

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 22-0803.01 Shelby Ross x4510

SENATE BILL 22-177

SENATE SPONSORSHIP

Pettersen and Rankin, Bridges, Buckner, Coram, Danielson, Fenberg, Fields, Ginal, Hansen, Hinrichsen, Jaquez Lewis, Kolker, Lee, Moreno, Simpson, Story, Winter

HOUSE SPONSORSHIP

Titone and Bradfield,

Senate Committees

Health & Human Services
Appropriations

House Committees

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.**

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:

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.*

SENATE
3rd Reading Unamended
April 29, 2022

SENATE
Amended 2nd Reading
April 28, 2022

- 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.

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.