the placement
22 of a child or youth with an alternate contracted provider if the placement
23 with the alternate provider is better suited to deliver services that meet the
24 needs of the child or youth.

25 (b) The ~~BHA~~ STATE DEPARTMENT shall reimburse a provider
26 directly for the costs associated with the placement of a child or youth in
27 the program for the duration of the treatment, including the costs the

1 provider demonstrates are necessary in order for the provider to operate
2 continuously during this period.

3 (c) The ~~BHA~~ STATE DEPARTMENT shall coordinate with the
4 department of health care policy and financing to support continuity of
5 care and payment for services for any children or youth placed in the
6 program.

7 (d) The ~~BHA~~ STATE DEPARTMENT shall reimburse the provider
8 one hundred percent of the cost of unutilized beds in the program to
9 ensure available space for emergency residential out-of-home placements.

10 (5) (a) A hospital, health-care provider, provider of case
11 management services, school district, managed care entity, or state or
12 county department of human or social services may refer a family for the
13 placement of a child or youth in the program. The entity referring a child
14 or youth for placement in the program shall submit or assist the family
15 with submitting an application to the ~~BHA~~ STATE DEPARTMENT for
16 review. The ~~BHA~~ STATE DEPARTMENT shall consider each application as
17 space becomes available. The ~~BHA~~ STATE DEPARTMENT shall approve
18 admissions into the program and determine admission and discharge
19 criteria for placement.

20 (b) The ~~BHA~~ STATE DEPARTMENT shall develop a discharge plan
21 for each child or youth placed in the program. The plan must include the
22 eligible period of placement of the child or youth and ~~shall~~ MUST identify
23 the entity that will be responsible for the placement costs if the child or
24 youth remains with the provider beyond the date of eligibility identified
25 in the plan.

26 (c) The entity or family that places the child or youth in the
27 program retains the right to remove the child or youth from the program

1 any time prior to the discharge date specified by the BHA STATE
2 DEPARTMENT.

3 (8) This section is intended to provide enhanced emergency
4 services resulting from the increased need for services due to the
5 COVID-19 pandemic. No later than September 30, 2024, the BHA STATE
6 DEPARTMENT shall submit recommendations to the house of
7 representatives public and behavioral health and human services
8 committee, the senate health and human services committee, or their
9 successor committees, and the joint budget committee about how to
10 provide necessary services for children and youth in need of residential
11 care, including hospital step-down services on an ongoing basis.

12 **SECTION 15.** In Colorado Revised Statutes, 27-50-101, **amend**
13 **(7), (11) introductory portion, and (13); and repeal (11)(g)** as follows:

14 **27-50-101. Definitions.** As used in this article 50, unless the
15 context otherwise requires:


16 (7) "Behavioral health safety net provider" means ~~any and all~~
17 ~~behavioral health safety net providers~~ ~~27-50-301 (5), including~~
18 comprehensive community behavioral health providers and essential
19 behavioral health safety net providers. A community mental health center
20 pursuant to 42 U.S.C. sec. 300x-2(c) and that is licensed as a behavioral
21 health entity may apply to be approved as a comprehensive community
22 behavioral health provider, an essential behavioral health safety net
23 provider, or both.

24 (11) "Comprehensive community behavioral health provider"
25 means a licensed behavioral health entity OR BEHAVIORAL HEALTH
26 PROVIDER approved by the behavioral health administration to provide
27 CARE COORDINATION AND the following behavioral health safety net

1 services, either directly or through formal agreements with behavioral
2 health providers in the community or region:

3 (g) ~~Care coordination;~~

4 (13) "Essential behavioral health safety net provider" means a
5 licensed behavioral health entity or behavioral health provider approved
6 by the behavioral health administration to provide CARE COORDINATION
7 AND at least one of the FOLLOWING behavioral health safety net services:
8 ~~described in subsection (11) of this section~~

- 9 (a) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;
- 10 (b) MENTAL HEALTH AND SUBSTANCE USE OUTPATIENT SERVICES;
- 11 (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;
- 12 (d) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;
- 13 (e) WITHDRAWAL MANAGEMENT SERVICES;
- 14 (f) BEHAVIORAL HEALTH INPATIENT SERVICES;
- 15 (g) INTEGRATED CARE SERVICES;
- 16 
- 17 (h) HOSPITAL ALTERNATIVES; OR
- 18 (i) ADDITIONAL SERVICES THAT THE BEHAVIORAL HEALTH
19 ADMINISTRATION DETERMINES ARE NECESSARY IN A REGION OR
20 THROUGHOUT THE STATE.

