

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

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 22-0803.01 Shelby Ross x4510

**SENATE BILL 22-177**

**SENATE SPONSORSHIP**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

HOUSE  
3rd Reading Unamended  
May 9, 2022

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**A BILL FOR AN ACT**

101     **CONCERNING BEHAVIORAL HEALTH SYSTEM INVESTMENTS IN THE**  
102             **STATEWIDE CARE COORDINATION INFRASTRUCTURE, AND, IN**  
103             **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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HOUSE  
2nd Reading Unamended  
May 4, 2022

**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>.)*

SENATE  
3rd Reading Unamended  
April 29, 2022

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

The bill requires the behavioral health administration (BHA) to:

SENATE  
Amended 2nd Reading  
April 28, 2022

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

- Ensure navigators are available through the statewide care coordination infrastructure website and mobile application, as well as in specific regional locations; and
- Utilize behavioral health administrative service organizations to help individuals and families initiate care and ensure timely access to services.

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

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

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

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

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

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

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

13 (d) It is imperative that the state improve care coordination to  
14 better support access to behavioral health services so that individuals can

1 get the care they need when they need it;

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

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

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

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

20 **SECTION 2. In Colorado Revised Statutes, amend as amended**  
21 **by House Bill 22-1278 27-60-204 as follows:**

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

1 must include:

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

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

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

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

25 (d) The BHA shall implement, directly or through a contractor, a  
26 comprehensive and robust marketing and outreach plan to make  
27 Coloradans aware of the website, and mobile application, CLOUD-BASED

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

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

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

22 (4) IN IMPLEMENTING THE CARE COORDINATION INFRASTRUCTURE  
23 DEVELOPED PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE BHA  
24 SHALL:

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

1 SOCIAL DETERMINANTS OF HEALTH RESOURCES. AT A MINIMUM, THE BHA  
2 SHALL TRAIN EXISTING MANAGED CARE ENTITY PROVIDERS, EMPLOYEES  
3 OF THE 988 CRISIS HOTLINE ENTERPRISE CREATED IN SECTION 27-64-103,  
4 911 DISPATCHERS, BHA CARE COORDINATORS AND NAVIGATORS, AND  
5 OTHER PROVIDERS PARTICIPATING IN OTHER SAFETY NET PROVIDER  
6 SETTINGS;

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

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

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

16 (e) ENSURE THE 988 CRISIS HOTLINE ESTABLISHED PURSUANT TO  
17 ARTICLE 64 OF THIS TITLE 27:

18 (I) RESPONDS TO ANYONE EXPERIENCING A MENTAL HEALTH OR  
19 SUBSTANCE USE CRISIS;

20 (II) DOCUMENTS REFERRALS AND TRANSFERS OF CARE OF PERSONS  
21 WITH ONE OR MORE COMMUNITY-BASED SERVICE PROVIDERS, SUCH AS  
22 CARE COORDINATION AND CARE NAVIGATION SERVICES; AND

23 (III) INCLUDES CONNECTIONS TO:

24 (A) THE FORTHCOMING COLORADO BEHAVIORAL HEALTH  
25 RESOURCE NAVIGATION SYSTEM, WHICH MORE QUICKLY LINKS  
26 INDIVIDUALS IN CRISIS WITH AVAILABLE SERVICES;

27 (B) THE STATEWIDE AND REGIONAL CARE COORDINATION SYSTEM;

1                   (C) PEER SUPPORT SERVICES; AND

2                   (D) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED  
3                   PURSUANT TO SECTION 27-60-103.

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

7                   (a) UTILIZE NAVIGATORS TRAINED IN THE USE OF THE CARE  
8 COORDINATION INFRASTRUCTURE PURSUANT TO SUBSECTION (4)(a) OF  
9 THIS SECTION TO IDENTIFY COMMUNITY-BASED AND SOCIAL  
10 DETERMINANTS OF HEALTH SERVICES AND CAPACITY, INCLUDING ON-THE-  
11 GROUND LOCAL SUPPORT TO ENCOURAGE PARTICIPATION AND  
12 ENGAGEMENT IN SERVICES;

13                   (b) UTILIZE NAVIGATORS AND COORDINATORS TO SUPPORT  
14 INDIVIDUALS IN CONNECTING TO THE SAFETY NET SYSTEM CREATED  
15 PURSUANT TO PART 3 OF ARTICLE 50 OF THIS TITLE 27, INCLUDING  
16 SERVICES NOT COVERED BY AN INDIVIDUAL'S INSURANCE;

17                   (c) MONITOR AND REPORT QUARTERLY ON THE SAFETY NET  
18 SYSTEM AND SAFETY NET PROVIDERS TO SUPPORT ACCOUNTABILITY IN  
19 CONNECTING INDIVIDUALS TO SERVICES AND THE DELIVERY OF THOSE  
20 SERVICES TO INDIVIDUALS WITH THE HIGHEST NEEDS;

