

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0303.02 Alana Rosen x2602

HOUSE BILL 21-1021

HOUSE SPONSORSHIP

Pelton and Caraveo, Cutter, Kennedy, Larson, Michaelson Jenet, Young

SENATE SPONSORSHIP

(None),

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING SUPPORTING THE PEER SUPPORT PROFESSIONAL**
102 **WORKFORCE.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the department of human services (state department) to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. The bill also gives the executive director of the state department rule-making authority to establish other criteria and standards as necessary.

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.

The bill permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals.

The bill authorizes the department of health care policy and financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program.

The bill requires contracts entered into between the state department's office of behavioral health and designated managed service organizations to include terms and conditions related to the support of peer-run recovery support services organizations.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add 27-60-108** as
3 follows:

4 **27-60-108. Peer support professionals - cash fund - fees -**
5 **requirements - rules - legislative declaration - definitions.** (1) (a) THE
6 GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

7 (I) PEER SUPPORT PROFESSIONALS HELP PEOPLE ACHIEVE THEIR
8 RECOVERY GOALS THROUGH SHARED UNDERSTANDING, RESPECT, AND
9 EMPOWERMENT. PEER SUPPORT OFFERS A FORM OF ACCEPTANCE,
10 UNDERSTANDING, AND VALIDATION NOT OFTEN FOUND IN OTHER
11 PROFESSIONAL RELATIONSHIPS.

12 (II) THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID
13 SERVICES RECOGNIZE THAT PEER SUPPORT PROFESSIONALS CAN BE AN
14 IMPORTANT COMPONENT IN A STATE'S DELIVERY OF EFFECTIVE MENTAL
15 HEALTH AND SUBSTANCE USE DISORDER TREATMENT;

16 (III) PEER SUPPORT SERVICES CAN CUT HOSPITALIZATIONS,
17 INCREASE A PERSON'S ENGAGEMENT IN SELF-CARE AND WELLNESS, AND
18 HELP TO DECREASE A PERSON'S PSYCHOTIC SYMPTOMS;

19 (IV) THE COVID-19 PANDEMIC HAS EXACERBATED COLORADO'S

1 EXISTING BEHAVIORAL HEALTH WORKFORCE SHORTAGE, PARTICULARLY
2 IN RURAL AREAS AND COMMUNITIES OF COLOR;

3 (V) COLORADO LACKS A BEHAVIORAL HEALTH WORKFORCE THAT
4 REFLECTS THE CULTURE, ETHNICITY, SEXUAL ORIENTATION, GENDER
5 IDENTITY, MENTAL HEALTH SERVICE EXPERIENCES, AND SUBSTANCE USE
6 DISORDER EXPERIENCES OF INDIVIDUALS IN THE STATE;

7 (VI) IN THE PAST TWO YEARS, THE NUMBER OF PEOPLE WHO HAVE
8 NEEDED BUT HAVE NOT RECEIVED BEHAVIORAL HEALTH SERVICES HAS
9 NEARLY DOUBLED. CHALLENGES TO THE WORKFORCE IS CONSIDERED THE
10 LEADING CAUSE FOR THE DECREASED AVAILABILITY OF BEHAVIORAL
11 HEALTH SERVICES. PEER SUPPORT PROFESSIONALS CAN HELP FILL
12 COLORADO'S WORKFORCE NEED.

13 (VII) THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
14 ADMINISTRATION HAS IDENTIFIED PEER-RUN ORGANIZATIONS AS AN
15 EVIDENCE-BASED PRACTICE. PEER-RUN ORGANIZATIONS MAY OFFER A
16 VARIETY OF SERVICES, INCLUDING BUT NOT LIMITED TO:

17 (A) PEER-RUN DROP-IN CENTERS;
18 (B) RECOVERY AND WELLNESS CENTERS;
19 (C) EMPLOYMENT SERVICES;
20 (D) PREVENTION AND EARLY INTERVENTION ACTIVITIES;
21 (E) PEER MENTORING FOR CHILDREN AND ADOLESCENTS;
22 (F) WARM LINES; OR
23 (G) ADVOCACY SERVICES.