21 **SECTION 16.** In Colorado Revised Statutes, 27-50-102, **add** (3)
22 as follows:

23 **27-50-102. Behavioral health administration - creation -**
24 **coordination - health oversight agency.** (3) FOR THE PURPOSE OF
25 OVERSEEING THE BEHAVIORAL HEALTH CARE SYSTEM IN COLORADO AND
26 DISCHARGING THE BHA'S DUTIES AS DESCRIBED IN THIS ARTICLE 50, THE
27 BHA IS A HEALTH OVERSIGHT AGENCY, AS DEFINED IN 45 CFR 164.501.

1 **SECTION 17.** In Colorado Revised Statutes, 27-50-105, **amend**
2 (1)(dd); and **add** (4) as follows:

3 **27-50-105. Administration of behavioral health programs -**
4 **state plan - sole mental health authority - gifts, grants, or donations.**

5 (1) The BHA shall administer and provide the following behavioral
6 health programs and services:

7 (dd) The care navigation program pursuant to ~~section 27-80-119~~
8 SECTION 27-60-204;

9 (4) THE BHA MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR
10 DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSE OF
11 ADMINISTERING ANY BEHAVIORAL HEALTH PROGRAM OR SERVICE
12 DESCRIBED IN SUBSECTION (1) OF THIS SECTION. THE COMMISSIONER, WITH
13 THE APPROVAL OF THE GOVERNOR, MAY DIRECT THE DISPOSITION OF ANY
14 GIFT, GRANT, OR DONATION FOR ANY PURPOSE CONSISTENT WITH THE
15 TERMS AND CONDITIONS FOR WHICH THE GIFT, GRANT, OR DONATION WAS
16 GIVEN.

17 **SECTION 18.** In Colorado Revised Statutes, 27-50-302, **add**
18 (4)(f) as follows:

19 **27-50-302. Requirement to serve priority populations -**
20 **screening and triage for individuals in need of behavioral health**
21 **services - referrals.** (4) (f) A BEHAVIORAL HEALTH SAFETY NET

22 PROVIDER SHALL INCLUDE SERVICES THAT ADDRESS THE LANGUAGE,
23 ABILITY, AND CULTURAL BARRIERS, AS NECESSARY, TO SERVE
24 COMMUNITIES OF COLOR AND OTHER UNDERSERVED POPULATIONS.

25 **SECTION 19.** In Colorado Revised Statutes, 27-50-402, **amend**
26 (2) introductory portion as follows:

27 **27-50-402. Behavioral health administrative services**

1 **organizations - application - designation - denial - revocation.** (2) The
2 commissioner shall select a behavioral health administrative services
3 organization based on factors established by BHA rules and the
4 "Procurement Code", articles 101 to 112 of title 24. THE BHA SHALL
5 REQUIRE AN APPLICANT TO FURNISH LETTERS OF SUPPORT FROM
6 STAKEHOLDERS IN THE REGION THE APPLICANT IS APPLYING TO CONTRACT
7 FOR, INCLUDING, BUT NOT LIMITED TO, COUNTY COMMISSIONERS AND
8 ADVOCACY OR COMMUNITY-BASED ORGANIZATIONS. THE LETTERS OF
9 SUPPORT MUST DEMONSTRATE THE APPLICANT'S ABILITY TO SERVE THE
10 COMMUNITY. The factors for selection must include, but are not limited
11 to, the following:

12 **SECTION 20.** In Colorado Revised Statutes, 27-50-501, **amend**
13 (1)(a), (1)(b) introductory portion, and (1)(c) as follows:

14 **27-50-501. Behavioral health entities - license required -**
15 **criminal and civil penalties.** (1) (a) On and after ~~July 1, 2024~~ OCTOBER
16 1, 2024, it is unlawful for any person, partnership, association, or
17 corporation to conduct or maintain a behavioral health entity, including
18 a substance use disorder program or alcohol use disorder program,
19 without having obtained a license from the BHA.

20 (b) On and after ~~July 1, 2023~~ OCTOBER 1, 2023, an entity seeking
21 initial licensure as a behavioral health entity shall apply for a behavioral
22 health entity license from the BHA if the entity would previously have
23 been licensed or subject to any of the following:

24 (c) A facility with a license or approval on or before ~~June 30,~~
25 ~~2023~~ SEPTEMBER 30, 2023, as a behavioral health entity or a substance
26 use disorder program, shall apply for a behavioral health entity license
27 prior to the expiration of the facility's current license or approval. Such

1 a facility is subject to the standards under which it is licensed or approved
2 as of ~~July 1, 2023~~ OCTOBER 1, 2023, until such time as the BHA's
3 behavioral health entity license is issued or denied.

