



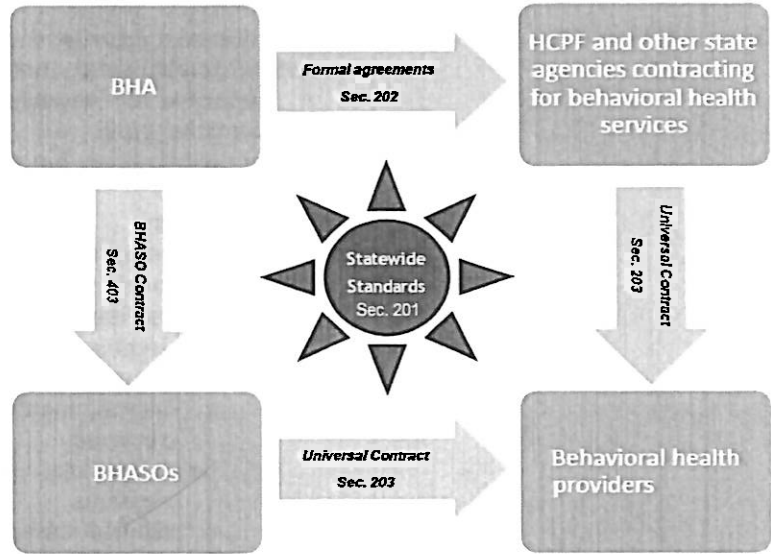
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## Behavioral Health Administration HB 22-1278 Summary

The Behavioral Health Administration (BHA) will establish a comprehensive, accountable behavioral health safety net system throughout Colorado. The behavioral health safety net includes 14 critical behavioral health services which will be available in every region of the state. The BHA sets standards for accessibility and quality of the safety net services.

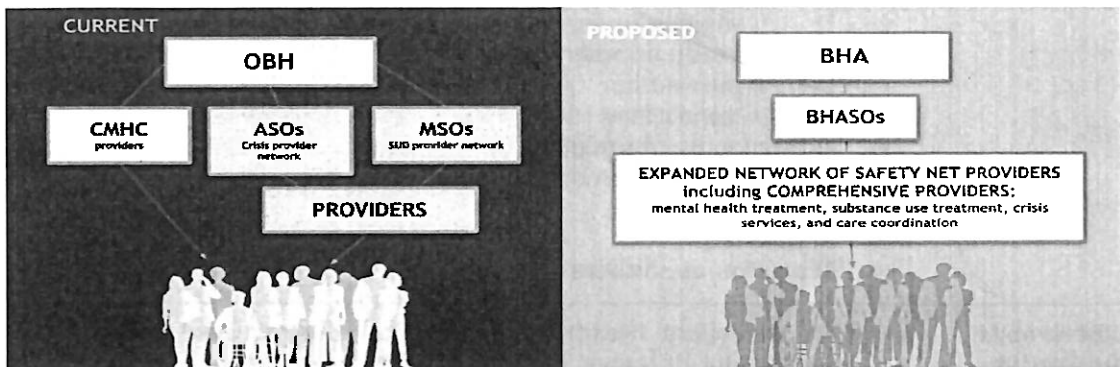
There are two types of safety net providers: 1) *comprehensive community providers*, which provide a certain set of core services, and 2) *essential providers*, which may specialize in any one or more of the safety net services and/or may serve target subpopulations to promote equity.

All safety net providers will be accountable to meet BHA standards. The standards are required through *universal contracting provisions*, which are used by the BHA, its contracted intermediary organizations, and any state agency contracting for behavioral health services in Colorado. The BHA will enter into formal agreements with State agencies addressing data sharing and use of the universal contracting provisions.



The bill defines *priority populations* to include the individuals with the greatest need. Safety net services must be available to priority populations.

The BHA will reduce bureaucracy by consolidating fragmented behavioral health networks (mental health, substance use disorder treatment, and crisis services) into one *behavioral health administrative services organization (BHASO)* per region. These regions will align with the Medicaid regions (regional accountable entities (RAEs)).



The BHA will analyze data on behavioral health grievances in Colorado. Aggregate data on grievances will be posted publicly and will be used to identify and address service delivery gaps and needs.