24 (b) THE GENERAL ASSEMBLY FINDS, THEREFORE, THAT IT IS IN THE
25 BEST INTEREST OF THE STATE TO SUPPORT THE PEER SUPPORT
26 PROFESSIONAL WORKFORCE THROUGH THE CREATION OF PEER-RUN
27 RECOVERY SUPPORT SERVICES ORGANIZATIONS. PEER-RUN AND PEER-LED

1 ORGANIZATIONS WILL HELP EXPAND PEER SUPPORT SERVICES
2 THROUGHOUT THE STATE, EXPAND THE BEHAVIORAL HEALTH WORKFORCE,
3 AND SAVE THE STATE MONEY BY REDUCING THE NEED FOR CRISIS
4 SERVICES.

5 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
6 REQUIRES:

7 (a) "LICENSED MENTAL HEALTH PROVIDER" MEANS A:

8 (I) MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED
9 PURSUANT TO ARTICLE 245 OF TITLE 12;

10 (II) ADVANCED PRACTICE REGISTERED NURSE REGISTERED
11 PURSUANT TO SECTION 12-255-111 WITH TRAINING IN SUBSTANCE USE
12 DISORDERS OR MENTAL HEALTH;

13 (III) PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION
14 12-240-113 WITH SPECIFIC TRAINING IN SUBSTANCE USE DISORDERS OR
15 MENTAL HEALTH;

16 (IV) PSYCHIATRIC TECHNICIAN LICENSED PURSUANT TO ARTICLE
17 295 OF TITLE 12; AND

18 (V) MEDICAL DOCTOR LICENSED PURSUANT TO ARTICLE 240 OF
19 TITLE 12.

20 (b) "PEER SUPPORT PROFESSIONAL" MEANS A PEER SUPPORT
21 SPECIALIST, RECOVERY COACH, PEER AND FAMILY RECOVERY SUPPORT
22 SPECIALIST, PEER MENTOR, FAMILY ADVOCATE, OR FAMILY SYSTEMS
23 NAVIGATOR WHO MEETS THE QUALIFICATIONS DESCRIBED IN SUBSECTION
24 (3)(a)(III) OF THIS SECTION.

25 (c) "RECOVERY SUPPORT SERVICES ORGANIZATION" MEANS AN
26 ENTITY LED AND GOVERNED BY REPRESENTATIVES OF LOCAL
27 COMMUNITIES OF RECOVERY AND APPROVED BY THE EXECUTIVE DIRECTOR

1 OF THE STATE DEPARTMENT PURSUANT TO SUBSECTION (3)(a) OF THIS
2 SECTION.

3 (3) (a) ON OR BEFORE JULY 1, 2022, THE STATE DEPARTMENT
4 SHALL DEVELOP A PROCEDURE FOR RECOVERY SUPPORT SERVICES
5 ORGANIZATIONS TO BE APPROVED BY THE EXECUTIVE DIRECTOR OF THE
6 STATE DEPARTMENT FOR REIMBURSEMENT PURSUANT TO THIS SECTION.
7 THE PROCEDURES MUST ENSURE THAT THE RECOVERY SUPPORT SERVICES
8 ORGANIZATION:

9 (I) PROVIDES RECOVERY-FOCUSED SERVICES AND SUPPORTS;
10 (II) EMPLOYS OR CONTRACTS WITH A LICENSED MENTAL HEALTH
11 PROVIDER TO ADMINISTER ON-GOING SUPERVISION OF PEER SUPPORT
12 PROFESSIONALS EMPLOYED BY RECOVERY SUPPORT SERVICES
13 ORGANIZATIONS. THE LICENSED MENTAL HEALTH PROVIDER MUST BE IN
14 GOOD STANDING AND MUST DEMONSTRATE TRAINING IN THE PROVISION OF
15 PEER SUPPORT SERVICES AND SUPERVISION OF PEER SUPPORT
16 PROFESSIONALS;

17 (III) EMPLOYS OR CONTRACTS WITH PEER SUPPORT PROFESSIONALS
18 WHO MUST:

19 (A) SELF-IDENTIFY AS HAVING EXPERIENCED THE PROCESS OF
20 RECOVERY FROM A MENTAL HEALTH DISORDER, SUBSTANCE USE
21 DISORDER, TRAUMA, OR ONE OR ALL OF SUCH CONDITIONS, EITHER AS A
22 CONSUMER OF RECOVERY SERVICES OR AS THE PARENT OR A FAMILY
23 MEMBER OF THE CONSUMER;

24 (B) HAVE FORMAL TRAINING IN ALL CONTENT AREAS OUTLINED IN
25 THE CORE COMPETENCIES FOR PEER SUPPORT PROFESSIONALS BY THE
26 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OF
27 THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND

8 (IV) HAS AN ESTABLISHED PROCESS BY WHICH THE ORGANIZATION
9 COORDINATES ITS SERVICES WITH THOSE RENDERED BY OTHER AGENCIES
10 TO ENSURE AN UNINTERRUPTED CONTINUUM OF CARE TO PERSONS WITH
11 BEHAVIORAL HEALTH DISORDERS; AND

12 (V) MEETS ANY OTHER STANDARDS AS DETERMINED BY RULE OF
13 THE EXECUTIVE DIRECTOR.