4 **SECTION 21.** In Colorado Revised Statutes, 27-50-502, **amend**
5 (1) introductory portion as follows:

6 **27-50-502. Behavioral health entities - minimum standard -**
7 **rules.** (1) No later than ~~April 30, 2023~~ JULY 31, 2023, the BHA shall
8 promulgate rules pursuant to section 24-4-103 providing minimum
9 standards for the operation of behavioral health entities within the state,
10 including the following:

11 **SECTION 22.** In Colorado Revised Statutes, 27-50-504, **amend**
12 (1)(a) as follows:

13 **27-50-504. License fees - rules.** (1) (a) By ~~April 30, 2023~~ JULY
14 31, 2023, the commissioner shall promulgate rules establishing a schedule
15 of fees sufficient to meet the direct and indirect costs of administration
16 and enforcement of this part 5.

17 **SECTION 23.** In Colorado Revised Statutes, 27-50-505, **amend**
18 (2) as follows:

19 **27-50-505. License - denial - suspension - revocation.**
20 (2) (a) The BHA may suspend, revoke, or refuse to renew the license of
21 any behavioral health entity that is out of compliance with the
22 requirements of this part 5 or the rules promulgated pursuant to this part
23 5. Suspension, revocation, or refusal must not occur until after a hearing
24 and in compliance with the provisions and procedures specified in article
25 4 of title 24; EXCEPT THAT THE BHA MAY SUMMARILY SUSPEND A
26 BEHAVIORAL HEALTH ENTITY'S LICENSE BEFORE A HEARING IN
27 ACCORDANCE WITH SECTION 24-4-104 (4)(a).

1 (b) AFTER CONDUCTING A HEARING IN ACCORDANCE WITH ARTICLE
2 4 OF TITLE 24, THE BHA MAY REVOKE OR REFUSE TO RENEW A
3 BEHAVIORAL HEALTH ENTITY'S LICENSE IF THE OWNER, MANAGER, OR
4 ADMINISTRATOR OF THE BEHAVIORAL HEALTH ENTITY HAS BEEN
5 CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT
6 THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR
7 WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

8 **SECTION 24.** In Colorado Revised Statutes, 27-50-703, **amend**
9 (1) and (3); and **add** (1.3) and (1.5) as follows:

10 **27-50-703. Advisory council - regional subcommittees -**
11 **subcommittees - working groups.** (1) The BHA shall create ~~one~~ A
12 regional subcommittee ~~of the advisory council~~ STRUCTURE AS PART OF
13 THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS TO
14 PROMOTE LOCAL COMMUNITY INPUT PERTAINING TO BEHAVIORAL HEALTH
15 SERVICE NEEDS. IN ESTABLISHING A REGIONAL SUBCOMMITTEE
16 STRUCTURE, THE BHA SHALL, TO THE BEST OF THE BHA'S ABILITY, ALIGN
17 GEOGRAPHICALLY WITH JUDICIAL DISTRICTS WHENEVER FEASIBLE, TAKING
18 INTO CONSIDERATION COMMUNITY FEEDBACK ON WHERE AND HOW
19 INDIVIDUALS RECEIVE SERVICES IN THEIR COMMUNITIES. ~~for each~~
20 ~~behavioral health administrative services organization region established~~
21 ~~pursuant to section 27-50-401.~~ Regional subcommittee members are
22 appointed ~~by the commissioner~~ for three-year terms; except that initial
23 terms may be for two years. ~~Each regional~~ THE subcommittee consists of
24 NINE members. Membership of the regional subcommittees must include:

25 (a) ~~At least~~ One individual with expertise in the behavioral health
26 needs of children and youth APPOINTED BY A LOCAL OR REGIONAL PUBLIC
27 HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S

1 REGION;

2 (b) ~~At least~~ One individual who represents a behavioral health
3 safety net provider that operates within the region APPOINTED BY A LOCAL
4 OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE
5 SUBCOMMITTEE'S REGION; ~~and~~

6 (c) A county commissioner of a county situated within the region
7 APPOINTED BY THE BHA;

8 (d) ONE INDIVIDUAL WITH A CONNECTION TO A KINDERGARTEN
9 THROUGH TWELFTH GRADE SCHOOL DISTRICT WITHIN THE
10 SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL PUBLIC
11 HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S
12 REGION;

13 (e) ONE INDIVIDUAL WITH THE CRIMINAL JUSTICE SYSTEM WITHIN
14 THE SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL
15 PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S
16 REGION;