An advisory council of diverse stakeholders will make recommendations to the BHA on service needs and gaps, standards of care, and strategy.

duties, and functions - divisions of the BHA.	
27-50-104. Powers and duties of the Commissioner - rules.	<ul style="list-style-type: none"> <li>• The Commissioner has the authority to establish “Commissioner Rules” for internal procedures and policies.</li> </ul>
27-50-105. Administration of behavioral health programs - state plan - sole mental health authority.	<ul style="list-style-type: none"> <li>• Transfers community-based programs from the CDHS Office of Behavioral Health to the BHA</li> </ul>
27-50-106. Transfer of functions.	<ul style="list-style-type: none"> <li>• Over a period of two years, responsibility for licensing behavioral health entities transfers from the Department of Public Health and the Environment (CDPHE) to the BHA. <ul style="list-style-type: none"> <li>◦ SFY 22-23: CDPHE continues licensing function. BHA begins rulemaking to implement new standards for BHEs. These rules will not apply to BHEs that are currently licensed by CDPHE.</li> <li>◦ SFY 23-24: CDPHE ceases issuing new/renewal BHE licenses; BHA begins licensing. The BHA’s rules adopted in the prior year are effective for those BHEs licensed by the BHA. During this transition year, BHEs with licenses from CDPHE will still be subject to the CDPHE rules. <ul style="list-style-type: none"> <li>■ Since BHE licenses are effective for one year, by June 30, 2024, all BHEs will be licensed by the BHA and subject to the BHA’s rules.</li> </ul> </li> </ul> </li> </ul>
27-50-107. State board of human services - rules.	<ul style="list-style-type: none"> <li>• The State Board of Human Services is the Type 1 rulemaking body for the BHA.</li> <li>• The State Board of Human Services has broad rulemaking authority to implement the programs and functions within the BHA.</li> </ul>
27-50-108. Systemwide behavioral health grievance system.	<ul style="list-style-type: none"> <li>• The BHA will track and analyze behavioral health grievances and publish this data on a public-facing website.</li> <li>• The BHA will use the data and analysis on grievances to identify and address, at a systemic level, service delivery gaps and to inform statewide behavioral health policy. This includes analyzing grievances by the BHASO, RAE, payer, and provider.</li> <li>• By July 1, 2024 the BHA will clarify its role in addressing individual grievances. The BHA will engage stakeholders in making these decisions.</li> </ul>
27-50-201. Behavioral health system monitoring - capacity - safety net performance.	<ul style="list-style-type: none"> <li>• By July 1, 2024, the BHA will establish a performance monitoring system for tracking capacity and performance of behavioral health providers.</li> <li>• The BHA will determine performance standards addressing accessibility of care and quality of care.</li> <li>• The BHA will collaborate with the Department of Health Care Policy and Financing (HCPF) and other State agencies, and consider the recommendations of the advisory council, in determining</li> </ul>

	<p>XV. Additional services that the BHA determines are necessary in a community or throughout the state</p> <ul style="list-style-type: none"> <li>Behavioral health safety net providers may not refuse services based on an individual's: insurance coverage, clinical acuity level, readiness to transition out of a mental health institute, involvement in the criminal or juvenile justice system, involvement in the child welfare system, co-occurring mental health and substance use disorders, physical disability, or intellectual or developmental disability, aggressive behavior due to intoxication or a mental health disorder, place of residence, or any protected status.</li> </ul>
<p><b>27-50-302.</b> Requirement to serve priority populations - screening and triage for individuals in need of behavioral health services - referrals.</p>	<ul style="list-style-type: none"> <li>Comprehensive community behavioral health providers must provide services to priority populations unless the individual is triaged and successfully referred to another provider.</li> <li>Essential behavioral health safety net providers must provide services to priority populations, except that essential providers may contract with the BHASO to specialize and serve only specific subpopulations.</li> <li>All safety net providers (essential and comprehensive) must screen and triage individuals who request treatment.</li> <li>If an individual's needs exceed the treatment capacity or clinical expertise of a provider, the provider must follow specific procedures for referring the person to a more appropriate provider. Comprehensive providers must ensure the individual has access to interim services until the person is connected with an ongoing provider.</li> <li>All safety net providers must track and report certain data regarding clients who are referred to other providers.</li> </ul>
<p><b>27-50-303.</b> Essential behavioral health safety net providers - approval to serve limited priority populations.</p>	<ul style="list-style-type: none"> <li>BHASOs may contract with essential providers to provide safety net services to only certain subpopulations of the priority populations.</li> <li>Per the definition of "priority populations" (Sec. 101(17)) subpopulations are determined considering health equity data.</li> </ul>
<p><b>27-50-304.</b> Behavioral health safety net provider network - incentives - preferred status - rules.</p>	<ul style="list-style-type: none"> <li>The BHA, through the Behavioral Health Administrative Services Organizations (BHASOs) (section 400 et seq) and managed care entities (Section 25.5-5-403, C.R.S.) are responsible for ensuring network adequacy in every region in the state.</li> <li>The BHASOs will provide approved behavioral health safety net providers with opportunities for quality incentives, value-based payment, or other enhanced payments or preferred contract status.</li> <li>The BHASOs will prioritize comprehensive behavioral health safety net providers in awarding contracts to meet network adequacy.</li> </ul>
<p><b>27-50-401.</b> Regional behavioral health administrative service organizations -</p>	<ul style="list-style-type: none"> <li>By July 1, 2024, the Commissioner of the BHA will establish regionally-based BHASOs, which are responsible for ensuring network adequacy in the region for all required safety net services.</li> <li>The Commissioner will determine the boundaries of each region; it is expected the regions will align with the Medicaid regions (i.e.,</li> </ul>