14 (b) A PEER SUPPORT PROFESSIONAL MAY PROVIDE SERVICES FOR
15 A RECOVERY SUPPORT SERVICES ORGANIZATION IN VARIOUS CLINICAL AND
16 NONCLINICAL SETTINGS, INCLUDING BUT NOT LIMITED TO:

17 (I) JUSTICE-INVOLVED SETTINGS;

18 (II) PHYSICAL HEALTH SETTINGS, SUCH AS PEDIATRICIAN OR
19 OBSTETRIC AND GYNECOLOGICAL HEALTH CARE OFFICES;

20 (III) EMERGENCY DEPARTMENTS;

21 (IV) SERVICES DELIVERED VIA TELEHEALTH;

22 (V) AGENCIES SERVING HOMELESS COMMUNITIES;

23 (VI) PEER RESPITE HOMES; AND

24 (VII) SCHOOL-BASED HEALTH CENTERS.

25 (c) THE EXECUTIVE DIRECTOR OF THE

26 COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
27 FINANCING, MAY PROMULGATE RULES ESTABLISHING MINIMUM

1 STANDARDS THAT RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST
2 MEET.

3 (4) THE STATE DEPARTMENT SHALL CHARGE A FEE THAT MAY
4 COVER EXPENSES ASSOCIATED WITH THE IMPLEMENTATION OF THIS
5 SECTION AND FOR PROCESSING APPLICATIONS FOR RECOVERY SUPPORT
6 SERVICES ORGANIZATIONS SEEKING APPROVAL PURSUANT TO SUBSECTION
7 (3)(a) OF THIS SECTION. THE EXECUTIVE DIRECTOR OF THE STATE
8 DEPARTMENT MAY PROMULGATE RULES TO ESTABLISH THE FEE AT AN
9 AMOUNT NOT TO EXCEED THE AMOUNT TO RECOVER ALL DIRECT AND
10 INDIRECT COSTS THAT THE STATE DEPARTMENT INCURS IN THE
11 IMPLEMENTATION OF THIS SECTION AND IN PROCESSING APPLICATIONS FOR
12 RECOVERY SUPPORT SERVICES ORGANIZATIONS SEEKING APPROVAL. THE
13 STATE DEPARTMENT SHALL DEPOSIT ANY FEES COLLECTED INTO THE PEER
14 SUPPORT PROFESSIONAL WORKFORCE CASH FUND CREATED IN SUBSECTION
15 (6) OF THIS SECTION.

16 (5) THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND
17 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR
18 THE PURPOSES OF THIS SECTION. THE STATE DEPARTMENT SHALL
19 TRANSFER EACH GIFT, GRANT, AND DONATION TO THE STATE TREASURER,
20 WHO SHALL CREDIT THE SAME TO THE PEER SUPPORT PROFESSIONAL
21 WORKFORCE CASH FUND CREATED IN SUBSECTION (6) OF THIS SECTION.

22 (6) (a) THERE IS CREATED IN THE STATE TREASURY THE PEER
23 SUPPORT PROFESSIONAL WORKFORCE CASH FUND, REFERRED TO IN THIS
24 SECTION AS THE "FUND", WHICH CONSISTS OF:

25 (I) FEES COLLECTED PURSUANT TO SUBSECTION (4) OF THIS
26 SECTION;

27 (II) GIFTS, GRANTS, AND DONATIONS COLLECTED PURSUANT TO

1 SUBSECTION (5) OF THIS SECTION; AND

2 (III) MONEY APPROPRIATED TO THE FUND BY THE GENERAL
3 ASSEMBLY.

4 (b) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
5 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE
6 FUND TO THE FUND.