17 (f) ONE INDIVIDUAL WITH LIVED EXPERIENCE OR A COMMUNITY
18 MEMBER WHO IS NOT ALSO A BEHAVIORAL HEALTH PROVIDER APPOINTED
19 BY A LOCAL OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY
20 WITHIN THE SUBCOMMITTEE'S REGION;

21 (g) ONE INDIVIDUAL WITH LIVED EXPERIENCE APPOINTED BY THE
22 BHA; AND

23 (h) TWO INDIVIDUALS WITH LIVED EXPERIENCE NOT ASSOCIATED
24 WITH A BEHAVIORAL HEALTH TREATMENT PROVIDER APPOINTED BY THE
25 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION CREATED
26 PURSUANT TO PART 4 OF THIS ARTICLE 50 THAT REPRESENT THE
27 SUBCOMMITTEE'S REGION.

1 (1.3) THE REGIONAL SUBCOMMITTEE IS CREATED TO DIRECTLY
2 INFORM THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE
3 ORGANIZATION IN THE REGION IN ORDER TO IMPROVE SERVICES,
4 ACCOUNTABILITY, AND TRANSPARENCY IN THE REGION. THE BEHAVIORAL
5 HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL STAFF ALL
6 SUBCOMMITTEE MEETINGS, WHICH SHALL MEET A MINIMUM OF SIX TIMES
7 A YEAR AND ALLOW FOR PUBLIC COMMENT DURING EACH MEETING. THE
8 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL
9 ENGAGE WITH THE REGIONAL SUBCOMMITTEE, AT A MINIMUM, ON THE
10 FOLLOWING AREAS:

11 (a) WHEN DETERMINING WHAT SERVICES ARE NEEDED TO
12 ESTABLISH A FULL CONTINUUM OF CARE IN THE REGION;

13 (b) WHEN ADDRESSING BARRIERS TO INDIVIDUALS ACCESSING
14 QUALITY AND TIMELY CARE IN THE REGION; AND

15 (c) NEEDED SPECIALTY SERVICES FOR PRIORITY POPULATIONS.

16 (1.5) THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY
17 COUNCIL, CREATED PURSUANT TO SECTION 27-50-701, SHALL ESTABLISH
18 A PROCESS TO RECEIVE DIRECT FEEDBACK FROM THE REGIONAL
19 SUBCOMMITTEE THROUGHOUT THE YEAR TO CONSIDER INCLUDING IN THE
20 BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL'S ANNUAL
21 REPORT REQUIRED PURSUANT TO SECTION 27-50-701 (2)(d).

22 (3) ~~Each~~ UNLESS COMMITTEE MEMBERSHIP IS ESTABLISHED
23 PURSUANT TO STATE OR FEDERAL LAW, THE REGIONAL SUBCOMMITTEE
24 AND committee membership shall maintain a majority of members who
25 represent individuals with lived behavioral health experience or families
26 of individuals with lived behavioral health experience.

27 **SECTION 25.** In Colorado Revised Statutes, 27-60-105, **amend**

1 (2), (4)(d), (4)(e), (5), (5)(d), and (5)(e); **repeal** (4)(f) and (5)(f); and **add**
2 (4.5) and (5.5) as follows:

3 **27-60-105. Outpatient restoration to competency services -**
4 **jail-based behavioral health services - responsible entity - duties -**
5 **report - legislative declaration.** (2) The state department serves as a
6 central organizing structure and responsible entity for the provision of
7 competency restoration education services AND coordination of
8 competency restoration services ordered by the court pursuant to section
9 16-8.5-111 (2)(b) or 19-2.5-704 (2), and THE BEHAVIORAL HEALTH
10 ADMINISTRATION SERVES AS THE CENTRAL ORGANIZING STRUCTURE AND
11 RESPONSIBLE ENTITY FOR jail-based behavioral health services pursuant
12 to section 27-60-106.

13 (4) Beginning July 1, 2019, the state department has the following
14 duties and responsibilities, subject to available appropriations:

15 (d) To engage with key stakeholders in the juvenile and adult
16 justice systems to develop best practices in the delivery of competency
17 restoration services; AND

18 (e) To make recommendations for legislation. and

19 ~~(f) To oversee the functions of the jail-based behavioral health~~
20 ~~services program created in section 27-60-106.~~

21 (4.5) BEGINNING JULY 1, 2023, SUBJECT TO AVAILABLE
22 APPROPRIATIONS, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
23 OVERSEE FUNCTIONS OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES
24 PROGRAM CREATED IN SECTION 2 27-60-106.

