

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

**ENGROSSED**

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

LLS NO. 23-0853.01 Shelby Ross x4510

**HOUSE BILL 23-1236**

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**HOUSE SPONSORSHIP**

**Young and Amabile,**

**SENATE SPONSORSHIP**

**Kolker,**

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**House Committees**

Public & Behavioral Health & Human Services

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING IMPLEMENTATION UPDATES TO THE BEHAVIORAL**  
102 **HEALTH ADMINISTRATION.**

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**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>.)*

**Sections 1, 5, 13, and 22** transfer administrative responsibilities from the behavioral health administration (BHA) to the department of human services (department).

**Section 2, 3, 11, and 12** transfer administrative responsibilities from the office of behavioral health (OBH) to the department.

**Sections 4, 10, 24, 26, and 27** transfer administrative

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.*

HOUSE  
Amended 2nd Reading  
April 10, 2023

responsibilities from OBH to the BHA.

**Section 6** transfers administrative responsibilities from the department to the BHA.

**Section 7** repeals OBH as an office in the department.

**Section 8** requires the chief information officer of the office of information technology to invite the commissioner of the BHA to select a member to represent the BHA on the government data advisory board.

**Section 9** adds the commissioner of the BHA to the health equity commission.

**Section 15** states that the BHA is a health oversight agency charged with overseeing the behavioral health-care system in Colorado and discharging the BHA's duties.

**Section 16** authorizes the BHA to seek, accept, and expend gifts, grants, or donations for the purpose of administering any behavioral health program and service.

**Section 17** requires a behavioral health safety net provider to include services that address the necessary language and cultural barriers to serve communities of color and other underserved populations.

Current law requires the BHA to create one regional subcommittee of the advisory council for each behavioral health administrative services organization region. **Section 18** requires the BHA to create a regional subcommittee structure of the advisory council that is not limited by the behavioral health administrative services organization region.

To implement the care navigation program, **Section 19** requires the BHA to provide, directly or through contract, care navigation services and align the care navigation services with the care coordination infrastructure.

**Section 20** continuously appropriates money to the 988 crisis hotline cash fund.

Current law specifies the rights of a person detained by a certified peace officer or emergency medical services provider and transported to an outpatient mental health facility or facility designated by the commissioner of the BHA. **Section 21** expands the rights to any person detained whether or not the person is transported to an outpatient mental health facility or facility designated by the commissioner of the BHA.

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

2 **SECTION 1.** In Colorado Revised Statutes, 16-8.5-111, **amend**  
3 (2)(b)(II)(B) as follows:

4 **16-8.5-111. Procedure after determination of competency or**  
5 **incompetency.** (2) If the final determination made pursuant to section

1 16-8.5-103 is that the defendant is incompetent to proceed, the court has  
2 the following options:

3 (b) (II) (B) As a condition of bond, the court shall order that the  
4 restoration take place on an outpatient basis. Pursuant to section  
5 27-60-105, ~~the behavioral health administration~~ in the department is the  
6 entity responsible for the oversight of restoration education and  
7 coordination of all competency restoration services. As a condition of  
8 release for outpatient restoration services, the court may require pretrial  
9 services, if available, to work with the ~~behavioral health administration~~  
10 DEPARTMENT and the restoration services provider under contract with the  
11 ~~behavioral health administration~~ DEPARTMENT to assist in securing  
12 appropriate support and care management services, which may include  
13 housing resources. The individual agency responsible for providing  
14 outpatient restoration services for the defendant shall notify the court or  
15 other designated agency within twenty-one days if restoration services  
16 have not commenced.

17 **SECTION 2.** In Colorado Revised Statutes, 16-11.9-204, **amend**  
18 **as it exists until July 1, 2024,** (1)(f)(III) introductory portion as follows:

19 **16-11.9-204. Behavioral health court liaisons - duties and**  
20 **responsibilities - consultation and collaboration.** (1) A court liaison  
21 hired pursuant to this part 2 has the following duties and responsibilities:

22 (f) Identifying existing programs and resources that are already  
23 available in the community, including, but not limited to:

24 (III) Community mental health centers and other local community  
25 behavioral health providers that receive state funding through the ~~office~~  
26 ~~of behavioral health~~ DEPARTMENT OF HUMAN SERVICES for services such  
27 as:

1           **SECTION 3.** In Colorado Revised Statutes, 16-11.9-204, **amend**  
2 **as it becomes effective July 1, 2024,** (1)(f)(III) introductory portion as  
3 follows:

4           **16-11.9-204. Behavioral health court liaisons - duties and**  
5 **responsibilities - consultation and collaboration.** (1) A court liaison  
6 hired pursuant to this part 2 has the following duties and responsibilities:

7           (f) Identifying existing programs and resources that are already  
8 available in the community, including but not limited to:

9           (III) Behavioral health safety net providers and other local  
10 community behavioral health providers that receive state funding through  
11 the ~~office of behavioral health~~ DEPARTMENT OF HUMAN SERVICES for  
12 services such as:

13           **SECTION 4.** In Colorado Revised Statutes, 16-13-311, **amend**  
14 (3)(a)(VII)(B) as follows:

15           **16-13-311. Disposition of seized personal property.** (3) (a) If  
16 the prosecution prevails in the forfeiture action, the court shall order the  
17 property forfeited. Such order perfects the state's right and interest in and  
18 title to such property and relates back to the date when title to the property  
19 vested in the state pursuant to section 16-13-316. Except as otherwise  
20 provided in subsection (3)(c) of this section, the court shall also order  
21 such property to be sold at a public sale by the law enforcement agency  
22 in possession of the property in the manner provided for sales on  
23 execution, or in another commercially reasonable manner. Property  
24 forfeited pursuant to this section or proceeds therefrom must be  
25 distributed or applied in the following order:

26           (VII) The balance must be delivered, upon order of the court, as  
27 follows:

1 (B) Twenty-five percent to the behavioral health administrative  
2 services organization contracting with the ~~office of behavioral health~~  
3 ADMINISTRATION in the department of human services serving the judicial  
4 district where the forfeiture proceeding was prosecuted to fund  
5 detoxification and substance use disorder treatment. Money appropriated  
6 to the behavioral health administrative services organization must be in  
7 addition to, and not be used to supplant, other funding appropriated to the  
8 ~~office of behavioral health~~ ADMINISTRATION; and

9 **SECTION 5.** In Colorado Revised Statutes, 19-2.5-704, **amend**  
10 (2)(b) as follows:

11 **19-2.5-704. Procedure after determination of competency or**  
12 **incompetency.** (2) (b) Pursuant to section 27-60-105, ~~the behavioral~~  
13 ~~health administration~~ in the department of human services is the entity  
14 responsible for the oversight of restoration education and coordination of  
15 services necessary to competency restoration.