7 (c) ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING
8 IN THE FUND AT THE END OF A FISCAL YEAR REMAINS IN THE FUND AND IS
9 NOT TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

10 (d) SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL
11 ASSEMBLY, THE STATE DEPARTMENT MAY EXPEND STATE MONEY FROM
12 THE FUND FOR THE PURPOSE OF IMPLEMENTING THIS SECTION.

13 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-327 as
14 follows:

15 **25.5-5-327. Eligible peer support services - reimbursement -**
16 **definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
17 OTHERWISE REQUIRES:

18 (a) "PEER SUPPORT PROFESSIONAL" HAS THE SAME MEANING AS
19 DEFINED IN SECTION 27-60-108 (2)(b).

20 (b) "RECOVERY SUPPORT SERVICES ORGANIZATION" HAS THE SAME
21 MEANING AS DEFINED IN SECTION 27-60-108 (2)(c).

22 (2) SUBJECT TO AVAILABLE APPROPRIATIONS AND TO THE EXTENT
23 PERMITTED UNDER FEDERAL LAW, THE MEDICAL ASSISTANCE PROGRAM
24 PURSUANT TO THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5
25 INCLUDES PEER SUPPORT PROFESSIONAL SERVICES PROVIDED TO
26 RECIPIENTS THROUGH A RECOVERY SUPPORT SERVICES ORGANIZATION.
27 PEER SUPPORT PROFESSIONAL SERVICES MUST NOT BE PROVIDED TO

1 RECIPIENTS UNTIL FEDERAL APPROVAL HAS BEEN OBTAINED.

2 **SECTION 3.** In Colorado Revised Statutes, 27-80-107, **amend**
3 (1), (4), (6), and (7)(c) as follows:

4 **27-80-107. Designation of managed service organizations -**
5 **purchase of services - revocation of designation.** (1) The director of
6 the office of behavioral health shall establish designated service areas to
7 provide substance use disorder treatment AND RECOVERY services in a
8 particular geographical region of the state.

9 (4) (a) The terms and conditions for providing substance use
10 disorder treatment AND RECOVERY services must be specified in the
11 contract entered into between the office of behavioral health and the
12 designated managed service organization. Contracts entered into between
13 the office of behavioral health and the designated managed service
14 organization must include terms and conditions prohibiting a designated
15 managed service organization contracted treatment provider from denying
16 or prohibiting access to medication-assisted treatment, as defined in
17 section 23-21-803, for a substance use disorder.

18 (b) CONTRACTS ENTERED INTO BETWEEN THE OFFICE OF
19 BEHAVIORAL HEALTH AND THE DESIGNATED MANAGED SERVICE
20 ORGANIZATION MUST INCLUDE TERMS AND CONDITIONS THAT OUTLINE THE
21 EXPECTATIONS FOR THE DESIGNATED MANAGED SERVICE ORGANIZATION
22 TO INVEST IN THE STATE'S RECOVERY SERVICES INFRASTRUCTURE, WHICH
23 INCLUDE PEER-RUN RECOVERY SUPPORT SERVICES AND SPECIALIZED
24 SERVICES FOR UNDERSERVED POPULATIONS. INVESTMENTS ARE BASED ON
25 AVAILABLE APPROPRIATIONS.

26 (6) A managed service organization that is designated to serve a
27 designated service area may subcontract with a network of service

1 providers to provide treatment AND RECOVERY services for alcohol and
2 drug abuse and substance use disorders within the particular designated
3 service area.

4 (7) (c) From time to time, the director of the office of behavioral
5 health may solicit applications from applicants for managed service
6 organization designation to provide substance use disorder treatment AND
7 RECOVERY services for a specified planning area or areas.

8 **SECTION 4.** In Colorado Revised Statutes, 25-27.6-103, **amend**
9 (2)(a)(II)(D) as follows:

10 **25-27.6-103. Behavioral health entity implementation and**
11 **advisory committee - creation - membership - duties - repeal.**

12 (2) (a) The committee consists of:

13 (II) The following members to be appointed by the executive
14 director of the department of public health and environment:

15 (D) One member that represents a provider of substance use
16 disorder treatment AND RECOVERY services that is not a community health
17 center;

18 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-310, **amend**
19 (2)(b) as follows:

20 **25.5-5-310. Treatment program for high-risk pregnant and**
21 **parenting women - cooperation with private entities - definition.**

22 (2) (b) The department of human services is authorized to use state
23 money to provide services to women, including women enrolled in the
24 medical assistance program established pursuant to this article 5 and
25 articles 4 and 6 of this title 25.5, who enroll, up to one year postpartum,
26 in residential substance use disorder treatment AND RECOVERY services,
27 until such time as those services are covered by the medical assistance

1 program. The department of human services may continue to use state
2 money to enroll parenting women in residential services who qualify as
3 indigent but who are not eligible for services under the medical assistance
4 program.