25 (5) Notwithstanding section 24-1-136 (11)(a)(I), on or before
26 January 1, 2019, and every January 1 thereafter, the state department shall
27 submit an annual written report to the general assembly summarizing the

1 state department's provision of competency restoration education AND its
2 efforts toward the coordination of competency restoration education with
3 other existing services and the results of the jail-based behavioral health
4 services program created in section 27-60-106. The report must include:

5 (d) A description of opportunities to maximize and increase
6 available resources and funding; AND

7 (e) A description of gaps in and conflicts with existing funding,
8 services, and programming essential to the effective restoration of
9 competency for juveniles and adults; and

10 (f) ~~A description of the services funded through the jail-based
11 behavioral health services program created in section 27-60-106.~~

12 (5.5) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR
13 BEFORE JANUARY 1, 2024, AND EVERY JANUARY 1 THEREAFTER, THE
14 BEHAVIORAL HEALTH ADMINISTRATION SHALL SUBMIT AN ANNUAL
15 WRITTEN REPORT TO THE GENERAL ASSEMBLY SUMMARIZING THE RESULTS
16 OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM CREATED IN
17 SECTION 27-60-106. THE REPORT MUST INCLUDE A DESCRIPTION OF THE
18 SERVICES FUNDED THROUGH THE JAIL-BASED BEHAVIORAL HEALTH
19 SERVICES PROGRAM CREATED IN SECTION 27-60-106.

20 **SECTION 26.** In Colorado Revised Statutes, 27-60-204, **amend**
21 (1)(a) introductory portion, (6)(c), and (6)(d); **add** (6)(e); and **add with**
22 **amended and relocated provisions** (9) as follows:

23 **27-60-204. Care coordination infrastructure - implementation**
24 **- care navigation program - creation - report - rules - definition -**
25 **repeal.** (1) **Care coordination infrastructure.** (a) No later than July 1,
26 2024, the BHA, in collaboration with the department of health care policy
27 and financing, shall develop a statewide care coordination infrastructure

1 to drive accountability and more effective behavioral health navigation
2 to care that builds upon and collaborates with existing care coordination
3 services. The infrastructure must include:

4 (6) Beginning January 2025, and each January thereafter, the
5 department of health care policy and financing shall assess the care
6 coordination services provided by managed care entities and provide a
7 report as part of its "State Measurement for Accountable, Responsive, and
8 Transparent (SMART) Government Act" hearing required by section
9 2-7-203. At a minimum, the report must include:

10 (c) Data on efforts made to reconnect with individuals ~~that~~ WHO
11 did not initially follow through on care coordination services; ~~and~~

12 (d) Data on referrals to community-based services and follow-up
13 services by each managed care entity for individuals served through care
14 coordination services; AND

15 (e) DATA ON THE UTILIZATION OF CARE NAVIGATION SERVICES
16 PURSUANT TO SUBSECTION (9) OF THIS SECTION IN ACCORDANCE WITH
17 STATE AND FEDERAL HEALTH-CARE PRIVACY LAWS.

18 (9) **Care navigation program.** (a) [Formerly 27-80-119 (2)] As
19 used in this section, "engaged client" means an individual who is
20 interested in and willing to engage in substance use disorder treatment
21 and recovery services or other treatment services either for the individual
22 or an affected family member or friend.

23 (b) [Formerly 27-80-119 (3)] Subject to available appropriations,
24 the BHA shall implement a care navigation program to assist engaged
25 clients in obtaining access to treatment for substance use disorders. At a
26 minimum, services available statewide must include independent
27 screening of the treatment needs of the engaged client using nationally

1 recognized screening criteria to determine the correct level of care; the
2 identification of licensed or accredited substance use disorder treatment
3 options, including social and medical detoxification services,
4 medication-assisted treatment, and inpatient and outpatient treatment
5 programs; and the availability of various treatment options for the
6 engaged client.

