

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 23-0023.02 Jane Ritter x4342

HOUSE BILL 23-1200

HOUSE SPONSORSHIP

Ricks and Bockenfeld,

SENATE SPONSORSHIP

(None),

House Committees

Public & Behavioral Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING IMPROVED OUTCOMES FOR PERSONS WITH BEHAVIORAL**
102 **HEALTH DISORDERS.**

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 creates a behavioral health treatment voucher pilot program (program) to allow persons experiencing a behavioral health crisis who cannot find treatment with a behavioral health administration safety net provider to receive a voucher to use for payment with a private treatment provider (provider). The provider submits the voucher to the appropriate regional behavioral health administrative service organization

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

for reimbursement. The bill allows one year for development of the program, then the program will operate through July 1, 2027. At the conclusion of the program, the behavioral health administration (BHA), in connection with the department of health care policy and financing and the department of human services, shall prepare a one-time report for the public and behavioral health and human services committee of the house of representatives and the health and human services committee of the senate. The bill grants the BHA authority to promulgate rules related to the creation of the program.

The bill requires the behavioral health administration to create a family input form and require all behavioral health entities, recovery support services organizations, controlled substance licensed facilities, medicaid providers, hospitals, and emergency rooms to accept the family input form. The family input form allows a family member or friend of an individual to provide information or background on an individual needing mental health or behavioral health services.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 27-50-804 as
3 follows:

4 **27-50-804. Behavioral health treatment voucher pilot program**
5 **- created - administration - clients - providers - reimbursement -**
6 **reporting - rules.** (1) (a) THE BEHAVIORAL HEALTH ADMINISTRATION
7 SHALL CREATE A BEHAVIORAL HEALTH TREATMENT VOUCHER PILOT
8 PROGRAM, REFERRED TO IN THIS SECTION AS THE "PILOT PROGRAM". THE
9 PILOT PROGRAM SHALL OPERATE FROM JULY 1, 2024, THROUGH JULY 1,
10 2027.

11 (b) THE PURPOSE OF THE PILOT PROGRAM IS TO PROVIDE VOUCHERS
12 TO PERSONS SEEKING BEHAVIORAL HEALTH CARE FROM PRIVATE
13 PROVIDERS WHEN SAFETY NET PROVIDERS, AS DEFINED IN SECTION
14 27-50-101, CANNOT MEET URGENT AND CRISIS BEHAVIORAL HEALTH
15 NEEDS IN A TIMELY AND CULTURALLY APPROPRIATE MANNER OR ENSURE
16 THAT SERVICES ARE RENDERED WITH DIGNITY AND COMPASSION.

1 PARTICIPANTS IN THE PILOT PROGRAM RECEIVE A FEE-FOR-SERVICE
2 VOUCHER THAT IS USED TO REIMBURSE A PROVIDER WHO IS NOT
3 PARTICIPATING IN BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE
4 ORGANIZATIONS, MEDICAID, OR CHILD HEALTH PLAN PLUS.

5 (2) (a) A PILOT PROGRAM VOUCHER MAY BE USED BY A CLIENT TO
6 PAY FOR TREATMENT WHEN THE CLIENT HAS IDENTIFIED A PRIVATE
7 PROVIDER WHO CAN BEST MEET THE CLIENT'S NEEDS WHEN APPROPRIATE
8 SAFETY NET PROVIDERS ARE UNABLE TO MEET THOSE NEEDS WITHIN SEVEN
9 DAYS. A CLIENT SHALL SUBMIT A ONE-PAGE APPLICATION TO THE BHA
10 DEMONSTRATING THAT THE CLIENT WAS UNABLE TO GET NECESSARY
11 SERVICES IN A TIMELY OR APPROPRIATE MANNER. A CLIENT WHO HAS AN
12 IRRECONCILABLE DIFFERENCE WITH THE SOLE SAFETY NET PROVIDER IN
13 THE AREA WHERE THE CLIENT LIVES MAY ALSO APPLY TO THE PILOT
14 PROGRAM. A CLIENT MAY CONTINUE WITH THE PRIVATE PROVIDER EVEN
15 IF A TREATMENT SLOT OPENS UP WITH A SAFETY NET PROVIDER IN ORDER
16 TO PROMOTE CONTINUITY OF CARE.

17 (b) A CLIENT WHO IS COVERED BY MEDICAID OR ANOTHER
18 STATE-RUN PROGRAM IS ELIGIBLE TO APPLY FOR VOUCHERS THROUGH THE
19 PILOT PROGRAM. IF ACCEPTED INTO THE PILOT PROGRAM, REGIONAL
20 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS, AS
21 ESTABLISHED IN SECTION 27-50-401, SHALL PROVIDE A CLIENT WITH A
22 PHYSICAL OR ELECTRONIC VOUCHER TO BE PRESENTED TO A RENDERING
23 PROVIDER. THE VOUCHER MUST STATE THE SERVICE PROVIDED AND THE
24 AMOUNT THE PROVIDER WILL BE PAID, WHICH MUST BE AT LEAST NINETY
25 PERCENT OF WHAT THE STATE PAYS A BEHAVIORAL HEALTH SAFETY NET
26 PROVIDER FOR THE SAME SERVICE.

