First Regular Session Seventy-fourth General Assembly STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction

LLS NO. 23-0853.01 Shelby Ross x4510

HOUSE BILL 23-1236

HOUSE SPONSORSHIP

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Public & Behavioral Health & Human Services

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

HOUSE d Reading Unamended April 11, 2023

HOUSE Amended 2nd Reading April 10, 2023 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.

- Be it enacted by the General Assembly of the State of Colorado:
- 2 **SECTION 1.** In Colorado Revised Statutes, 16-8.5-111, **amend**
- (2)(b)(II)(B) as follows:

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

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

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

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

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

- (f) Identifying existing programs and resources that are already available in the community, including, but not limited to:
- (III) Community mental health centers and other local community behavioral health providers that receive state funding through the office of behavioral health DEPARTMENT OF HUMAN SERVICES for services such as:

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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:

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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;

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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
2.7	medications in facilities. The department of human services. THE

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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

BEHAVIORAL HEALTH ADMINISTRATION, the department of health care

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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

sexual orientations and gender identities; people who have AIDS or HIV;

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wraparound services for eligible children and youth who are at risk of out-of-home placement or in an out-of-home placement. Prior to seeking federal authorization, the state department shall seek input from relevant stakeholders including counties, managed care entities participating in the statewide managed care system, families of children and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, the behavioral health administration and the office of behavioral health in the department of human services, and other relevant departments. The state department shall consider tiered care coordination as an approach when developing the wraparound model. **SECTION 14.** In Colorado Revised Statutes, 26-5-117, amend (2)(a), (2)(b)(I), (2)(c), (4)(a) introductory portion, (4)(a)(II), (4)(b), (4)(c), (4)(d), (5), and (8); and **repeal** (2)(b)(II) as follows: 26-5-117. Out-of-home placement for children and youth with mental or behavioral needs - funding - report - rules - legislative **declaration - definitions - repeal.** (2) (a) The BHA STATE DEPARTMENT shall develop a program to provide emergency resources to licensed providers to help remove barriers such providers face in serving children and youth whose behavioral or mental health needs require services and treatment in a residential child care facility. Any such licensed provider

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therapeutic foster care.

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

shall meet the requirements of a qualified residential treatment program,

as defined in section 26-5.4-102; a psychiatric residential treatment

facility, as defined in section 25.5-4-103 (19.5); treatment foster care; or

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

- (II) For the 2022-23 budget year, the general assembly shall appropriate money from the behavioral and mental health cash fund created in section 24-75-230 to the BHA to fund operational support for psychiatric residential treatment facilities for youth, qualified residential treatment programs, therapeutic foster care, and treatment foster care for youth across the state as described in this subsection (2).
- (c) The BHA STATE DEPARTMENT and any person who receives money from the BHA STATE DEPARTMENT shall comply with the compliance, reporting, record-keeping, and program evaluation requirements established by the office of state planning and budgeting and the state controller in accordance with section 24-75-226 (5).
- (4) (a) The BHA STATE DEPARTMENT shall contract with licensed providers for the delivery of services to children and youth who are determined eligible for and placed in the program. A provider that contracts with the BHA STATE DEPARTMENT shall not:
- (II) Discharge a child or youth based on the severity or complexity of the child's or youth's physical, behavioral, or mental health needs; except that the BHA STATE DEPARTMENT may arrange for the placement of a child or youth with an alternate contracted provider if the placement with the alternate provider is better suited to deliver services that meet the needs of the child or youth.
- (b) The BHA STATE DEPARTMENT shall reimburse a provider directly for the costs associated with the placement of a child or youth in the program for the duration of the treatment, including the costs the

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

- (c) The BHA STATE DEPARTMENT shall coordinate with the department of health care policy and financing to support continuity of care and payment for services for any children or youth placed in the program.
- (d) The BHA STATE DEPARTMENT shall reimburse the provider one hundred percent of the cost of unutilized beds in the program to ensure available space for emergency residential out-of-home placements.
- (5) (a) A hospital, health-care provider, provider of case management services, school district, managed care entity, or state or county department of human or social services may refer a family for the placement of a child or youth in the program. The entity referring a child or youth for placement in the program shall submit or assist the family with submitting an application to the BHA STATE DEPARTMENT for review. The BHA STATE DEPARTMENT shall consider each application as space becomes available. The BHA STATE DEPARTMENT shall approve admissions into the program and determine admission and discharge criteria for placement.
- (b) The BHA STATE DEPARTMENT shall develop a discharge plan for each child or youth placed in the program. The plan must include the eligible period of placement of the child or youth and shall MUST identify the entity that will be responsible for the placement costs if the child or youth remains with the provider beyond the date of eligibility identified in the plan.
- (c) The entity or family that places the child or youth in the program retains the right to remove the child or youth from the program