7 (c) [Formerly 27-80-119 (4)] To implement the care navigation
8 program, the BHA shall, ~~include~~ DIRECTLY OR THROUGH CONTRACT,
9 PROVIDE care navigation services AND ALIGN THE CARE NAVIGATION
10 SERVICES WITH THE CARE COORDINATION INFRASTRUCTURE ESTABLISHED
11 PURSUANT TO THIS SECTION. ~~in the twenty-four-hour telephone crisis
12 service created pursuant to section 27-60-103. The contractor selected by
13 the BHA must provide care navigation services to engaged clients
14 statewide. Care navigation services must be available twenty-four hours
15 a day and must be accessible through various formats. The contractor
16 shall coordinate services in conjunction with other state care navigation
17 and coordination services and behavioral health response systems to
18 ensure coordinated and integrated service delivery. The use of peer
19 support specialists is encouraged in the coordination of services. The
20 contractor shall assist the engaged client with accessing treatment
21 facilities, treatment programs, or treatment providers and shall provide
22 services to engaged clients regardless of the client's payer source or
23 whether the client is uninsured. Once the engaged client has initiated
24 treatment, the contractor is no longer responsible for care navigation for
25 that engaged client for that episode. Engaged clients who are enrolled in
26 the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5
27 shall be provided with contact information for their managed care entity.~~

1 ~~The contractor shall conduct ongoing outreach to inform behavioral~~
2 ~~health providers, counties, county departments of human or social~~
3 ~~services, jails, law enforcement personnel, health-care professionals, and~~
4 ~~other interested persons about care navigation services.~~

5 (d) [Formerly 27-80-119 (7)] The state board of human services
6 may promulgate any rules necessary to implement the care navigation
7 program.

8 **SECTION 27.** In Colorado Revised Statutes, 27-64-104, **amend**
9 (3) as follows:

10 **27-64-104. 988 crisis hotline cash fund - creation.** (3) Subject
11 ~~to annual appropriation by the general assembly~~ MONEY IN THE FUND IS
12 CONTINUOUSLY APPROPRIATED. The enterprise may expend money from
13 the fund for the purposes outlined in section 27-64-103 (4)(c) and (4)(d).

14 **SECTION 28.** In Colorado Revised Statutes, 27-65-107, **amend**
15 (4)(a) introductory portion as follows:

16 **27-65-107. Emergency transportation - application - screening**
17 **- respondent's rights.** (4) (a) A person detained pursuant to this section
18 ~~at an outpatient mental health facility or facility designated by the~~
19 ~~commissioner,~~ has the following rights while being detained, which must
20 be explained to the person before being transported to a receiving facility:

21 **SECTION 29.** In Colorado Revised Statutes, 27-65-113, **amend**
22 (5)(a) and (5)(b) as follows:

23 **27-65-113. Hearing procedures - jurisdiction.** (5) (a) In the
24 event that a respondent or a person found not guilty by reason of impaired
25 mental condition pursuant to section 16-8-103.5 (5), or by reason of
26 insanity pursuant to section 16-8-105 (4) or 16-8-105.5, refuses to accept
27 medication, the court having jurisdiction of the action pursuant to

1 subsection (4) of this section, the court committing the person or
2 defendant to the custody of the ~~BHA~~ DEPARTMENT pursuant to section
3 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, or the court of the
4 jurisdiction in which the designated facility treating the respondent or
5 person is located has jurisdiction and venue to accept a petition by a
6 treating physician and to enter an order requiring that the respondent or
7 person accept such treatment or, in the alternative, that the medication be
8 forcibly administered to the respondent or person. The court of the
9 jurisdiction in which the designated facility is located shall not exercise
10 its jurisdiction without the permission of the court that committed the
11 person to the custody of the ~~BHA~~ DEPARTMENT. Upon the filing of such
12 a petition, the court shall appoint an attorney, if one has not been
13 appointed, to represent the respondent or person and hear the matter
14 within ten days.

15 (b) In any case brought pursuant to subsection (5)(a) of this
16 section in a court for the county in which the treating facility is located,
17 the county where the proceeding was initiated pursuant to subsection (4)
18 of this section or the court committing the person to the custody of the
19 ~~BHA~~ DEPARTMENT pursuant to section 16-8-103.5 (5), 16-8-105 (4), or
20 16-8-105.5, shall either reimburse the county in which the proceeding
21 pursuant to this subsection (5) was filed and in which the proceeding was
22 held for the reasonable costs incurred in conducting the proceeding or
23 conduct the proceeding itself using its own personnel and resources,
24 including its own district or county attorney, as the case may be.

25 **SECTION 30.** In Colorado Revised Statutes, 27-65-123, **amend**
26 (1)(a) as follows:

27 **27-65-123. Records.** (1) Except as provided in subsection (2) of

1 this section, all information obtained and records prepared in the course
2 of providing any services to any person pursuant to any provision of this
3 article 65 are confidential and privileged matter. The information and
4 records may be disclosed only:

5 (a) In communications between **qualified professional**
6 **PROFESSIONALS, FACILITY personnel, OR STATE AGENCIES** in the provision
7 of services or appropriate referrals;

8 **SECTION 31.** In Colorado Revised Statutes, 27-71-104, **amend**
9 **(3)** as follows:

10 **27-71-104. Mental health residential facilities - initial license**
11 **requirements - repeal.** (3) On and after ~~July 1, 2023~~ **OCTOBER 1, 2023,**
12 the behavioral health administration is responsible for licensing mental
13 health ~~home- and community-based waiver~~ residential facilities.