16 **SECTION 6.** In Colorado Revised Statutes, 19-3-304.4, **amend**  
17 (1)(d)(I)(J) as follows:

18 **19-3-304.4. Pre-adolescent services task force - duties - report**  
19 **- repeal.** (1) (d) (I) The task force shall convene on or before August 1,  
20 2022. The appointing authorities shall appoint persons from throughout  
21 the state, persons with a disability, and persons who reflect the racial and  
22 ethnic diversity of the state. The task force consists of:

23 (J) A representative of the behavioral health administration with  
24 expertise concerning the development and operation of rapid crisis  
25 response teams, appointed by the ~~executive director of the department of~~  
26 ~~human services~~ COMMISSIONER OF THE BEHAVIORAL HEALTH  
27 ADMINISTRATION;

1           **SECTION 7.** In Colorado Revised Statutes, 24-1-120, **repeal**  
2 (6)(d) as follows:

3           **24-1-120. Department of human services - creation.** (6) The  
4 department consists of the following divisions, units, offices, and boards:

5           (d) ~~The office of behavioral health in the department of human~~  
6 ~~services created pursuant to article 80 of title 27. The office of behavioral~~  
7 ~~health is a **type 2** entity, as defined in section 24-1-105.~~

8           **SECTION 8.** In Colorado Revised Statutes, 24-37.5-702, **amend**  
9 (1)(c) as follows:

10           **24-37.5-702. Government data advisory board - created -**  
11 **duties - definitions.** (1) (c) (I) The remaining membership of the  
12 advisory board consists of persons from state agencies who are either  
13 experts in data or responsible for diverse aspects of data management  
14 within the member's respective department and who are selected by the  
15 head of the member's respective department to participate on the advisory  
16 board at the invitation of the chief information officer.

17           (II) THE CHIEF INFORMATION OFFICER SHALL INVITE THE  
18 COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION TO SELECT  
19 A MEMBER TO REPRESENT THE BEHAVIORAL HEALTH ADMINISTRATION ON  
20 THE ADVISORY BOARD.

21           **SECTION 9.** In Colorado Revised Statutes, 25-1.5-302, **amend**  
22 (1) introductory portion as follows:

23           **25-1.5-302. Administration of medications - powers and duties**  
24 **of department - record checks - rules.** (1) The department has, in  
25 addition to all other powers and duties imposed upon it by law, the power  
26 to establish and maintain by rule a program for the administration of  
27 medications in facilities. The department of human services, THE

1 BEHAVIORAL HEALTH ADMINISTRATION, the department of health care  
2 policy and financing, and the department of corrections shall develop and  
3 conduct a medication administration program as provided in this part 3.  
4 A medication administration program developed pursuant to this  
5 subsection (1) must be conducted within the following guidelines:

6 **SECTION 10.** In Colorado Revised Statutes, 25-4-2206, **amend**  
7 (2)(a)(XII) and (2)(a)(XIII); and **add** (2)(a)(XIV) as follows:

8 **25-4-2206. Health equity commission - creation - repeal.**

9 (2) (a) The commission consists of the following ~~twenty-two~~  
10 TWENTY-THREE members, who are as follows:

11 (XII) The executive director of the department of corrections, or  
12 the executive director's designee; ~~and~~

13 (XIII) The executive director of the department of higher  
14 education, or the executive director's designee; AND

15 (XIV) THE COMMISSIONER OF THE BEHAVIORAL HEALTH  
16 ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, OR THE  
17 COMMISSIONER'S DESIGNEE.

18 **SECTION 11.** In Colorado Revised Statutes, 25-4-2209, **amend**  
19 (1)(a) as follows:

20 **25-4-2209. Culturally relevant and affirming health-care**  
21 **training - health-care providers - grants - definitions.** (1) As used in  
22 this section:

23 (a) "Priority populations" means people experiencing  
24 homelessness; people involved with the criminal justice system; Black  
25 people, indigenous people, and people of color; American Indians and  
26 Alaska natives; veterans; people who are lesbian, gay, bisexual,  
27 transgender, queer, or questioning; people of disproportionately affected

1 sexual orientations and gender identities; people who have AIDS or HIV;  
2 older adults; children and families; and people with disabilities, including  
3 people who are deaf and hard of hearing, people who are blind and  
4 deafblind, people with brain injuries, people with intellectual and  
5 developmental disabilities, people with other co-occurring disabilities;  
6 and other populations as deemed appropriate by the ~~office of behavioral~~  
7 health ADMINISTRATION.

8 **SECTION 12.** In Colorado Revised Statutes, 25.5-5-325, **amend**  
9 (2)(b)(I) as follows:

10 **25.5-5-325. Residential and inpatient substance use disorder**  
11 **treatment - medical detoxification services - federal approval -**  
12 **performance review report.** (2) (b) Prior to seeking federal approval  
13 pursuant to subsection (2)(a) of this section, the state department shall  
14 seek input from relevant stakeholders, including existing providers of  
15 substance use disorder treatment and medical detoxification services and  
16 behavioral health administrative services organizations. The state  
17 department shall seek input and involve stakeholders in decisions  
18 regarding:

19 (I) The coordination of benefits with behavioral health  
20 administrative services organizations and ~~the office of behavioral health~~  
21 ~~in~~ the department of human services;

22 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-803, **amend**  
23 (1) as follows:

24 **25.5-5-803. High-fidelity wraparound services for children**  
25 **and youth - federal approval - reporting.** (1) Subject to available  
26 appropriations, the state department shall seek federal authorization from  
27 the federal centers for medicare and medicaid services to provide



1 wraparound services for eligible children and youth who are at risk of  
2 out-of-home placement or in an out-of-home placement. Prior to seeking  
3 federal authorization, the state department shall seek input from relevant  
4 stakeholders including counties, managed care entities participating in the  
5 statewide managed care system, families of children and youth with  
6 behavioral health disorders, communities that have previously  
7 implemented wraparound services, mental health professionals, the  
8 behavioral health administration and the office of behavioral health in the  
9 department of human services, and other relevant departments. The state  
10 department shall consider tiered care coordination as an approach when  
11 developing the wraparound model.