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

- (8) This section is intended to provide enhanced emergency services resulting from the increased need for services due to the COVID-19 pandemic. No later than September 30, 2024, the BHA STATE DEPARTMENT shall submit recommendations to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for children and youth in need of residential care, including hospital step-down services on an ongoing basis.
- SECTION 15. In Colorado Revised Statutes, 27-50-101, amend
 (7), (11) introductory portion, and (13); and repeal (11)(g) as follows:
 - **27-50-101. Definitions.** As used in this article 50, unless the context otherwise requires:
 - (7) "Behavioral health safety net provider" means any and all behavioral health safety net providers 27-50-301 (5), including comprehensive community behavioral health providers and essential behavioral health safety net providers. A community mental health center pursuant to 42 U.S.C. sec. 300x-2(c) and that is licensed as a behavioral health entity may apply to be approved as a comprehensive community behavioral health provider, an essential behavioral health safety net provider, or both.
 - (11) "Comprehensive community behavioral health provider" means a licensed behavioral health entity OR BEHAVIORAL HEALTH PROVIDER approved by the behavioral health administration to provide CARE COORDINATION AND the following behavioral health safety net

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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) BEHAVIORAL HEALTH 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.

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1	SECTION 17. In Colorado Revised Statutes, 27-30-103, 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	$\hbox{\tt DESCRIBEDINSUBSECTION} (1) \hbox{\tt OFTHISSECTION}. The \hbox{\tt COMMISSIONER}, \hbox{\tt WITH}$
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, 27-50-106, amend
18	(1)(a) as follows:
19	27-50-106. Transfer of functions. (1) The powers, duties, and
20	functions previously administered by the department of public health and
21	environment concerning licensing behavioral health entities pursuant to
22	article 27.6 of title 25 shall transfer to the BHA over a period of two
23	years, with all functions fully transferred to the BHA by July 1, 2024, as
24	follows:
25	(a) The department of public health and environment shall
26	continue issuing and renewing behavioral health entity licenses until June
27	30, 2023 SEPTEMBER 30, 2023, after which date the department of public

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1	health and environment shall not renew or confer any new behavioral
2	health entity licenses. Behavioral health entities that are licensed by the
3	department of public health and environment are subject to the rules and
4	orders of the department of public health and environment until such rules
5	and orders are revised, amended, repealed, or nullified. The department
6	of public health and environment shall continue compliance monitoring
7	and enforcement activities until all licenses the department of public
8	health and environment has conferred are expired, revoked, or
9	surrendered, but not after June 30, 2024.
10	SECTION 19. In Colorado Revised Statutes, 27-50-301, amend
11	(1) as follows:
12	27-50-301. Behavioral health safety net system
13	implementation. (1) No later than July 1, 2024, the BHA, in
14	collaboration with the department of health care policy and financing and
15	the department of public health and environment, shall establish a
16	comprehensive and standardized behavioral health safety net system
17	throughout the state that must include behavioral health safety net
18	services for children, youth, and adults, INCLUDING ADULTS WHO HAVE A
19	SERIOUS MENTAL ILLNESS AND CHILDREN AND YOUTH WHO HAVE A
20	SERIOUS EMOTIONAL DISTURBANCE, along a continuum of care.
21	SECTION 20. In Colorado Revised Statutes, 27-50-302, add
22	(4)(f) as follows:
23	27-50-302. Requirement to serve priority populations -
24	screening and triage for individuals in need of behavioral health
25	services - referrals. (4) (f) A BEHAVIORAL HEALTH SAFETY NET
26	PROVIDER SHALL INCLUDE SERVICES THAT ADDRESS THE LANGUAGE,
27	ABILITY, AND CULTURAL BARRIERS, AS NECESSARY, TO SERVE

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1	COMMUNITIES OF COLOR AND OTHER UNDERSERVED POPULATIONS.
2	SECTION 21. In Colorado Revised Statutes, 27-50-402, amend
3	(2) introductory portion as follows:
4	27-50-402. Behavioral health administrative services
5	organizations - application - designation - denial - revocation. (2) The
6	commissioner shall select a behavioral health administrative services
7	organization based on factors established by BHA rules and the
8	"Procurement Code", articles 101 to 112 of title 24. The BHA SHALL
9	REQUIRE AN APPLICANT TO FURNISH LETTERS OF SUPPORT FROM
10	STAKEHOLDERS IN THE REGION THE APPLICANT IS APPLYING TO CONTRACT
11	FOR, INCLUDING, BUT NOT LIMITED TO, COUNTY COMMISSIONERS AND
12	ADVOCACY OR COMMUNITY-BASED ORGANIZATIONS. THE LETTERS OF
13	SUPPORT MUST DEMONSTRATE THE APPLICANT'S ABILITY TO SERVE THE
14	COMMUNITY. The factors for selection must include, but are not limited
15	to, the following:
16	SECTION 22. In Colorado Revised Statutes, 27-50-501, amend
17	(1)(a), (1)(b) introductory portion, and (1)(c) as follows:
18	27-50-501. Behavioral health entities - license required -
19	criminal and civil penalties. (1) (a) On and after July 1, 2024 OCTOBER
20	1, 2024, it is unlawful for any person, partnership, association, or
21	corporation to conduct or maintain a behavioral health entity, including
22	a substance use disorder program or alcohol use disorder program,
23	without having obtained a license from the BHA.
24	(b) On and after July 1, 2023 OCTOBER 1, 2023, an entity seeking
25	initial licensure as a behavioral health entity shall apply for a behavioral
26	health entity license from the BHA if the entity would previously have
27	been licensed or subject to any of the following:

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1	(c) A facility with a license or approval on or before June 30,
2	2023 SEPTEMBER 30, 2023, as a behavioral health entity or a substance
3	use disorder program, shall apply for a behavioral health entity license
4	prior to the expiration of the facility's current license or approval. Such
5	a facility is subject to the standards under which it is licensed or approved
6	as of July 1, 2023 OCTOBER 1, 2023, until such time as the BHA's
7	behavioral health entity license is issued or denied.
8	SECTION 23. In Colorado Revised Statutes, 27-50-502, amend
9	(1) introductory portion as follows:
10	27-50-502. Behavioral health entities - minimum standard -
11	rules. (1) No later than April 30, 2023 JULY 31, 2023, the BHA shall
12	promulgate rules pursuant to section 24-4-103 providing minimum
13	standards for the operation of behavioral health entities within the state,
14	including the following:
15	SECTION 24. In Colorado Revised Statutes, 27-50-504, amend
16	(1)(a) as follows:
17	27-50-504. License fees - rules. (1) (a) By April 30, 2023 JULY
18	31, 2023, the commissioner shall promulgate rules establishing a schedule
19	of fees sufficient to meet the direct and indirect costs of administration
20	and enforcement of this part 5.
21	SECTION 25. In Colorado Revised Statutes, 27-50-505, amend
22	(2) as follows:
23	27-50-505. License - denial - suspension - revocation.
24	(2) (a) The BHA may suspend, revoke, or refuse to renew the license of
25	any behavioral health entity that is out of compliance with the
26	requirements of this part 5 or the rules promulgated pursuant to this part
27	5. Suspension, revocation, or refusal must not occur until after a hearing

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1	and in compliance with the provisions and procedures specified in article
2	4 of title 24; EXCEPT THAT THE BHA MAY SUMMARILY SUSPEND A
3	BEHAVIORAL HEALTH ENTITY'S LICENSE BEFORE A HEARING IN
4	ACCORDANCE WITH SECTION 24-4-104 (4)(a).
5	(b) AFTER CONDUCTING A HEARING IN ACCORDANCE WITH ARTICLE
6	4 of title 24, the BHA may revoke or refuse to renew a
7	BEHAVIORAL HEALTH ENTITY'S LICENSE IF THE OWNER, MANAGER, OR
8	ADMINISTRATOR OF THE BEHAVIORAL HEALTH ENTITY HAS BEEN
9	CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT
10	THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR
11	WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.
12	SECTION 26. In Colorado Revised Statutes, 27-50-403, amend
13	(1)(i); and add (1)(k) as follows:
14	27-50-403. Behavioral health administrative services
14 15	27-50-403. Behavioral health administrative services organizations - contract requirements - individual access - care
15	organizations - contract requirements - individual access - care
15 16	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated
15 16 17	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must
15 16 17 18	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following:
15 16 17 18 19	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health
15 16 17 18 19 20	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health administrative services organization fulfills the functions provided in
15 16 17 18 19 20 21	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health administrative services organization fulfills the functions provided in subsection (2) of this section; and
15 16 17 18 19 20 21 22	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health administrative services organization fulfills the functions provided in subsection (2) of this section; and (k) A REQUIREMENT THAT THE BEHAVIORAL HEALTH
15 16 17 18 19 20 21 22 23	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health administrative services organization fulfills the functions provided in subsection (2) of this section; and (k) A REQUIREMENT THAT THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION PERFORM APPROPRIATE FISCAL
15 16 17 18 19 20 21 22 23 24	organizations - contract requirements - individual access - care coordination. (1) The BHA shall develop a contract for designated behavioral health administrative services organizations, which must include, but is not limited to, the following: (i) Any provisions necessary to ensure the behavioral health administrative services organization fulfills the functions provided in subsection (2) of this section; and (k) A REQUIREMENT THAT THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION PERFORM APPROPRIATE FISCAL MANAGEMENT AND QUALITY OVERSIGHT OF PROVIDERS IN ITS NETWORK