27 (3) (a) A PRIVATE PROVIDER WHO HAS RECEIVED A VOUCHER TO

1 PAY FOR TREATMENT SERVICES SHALL SUBMIT THE VOUCHER FOR
2 REIMBURSEMENT THROUGH A BEHAVIORAL HEALTH ADMINISTRATIVE
3 SERVICE ORGANIZATION'S SAFETY NET FUNDS. THE BEHAVIORAL HEALTH
4 ADMINISTRATIVE SERVICE ORGANIZATION TO WHICH THE VOUCHER WAS
5 SUBMITTED SHALL REIMBURSE THE PROVIDER DIRECTLY, WITHOUT ANY
6 ENROLLMENT PROCESS REQUIRED FOR THE PRIVATE PROVIDER.

7 (b) A VOUCHER IS VALID FOR ONE YEAR OR UNTIL THE PRIVATE
8 PROVIDER CONCLUDES THAT TREATMENT IS NO LONGER NECESSARY,
9 WHICHEVER COMES FIRST.

10 (c) THE VOUCHER COVERS BEHAVIORAL HEALTH CLINICAL
11 SERVICES, INCLUDING CASE MANAGEMENT, THERAPY, AND PSYCHOLOGIST
12 AND PSYCHIATRIST SERVICES. ANY PROVIDER LICENSED IN GOOD
13 STANDING IN COLORADO MAY ACCEPT VOUCHERS THROUGH THE PILOT
14 PROGRAM, BUT THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE
15 ORGANIZATION MAY NOT CREDENTIAL A PROVIDER WHO IS LICENSED AND
16 IN GOOD STANDING. THE PROVIDER IS NOT REQUIRED TO BECOME
17 ENROLLED IN ANY PUBLIC OR PRIVATE PROVIDER NETWORK TO RECEIVE
18 REIMBURSEMENT.

19 (d) THE BHA SHALL DEVELOP A SINGLE STANDARD BILLING FORM
20 FOR THE PROVIDER TO SUBMIT FOR REIMBURSEMENT. PROVIDERS SHALL
21 ALSO COMPLETE A W-9 FORM. THE BEHAVIORAL HEALTH ADMINISTRATIVE
22 SERVICE ORGANIZATION TO WHICH THE BILLING AND W-9 FORMS WERE
23 SUBMITTED SHALL REIMBURSE THE PROVIDER NO LATER THAN THIRTY
24 DAYS AFTER THE DATE THE BILLING FORM WAS SUBMITTED.

25 (4) AT THE CONCLUSION OF THE PILOT PROGRAM, THE BHA,
26 TOGETHER WITH THE DEPARTMENT OF HEALTH CARE POLICY AND
27 FINANCING AND THE DEPARTMENT OF HUMAN SERVICES, SHALL PROVIDE

1 A ONE-TIME REPORT TO THE PUBLIC AND BEHAVIORAL HEALTH AND
2 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND
3 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
4 SUCCESSOR COMMITTEES. THE REPORT MUST INCLUDE, AT A MINIMUM:

5 (a) THE NUMBER OF PEOPLE SERVED THROUGHOUT THE PILOT
6 PROGRAM;

7 (b) DEMOGRAPHIC INFORMATION OF CLIENTS WHO RECEIVED
8 VOUCHERS;

9 (c) THE NUMBER AND KINDS OF PROVIDERS WHO RECEIVED
10 PAYMENT THROUGH A VOUCHER; AND

11 (d) THE AGGREGATED AMOUNT OF VOUCHER REIMBURSEMENTS
12 PER REGION.

13 (5) THE BHA SHALL DEVELOP METHODS TO EVALUATE CUSTOMER
14 SATISFACTION AND THE WELL-BEING OF THE PEOPLE WHO USED VOUCHERS
15 AS COMPARED WITH PEOPLE WHO DID NOT USE VOUCHERS AND DID NOT
16 RECEIVE ANY SERVICES. THE BHA SHALL ALSO COMPARE THE NO-SHOW
17 RATE BETWEEN VOUCHER PROVIDERS AND TRADITIONAL PROVIDERS.

18 (6) THE BHA SHALL PROMULGATE RULES FOR THE
19 ADMINISTRATION OF THE PILOT PROGRAM, INCLUDING WHETHER TO LIMIT
20 THE PILOT PROGRAM TO A FEW GEOGRAPHIC AREAS OR OFFER THE PILOT
21 PROGRAM TO A SPECIFIC NUMBER OF PEOPLE.