12 **SECTION 14.** In Colorado Revised Statutes, 26-5-117, **amend**  
13 (2)(a), (2)(b)(I), (2)(c), (4)(a) introductory portion, (4)(a)(II), (4)(b),  
14 (4)(c), (4)(d), (5), and (8); and **repeal** (2)(b)(II) as follows:

15 **26-5-117. Out-of-home placement for children and youth with**  
16 **mental or behavioral needs - funding - report - rules - legislative**  
17 **declaration - definitions - repeal.** (2) (a) The ~~BHA~~ STATE DEPARTMENT  
18 shall develop a program to provide emergency resources to licensed  
19 providers to help remove barriers such providers face in serving children  
20 and youth whose behavioral or mental health needs require services and  
21 treatment in a residential child care facility. Any such licensed provider  
22 shall meet the requirements of a qualified residential treatment program,  
23 as defined in section 26-5.4-102; a psychiatric residential treatment  
24 facility, as defined in section 25.5-4-103 (19.5); treatment foster care; or  
25 therapeutic foster care.

26 (b) (I) Beginning July 1, 2022, the ~~BHA~~ STATE DEPARTMENT shall  
27 provide ongoing operational support for psychiatric residential treatment

1 facilities, therapeutic foster care, treatment foster care, and qualified  
2 residential treatment programs as described in subsection (2)(a) of this  
3 section.

4 (II) ~~For the 2022-23 budget year, the general assembly shall~~  
5 ~~appropriate money from the behavioral and mental health cash fund~~  
6 ~~created in section 24-75-230 to the BHA to fund operational support for~~  
7 ~~psychiatric residential treatment facilities for youth, qualified residential~~  
8 ~~treatment programs, therapeutic foster care, and treatment foster care for~~  
9 ~~youth across the state as described in this subsection (2).~~

10 (c) The ~~BHA~~ STATE DEPARTMENT and any person who receives  
11 money from the ~~BHA~~ STATE DEPARTMENT shall comply with the  
12 compliance, reporting, record-keeping, and program evaluation  
13 requirements established by the office of state planning and budgeting  
14 and the state controller in accordance with section 24-75-226 (5).

15 (4) (a) The ~~BHA~~ STATE DEPARTMENT shall contract with licensed  
16 providers for the delivery of services to children and youth who are  
17 determined eligible for and placed in the program. A provider that  
18 contracts with the ~~BHA~~ STATE DEPARTMENT shall not:

19 (II) Discharge a child or youth based on the severity or complexity  
20 of the child's or youth's physical, behavioral, or mental health needs;  
21 except that the ~~BHA~~ STATE DEPARTMENT may arrange for the placement  
22 of a child or youth with an alternate contracted provider if the placement  
23 with the alternate provider is better suited to deliver services that meet the  
24 needs of the child or youth.

25 (b) The ~~BHA~~ STATE DEPARTMENT shall reimburse a provider  
26 directly for the costs associated with the placement of a child or youth in  
27 the program for the duration of the treatment, including the costs the

1 provider demonstrates are necessary in order for the provider to operate  
2 continuously during this period.

3 (c) The ~~BHA~~ STATE DEPARTMENT shall coordinate with the  
4 department of health care policy and financing to support continuity of  
5 care and payment for services for any children or youth placed in the  
6 program.

7 (d) The ~~BHA~~ STATE DEPARTMENT shall reimburse the provider  
8 one hundred percent of the cost of unutilized beds in the program to  
9 ensure available space for emergency residential out-of-home placements.

10 (5) (a) A hospital, health-care provider, provider of case  
11 management services, school district, managed care entity, or state or  
12 county department of human or social services may refer a family for the  
13 placement of a child or youth in the program. The entity referring a child  
14 or youth for placement in the program shall submit or assist the family  
15 with submitting an application to the ~~BHA~~ STATE DEPARTMENT for  
16 review. The ~~BHA~~ STATE DEPARTMENT shall consider each application as  
17 space becomes available. The ~~BHA~~ STATE DEPARTMENT shall approve  
18 admissions into the program and determine admission and discharge  
19 criteria for placement.

20 (b) The ~~BHA~~ STATE DEPARTMENT shall develop a discharge plan  
21 for each child or youth placed in the program. The plan must include the  
22 eligible period of placement of the child or youth and ~~shall~~ MUST identify  
23 the entity that will be responsible for the placement costs if the child or  
24 youth remains with the provider beyond the date of eligibility identified  
25 in the plan.

26 (c) The entity or family that places the child or youth in the  
27 program retains the right to remove the child or youth from the program

1 any time prior to the discharge date specified by the BHA STATE  
2 DEPARTMENT.

3 (8) This section is intended to provide enhanced emergency  
4 services resulting from the increased need for services due to the  
5 COVID-19 pandemic. No later than September 30, 2024, the BHA STATE  
6 DEPARTMENT shall submit recommendations to the house of  
7 representatives public and behavioral health and human services  
8 committee, the senate health and human services committee, or their  
9 successor committees, and the joint budget committee about how to  
10 provide necessary services for children and youth in need of residential  
11 care, including hospital step-down services on an ongoing basis.

12 **SECTION 15.** In Colorado Revised Statutes, 27-50-101, **amend**  
13 **(7), (11) introductory portion, and (13); and repeal (11)(g)** as follows:

14 **27-50-101. Definitions.** As used in this article 50, unless the  
15 context otherwise requires:

16 (7) "Behavioral health safety net provider" means ~~any and all~~  
17 ~~behavioral health safety net providers~~ ~~27-50-301 (5), including~~  
18 comprehensive community behavioral health providers and essential  
19 behavioral health safety net providers. A community mental health center  
20 pursuant to 42 U.S.C. sec. 300x-2(c) and that is licensed as a behavioral  
21 health entity may apply to be approved as a comprehensive community  
22 behavioral health provider, an essential behavioral health safety net  
23 provider, or both.