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1	PLANS WITH PROVIDERS IN ITS NETWORK TO ENSURE COMPLIANCE WITH
2	THE CONTRACT.
3	SECTION 27. In Colorado Revised Statutes, 27-50-703, amend
4	(1) and (3); and add (1.3) and (1.5) as follows:
5	27-50-703. Advisory council - regional subcommittees -
6	subcommittees - working groups. (1) The BHA shall create one A
7	regional subcommittee of the advisory council STRUCTURE AS PART OF
8	THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS TO
9	PROMOTE LOCAL COMMUNITY INPUT PERTAINING TO BEHAVIORAL HEALTH
10	SERVICE NEEDS. IN ESTABLISHING A REGIONAL SUBCOMMITTEE
11	STRUCTURE, THE BHA SHALL, TO THE BEST OF THE BHA'S ABILITY, ALIGN
12	GEOGRAPHICALLY WITH JUDICIAL DISTRICTS WHENEVER FEASIBLE, TAKING
13	INTO CONSIDERATION COMMUNITY FEEDBACK ON WHERE AND HOW
14	INDIVIDUALS RECEIVE SERVICES IN THEIR COMMUNITIES for each
15	behavioral health administrative services organization region established
16	pursuant to section 27-50-401. Regional subcommittee members are
17	appointed by the commissioner for three-year terms; except that initial
18	terms may be for two years. Each regional THE subcommittee consists of
19	NINE members. Membership of the regional subcommittees must include:
20	(a) At least One individual with expertise in the behavioral health
21	needs of children and youth APPOINTED BY A LOCAL OR REGIONAL PUBLIC
22	HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S
23	REGION;
24	(b) At least One individual who represents a behavioral health
25	safety net provider that operates within the region APPOINTED BY A LOCAL
26	OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE
27	SUBCOMMITTEE'S REGION; and

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I	(c) A county commissioner of a county situated within the region
2	APPOINTED BY THE BHA;
3	(d) ONE INDIVIDUAL WITH A CONNECTION TO A KINDERGARTEN
4	THROUGH TWELFTH GRADE SCHOOL DISTRICT WITHIN THE
5	SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL PUBLIC
6	HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S
7	REGION;
8	(e) ONE INDIVIDUAL WITH THE CRIMINAL JUSTICE SYSTEM WITHIN
9	THE SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL
10	PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S
11	REGION;
12	(f) ONE INDIVIDUAL WITH LIVED EXPERIENCE OR A COMMUNITY
13	MEMBER WHO IS NOT ALSO A BEHAVIORAL HEALTH PROVIDER APPOINTED
14	BY A LOCAL OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY
15	WITHIN THE SUBCOMMITTEE'S REGION;
16	(g) ONE INDIVIDUAL WITH LIVED EXPERIENCE APPOINTED BY THE
17	BHA; AND
18	(h) Two individuals with lived experience not associated
19	WITH A BEHAVIORAL HEALTH TREATMENT PROVIDER APPOINTED BY THE
20	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION CREATED
21	PURSUANT TO PART 4 OF THIS ARTICLE 50 THAT REPRESENT THE
22	SUBCOMMITTEE'S REGION.
23	(1.3) The regional subcommittee is created to directly
24	INFORM THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE
25	ORGANIZATION IN THE REGION IN ORDER TO IMPROVE SERVICES,
26	ACCOUNTABILITY, AND TRANSPARENCY IN THE REGION. THE BEHAVIORAL
27	HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL STAFF ALL

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1	SUBCOMMITTEE MEETINGS, WHICH SHALL MEET A MINIMUM OF SIX TIMES
2	A YEAR AND ALLOW FOR PUBLIC COMMENT DURING EACH MEETING. THE
3	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL
4	ENGAGE WITH THE REGIONAL SUBCOMMITTEE, AT A MINIMUM, ON THE
5	FOLLOWING AREAS:
6	(a) When determining what services are needed to
7	ESTABLISH A FULL CONTINUUM OF CARE IN THE REGION;
8	(b) When addressing barriers to individuals accessing
9	QUALITY AND TIMELY CARE IN THE REGION; AND
10	(c) NEEDED SPECIALTY SERVICES FOR PRIORITY POPULATIONS.
11	(1.5) The Behavioral Health administration advisory
12	COUNCIL, CREATED PURSUANT TO SECTION 27-50-701, SHALL ESTABLISH
13	A PROCESS TO RECEIVE DIRECT FEEDBACK FROM THE REGIONAL
14	SUBCOMMITTEE THROUGHOUT THE YEAR TO CONSIDER INCLUDING IN THE
15	BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL'S ANNUAL
16	REPORT REQUIRED PURSUANT TO SECTION 27-50-701 (2)(d).
17	(3) Each Unless committee membership is established
18	PURSUANT TO STATE OR FEDERAL LAW, THE REGIONAL SUBCOMMITTEE
19	AND committee membership shall maintain a majority of members who
20	represent individuals with lived behavioral health experience or families
21	of individuals with lived behavioral health experience.
22	SECTION 28. In Colorado Revised Statutes, 27-60-105, amend
23	(2), (4)(d), (4)(e), (5), (5)(d), and (5)(e); repeal (4)(f) and (5)(f); and add
24	(4.5) and (5.5) as follows:
25	27-60-105. Outpatient restoration to competency services -
26	jail-based behavioral health services - responsible entity - duties -
27	report - legislative declaration. (2) The state department serves as a