21                   (d) SUPPORT CONTINUED CONNECTION WITH THE SAFETY NET  
22 SYSTEM AFTER AN INDIVIDUAL IS DISCHARGED FROM HOSPITALIZATION,  
23 THE CRIMINAL JUSTICE SYSTEM, AN EMERGENCY DEPARTMENT, OR OTHER  
24 BEHAVIORAL HEALTH FACILITIES, INCLUDING WITHDRAWAL MANAGEMENT  
25 FACILITIES AND JAILS, BY BUILDING MULTI-SECTOR, MULTI-SYSTEM  
26 REFERRAL AND OUTCOME TRACKING INTO THE CARE COORDINATION  
27 SYSTEM;

1 (e) REQUIRE CONTRACTED PROVIDERS TO USE THE STATEWIDE  
2 CARE COORDINATION SYSTEM, REPORT ON OUTCOMES, INCLUDING HOW  
3 AND WHEN INDIVIDUALS ACCESSED CARE, AND WORK COLLABORATIVELY  
4 WITH THE CARE COORDINATION ENTITY TO ENSURE INDIVIDUALS RECEIVE  
5 NEEDED SERVICES IN A TIMELY MANNER; AND

6 (f) ANY OTHER DUTIES REQUIRED BY LAW OR THE BHA.

7 (6) BEGINNING JANUARY 2025, AND EACH JANUARY THEREAFTER,  
8 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL ASSESS  
9 THE CARE COORDINATION SERVICES PROVIDED BY MANAGED CARE  
10 ENTITIES AND PROVIDE A REPORT AS PART OF ITS "STATE MEASUREMENT  
11 FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
12 GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203. AT A  
13 MINIMUM, THE REPORT MUST INCLUDE:

14 (a) THE NUMBER OF INDIVIDUALS SERVED BY EACH MANAGED  
15 CARE ENTITY THROUGH CARE COORDINATION;

16 (b) DATA ON CARE COORDINATION SERVICES PROVIDED BY EACH  
17 MANAGED CARE ENTITY, INCLUDING FOLLOW-UP CONTACTS TO ENSURE  
18 CLIENTS WERE CONNECTED TO SERVICES;

19 (c) DATA ON EFFORTS MADE TO RECONNECT WITH INDIVIDUALS  
20 THAT DID NOT INITIALLY FOLLOW THROUGH ON CARE COORDINATION  
21 SERVICES; AND

22 (d) DATA ON REFERRALS TO COMMUNITY-BASED SERVICES AND  
23 FOLLOW-UP SERVICES BY EACH MANAGED CARE ENTITY FOR INDIVIDUALS  
24 SERVED THROUGH CARE COORDINATION SERVICES.

25 (7) THE BHA AND ANY PERSON THAT RECEIVES MONEY FROM THE  
26 STATE DEPARTMENT SHALL COMPLY WITH THE COMPLIANCE, REPORTING,  
27 RECORD-KEEPING, AND PROGRAM EVALUATION REQUIREMENTS



1 ESTABLISHED BY THE OFFICE OF STATE PLANNING AND BUDGETING AND  
2 THE STATE CONTROLLER IN ACCORDANCE WITH SECTION 24-75-226 (5).

3 (8) (a) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL  
4 ASSEMBLY SHALL APPROPRIATE TWELVE MILLION TWO HUNDRED  
5 THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH  
6 FUND CREATED IN SECTION 24-75-230 TO THE DEPARTMENT OF HUMAN  
7 SERVICES FOR USE BY THE BHA FOR THE PURPOSES OF THIS SECTION.

8 (b) THIS SUBSECTION (8) IS REPEALED, EFFECTIVE JULY 1, 2023.

9 **SECTION 3. Appropriation.** For the 2022-23 state fiscal year,  
10 \$12,200,000 is appropriated to the department of human services for use  
11 by the behavioral health administration. This appropriation is from the  
12 behavioral and mental health cash fund created in section 24-75-230  
13 (2)(a), C.R.S., and is of money the state received from the federal  
14 coronavirus state fiscal recovery fund. The administration may use this  
15 appropriation for care coordination infrastructure. Any money  
16 appropriated in this section not expended prior to July 1, 2023, is further  
17 appropriated to the administration from July 1, 2023, through December  
18 30, 2024, for the same purpose. These appropriations are based on the  
19 assumption that the administration will require 3.0 FTE in the 2022-23  
20 state fiscal year and 3.0 FTE in the 2023-24 state fiscal year to implement  
21 this act.

22 **SECTION 4. Effective date.** This act takes effect only if House  
23 Bill 22-1278 becomes law, in which case this act takes effect upon  
24 passage or on the effective date of House Bill 22-1278, whichever is later.

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