24 (11) "Comprehensive community behavioral health provider"  
25 means a licensed behavioral health entity OR BEHAVIORAL HEALTH  
26 PROVIDER approved by the behavioral health administration to provide  
27 CARE COORDINATION AND the following behavioral health safety net

1 services, either directly or through formal agreements with behavioral  
2 health providers in the community or region:

3 (g) ~~Care coordination;~~

4 (13) "Essential behavioral health safety net provider" means a  
5 licensed behavioral health entity or behavioral health provider approved  
6 by the behavioral health administration to provide CARE COORDINATION  
7 AND at least one of the FOLLOWING behavioral health safety net services:  
8 ~~described in subsection (11) of this section~~

9 (a) EMERGENCY OR CRISIS BEHAVIORAL HEALTH SERVICES;

10 (b) BEHAVIORAL HEALTH OUTPATIENT SERVICES;

11 (c) BEHAVIORAL HEALTH HIGH-INTENSITY OUTPATIENT SERVICES;

12 (d) BEHAVIORAL HEALTH RESIDENTIAL SERVICES;

13 (e) WITHDRAWAL MANAGEMENT SERVICES;

14 (f) BEHAVIORAL HEALTH INPATIENT SERVICES;

15 (g) INTEGRATED CARE SERVICES;

16

17 (h) HOSPITAL ALTERNATIVES; OR

18 (i) ADDITIONAL SERVICES THAT THE BEHAVIORAL HEALTH  
19 ADMINISTRATION DETERMINES ARE NECESSARY IN A REGION OR  
20 THROUGHOUT THE STATE.

21 **SECTION 16.** In Colorado Revised Statutes, 27-50-102, **add** (3)  
22 as follows:

23 **27-50-102. Behavioral health administration - creation -**  
24 **coordination - health oversight agency.** (3) FOR THE PURPOSE OF  
25 OVERSEEING THE BEHAVIORAL HEALTH CARE SYSTEM IN COLORADO AND  
26 DISCHARGING THE BHA'S DUTIES AS DESCRIBED IN THIS ARTICLE 50, THE  
27 BHA IS A HEALTH OVERSIGHT AGENCY, AS DEFINED IN 45 CFR 164.501.

1           **SECTION 17.** In Colorado Revised Statutes, 27-50-105, **amend**  
2 (1)(dd); and **add** (4) as follows:

3           **27-50-105. Administration of behavioral health programs -**  
4 **state plan - sole mental health authority - gifts, grants, or donations.**

5 (1) The BHA shall administer and provide the following behavioral  
6 health programs and services:

7           (dd) The care navigation program pursuant to ~~section 27-80-119~~  
8 SECTION 27-60-204;

9           (4) THE BHA MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR  
10 DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSE OF  
11 ADMINISTERING ANY BEHAVIORAL HEALTH PROGRAM OR SERVICE  
12 DESCRIBED IN SUBSECTION (1) OF THIS SECTION. THE COMMISSIONER, WITH  
13 THE APPROVAL OF THE GOVERNOR, MAY DIRECT THE DISPOSITION OF ANY  
14 GIFT, GRANT, OR DONATION FOR ANY PURPOSE CONSISTENT WITH THE  
15 TERMS AND CONDITIONS FOR WHICH THE GIFT, GRANT, OR DONATION WAS  
16 GIVEN.

17           **SECTION 18.** In Colorado Revised Statutes, 27-50-106, **amend**  
18 (1)(a) as follows:

19           **27-50-106. Transfer of functions.** (1) The powers, duties, and  
20 functions previously administered by the department of public health and  
21 environment concerning licensing behavioral health entities pursuant to  
22 article 27.6 of title 25 shall transfer to the BHA over a period of two  
23 years, with all functions fully transferred to the BHA by July 1, 2024, as  
24 follows:

25           (a) The department of public health and environment shall  
26 continue issuing and renewing behavioral health entity licenses until ~~June~~  
27 ~~30, 2023~~ SEPTEMBER 30, 2023, after which date the department of public

1 health and environment shall not renew or confer any new behavioral  
2 health entity licenses. Behavioral health entities that are licensed by the  
3 department of public health and environment are subject to the rules and  
4 orders of the department of public health and environment until such rules  
5 and orders are revised, amended, repealed, or nullified. The department  
6 of public health and environment shall continue compliance monitoring  
7 and enforcement activities until all licenses the department of public  
8 health and environment has conferred are expired, revoked, or  
9 surrendered, but not after June 30, 2024.

10 **SECTION 19.** In Colorado Revised Statutes, 27-50-301, **amend**  
11 (1) as follows:

12 **27-50-301. Behavioral health safety net system**  
13 **implementation.** (1) No later than July 1, 2024, the BHA, in  
14 collaboration with the department of health care policy and financing and  
15 the department of public health and environment, shall establish a  
16 comprehensive and standardized behavioral health safety net system  
17 throughout the state that must include behavioral health safety net  
18 services for children, youth, and adults, INCLUDING ADULTS WHO HAVE A  
19 SERIOUS MENTAL ILLNESS AND CHILDREN AND YOUTH WHO HAVE A  
20 SERIOUS EMOTIONAL DISTURBANCE, along a continuum of care.

21 **SECTION 20.** In Colorado Revised Statutes, 27-50-302, **add**  
22 (4)(f) as follows:

23 **27-50-302. Requirement to serve priority populations -**  
24 **screening and triage for individuals in need of behavioral health**  
25 **services - referrals.** (4) (f) A BEHAVIORAL HEALTH SAFETY NET  
26 PROVIDER SHALL INCLUDE SERVICES THAT ADDRESS THE LANGUAGE,  
27 ABILITY, AND CULTURAL BARRIERS, AS NECESSARY, TO SERVE

1 COMMUNITIES OF COLOR AND OTHER UNDERSERVED POPULATIONS.

2 **SECTION 21.** In Colorado Revised Statutes, 27-50-402, **amend**  
3 (2) introductory portion as follows:

4 **27-50-402. Behavioral health administrative services**  
5 **organizations - application - designation - denial - revocation.** (2) The  
6 commissioner shall select a behavioral health administrative services  
7 organization based on factors established by BHA rules and the  
8 "Procurement Code", articles 101 to 112 of title 24. THE BHA SHALL  
9 REQUIRE AN APPLICANT TO FURNISH LETTERS OF SUPPORT FROM  
10 STAKEHOLDERS IN THE REGION THE APPLICANT IS APPLYING TO CONTRACT  
11 FOR, INCLUDING, BUT NOT LIMITED TO, COUNTY COMMISSIONERS AND  
12 ADVOCACY OR COMMUNITY-BASED ORGANIZATIONS. THE LETTERS OF  
13 SUPPORT MUST DEMONSTRATE THE APPLICANT'S ABILITY TO SERVE THE  
14 COMMUNITY. The factors for selection must include, but are not limited  
15 to, the following:

16 **SECTION 22.** In Colorado Revised Statutes, 27-50-501, **amend**  
17 (1)(a), (1)(b) introductory portion, and (1)(c) as follows:

18 **27-50-501. Behavioral health entities - license required -**  
19 **criminal and civil penalties.** (1) (a) On and after ~~July 1, 2024~~ OCTOBER  
20 1, 2024, it is unlawful for any person, partnership, association, or  
21 corporation to conduct or maintain a behavioral health entity, including  
22 a substance use disorder program or alcohol use disorder program,  
23 without having obtained a license from the BHA.