5 **SECTION 6.** In Colorado Revised Statutes, 25.5-5-312, **amend**
6 (1) as follows:

7 **25.5-5-312. Treatment program for high-risk pregnant and**
8 **parenting women - extended coverage - federal approval.** (1) The
9 state department shall seek federal approval to continue providing
10 substance use disorder treatment AND RECOVERY services for twelve
11 months following a pregnancy to women who are eligible to receive
12 services under the medical assistance program, who are receiving services
13 pursuant to the treatment program for high-risk pregnant and parenting
14 women, and who continue to participate in the treatment program. The
15 state department shall implement the continued services to the extent
16 allowed by the federal government.

17 **SECTION 7.** In Colorado Revised Statutes, 25.5-5-315, **amend**
18 (1) as follows:

19 **25.5-5-315. Acceptance of gifts, grants, and donations - Native**
20 **American substance abuse treatment cash fund.** (1) The executive
21 director may accept and expend money from gifts, grants, and donations
22 for purposes of providing for the administrative costs of preparing and
23 submitting the request for federal approval to provide substance use
24 disorder treatment AND RECOVERY services to Native Americans as
25 provided for in section 25.5-5-314. All such gifts, grants, and donations
26 shall **MUST** be transmitted to the state treasurer who shall credit the same
27 to the Native American substance abuse treatment cash fund, which fund

1 is created and referred to in this section as the "fund". The money in the
2 fund is subject to annual appropriation by the general assembly. All
3 investment earnings derived from the deposit and investment of money
4 in the fund remains in the fund and shall not be transferred or revert to the
5 general fund of the state at the end of any fiscal year.

6 **SECTION 8.** In Colorado Revised Statutes, 26-1-132, **amend**
7 (1)(b) as follows:

8 **26-1-132. Department of human services - rate setting -**
9 **residential treatment service providers - monitoring and auditing -**
10 **report.** (1) In conjunction with the group of representatives convened by
11 the state department pursuant to section 26-5-104 (6)(e) to review the
12 rate-setting process for child welfare services, the state department shall
13 develop a rate-setting process consistent with medicaid requirements for
14 providers of residential treatment services in Colorado. The department
15 of health care policy and financing shall approve the rate-setting process
16 for rates funded by medicaid. The rate-setting process developed pursuant
17 to this section may include:

18 (b) A request for proposal to contract for specialized service needs
19 of a child, including but not limited to: Substance use disorder treatment
20 AND RECOVERY services, sex offender services, and services for the
21 intellectually and developmentally disabled; and

22 **SECTION 9.** In Colorado Revised Statutes, 27-80-119, **amend**
23 (2) as follows:

24 **27-80-119. Care navigation program - creation - reporting -**
25 **rules - legislative declaration - definition.** (2) As used in this section,
26 "engaged client" means an individual who is interested in and willing to
27 engage in substance use disorder treatment AND RECOVERY services or

1 other treatment services either for the individual or an affected family
2 member or friend.

3 **SECTION 10.** In Colorado Revised Statutes, 27-80-120, **amend**
4 (4) as follows:

5 **27-80-120. Building substance use disorder treatment capacity**
6 **in underserved communities - grant program - repeal.** (4) Local
7 grants must be used to ensure that local communities increase access to
8 a continuum of substance use disorder treatment AND RECOVERY services,
9 including medical or clinical detoxification, residential treatment,
10 recovery support services, and intensive outpatient treatment.

11 **SECTION 11. Act subject to petition - effective date.** This act
12 takes effect at 12:01 a.m. on the day following the expiration of the
13 ninety-day period after final adjournment of the general assembly; except
14 that, if a referendum petition is filed pursuant to section 1 (3) of article V
15 of the state constitution against this act or an item, section, or part of this
16 act within such period, then the act, item, section, or part will not take
17 effect unless approved by the people at the general election to be held in
18 November 2022 and, in such case, will take effect on the date of the
19 official declaration of the vote thereon by the governor.