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1	central organizing structure and responsible entity for the provision of
2	competency restoration education services AND coordination of
3	competency restoration services ordered by the court pursuant to section
4	16-8.5-111 (2)(b) or 19-2.5-704 (2), and THE BEHAVIORAL HEALTH
5	ADMINISTRATION SERVES AS THE CENTRAL ORGANIZING STRUCTURE AND
6	RESPONSIBLE ENTITY FOR jail-based behavioral health services pursuant
7	to section 27-60-106.
8	(4) Beginning July 1, 2019, the state department has the following
9	duties and responsibilities, subject to available appropriations:
10	(d) To engage with key stakeholders in the juvenile and adult
11	justice systems to develop best practices in the delivery of competency
12	restoration services; AND
13	(e) To make recommendations for legislation. and
14	(f) To oversee the functions of the jail-based behavioral health
15	services program created in section 27-60-106.
16	(4.5) Beginning July 1, 2023, subject to available
17	APPROPRIATIONS, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
18	OVERSEE FUNCTIONS OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES
19	PROGRAM CREATED IN SECTION 2 27-60-106.
20	(5) Notwithstanding section 24-1-136 (11)(a)(I), on or before
21	January 1, 2019, and every January 1 thereafter, the state department shall
22	submit an annual written report to the general assembly summarizing the
23	state department's provision of competency restoration education AND its
24	efforts toward the coordination of competency restoration education with
25	other existing services and the results of the jail-based behavioral health
26	services program created in section 27-60-106. The report must include:
27	(d) A description of opportunities to maximize and increase

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I	available resources and funding; AND
2	(e) A description of gaps in and conflicts with existing funding,
3	services, and programming essential to the effective restoration of
4	competency for juveniles and adults; and
5	(f) A description of the services funded through the jail-based
6	behavioral health services program created in section 27-60-106.
7	(5.5) Notwithstanding section $\overline{24-1-136}$ (11)(a)(I), on or
8	BEFORE JANUARY 1, 2024, AND EVERY JANUARY 1 THEREAFTER, THE
9	BEHAVIORAL HEALTH ADMINISTRATION SHALL SUBMIT AN ANNUAL
10	WRITTEN REPORT TO THE GENERAL ASSEMBLY SUMMARIZING THE RESULTS
11	OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM CREATED IN
12	SECTION 27-60-106. THE REPORT MUST INCLUDE A DESCRIPTION OF THE
13	SERVICES FUNDED THROUGH THE JAIL-BASED BEHAVIORAL HEALTH
14	SERVICES PROGRAM CREATED IN SECTION 27-60-106.
15	SECTION 29. In Colorado Revised Statutes, 27-60-104, add
16	(6.5) as follows:
17	27-60-104. Behavioral health crisis response system - crisis
18	service facilities - walk-in centers - mobile response units - report.
19	(6.5) FOR STATE FISCAL YEAR 2023-24, THE BHA SHALL SAFEGUARD
20	PARTNERSHIPS BETWEEN COMMUNITY-BASED BEHAVIORAL HEALTH
21	PROVIDERS AND RURAL HOSPITALS BY ALLOCATING MONEY TO
22	COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS.
23	SECTION 30. In Colorado Revised Statutes, 27-60-204, amend
24	(1)(a) introductory portion, (6)(c), and (6)(d); add (6)(e); and add with
25	amended and relocated provisions (9) as follows:
26	27-60-204. Care coordination infrastructure - implementation
27	- care navigation program - creation - report - rules - definition -

