A BILL FOR AN ACT

CONCERNING BEHAVIORAL HEALTH SYSTEM INVESTMENTS IN THE STATEWIDE CARE COORDINATION INFRASTRUCTURE.

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 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:

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

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

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

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

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

(d) It is imperative that the state improve care coordination to better support access to behavioral health services so that individuals can get the care they need when they need it;
The federal government enacted the "American Rescue Plan Act of 2021" (ARPA), Pub. L. 117-2, in which Colorado received over $3.8 billion to mitigate the fiscal effects of the COVID-19 public health emergency; and

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

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

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

SECTION 2. In Colorado Revised Statutes, amend 27-60-204 as follows:

27-60-204. Care coordination infrastructure - implementation - repeal. (1) (a) No later than July 1, 2024, the state department of behavioral health administration, in collaboration with the department of health care policy and financing, shall develop a statewide care coordination infrastructure to drive accountability and more effective behavioral health navigation to care that builds upon and collaborates with existing care coordination services. The infrastructure must include:
(I) A website and mobile application that serves as a centralized gateway for information for patients, providers, and care coordination and that facilities access and navigation of behavioral health-care services and support; AND

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

(b) The state department of behavioral health administration shall convene a working group of geographically and demographically diverse partners and stakeholders, including those with lived and professional experience, to provide feedback and recommendations that inform and guide the development of the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section.

(c) The extent to which medicaid and private insurance existing care coordination services are aligned with the statewide care coordination infrastructure described in subsection (1)(a) of this section shall be determined by the department of health care policy and financing, the division of insurance in the department of regulatory agencies, and the working group created pursuant to subsection (1)(b) of this section shall determine how medicaid and private insurance existing care coordination services are aligned with the statewide care coordination infrastructure described in subsection (1)(a) of this section.

(d) The state department of behavioral health administration shall implement, directly or through a contractor, a comprehensive and robust marketing and outreach plan to make Coloradans aware of the website, and mobile application, CLOUD-BASED PLATFORM, and associated
care coordination services developed pursuant to subsection (1)(a) of this section.

(2) On or before July 1, 2022, the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section is the responsibility of the behavioral health administration established in section 27-60-203. The behavioral health administration shall ensure navigators are available through the website and mobile application developed pursuant to subsection (1)(a) of this section, as well as in specific regional locations. The statewide care coordination infrastructure is responsible for providing regional access to care coordination services.

(3) The behavioral health administration shall utilize behavioral health administrative services organizations established pursuant to part 4 of article 50 of this title 27 to help individuals and families initiate care and ensure timely access to person-centered, trauma-informed, and culturally responsive quality crisis supports; mental health and substance use disorder services; and preventive care services, including services that address the social determinants of health. When possible, the care coordination infrastructure must integrate with other health-care system resources to serve individuals with complex needs.

(4) In implementing the care coordination infrastructure developed pursuant to subsection (1) of this section, the behavioral health administration shall:

(a) Train new and existing navigators on the behavioral health safety net system services for children, youth, and
ADULTS, BEHAVIORAL HEALTH SERVICE DELIVERY PROCEDURES, AND
SOCIAL DETERMINANTS OF HEALTH RESOURCES. AT A MINIMUM, THE
BEHAVIORAL HEALTH ADMINISTRATION SHALL TRAIN EXISTING MANAGED
CARE ENTITY PROVIDERS, EMPLOYEES OF THE 988 CRISIS HOTLINE
ENTERPRISE CREATED IN SECTION 27-64-103, AND OTHER PROVIDERS
PARTICIPATING IN OTHER SAFETY NET PROVIDER SETTINGS;

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

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

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

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

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

(b) UTILIZE NAVIGATORS TO SUPPORT INDIVIDUALS IN CONNECTING
TO THE SAFETY NET SYSTEM CREATED PURSUANT TO PART 3 OF ARTICLE 50
OF THIS TITLE 27, INCLUDING SERVICES NOT COVERED BY AN INDIVIDUAL’S
(c) Monitor and report quarterly on the safety net system and safety net providers to support accountability in connecting individuals to services and the delivery of those services to individuals with the highest needs;

(d) Support continued connection with the safety net system after an individual is discharged from hospitalization, the criminal justice system, an emergency department, or other behavioral health facilities, including withdrawal management facilities and jails, by building multi-sector, multi-system referral and outcome tracking into the care coordination system;

(e) Require contracted providers to use the statewide care coordination system, report on outcomes, including how and when individuals accessed care, and work collaboratively with the care coordination entity to ensure individuals receive needed services in a timely manner; and

(f) Any other duties required by law or the behavioral health administration.

(6) The behavioral health administration and any person that receives money from the state department shall comply with the compliance, reporting, record-keeping, and program evaluation requirements established by the office of state planning and budgeting and the state controller in accordance with section 24-75-226 (5).

(7) (a) For the 2022-23 state fiscal year, the general assembly shall appropriate twelve million two hundred
THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 TO THE DEPARTMENT OF HUMAN SERVICES FOR USE BY THE BEHAVIORAL HEALTH ADMINISTRATION FOR THE PURPOSES OF THIS SECTION.

(b) THIS SUBSECTION (7) IS REPEALED, EFFECTIVE JULY 1, 2023.

SECTION 3. Effective date. This act takes effect only if House Bill 22-1278 becomes law, in which case this act takes effect upon passage or on the effective date of House Bill 22-1278, whichever is later.

SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.