

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB22-1278 be amended as follows:

1 Amend reengrossed bill, page 43, after line 4 insert:

2 **"27-50-404. Care coordination - responsibilities of behavioral**
3 **health administrative services organizations - coordination with**
4 **managed care entities.** (1) (a) BEHAVIORAL HEALTH ADMINISTRATIVE
5 SERVICES ORGANIZATIONS AND MANAGED CARE ENTITIES HAVE THE
6 SHARED RESPONSIBILITY OF PROVIDING CARE COORDINATION SERVICES IN
7 A MANNER CONSISTENT WITH ARTICLE 60 OF THIS TITLE 27 FOR
8 INDIVIDUALS UTILIZING THE BEHAVIORAL HEALTH SAFETY NET SYSTEM.

9 (b) MANAGED CARE ENTITIES ARE RESPONSIBLE FOR PROVIDING
10 CARE COORDINATION SERVICES, AS REQUIRED BY SECTION 25.5-5-419, TO
11 INDIVIDUALS ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM.

12 (c) BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
13 ORGANIZATIONS ARE RESPONSIBLE FOR PROVIDING CARE COORDINATION
14 SERVICES, WHETHER DIRECTLY OR THROUGH CONTRACT WITH
15 BEHAVIORAL HEALTH SAFETY NET PROVIDERS, TO INDIVIDUALS WHO ARE
16 NOT CURRENTLY ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM,
17 WITH ACCESS FOR PRIORITY POPULATIONS AS REQUIRED BY PART 3 OF THIS
18 ARTICLE 50.

19 (2) THE BHA SHALL ESTABLISH OBJECTIVE AND STANDARDIZED
20 PROCESSES FOR CARE COORDINATION, INCLUDING:

21 (a) COORDINATION BETWEEN BEHAVIORAL HEALTH
22 ADMINISTRATIVE SERVICES ORGANIZATIONS AND OTHER CARE
23 COORDINATION ENTITIES, INCLUDING MANAGED CARE ENTITIES, CASE
24 MANAGEMENT AGENCIES, COUNTIES, AND OTHER BEHAVIORAL HEALTH
25 ADMINISTRATIVE SERVICES ORGANIZATIONS, TO ENSURE CONTINUITY OF
26 CARE ACROSS SHARED POPULATIONS CONSISTENT WITH SUBSECTION (1) OF
27 THIS SECTION;

28 (b) REFERRAL PROCESSES BETWEEN ENTITIES, INCLUDING A
29 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION'S
30 RESPONSIBILITY TO PROVIDE CARE COORDINATION TO AN INDIVIDUAL
31 PENDING COMMENCEMENT OF CARE COORDINATION SERVICES BY ANOTHER
32 ENTITY; AND

33 (c) PROCESSES TO ENSURE EFFICIENT AND PERSON-CENTERED CARE
34 COORDINATION SERVICES FOR INDIVIDUALS WHO HAVE ACUTE AND
35 COMPLEX NEEDS, INCLUDING INDIVIDUALS INVOLVED IN THE CIVIL
36 INVOLUNTARY TREATMENT SYSTEM PURSUANT TO ARTICLES 65 AND 81 OF
37 THIS TITLE 27; INDIVIDUALS TRANSITIONING OUT OF TREATMENT SETTINGS
38 OR ACUTE CARE SETTINGS; AND INDIVIDUALS INVOLVED IN THE CHILD
39 WELFARE, JUVENILE JUSTICE, OR CRIMINAL JUSTICE SYSTEMS.

40 (3) A BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
41 ORGANIZATION SHALL ENSURE CARE COORDINATION SERVICES THROUGH

1 ITS NETWORK AND INCLUDE LOCAL PARTNERS, WHEN APPROPRIATE, SUCH
2 AS COUNTIES AND SCHOOL DISTRICTS.".

3 Renumber succeeding C.R.S. section accordingly.

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