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1	repeal. (1) Care coordination infrastructure. (a) No later than July 1,
2	2024, the BHA, in collaboration with the department of health care policy
3	and financing, shall develop a statewide care coordination infrastructure
4	to drive accountability and more effective behavioral health navigation
5	to care that builds upon and collaborates with existing care coordination
6	services. The infrastructure must include:
7	(6) Beginning January 2025, and each January thereafter, the
8	department of health care policy and financing shall assess the care
9	coordination services provided by managed care entities and provide a
10	report as part of its "State Measurement for Accountable, Responsive, and
11	Transparent (SMART) Government Act" hearing required by section
12	2-7-203. At a minimum, the report must include:
13	(c) Data on efforts made to reconnect with individuals that WHO
14	did not initially follow through on care coordination services; and
15	(d) Data on referrals to community-based services and follow-up
16	services by each managed care entity for individuals served through care
17	coordination services; AND
18	(e) Data on the utilization of care navigation services
19	PURSUANT TO SUBSECTION (9) OF THIS SECTION IN ACCORDANCE WITH
20	STATE AND FEDERAL HEALTH-CARE PRIVACY LAWS.
21	(9) Care navigation program. (a) [Formerly 27-80-119 (2)] As

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

(b) [Formerly 27-80-119 (3)] Subject to available appropriations, the BHA shall implement a care navigation program to assist engaged

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clients in obtaining access to treatment for substance use disorders. At a minimum, services available statewide must include independent screening of the treatment needs of the engaged client using nationally recognized screening criteria to determine the correct level of care; the identification of licensed or accredited substance use disorder treatment options, including social and medical detoxification services, medication-assisted treatment, and inpatient and outpatient treatment programs; and the availability of various treatment options for the engaged client.

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(c) [Formerly 27-80-119 (4)] To implement the care navigation program, the BHA shall, include DIRECTLY OR THROUGH CONTRACT, PROVIDE care navigation services AND ALIGN THE CARE NAVIGATION SERVICES WITH THE CARE COORDINATION INFRASTRUCTURE ESTABLISHED PURSUANT TO THIS SECTION. in the twenty-four-hour telephone crisis service created pursuant to section 27-60-103. The contractor selected by the BHA must provide care navigation services to engaged clients statewide. Care navigation services must be available twenty-four hours a day and must be accessible through various formats. The contractor shall coordinate services in conjunction with other state care navigation and coordination services and behavioral health response systems to ensure coordinated and integrated service delivery. The use of peer support specialists is encouraged in the coordination of services. The contractor shall assist the engaged client with accessing treatment facilities, treatment programs, or treatment providers and shall provide services to engaged clients regardless of the client's payer source or whether the client is uninsured. Once the engaged client has initiated treatment, the contractor is no longer responsible for care navigation for

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1	that engaged client for that episode. Engaged clients who are enrolled in
2	the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5
3	shall be provided with contact information for their managed care entity.
4	The contractor shall conduct ongoing outreach to inform behavioral
5	health providers, counties, county departments of human or social
6	services, jails, law enforcement personnel, health-care professionals, and
7	other interested persons about care navigation services.
8	(d) [Formerly 27-80-119 (7)] The state board of human services
9	may promulgate any rules necessary to implement the care navigation
10	program.
11	SECTION 31. In Colorado Revised Statutes, 27-64-104, amend
12	(3) as follows:
13	27-64-104. 988 crisis hotline cash fund - creation. (3) Subject
14	to annual appropriation by the general assembly MONEY IN THE FUND IS
15	CONTINUOUSLY APPROPRIATED. The enterprise may expend money from
16	the fund for the purposes outlined in section 27-64-103 (4)(c) and (4)(d).
17	SECTION 32. In Colorado Revised Statutes, 27-65-107, amend
18	(4)(a) introductory portion and (4)(a)(V) as follows:
19	27-65-107. Emergency transportation - application - screening
20	- respondent's rights. (4) (a) A person detained pursuant to this section
21	at an outpatient mental health facility or facility designated by the
22	commissioner, has the following rights while being detained, which must
23	be explained to the person before being transported to a receiving facility:
24	(V) To have appropriate access to adequate water and food FOOD;
25	and to have the person's nutritional needs met in a manner that is
26	consistent with recognized dietary practices, TO THE EXTENT REASONABLY
27	POSSIBLE AT THE RECEIVING FACILITY;

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SECTION 33. In Colorado Revised Statutes, 27-65-113, **amend** (5)(a) and (5)(b) as follows:

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27-65-113. Hearing procedures - jurisdiction. (5) (a) In the event that a respondent or a person found not guilty by reason of impaired mental condition pursuant to section 16-8-103.5 (5), or by reason of insanity pursuant to section 16-8-105 (4) or 16-8-105.5, refuses to accept medication, the court having jurisdiction of the action pursuant to subsection (4) of this section, the court committing the person or defendant to the custody of the BHA DEPARTMENT pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, or the court of the jurisdiction in which the designated facility treating the respondent or person is located has jurisdiction and venue to accept a petition by a treating physician and to enter an order requiring that the respondent or person accept such treatment or, in the alternative, that the medication be forcibly administered to the respondent or person. The court of the jurisdiction in which the designated facility is located shall not exercise its jurisdiction without the permission of the court that committed the person to the custody of the BHA DEPARTMENT. Upon the filing of such a petition, the court shall appoint an attorney, if one has not been appointed, to represent the respondent or person and hear the matter within ten days.

