

CHAPTER 429

HUMAN SERVICES - BEHAVIORAL HEALTH

HOUSE BILL 23-1200

BY REPRESENTATIVE(S) Ricks and Bockenfeld, Amabile, Armagost, Boesenecker, Bradley, Brown, deGruy Kennedy, Dickson, Duran, English, Froelich, Gonzales-Gutierrez, Hamrick, Herod, Jodeh, Lindsay, Lukens, Marshall, Mauro, McCormick, Michaelson Jenet, Ortiz, Parenti, Titone, Young;
also SENATOR(S) Mullica, Exum, Ginal, Gonzales, Hansen, Kolker, Priola, Rodriguez, Sullivan, Will, Zenzinger, Fenberg.

AN ACT**CONCERNING IMPROVED OUTCOMES FOR PERSONS WITH BEHAVIORAL HEALTH DISORDERS.**

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

SECTION 1. In Colorado Revised Statutes, 25.5-5-406.1, **add** (1)(f)(IV) as follows:

25.5-5-406.1. Required features of statewide managed care system.
(1) **General features.** All medicaid managed care programs must contain the following general features, in addition to others that the federal government, state department, and state board consider necessary for the effective and cost-efficient operation of those programs:

(f) The MCE shall create, administer, and maintain a network of providers, building on the current network of medicaid providers, to serve the health-care needs of its members. In doing so, the MCE shall:

(IV) ENTER INTO SINGLE CASE AGREEMENTS WITH WILLING PROVIDERS OF BEHAVIORAL HEALTH SERVICES ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM WHEN NETWORK DEVELOPMENT AND ACCESS STANDARDS ESTABLISHED BY THE STATE DEPARTMENT ARE NOT MET AND A MEMBER NEEDS ACCESS TO A MEDICALLY NECESSARY BEHAVIORAL HEALTH SERVICE COVERED UNDER THE SCOPE OF THE MCE'S CONTRACT WITH THE STATE DEPARTMENT. THE MCE:

(A) SHALL CONSIDER ANY BEHAVIORAL HEALTH PROVIDER ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM FOR A SINGLE CASE AGREEMENT IF THE MCE

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

CANNOT PROVIDE A COVERED SERVICE THROUGH ITS CONTRACTED PROVIDER NETWORK;

(B) SHALL ENSURE ALL CARE COORDINATION STAFF AND STAFF WHO PROVIDE MEMBER AND PROVIDER SUPPORT ARE TRAINED IN THE SINGLE CASE AGREEMENT PROCESS;

(C) CAN REFUSE TO OFFER SINGLE CASE AGREEMENTS BASED ON FACTORS OF PROVIDER COST AND QUALITY CONCERNS;

(D) SHALL OFFER BOTH MEMBER AND OUT-OF-NETWORK PROVIDERS ASSISTANCE IN NAVIGATING ITS SINGLE CASE AGREEMENT PROCESS;

(E) SHALL ENSURE THE SINGLE CASE AGREEMENT PROCESS IS EXECUTED WITHIN THE STANDARDS AND TIMELINESS REQUIREMENTS ESTABLISHED BY THE STATE DEPARTMENT;

(F) SHALL NOT REQUIRE PROVIDERS THAT ENTER INTO A SINGLE CASE AGREEMENT TO SERVE ADDITIONAL MEMBERS; AND

(G) SHALL COMPLETE SINGLE CASE AGREEMENTS ON A TIMELINE THAT IS INFORMED BY STAKEHOLDER INPUT.

SECTION 2. 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 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: June 7, 2023