14 **SECTION 32.** In Colorado Revised Statutes, 27-80-102, **amend**
15 (1) introductory portion and (2) as follows:

16 **27-80-102. Duties of the behavioral health administration.**

17 (1) The ~~office of~~ behavioral health ADMINISTRATION is a **type 2** entity,
18 as defined in section 24-1-105, and is responsible for the powers, duties,
19 and functions relating to the alcohol and drug driving safety program
20 specified in section 42-4-1301.3. The ~~office of~~ behavioral health
21 ADMINISTRATION shall formulate a comprehensive state plan for
22 substance use disorder treatment programs. The ~~office of~~ behavioral
23 health ADMINISTRATION shall submit the state plan to the governor and,
24 upon the governor's approval, submit it to the appropriate United States
25 agency for review and approval. The state plan must include, but not be
26 limited to:

27 (2) The department, acting by and through the ~~office of~~ behavioral

1 health ADMINISTRATION, is designated as the sole state agency for the
2 supervision of the administration of the state plan.

3 **SECTION 33.** In Colorado Revised Statutes, 27-80-107, **amend**
4 (1), (2) introductory portion, (2)(b), (2)(d), (2.5)(a) introductory portion,
5 (2.5)(a)(II), (3), (4), (5), and (7) as follows:

6 **27-80-107. Designation of managed service organizations -**
7 **purchase of services - revocation of designation.** (1) ~~The director of~~
8 ~~the office of~~ behavioral health ADMINISTRATION shall establish designated
9 service areas to provide substance use disorder treatment and recovery
10 services in a particular geographical region of the state.

11 (2) To be selected as a designated managed service organization
12 to provide services in a particular designated service area, a private
13 corporation; for profit or not for profit; or a public agency, organization,
14 or institution shall apply to the ~~office of~~ behavioral health
15 ADMINISTRATION for a designation in the form and manner specified by
16 the ~~executive director or the executive director's~~ COMMISSIONER OR THE
17 COMMISSIONER'S designee. The designation process is in lieu of a
18 competitive bid process pursuant to the "Procurement Code", articles 101
19 to 112 of title 24. The ~~director of the office of behavioral health~~
20 COMMISSIONER OR THE COMMISSIONER'S DESIGNEE shall make the
21 designation based on factors established by the ~~executive director or the~~
22 ~~executive director's~~ COMMISSIONER OR THE COMMISSIONER'S designee.
23 The factors for designation established by the executive director or the
24 executive director's designee include the following:

25 (b) Whether the managed service organization has experience
26 working with publicly funded clients, including expertise in treating
27 priority populations designated by the ~~office of~~ behavioral health

1 ADMINISTRATION;

2 (d) Whether the managed service organization has experience
3 using the cost-share principles used by the ~~office of behavioral health~~
4 ADMINISTRATION in its contracts with providers and is willing to
5 cost-share;

6 (2.5) (a) On or before January 1, 2023, in order to promote
7 transparency and accountability, the ~~office of behavioral health~~
8 ADMINISTRATION shall require each managed service organization that has
9 twenty-five percent or more ownership by providers of behavioral health
10 services to comply with the following conflict of interest policies:

11 (II) The ~~office of behavioral health~~ ADMINISTRATION shall
12 quarterly review a managed service organization's funding allocation to
13 ensure that all providers are being equally considered for funding. The
14 ~~office of behavioral health~~ ADMINISTRATION is authorized to review any
15 other pertinent information to ensure the managed service organization
16 is meeting state and federal rules and regulations and is not
17 inappropriately giving preference to providers with ownership or board
18 membership.

19 (3) The designation of a managed service organization by the
20 ~~director of the office of behavioral health~~ COMMISSIONER, as described in
21 subsection (2) of this section, is an initial decision of the department
22 ~~which~~ THAT may be reviewed by the executive director in accordance
23 with the provisions of section 24-4-105. Review by the executive director
24 in accordance with section 24-4-105 constitutes final agency action for
25 purposes of judicial review.