(b) In any case brought pursuant to subsection (5)(a) of this section in a court for the county in which the treating facility is located, the county where the proceeding was initiated pursuant to subsection (4) of this section or the court committing the person to the custody of the BHA DEPARTMENT pursuant to section 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, shall either reimburse the county in which the proceeding

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1	pursuant to this subsection (5) was filed and in which the proceeding was
2	held for the reasonable costs incurred in conducting the proceeding or
3	conduct the proceeding itself using its own personnel and resources,
4	including its own district or county attorney, as the case may be.
5	SECTION 34. In Colorado Revised Statutes, 27-65-123, amend
6	(1)(a) as follows:
7	27-65-123. Records. (1) Except as provided in subsection (2) of
8	this section, all information obtained and records prepared in the course
9	of providing any services to any person pursuant to any provision of this
10	article 65 are confidential and privileged matter. The information and
11	records may be disclosed only:
12	(a) In communications between qualified professional
13	PROFESSIONALS, FACILITY personnel, OR STATE AGENCIES in the provision
14	of services or appropriate referrals;
15	SECTION 35. In Colorado Revised Statutes, 27-71-104, amend
16	(3) as follows:
17	27-71-104. Mental health residential facilities - initial license
18	requirements - repeal. (3) On and after July 1, 2023 OCTOBER 1, 2023,
19	the behavioral health administration is responsible for licensing mental
20	health home- and community-based waiver residential facilities.
21	SECTION 36. In Colorado Revised Statutes, 27-80-102, amend
22	(1) introductory portion and (2) as follows:
23	27-80-102. Duties of the behavioral health administration.
24	(1) The office of behavioral health ADMINISTRATION is a type 2 entity,
25	as defined in section 24-1-105, and is responsible for the powers, duties,
26	and functions relating to the alcohol and drug driving safety program
27	specified in section 42-4-1301.3. The office of behavioral health

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1 ADMINISTRATION shall formulate a comprehensive state plan for 2 substance use disorder treatment programs. The office of behavioral 3 health ADMINISTRATION shall submit the state plan to the governor and, 4 upon the governor's approval, submit it to the appropriate United States 5 agency for review and approval. The state plan must include, but not be 6 limited to: 7 (2) The department, acting by and through the office of behavioral 8 health ADMINISTRATION, is designated as the sole state agency for the 9 supervision of the administration of the state plan. 10 **SECTION 37.** In Colorado Revised Statutes, 27-80-107, amend (1), (2) introductory portion, (2)(b), (2)(d), (2.5)(a) introductory portion, 12 (2.5)(a)(II), (3), (4), (5), and (7) as follows:13 27-80-107. Designation of managed service organizations -14 purchase of services - revocation of designation. (1) The director of 15 the office of behavioral health ADMINISTRATION shall establish designated 16 service areas to provide substance use disorder treatment and recovery 17 services in a particular geographical region of the state. (2) To be selected as a designated managed service organization 19

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to provide services in a particular designated service area, a private corporation; for profit or not for profit; or a public agency, organization, or institution shall apply to the office of behavioral health ADMINISTRATION for a designation in the form and manner specified by the executive director or the executive director's COMMISSIONER OR THE COMMISSIONER'S designee. The designation process is in lieu of a competitive bid process pursuant to the "Procurement Code", articles 101 to 112 of title 24. The director of the office of behavioral health COMMISSIONER OR THE COMMISSIONER'S DESIGNEE shall make the

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- designation based on factors established by the executive director or the

 executive director's COMMISSIONER OR THE COMMISSIONER'S designee.

 The factors for designation established by the executive director or the
 - executive director's designee include the following:

- (b) Whether the managed service organization has experience working with publicly funded clients, including expertise in treating priority populations designated by the office of behavioral health ADMINISTRATION;
- (d) Whether the managed service organization has experience using the cost-share principles used by the office of behavioral health ADMINISTRATION in its contracts with providers and is willing to cost-share;
- (2.5) (a) On or before January 1, 2023, in order to promote transparency and accountability, the office of behavioral health ADMINISTRATION shall require each managed service organization that has twenty-five percent or more ownership by providers of behavioral health services to comply with the following conflict of interest policies:
- (II) The office of behavioral health ADMINISTRATION shall quarterly review a managed service organization's funding allocation to ensure that all providers are being equally considered for funding. The office of behavioral health ADMINISTRATION is authorized to review any other pertinent information to ensure the managed service organization is meeting state and federal rules and regulations and is not inappropriately giving preference to providers with ownership or board membership.
- (3) The designation of a managed service organization by the director of the office of behavioral health COMMISSIONER, as described in

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subsection (2) of this section, is an initial decision of the department which THAT may be reviewed by the executive director in accordance with the provisions of section 24-4-105. Review by the executive director in accordance with section 24-4-105 constitutes final agency action for purposes of judicial review.

