CHAPTER 308

HEALTH CARE POLICY AND FINANCING

HOUSE BILL 15-1368

BY REPRESENTATIVE(S) Young, Hamner, Rankin, Arndt, Esgar, Fields, Ginal, Kagan, Kraft-Tharp, Lee, Lontine, McCann, Melton, Pettersen, Primavera, Rosenthal, Roupe, Ryden, Salazar, Winter, Hullinghorst; also SENATOR(S) Grantham, Lambert, Steadman, Aguilar, Carroll, Crowder, Guzman, Heath, Hodge, Johnston, Jones, Kefalas, Kerr, Merrifield, Newell, Roberts, Todd,

AN ACT

CONCERNING THE CREATION OF A CROSS-SYSTEM RESPONSE FOR BEHAVIORAL HEALTH CRISES PILOT PROGRAM TO SERVE INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, add 25.5-6-412 as follows:

- 25.5-6-412. Cross-system response for behavioral health crises pilot program - legislative declaration - creation - criteria - recommendations - fund - repeal.
- (1) THE GENERAL ASSEMBLY DECLARES THAT:
- (a) THERE IS LIMITED ACCESS TO APPROPRIATE TREATMENT IN THE BEHAVIORAL HEALTH SYSTEM, INCLUDING CRISIS INTERVENTION, STABILIZATION, AND PREVENTION, FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES;
- (b) There is inadequate reimbursement and inappropriate service limits AND DEFINITIONS IN THE BEHAVIORAL HEALTH CAPITATED SYSTEM AS WELL AS MEDICAL MENTAL HEALTH BENEFITS IN THE COLORADO FEE-FOR-SERVICE MEDICAID STATE PLAN FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES;
- THERE ARE CONFLICTING REQUIREMENTS AND CONFUSION ABOUT DIAGNOSES-BASED REQUIREMENTS THAT LIMIT ACCESS TO ASSESSMENTS AS WELL AS TREATMENT;

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

- (d) There is a lack of professional expertise and workforce capacity;
- (e) A SYSTEMATIC AND STRATEGIC APPROACH IS NEEDED TO INCREASE CAPACITY AMONG LICENSED MEDICAL PROFESSIONALS, CREDENTIALED SERVICE PROVIDERS, AND DIRECT SERVICE PERSONNEL TO HELP PROVIDE MEDICAL AND BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.
- (2) The general assembly therefore supports funding for a pilot PROGRAM WITH LOCATIONS AT MULTIPLE SITES THAT REPRESENT DIFFERENT GEOGRAPHIC REGIONS OF THE STATE THAT WILL UTILIZE COLLABORATIVE APPROACHES TO PROVIDE A CROSS-SYSTEM RESPONSE TO BEHAVIORAL HEALTH CRISES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. The cross-system response will include written cooperative agreements AMONG PROVIDERS FOR MEDICAID STATE PLAN SERVICES, MEDICAID SCHOOL-BASED HEALTH SERVICES, HOME- AND COMMUNITY-BASED WAIVER SERVICES, AND THE CAPITATED MENTAL HEALTH CARE SYSTEM. THE CROSS-SYSTEM RESPONSE WOULD INCLUDE TIMELY CRISIS INTERVENTION, STABILIZATION, EVALUATION, TREATMENT, IN-HOME THERAPEUTIC RESPITE, SITE-BASED THERAPEUTIC RESPITE, AND FOLLOW-UP SERVICES TO INTEGRATE WITH THE COLORADO MENTAL HEALTH CRISIS PROGRAM AND ALSO REQUIRE SERVICES SPECIFICALLY APPROPRIATE FOR THE NEEDS OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. A COST ANALYSIS WITH ACCOMPANYING ACTUARIAL STUDY WILL COMPLEMENT THE PILOT PROGRAM TO ENSURE THAT INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE FULLY INCLUDED IN THE COLORADO BEHAVIORAL HEALTH SYSTEM AND ARE SUPPORTED IN THE COLORADO BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM.
- (3) There is created in the state department a cross-system response for behavioral health crises pilot program, referred to in this section as the "pilot program". The pilot program will have locations at multiple sites that represent different geographic regions of the state. The goal of the pilot program is to provide crisis intervention, stabilization, and follow-up services to individuals who have both an intellectual or developmental disability and a mental health or behavioral disorder and who also require services not available through an existing homeor community-based services waiver or covered under the Colorado behavioral health care system. To achieve this goal, the pilot program must complement and expand on the Colorado behavioral health crisis response system, provided through the department of human services pursuant to section 27-60-103, C.R.S., to:
- (a) Provide access to intensive coordinated psychiatric, behavioral, and mental health services for crisis intervention as an alternative to emergency department care or in-patient hospitalization;
- (b) Offer community-based, mobile supports to individuals with dual diagnoses and their families;
 - (c) Offer follow-up supports to individuals with dual diagnoses,

