A BILL FOR AN ACT

CONCERNING SUPPORTING THE PEER SUPPORT PROFESSIONAL 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.
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.

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

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

27-60-108. Peer support professionals - cash fund - fees - requirements - rules - legislative declaration - definitions. (1) (a) The general assembly hereby finds and declares that:

(I) Peer support professionals help people achieve their recovery goals through shared understanding, respect, and empowerment. Peer support offers a form of acceptance, understanding, and validation not often found in other professional relationships.

(II) The federal centers for medicare and medicaid services recognize that peer support professionals can be an important component in a state's delivery of effective mental health and substance use disorder treatment;

(III) Peer support services can cut hospitalizations, increase a person's engagement in self-care and wellness, and help to decrease a person's psychotic symptoms;

(IV) The COVID-19 pandemic has exacerbated Colorado's
EXISTING BEHAVIORAL HEALTH WORKFORCE SHORTAGE, PARTICULARLY IN RURAL AREAS AND COMMUNITIES OF COLOR;

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

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

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

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

(b) THE GENERAL ASSEMBLY FINDS, THEREFORE, THAT IT IS IN THE BEST INTEREST OF THE STATE TO SUPPORT THE PEER SUPPORT PROFESSIONAL WORKFORCE THROUGH THE CREATION OF PEER-RUN RECOVERY SUPPORT SERVICES ORGANIZATIONS. PEER-RUN AND PEER-LED
ORGANIZATIONS WILL HELP EXPAND PEER SUPPORT SERVICES
THROUGHOUT THE STATE, EXPAND THE BEHAVIORAL HEALTH WORKFORCE,
AND SAVE THE STATE MONEY BY REDUCING THE NEED FOR CRISIS
SERVICES.

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

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

(I) MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED
Pursuant to Article 245 of Title 12;

(II) ADVANCED PRACTICE REGISTERED NURSE REGISTERED
Pursuant to Section 12-255-111 with Training in Substance Use
Disorders or Mental Health;

(III) PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION
12-240-113 with Specific Training in Substance Use Disorders or
Mental Health;

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

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

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

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

-4-
OF THE STATE DEPARTMENT PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION.

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

(I) PROVIDES RECOVERY-FOCUSED SERVICES AND SUPPORTS;

(II) EMPLOYS OR CONTRACTS WITH A LICENSED MENTAL HEALTH PROVIDER TO ADMINISTER ON-GOING SUPERVISION OF PEER SUPPORT PROFESSIONALS EMPLOYED BY RECOVERY SUPPORT SERVICES ORGANIZATIONS. THE LICENSED MENTAL HEALTH PROVIDER MUST BE IN GOOD STANDING AND MUST DEMONSTRATE TRAINING IN THE PROVISION OF PEER SUPPORT SERVICES AND SUPERVISION OF PEER SUPPORT PROFESSIONALS;

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

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

(B) HAVE FORMAL TRAINING IN ALL CONTENT AREAS OUTLINED IN THE CORE COMPETENCIES FOR PEER SUPPORT PROFESSIONALS BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND
(C) Provide nonclinical support services that align with recommendations from the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services, including engaging individuals in peer-to-peer relationships that support healing, personal growth, life skills development, self-care, and crisis-strategy development to help achieve recovery, wellness, and life goals;

(IV) Has an established process by which the organization coordinates its services with those rendered by other agencies to ensure an uninterrupted continuum of care to persons with behavioral health disorders; and

(V) Meets any other standards as determined by rule of the executive director.

(b) A peer support professional may provide services for a recovery support services organization in various clinical and nonclinical settings, including but not limited to:

(I) Justice-involved settings;

(II) Physical health settings, such as pediatrician or obstetric and gynecological health care offices;

(III) Emergency departments;

(IV) Services delivered via telehealth;

(V) Agencies serving homeless communities;

(VI) Peer respite homes; and

(VII) School-based health centers.

(c) The executive director of the state department, in collaboration with the department of health care policy and financing, may promulgate rules establishing minimum
STANDARDS THAT RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST MEET.

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

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

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

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

(II) GIFTS, GRANTS, AND DONATIONS COLLECTED PURSUANT TO
SUBSECTION (5) OF THIS SECTION; AND

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

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

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

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

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

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

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

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

(2) SUBJECT TO AVAILABLE APPROPRIATIONS AND TO THE EXTENT
PERMITTED UNDER FEDERAL LAW, THE MEDICAL ASSISTANCE PROGRAM
PURSUANT TO THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5
INCLUDES PEER SUPPORT PROFESSIONAL SERVICES PROVIDED TO
RECIPIENTS THROUGH A RECOVERY SUPPORT SERVICES ORGANIZATION.
PEER SUPPORT PROFESSIONAL SERVICES MUST NOT BE PROVIDED TO
RECIPIENTS UNTIL FEDERAL APPROVAL HAS BEEN OBTAINED.

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

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

(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 and the designated managed service organization. Contracts entered into between the office of behavioral health 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 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.

(6) A managed service organization that is designated to serve a designated service area may subcontract with a network of service...
providers to provide treatment AND RECOVERY services for alcohol and
drug abuse and substance use disorders within the particular designated
service area.

(7) (c) From time to time, the director of the office of behavioral
health 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 4. In Colorado Revised Statutes, 25-27.6-103, amend
(2)(a)(II)(D) as follows:

25-27.6-103. Behavioral health entity implementation and
advisory committee - creation - membership - duties - repeal.
(2) (a) The committee consists of:

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

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

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

25.5-5-310. Treatment program for high-risk pregnant and
parenting women - cooperation with private entities - definition.
(2) (b) The department of human services is authorized to use state
money to provide services to women, including women enrolled in the
medical assistance program established pursuant to this article 5 and
articles 4 and 6 of this title 25.5, who enroll, up to one year postpartum,
in residential substance use disorder treatment AND RECOVERY services,
until such time as those services are covered by the medical assistance
program. The department of human services may continue to use state
money to enroll parenting women in residential services who qualify as
indigent but who are not eligible for services under the medical assistance
program.

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

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

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

25.5-5-315. Acceptance of gifts, grants, and donations - Native
American substance abuse treatment cash fund. (1) The executive
director may accept and expend money from gifts, grants, and donations
for purposes of providing for the administrative costs of preparing and
submitting the request for federal approval to provide substance use
disorder treatment AND RECOVERY services to Native Americans as
provided for in section 25.5-5-314. All such gifts, grants, and donations
shall MUST be transmitted to the state treasurer who shall credit the same
to the Native American substance abuse treatment cash fund, which fund
is created and referred to in this section as the "fund". The money in the
fund is subject to annual appropriation by the general assembly. All
investment earnings derived from the deposit and investment of money
in the fund remains in the fund and shall not be transferred or revert to the
general fund of the state at the end of any fiscal year.

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

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

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

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

27-80-119. Care navigation program - creation - reporting -
rules - legislative declaration - definition. (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.

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

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

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