22 **SECTION 2.** In Colorado Revised Statutes, **add** 27-65-132 as
23 follows:

24 **27-65-132. Bill of rights for family and friends of persons with**
25 **mental and behavioral health disorders.** (1) (a) ON OR BEFORE JULY 1,
26 2024, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CREATE A
27 FAMILY INPUT FORM AND REQUIRE ALL BEHAVIORAL HEALTH ENTITIES,

1 RECOVERY SUPPORT SERVICES ORGANIZATIONS, AND CONTROLLED
2 SUBSTANCE LICENSED FACILITIES TO ACCEPT THE FAMILY INPUT FORM.
3 THE FAMILY INPUT FORM IS A DOCUMENT THAT ALLOWS A FAMILY
4 MEMBER OR FRIEND OF AN INDIVIDUAL TO PROVIDE INFORMATION OR
5 BACKGROUND ON AN INDIVIDUAL NEEDING MENTAL HEALTH OR
6 BEHAVIORAL HEALTH SERVICES. THIS INCLUDES, BUT IS NOT LIMITED TO,
7 INFORMATION ABOUT PAST HOSPITALIZATIONS, PREFERENCES,
8 DE-ESCALATION TECHNIQUES, CURRENT AND PAST PROVIDERS, CURRENT
9 AND PAST MEDICATIONS, AND OTHER RELEVANT INFORMATION ABOUT THE
10 INDIVIDUAL.

11 (b) MENTAL AND BEHAVIORAL HEALTH PROVIDERS SHALL ACCEPT
12 THE FAMILY INPUT FORM AND REVIEW IT AS PART OF TREATING AN
13 INDIVIDUAL WHO IS, OR IS PRESUMED TO BE, RECEIVING SERVICES FROM
14 THE TREATMENT PROVIDER.

15 (c) A PROVIDER MAY DISCUSS A FAMILY INPUT FORM PROVIDED TO
16 THE TREATMENT PROVIDER WITH THE CLIENT.

17 (d) IF A FAMILY INPUT FORM IS PROVIDED, THE PROVIDER SHALL
18 ASK THE CLIENT IF THE CLIENT WANTS TO SIGN A RELEASE OF
19 INFORMATION FORM GRANTING RELEASE OF INFORMATION TO THE
20 INDIVIDUAL WHO SUBMITTED THE FAMILY INPUT FORM.

21 (2) (a) (I) THE DEPARTMENT OF HEALTH CARE POLICY AND
22 FINANCING SHALL REQUIRE ALL MEDICAID PROVIDERS OF BOTH PHYSICAL
23 AND BEHAVIORAL HEALTH CARE TO ACCEPT FAMILY INPUT FORMS.

24 (II) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
25 SHALL REQUIRE ALL HOSPITALS AND EMERGENCY ROOMS TO ACCEPT
26 FAMILY INPUT FORMS.

27 (b) PROVIDERS SHALL ACCEPT THE FAMILY INPUT FORM AND

1 REVIEW IT AS PART OF TREATING AN INDIVIDUAL WHO IS, OR IS PRESUMED
2 TO BE, RECEIVING SERVICES FROM THE TREATMENT PROVIDER.

3 (c) A PROVIDER MAY DISCUSS A FAMILY INPUT FORM PROVIDED TO
4 THE TREATMENT PROVIDER WITH THE CLIENT.

5 (d) IF A FAMILY INPUT FORM IS PROVIDED, THE PROVIDER SHALL
6 ASK THE CLIENT IF THE CLIENT WANTS TO SIGN A RELEASE OF
7 INFORMATION FORM GRANTING RELEASE OF INFORMATION TO THE
8 INDIVIDUAL WHO SUBMITTED THE FAMILY INPUT FORM.

9 (3) (a) ALL BEHAVIORAL HEALTH ENTITIES, RECOVERY SUPPORT
10 SERVICES ORGANIZATIONS, AND CONTROLLED SUBSTANCE LICENSED
11 FACILITIES SHALL UPDATE RELEASE OF INFORMATION FORMS AT LEAST
12 EVERY NINETY DAYS AND DOCUMENT CONVERSATIONS ABOUT UPDATING
13 THE RELEASE OF INFORMATION FORM WITH THE CLIENT.

14 (b) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CREATE A
15 UNIVERSAL RELEASE OF INFORMATION FORM FOR THE FEDERAL "HEALTH
16 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", 42 U.S.C.
17 SEC. 1320d TO 1320d-9.

18 (c) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL CLEARLY
19 STATE THAT ANY RELEASE OF INFORMATION FORM IS VALID ON ANY
20 WRITTEN PAPER AND THAT A TREATMENT PROVIDER SHALL NOT REQUIRE
21 A SPECIFIC FORM TO ACKNOWLEDGE THE VALIDITY OF A RELEASE OF
22 INFORMATION FORM.

23 **SECTION 3. Act subject to petition - effective date.** This act
24 takes effect at 12:01 a.m. on the day following the expiration of the
25 ninety-day period after final adjournment of the general assembly; except
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take
2 effect unless approved by the people at the general election to be held in
3 November 2024 and, in such case, will take effect on the date of the
4 official declaration of the vote thereon by the governor.