FAMILIES, AND CAREGIVERS TO REDUCE THE LIKELIHOOD OF FUTURE CRISES;

- (d) Provide Education and training for families and service agencies;
- (e) Provide data about the cost in Colorado of Providing Such Services throughout the State to Complement the Cost-Analysis Study described in Subsection (6) of this Section related to the Cost to Eliminate Service Gaps for Individuals who have an intellectual or Developmental disability and who also have a psychiatric or Behavioral Disorder; and
- (f) Provide data about systemic structural changes needed to remove existing regulatory or procedural barriers to the authorized use of public funds across systems, including the medicaid state plan, home-and community-based service medicaid waivers, the capitated mental health care system. And the Colorado behavioral health crisis response system.
- (4) The department of health care policy and financing shall enter into an interagency agreement with the department of human services to jointly manage the integration of the pilot program with the Colorado behavioral health crisis response system.
- (5) (a) The pilot program shall begin on or before March 1, 2016, and operate until March 1, 2019. The pilot program will provide support to eligible individuals to obtain the additional necessary services, regardless of the appropriate payer. Once an individual who is participating in the pilot program is stabilized, the pilot program shall determine where services should have been provided and who the appropriate payer is. If no service payer is available, moneys for the additional necessary behavioral health services will come from the cross-system response for behavioral health crises pilot program fund created in subsection (7) of this section.
- (b) The pilot program must collect data concerning the support provided and services delivered for each individual participating in the pilot program. The data must include information on when the individual's situation stabilized and behavioral health services necessary for the individual to maintain stability. The pilot program shall analyze the data collected and provide a summary report to the state department regarding where service gaps exist, as well as recommended solutions to eliminate those gaps.
- (6) On or before July 1, 2017, and each July 1 thereafter until this section is repealed, the state department shall conduct a cost analysis of the services that would need to be added to eliminate service gaps and ensure that individuals with intellectual and developmental disabilities are fully included in the Colorado behavioral health system and are supported in the Colorado behavioral health crisis response system. The state department shall provide the results of the cost analyses in an annual written report on the pilot program, as well as recommendations related to closing service gaps, to the health and human services committee of the senate and the public health care and human services

COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES.

- (7) There is created in the state treasury the cross-system response for behavioral health crises pilot program fund, referred to in this section as the "fund". The fund consists of any moneys appropriated to the fund by the general assembly. The moneys in the fund are subject to annual appropriation by the general assembly to the state department for the direct and indirect costs associated with implementing the pilot program created pursuant to this section. The state treasurer may invest any moneys in the fund not expended for the purpose of this section as provided by law. The state treasurer shall credit all interest and income derived from the investment and deposit of moneys in the fund to the fund. Any unexpended and unencumbered moneys remaining in the fund at the end of a fiscal year remain in the fund and shall not be credited or transferred to the general fund or another fund. The state treasurer shall transfer all unexpended and unencumbered moneys remaining in the furd as of July 1, 2019, to the general fund.
- (8) The department of health care policy and financing and the department of human services are authorized to pursue the option of allowing a community-centered board to use a vacant state-owned group home for the purposes of the pilot program. In such an instance, the community-centered board may use up to one hundred thousand dollars from the fund created in subsection (7) of this section for any regulatory improvements for licensing and operations required by the department of public health and environment. General maintenance and upkeep of the facility is the responsibility of the community-centered board, with payment from the fund created in subsection (7) of this section; except that payment for and completion of any pre-existing controlled maintenance projects required in order for the group home to become fully licensed is the responsibility of the department of human services and must be complete prior to occupancy of the group home.
 - (9) This section is repealed, effective July 1, 2019.
- **SECTION 2. Appropriation.** (1) For the 2015-16 state fiscal year, \$1,695,000 is appropriated to the cross-system response for behavioral health crises pilot program fund created in section 25.5-6-412 (7), C.R.S. This appropriation is from the intellectual and developmental disabilities services cash fund created in section 25.5-10-207 (1), C.R.S. The department of health care policy and financing is responsible for the accounting related to this appropriation.
- (2) For the 2015-16 state fiscal year, \$1,695,000 is appropriated to the department of health care policy and financing for use by the division of intellectual and developmental disabilities. This appropriation is from reappropriated funds in the cross-system response for behavioral health crises pilot program fund under subsection (1) of this section. To implement this act, the division may use the appropriation for the cross-system response for behavioral health crises pilot program.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 5, 2015