24 (b) On and after ~~July 1, 2023~~ OCTOBER 1, 2023, an entity seeking  
25 initial licensure as a behavioral health entity shall apply for a behavioral  
26 health entity license from the BHA if the entity would previously have  
27 been licensed or subject to any of the following:



1 (c) A facility with a license or approval on or before ~~June 30,~~  
2 ~~2023~~ SEPTEMBER 30, 2023, as a behavioral health entity or a substance  
3 use disorder program, shall apply for a behavioral health entity license  
4 prior to the expiration of the facility's current license or approval. Such  
5 a facility is subject to the standards under which it is licensed or approved  
6 as of ~~July 1, 2023~~ OCTOBER 1, 2023, until such time as the BHA's  
7 behavioral health entity license is issued or denied.

8 **SECTION 23.** In Colorado Revised Statutes, 27-50-502, **amend**  
9 (1) introductory portion as follows:

10 **27-50-502. Behavioral health entities - minimum standard -**  
11 **rules.** (1) No later than ~~April 30, 2023~~ JULY 31, 2023, the BHA shall  
12 promulgate rules pursuant to section 24-4-103 providing minimum  
13 standards for the operation of behavioral health entities within the state,  
14 including the following:

15 **SECTION 24.** In Colorado Revised Statutes, 27-50-504, **amend**  
16 (1)(a) as follows:

17 **27-50-504. License fees - rules.** (1) (a) By ~~April 30, 2023~~ JULY  
18 31, 2023, the commissioner shall promulgate rules establishing a schedule  
19 of fees sufficient to meet the direct and indirect costs of administration  
20 and enforcement of this part 5.

21 **SECTION 25.** In Colorado Revised Statutes, 27-50-505, **amend**  
22 (2) as follows:

23 **27-50-505. License - denial - suspension - revocation.**  
24 (2) (a) The BHA may suspend, revoke, or refuse to renew the license of  
25 any behavioral health entity that is out of compliance with the  
26 requirements of this part 5 or the rules promulgated pursuant to this part  
27 5. Suspension, revocation, or refusal must not occur until after a hearing

1 and in compliance with the provisions and procedures specified in article  
2 4 of title 24; EXCEPT THAT THE BHA MAY SUMMARILY SUSPEND A  
3 BEHAVIORAL HEALTH ENTITY'S LICENSE BEFORE A HEARING IN  
4 ACCORDANCE WITH SECTION 24-4-104 (4)(a).

5 (b) AFTER CONDUCTING A HEARING IN ACCORDANCE WITH ARTICLE  
6 4 OF TITLE 24, THE BHA MAY REVOKE OR REFUSE TO RENEW A  
7 BEHAVIORAL HEALTH ENTITY'S LICENSE IF THE OWNER, MANAGER, OR  
8 ADMINISTRATOR OF THE BEHAVIORAL HEALTH ENTITY HAS BEEN  
9 CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING CONDUCT THAT  
10 THE BHA DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR  
11 WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

12 **SECTION 26.** In Colorado Revised Statutes, 27-50-403, **amend**  
13 **(1)(i); and add (1)(k) as follows:**

14 **27-50-403. Behavioral health administrative services**  
15 **organizations - contract requirements - individual access - care**  
16 **coordination.** (1) The BHA shall develop a contract for designated  
17 behavioral health administrative services organizations, which must  
18 include, but is not limited to, the following:

19 (i) Any provisions necessary to ensure the behavioral health  
20 administrative services organization fulfills the functions provided in  
21 subsection (2) of this section; **and**

22 (k) A REQUIREMENT THAT THE BEHAVIORAL HEALTH  
23 ADMINISTRATIVE SERVICES ORGANIZATION PERFORM APPROPRIATE FISCAL  
24 MANAGEMENT AND QUALITY OVERSIGHT OF PROVIDERS IN ITS NETWORK  
25 WITHIN THE SCOPE OF THE PROVIDER'S CONTRACT, INCLUDING, BUT NOT  
26 LIMITED TO, THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES  
27 ORGANIZATION DIRECTLY ENGAGING IN AUDITS AND CORRECTIVE ACTION

1 PLANS WITH PROVIDERS IN ITS NETWORK TO ENSURE COMPLIANCE WITH  
2 THE CONTRACT.

3 **SECTION 27.** In Colorado Revised Statutes, 27-50-703, **amend**  
4 (1) and (3); and **add** (1.3) and (1.5) as follows:

5 **27-50-703. Advisory council - regional subcommittees -**  
6 **subcommittees - working groups.** (1) The BHA shall create ~~one~~ A  
7 regional subcommittee ~~of the advisory council~~ STRUCTURE AS PART OF  
8 THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATIONS TO  
9 PROMOTE LOCAL COMMUNITY INPUT PERTAINING TO BEHAVIORAL HEALTH  
10 SERVICE NEEDS. IN ESTABLISHING A REGIONAL SUBCOMMITTEE  
11 STRUCTURE, THE BHA SHALL, TO THE BEST OF THE BHA'S ABILITY, ALIGN  
12 GEOGRAPHICALLY WITH JUDICIAL DISTRICTS WHENEVER FEASIBLE, TAKING  
13 INTO CONSIDERATION COMMUNITY FEEDBACK ON WHERE AND HOW  
14 INDIVIDUALS RECEIVE SERVICES IN THEIR COMMUNITIES. ~~for each~~  
15 ~~behavioral health administrative services organization region established~~  
16 ~~pursuant to section 27-50-401.~~ Regional subcommittee members are  
17 appointed ~~by the commissioner~~ for three-year terms; except that initial  
18 terms may be for two years. ~~Each regional~~ THE subcommittee consists of  
19 NINE members. Membership of the regional subcommittees must include:

20 (a) ~~At least~~ One individual with expertise in the behavioral health  
21 needs of children and youth APPOINTED BY A LOCAL OR REGIONAL PUBLIC  
22 HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S  
23 REGION;

24 (b) ~~At least~~ One individual who represents a behavioral health  
25 safety net provider that operates within the region APPOINTED BY A LOCAL  
26 OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE  
27 SUBCOMMITTEE'S REGION; **and**