26 (4) (a) The terms and conditions for providing substance use
27 disorder treatment and recovery services must be specified in the contract

1 entered into between the ~~office of behavioral health~~ ADMINISTRATION and
2 the designated managed service organization. Contracts entered into
3 between the ~~office of behavioral health~~ ADMINISTRATION and the
4 designated managed service organization must include terms and
5 conditions prohibiting a designated managed service organization
6 contracted treatment provider from denying or prohibiting access to
7 medication-assisted treatment, as defined in section 23-21-803, for a
8 substance use disorder.

9 (b) Contracts entered into between the ~~office of behavioral health~~
10 ADMINISTRATION and the designated managed service organization must
11 include terms and conditions that outline the expectations for the
12 designated managed service organization to invest in the state's recovery
13 services infrastructure, which include peer-run recovery support services
14 and specialized services for underserved populations. Investments are
15 based on available appropriations.

16 (5) The contract may include a provisional designation for ninety
17 days. At the conclusion of the ninety-day provisional period, the ~~director~~
18 ~~of the office of behavioral health~~ COMMISSIONER may choose to revoke
19 the contract or, subject to meeting the terms and conditions specified in
20 the contract, may choose to extend the contract for a stated time period.

21 (7) (a) The ~~director of the office of behavioral health~~
22 COMMISSIONER may revoke the designation of a designated managed
23 service organization upon finding that the managed service organization
24 is in violation of the performance of the provisions of or rules
25 promulgated pursuant to this article 80. The revocation must conform to
26 the provisions and procedures specified in article 4 of title 24, and occur
27 only after notice and an opportunity for a hearing is provided as specified

1 in article 4 of title 24. A hearing to revoke a designation as a designated
2 managed service organization constitutes final agency action for purposes
3 of judicial review.

4 (b) Once a designation has been revoked pursuant to subsection
5 (7)(a) of this section, the ~~director of the office of behavioral health~~
6 COMMISSIONER may designate one or more service providers to provide
7 the treatment services pending designation of a new designated managed
8 service organization or may enter into contracts with subcontractors to
9 provide the treatment services.

10 (c) From time to time, the ~~director of the office of behavioral~~
11 ~~health~~ COMMISSIONER may solicit applications from applicants for
12 managed service organization designation to provide substance use
13 disorder treatment and recovery services for a specified planning area or
14 areas.

15 **SECTION 34.** In Colorado Revised Statutes, 27-80-108, **amend**
16 (1)(c) and (1)(d) as follows:

17 **27-80-108. Rules.** (1) The state board of human services, created
18 in section 26-1-107, has the power to promulgate rules governing the
19 provisions of this article 80. The rules may include, but are not limited to:

20 (c) Requirements for public and private agencies, organizations,
21 and institutions from which the ~~office of behavioral health~~
22 ADMINISTRATION may purchase services pursuant to section 27-80-106
23 (1), which requirements must include prohibiting the purchase of services
24 from entities that deny or prohibit access to medical services or substance
25 use disorder treatment and services to persons who are participating in
26 prescribed medication-assisted treatment, as defined in section 23-21-803,
27 for a substance use disorder;

1 (d) Requirements for managed service organizations that are
2 designated by the ~~director of the office of behavioral health~~
3 COMMISSIONER to provide services in a designated service area pursuant
4 to section 27-80-106 (2);

5 **SECTION 35.** In Colorado Revised Statutes, 27-80-303, **amend**
6 (1)(b) introductory portion and (5) as follows:

7 **27-80-303. Office of ombudsman for behavioral health access**
8 **to care - creation - appointment of ombudsman - duties.** (1) (b) The
9 ~~office of behavioral health in the~~ department and the BHA shall offer the
10 office limited support with respect to:

11 (5) In the performance of the ombudsman's duties, the
12 ombudsman shall act independently of ~~the office of behavioral health in~~
13 the department and the BHA. Any recommendations made or positions
14 taken by the ombudsman do not reflect those of the ~~department, the office~~
15 ~~of behavioral health,~~ DEPARTMENT or the BHA.

16 **SECTION 36. Repeal of relocated and nonrelocated**
17 **provisions in this act.** In Colorado Revised Statutes, **repeal** 27-80-119;
18 except that (1), (5), (6), and (8) are not relocated.

19 **SECTION 37. Act subject to petition - effective date.** This act
20 takes effect at 12:01 a.m. on the day following the expiration of the
21 ninety-day period after final adjournment of the general assembly; except
22 that, if a referendum petition is filed pursuant to section 1 (3) of article V
23 of the state constitution against this act or an item, section, or part of this
24 act within such period, then the act, item, section, or part will not take
25 effect unless approved by the people at the general election to be held in
26 November 2024 and, in such case, will take effect on the date of the
27 official declaration of the vote thereon by the governor.