- (4) (a) The terms and conditions for providing substance use disorder treatment and recovery services must be specified in the contract entered into between the office of behavioral health ADMINISTRATION and the designated managed service organization. Contracts entered into between the office of behavioral health ADMINISTRATION and the designated managed service organization must include terms and conditions prohibiting a designated managed service organization contracted treatment provider from denying or prohibiting access to medication-assisted treatment, as defined in section 23-21-803, for a substance use disorder.
- (b) Contracts entered into between the office of behavioral health ADMINISTRATION and the designated managed service organization must include terms and conditions that outline the expectations for the designated managed service organization to invest in the state's recovery services infrastructure, which include peer-run recovery support services and specialized services for underserved populations. Investments are based on available appropriations.
- (5) The contract may include a provisional designation for ninety days. At the conclusion of the ninety-day provisional period, the director of the office of behavioral health COMMISSIONER may choose to revoke the contract or, subject to meeting the terms and conditions specified in the contract, may choose to extend the contract for a stated time period.

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(7) (a) The director of the office of behavioral health
COMMISSIONER may revoke the designation of a designated managed
service organization upon finding that the managed service organization
is in violation of the performance of the provisions of or rules
promulgated pursuant to this article 80. The revocation must conform to
the provisions and procedures specified in article 4 of title 24, and occur
only after notice and an opportunity for a hearing is provided as specified
in article 4 of title 24. A hearing to revoke a designation as a designated
managed service organization constitutes final agency action for purposes
of judicial review.

- (b) Once a designation has been revoked pursuant to subsection (7)(a) of this section, the director of the office of behavioral health COMMISSIONER may designate one or more service providers to provide the treatment services pending designation of a new designated managed service organization or may enter into contracts with subcontractors to provide the treatment services.
- (c) From time to time, the director of the office of behavioral health COMMISSIONER may solicit applications from applicants for managed service organization designation to provide substance use disorder treatment and recovery services for a specified planning area or areas.
- SECTION 38. In Colorado Revised Statutes, 27-80-108, amend
 (1)(c) and (1)(d) as follows:
 - **27-80-108. Rules.** (1) The state board of human services, created in section 26-1-107, has the power to promulgate rules governing the provisions of this article 80. The rules may include, but are not limited to:
 - (c) Requirements for public and private agencies, organizations,

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I	and institutions from which the office of behavioral health
2	ADMINISTRATION may purchase services pursuant to section 27-80-106
3	(1), which requirements must include prohibiting the purchase of services
4	from entities that deny or prohibit access to medical services or substance
5	use disorder treatment and services to persons who are participating in
6	prescribed medication-assisted treatment, as defined in section 23-21-803,
7	for a substance use disorder;
8	(d) Requirements for managed service organizations that are
9	designated by the director of the office of behavioral health
10	COMMISSIONER to provide services in a designated service area pursuant
11	to section 27-80-106 (2);
12	SECTION 39. In Colorado Revised Statutes, 27-80-303, amend
13	(1)(b) introductory portion and (5) as follows:
14	27-80-303. Office of ombudsman for behavioral health access
15	to care - creation - appointment of ombudsman - duties. (1) (b) The
16	office of behavioral health in the department and the BHA shall offer the
17	office limited support with respect to:
18	(5) In the performance of the ombudsman's duties, the
19	ombudsman shall act independently of the office of behavioral health in
20	the department and the BHA. Any recommendations made or positions
21	taken by the ombudsman do not reflect those of the department, the office
22	of behavioral health, DEPARTMENT or the BHA.
23	SECTION 40. Repeal of relocated and nonrelocated
24	provisions in this act. In Colorado Revised Statutes, repeal 27-80-119;
25	except that (1), (5), (6), and (8) are not relocated.
26	SECTION 41. Act subject to petition - effective date. This act

takes effect at 12:01 a.m. on the day following the expiration of the

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- 1 ninety-day period after final adjournment of the general assembly; except
- 2 that, if a referendum petition is filed pursuant to section 1 (3) of article V
- 3 of the state constitution against this act or an item, section, or part of this
- 4 act within such period, then the act, item, section, or part will not take
- 5 effect unless approved by the people at the general election to be held in
- 6 November 2024 and, in such case, will take effect on the date of the
- 7 official declaration of the vote thereon by the governor.

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