1 (c) A county commissioner of a county situated within the region  
2 APPOINTED BY THE BHA;

3 (d) ONE INDIVIDUAL WITH A CONNECTION TO A KINDERGARTEN  
4 THROUGH TWELFTH GRADE SCHOOL DISTRICT WITHIN THE  
5 SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL PUBLIC  
6 HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S  
7 REGION;

8 (e) ONE INDIVIDUAL WITH THE CRIMINAL JUSTICE SYSTEM WITHIN  
9 THE SUBCOMMITTEE'S REGION APPOINTED BY A LOCAL OR REGIONAL  
10 PUBLIC HEALTH OR HUMAN SERVICE AGENCY WITHIN THE SUBCOMMITTEE'S  
11 REGION;

12 (f) ONE INDIVIDUAL WITH LIVED EXPERIENCE OR A COMMUNITY  
13 MEMBER WHO IS NOT ALSO A BEHAVIORAL HEALTH PROVIDER APPOINTED  
14 BY A LOCAL OR REGIONAL PUBLIC HEALTH OR HUMAN SERVICE AGENCY  
15 WITHIN THE SUBCOMMITTEE'S REGION;

16 (g) ONE INDIVIDUAL WITH LIVED EXPERIENCE APPOINTED BY THE  
17 BHA; AND

18 (h) TWO INDIVIDUALS WITH LIVED EXPERIENCE NOT ASSOCIATED  
19 WITH A BEHAVIORAL HEALTH TREATMENT PROVIDER APPOINTED BY THE  
20 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION CREATED  
21 PURSUANT TO PART 4 OF THIS ARTICLE 50 THAT REPRESENT THE  
22 SUBCOMMITTEE'S REGION.

23 (1.3) THE REGIONAL SUBCOMMITTEE IS CREATED TO DIRECTLY  
24 INFORM THE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE  
25 ORGANIZATION IN THE REGION IN ORDER TO IMPROVE SERVICES,  
26 ACCOUNTABILITY, AND TRANSPARENCY IN THE REGION. THE BEHAVIORAL  
27 HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL STAFF ALL

1 SUBCOMMITTEE MEETINGS, WHICH SHALL MEET A MINIMUM OF SIX TIMES  
2 A YEAR AND ALLOW FOR PUBLIC COMMENT DURING EACH MEETING. THE  
3 BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION SHALL  
4 ENGAGE WITH THE REGIONAL SUBCOMMITTEE, AT A MINIMUM, ON THE  
5 FOLLOWING AREAS:

6 (a) WHEN DETERMINING WHAT SERVICES ARE NEEDED TO  
7 ESTABLISH A FULL CONTINUUM OF CARE IN THE REGION;

8 (b) WHEN ADDRESSING BARRIERS TO INDIVIDUALS ACCESSING  
9 QUALITY AND TIMELY CARE IN THE REGION; AND

10 (c) NEEDED SPECIALTY SERVICES FOR PRIORITY POPULATIONS.

11 (1.5) THE BEHAVIORAL HEALTH ADMINISTRATION ADVISORY  
12 COUNCIL, CREATED PURSUANT TO SECTION 27-50-701, SHALL ESTABLISH  
13 A PROCESS TO RECEIVE DIRECT FEEDBACK FROM THE REGIONAL  
14 SUBCOMMITTEE THROUGHOUT THE YEAR TO CONSIDER INCLUDING IN THE  
15 BEHAVIORAL HEALTH ADMINISTRATION ADVISORY COUNCIL'S ANNUAL  
16 REPORT REQUIRED PURSUANT TO SECTION 27-50-701 (2)(d).

17 (3) ~~Each~~ UNLESS COMMITTEE MEMBERSHIP IS ESTABLISHED  
18 PURSUANT TO STATE OR FEDERAL LAW, THE REGIONAL SUBCOMMITTEE  
19 AND committee membership shall maintain a majority of members who  
20 represent individuals with lived behavioral health experience or families  
21 of individuals with lived behavioral health experience.

22 **SECTION 28.** In Colorado Revised Statutes, 27-60-105, **amend**  
23 **(2), (4)(d), (4)(e), (5), (5)(d), and (5)(e); repeal (4)(f) and (5)(f); and add**  
24 **(4.5) and (5.5) as follows:**

25 **27-60-105. Outpatient restoration to competency services -**  
26 **jail-based behavioral health services - responsible entity - duties -**  
27 **report - legislative declaration.** (2) The state department serves as a

1 central organizing structure and responsible entity for the provision of  
2 competency restoration education services AND coordination of  
3 competency restoration services ordered by the court pursuant to section  
4 16-8.5-111 (2)(b) or 19-2.5-704 (2), and THE BEHAVIORAL HEALTH  
5 ADMINISTRATION SERVES AS THE CENTRAL ORGANIZING STRUCTURE AND  
6 RESPONSIBLE ENTITY FOR jail-based behavioral health services pursuant  
7 to section 27-60-106.

8 (4) Beginning July 1, 2019, the state department has the following  
9 duties and responsibilities, subject to available appropriations:

10 (d) To engage with key stakeholders in the juvenile and adult  
11 justice systems to develop best practices in the delivery of competency  
12 restoration services; AND

13 (e) To make recommendations for legislation. and

14 (f) ~~To oversee the functions of the jail-based behavioral health~~  
15 ~~services program created in section 27-60-106.~~

16 (4.5) BEGINNING JULY 1, 2023, SUBJECT TO AVAILABLE  
17 APPROPRIATIONS, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL  
18 OVERSEE FUNCTIONS OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES  
19 PROGRAM CREATED IN SECTION 2 27-60-106.

20 (5) Notwithstanding section 24-1-136 (11)(a)(I), on or before  
21 January 1, 2019, and every January 1 thereafter, the state department shall  
22 submit an annual written report to the general assembly summarizing the  
23 state department's provision of competency restoration education AND its  
24 efforts toward the coordination of competency restoration education with  
25 other existing services and the results of the jail-based behavioral health  
26 services program created in section 27-60-106. The report must include:

27 (d) A description of opportunities to maximize and increase

1 available resources and funding; AND

2 (e) A description of gaps in and conflicts with existing funding,  
3 services, and programming essential to the effective restoration of  
4 competency for juveniles and adults; and

5 (f) ~~A description of the services funded through the jail-based  
6 behavioral health services program created in section 27-60-106.~~

7 (5.5) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR  
8 BEFORE JANUARY 1, 2024, AND EVERY JANUARY 1 THEREAFTER, THE  
9 BEHAVIORAL HEALTH ADMINISTRATION SHALL SUBMIT AN ANNUAL  
10 WRITTEN REPORT TO THE GENERAL ASSEMBLY SUMMARIZING THE RESULTS  
11 OF THE JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM CREATED IN  
12 SECTION 27-60-106. THE REPORT MUST INCLUDE A DESCRIPTION OF THE  
13 SERVICES FUNDED THROUGH THE JAIL-BASED BEHAVIORAL HEALTH  
14 SERVICES PROGRAM CREATED IN SECTION 27-60-106.