<p><b>27-50-504. License fees - rules.</b></p>	<ul style="list-style-type: none"> <li>• The BHA will assess fees to cover the costs of behavioral health entity licensing.</li> <li>• The bill maintains existing procedures and requirements of the licensing process; these are repealed from Title 25 (CDPHE) and moved to Title 27 for administration by the BHA.</li> </ul>
<p><b>27-50-505. License - denial - suspension - revocation.</b></p>	<ul style="list-style-type: none"> <li>• The bill outlines the procedures for denial and revocation of behavioral health entity licenses.</li> <li>• The BHA may impose intermediate restrictions or conditions to address compliance.</li> </ul>
<p><b>27-50-506. Behavioral health licensing cash fund - creation.</b></p>	<ul style="list-style-type: none"> <li>• The bill creates a cash fund to implement section 505.</li> </ul>
<p><b>27-50-507. Employee and contracted service provider - criminal history record check.</b></p>	<ul style="list-style-type: none"> <li>• Employees and contracted providers of behavioral health entities must have criminal background checks.</li> </ul>
<p><b>27-50-508. Enforcement.</b></p>	<ul style="list-style-type: none"> <li>• The BHA is responsible for enforcement of behavioral health entity laws in this part, as well as any rule adopted pursuant to this part.</li> </ul>
<p><b>27-50-509. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions.</b></p>	<ul style="list-style-type: none"> <li>• State and local government entities may contract with behavioral health entities licensed by the BHA.</li> <li>• With voter approval, boards of county Commissioners may fund these services by levying a tax of up to two mills upon real property.</li> </ul>
<p><b>27-50-510. Behavioral health entities - consumer information - reporting - release - rule.</b></p>	<ul style="list-style-type: none"> <li>• Behavioral health entities must report certain patient incidents to the BHA, such as injuries or circumstances posing risk to patients.</li> <li>• The bill maintains existing procedures and requirements for incident reporting; these are repealed from Title 25 (CDPHE) and moved to Title 27 for administration by the BHA.</li> </ul>
<p><b>27-50-601. Department of health care policy and financing - behavioral health network standards.</b></p>	<ul style="list-style-type: none"> <li>• HCPF must use behavioral health entities licensed by the BHA and individual behavioral health providers licensed by the Department of Regulatory Agencies (DORA) when creating statewide or regional behavioral health networks.</li> <li>• HCPF must align its behavioral health programs with the safety net requirements and standards established by the BHA. This includes care coordination.</li> <li>• HCPF must require behavioral health providers to sign the universal contract.</li> </ul>

<b>2-7-203 SMART Act</b>	<ul style="list-style-type: none"><li>• The BHA will deliver a SMART Act presentation.</li></ul>
<b>25.5-4-403. Providers - safety net behavioral health provider reimbursement</b>	<ul style="list-style-type: none"><li>• For the purpose of reimbursing essential and comprehensive safety net providers, HCPF will establish a payment methodology annually with the BHA. The methodology will be determined by an auditing and accounting committee.</li></ul>

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