15 **SECTION 29.** In Colorado Revised Statutes, 27-60-104, **add**  
16 (6.5) as follows:

17 **27-60-104. Behavioral health crisis response system - crisis**  
18 **service facilities - walk-in centers - mobile response units - report.**

19 (6.5) FOR STATE FISCAL YEAR 2023-24, THE BHA SHALL SAFEGUARD  
20 PARTNERSHIPS BETWEEN COMMUNITY-BASED BEHAVIORAL HEALTH  
21 PROVIDERS AND RURAL HOSPITALS BY ALLOCATING MONEY TO  
22 COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS.

23 **SECTION 30.** In Colorado Revised Statutes, 27-60-204, **amend**  
24 (1)(a) introductory portion, (6)(c), and (6)(d); **add** (6)(e); and **add with**  
25 **amended and relocated provisions** (9) as follows:

26 **27-60-204. Care coordination infrastructure - implementation**  
27 **- care navigation program - creation - report - rules - definition -**

1 **repeal. (1) Care coordination infrastructure.** (a) No later than July 1,  
2 2024, the BHA, in collaboration with the department of health care policy  
3 and financing, shall develop a statewide care coordination infrastructure  
4 to drive accountability and more effective behavioral health navigation  
5 to care that builds upon and collaborates with existing care coordination  
6 services. The infrastructure must include:

7 (6) Beginning January 2025, and each January thereafter, the  
8 department of health care policy and financing shall assess the care  
9 coordination services provided by managed care entities and provide a  
10 report as part of its "State Measurement for Accountable, Responsive, and  
11 Transparent (SMART) Government Act" hearing required by section  
12 2-7-203. At a minimum, the report must include:

13 (c) Data on efforts made to reconnect with individuals ~~that~~ WHO  
14 did not initially follow through on care coordination services; ~~and~~

15 (d) Data on referrals to community-based services and follow-up  
16 services by each managed care entity for individuals served through care  
17 coordination services; AND

18 (e) DATA ON THE UTILIZATION OF CARE NAVIGATION SERVICES  
19 PURSUANT TO SUBSECTION (9) OF THIS SECTION IN ACCORDANCE WITH  
20 STATE AND FEDERAL HEALTH-CARE PRIVACY LAWS.

21 (9) **Care navigation program.** (a) [Formerly 27-80-119 (2)] As  
22 used in this section, "engaged client" means an individual who is  
23 interested in and willing to engage in substance use disorder treatment  
24 and recovery services or other treatment services either for the individual  
25 or an affected family member or friend.

26 (b) [Formerly 27-80-119 (3)] Subject to available appropriations,  
27 the BHA shall implement a care navigation program to assist engaged



1 clients in obtaining access to treatment for substance use disorders. At a  
2 minimum, services available statewide must include independent  
3 screening of the treatment needs of the engaged client using nationally  
4 recognized screening criteria to determine the correct level of care; the  
5 identification of licensed or accredited substance use disorder treatment  
6 options, including social and medical detoxification services,  
7 medication-assisted treatment, and inpatient and outpatient treatment  
8 programs; and the availability of various treatment options for the  
9 engaged client.

10 (c) [Formerly 27-80-119 (4)] To implement the care navigation  
11 program, the BHA shall, ~~include~~ DIRECTLY OR THROUGH CONTRACT,  
12 PROVIDE care navigation services AND ALIGN THE CARE NAVIGATION  
13 SERVICES WITH THE CARE COORDINATION INFRASTRUCTURE ESTABLISHED  
14 PURSUANT TO THIS SECTION. ~~in the twenty-four-hour telephone crisis  
15 service created pursuant to section 27-60-103. The contractor selected by  
16 the BHA must provide care navigation services to engaged clients  
17 statewide. Care navigation services must be available twenty-four hours  
18 a day and must be accessible through various formats. The contractor  
19 shall coordinate services in conjunction with other state care navigation  
20 and coordination services and behavioral health response systems to  
21 ensure coordinated and integrated service delivery. The use of peer  
22 support specialists is encouraged in the coordination of services. The  
23 contractor shall assist the engaged client with accessing treatment  
24 facilities, treatment programs, or treatment providers and shall provide  
25 services to engaged clients regardless of the client's payer source or  
26 whether the client is uninsured. Once the engaged client has initiated  
27 treatment, the contractor is no longer responsible for care navigation for~~

1 ~~that engaged client for that episode. Engaged clients who are enrolled in~~  
2 ~~the medical assistance program pursuant to articles 4, 5, and 6 of title 25.5~~  
3 ~~shall be provided with contact information for their managed care entity.~~  
4 ~~The contractor shall conduct ongoing outreach to inform behavioral~~  
5 ~~health providers, counties, county departments of human or social~~  
6 ~~services, jails, law enforcement personnel, health-care professionals, and~~  
7 ~~other interested persons about care navigation services.~~

8 (d) [Formerly 27-80-119 (7)] The state board of human services  
9 may promulgate any rules necessary to implement the care navigation  
10 program.

11 **SECTION 31.** In Colorado Revised Statutes, 27-64-104, **amend**  
12 (3) as follows:

13 **27-64-104. 988 crisis hotline cash fund - creation.** (3) Subject  
14 ~~to annual appropriation by the general assembly~~ MONEY IN THE FUND IS  
15 CONTINUOUSLY APPROPRIATED. The enterprise may expend money from  
16 the fund for the purposes outlined in section 27-64-103 (4)(c) and (4)(d).

17 **SECTION 32.** In Colorado Revised Statutes, 27-65-107, **amend**  
18 (4)(a) introductory portion and (4)(a)(V) as follows:

19 **27-65-107. Emergency transportation - application - screening**  
20 **- respondent's rights.** (4) (a) A person detained pursuant to this section  
21 ~~at an outpatient mental health facility or facility designated by the~~  
22 ~~commissioner,~~ has the following rights while being detained, which must  
23 be explained to the person before being transported to a receiving facility:

24 (V) To have appropriate access to adequate water and food **FOOD;**  
25 **and to have the person's nutritional needs met in a manner that is**  
26 **consistent with recognized dietary practices, TO THE EXTENT REASONABLY**  
27 **POSSIBLE AT THE RECEIVING FACILITY;**

1           **SECTION 33.** In Colorado Revised Statutes, 27-65-113, **amend**  
2 (5)(a) and (5)(b) as follows:

3           **27-65-113. Hearing procedures - jurisdiction.** (5) (a) In the  
4 event that a respondent or a person found not guilty by reason of impaired  
5 mental condition pursuant to section 16-8-103.5 (5), or by reason of  
6 insanity pursuant to section 16-8-105 (4) or 16-8-105.5, refuses to accept  
7 medication, the court having jurisdiction of the action pursuant to  
8 subsection (4) of this section, the court committing the person or  
9 defendant to the custody of the ~~BHA~~ DEPARTMENT pursuant to section  
10 16-8-103.5 (5), 16-8-105 (4), or 16-8-105.5, or the court of the  
11 jurisdiction in which the designated facility treating the respondent or  
12 person is located has jurisdiction and venue to accept a petition by a  
13 treating physician and to enter an order requiring that the respondent or  
14 person accept such treatment or, in the alternative, that the medication be  
15 forcibly administered to the respondent or person. The court of the  
16 jurisdiction in which the designated facility is located shall not exercise  
17 its jurisdiction without the permission of the court that committed the  
18 person to the custody of the ~~BHA~~ DEPARTMENT. Upon the filing of such  
19 a petition, the court shall appoint an attorney, if one has not been  
20 appointed, to represent the respondent or person and hear the matter  
21 within ten days.

22           (b) In any case brought pursuant to subsection (5)(a) of this  
23 section in a court for the county in which the treating facility is located,  
24 the county where the proceeding was initiated pursuant to subsection (4)  
25 of this section or the court committing the person to the custody of the  
26 ~~BHA~~ DEPARTMENT pursuant to section 16-8-103.5 (5), 16-8-105 (4), or  
27 16-8-105.5, shall either reimburse the county in which the proceeding

1 pursuant to this subsection (5) was filed and in which the proceeding was  
2 held for the reasonable costs incurred in conducting the proceeding or  
3 conduct the proceeding itself using its own personnel and resources,  
4 including its own district or county attorney, as the case may be.

5 **SECTION 34.** In Colorado Revised Statutes, 27-65-123, **amend**  
6 (1)(a) as follows:

7 **27-65-123. Records.** (1) Except as provided in subsection (2) of  
8 this section, all information obtained and records prepared in the course  
9 of providing any services to any person pursuant to any provision of this  
10 article 65 are confidential and privileged matter. The information and  
11 records may be disclosed only:

12 (a) In communications between **qualified professional**  
13 **PROFESSIONALS, FACILITY personnel, OR STATE AGENCIES** in the provision  
14 of services or appropriate referrals;

15 **SECTION 35.** In Colorado Revised Statutes, 27-71-104, **amend**  
16 (3) as follows:

17 **27-71-104. Mental health residential facilities - initial license**  
18 **requirements - repeal.** (3) On and after ~~July 1, 2023~~ **OCTOBER 1, 2023,**  
19 **the behavioral health administration is responsible for licensing mental**  
20 **health ~~home- and community-based waiver~~ residential facilities.**

21 **SECTION 36.** In Colorado Revised Statutes, 27-80-102, **amend**  
22 (1) introductory portion and (2) as follows:

23 **27-80-102. Duties of the behavioral health administration.**

24 (1) The ~~office of~~ behavioral health ADMINISTRATION is a **type 2** entity,  
25 as defined in section 24-1-105, and is responsible for the powers, duties,  
26 and functions relating to the alcohol and drug driving safety program  
27 specified in section 42-4-1301.3. The ~~office of~~ behavioral health

1 ADMINISTRATION shall formulate a comprehensive state plan for  
2 substance use disorder treatment programs. The ~~office of behavioral~~  
3 health ADMINISTRATION shall submit the state plan to the governor and,  
4 upon the governor's approval, submit it to the appropriate United States  
5 agency for review and approval. The state plan must include, but not be  
6 limited to:

7 (2) The department, acting by and through the ~~office of behavioral~~  
8 health ADMINISTRATION, is designated as the sole state agency for the  
9 supervision of the administration of the state plan.

10 **SECTION 37.** In Colorado Revised Statutes, 27-80-107, **amend**  
11 (1), (2) introductory portion, (2)(b), (2)(d), (2.5)(a) introductory portion,  
12 (2.5)(a)(II), (3), (4), (5), and (7) as follows:

13 **27-80-107. Designation of managed service organizations -**  
14 **purchase of services - revocation of designation.** (1) ~~The director of~~  
15 ~~the office of behavioral health~~ ADMINISTRATION shall establish designated  
16 service areas to provide substance use disorder treatment and recovery  
17 services in a particular geographical region of the state.

18 (2) To be selected as a designated managed service organization  
19 to provide services in a particular designated service area, a private  
20 corporation; for profit or not for profit; or a public agency, organization,  
21 or institution shall apply to the ~~office of behavioral health~~  
22 ADMINISTRATION for a designation in the form and manner specified by  
23 the ~~executive director or the executive director's~~ COMMISSIONER OR THE  
24 COMMISSIONER'S designee. The designation process is in lieu of a  
25 competitive bid process pursuant to the "Procurement Code", articles 101  
26 to 112 of title 24. The ~~director of the office of behavioral health~~  
27 COMMISSIONER OR THE COMMISSIONER'S DESIGNEE shall make the

1 designation based on factors established by the ~~executive director or the~~  
2 ~~executive director's~~ COMMISSIONER OR THE COMMISSIONER'S designee.

3 The factors for designation established by the executive director or the  
4 executive director's designee include the following:

5 (b) Whether the managed service organization has experience  
6 working with publicly funded clients, including expertise in treating  
7 priority populations designated by the ~~office of~~ behavioral health  
8 ADMINISTRATION;

9 (d) Whether the managed service organization has experience  
10 using the cost-share principles used by the ~~office of~~ behavioral health  
11 ADMINISTRATION in its contracts with providers and is willing to  
12 cost-share;

13 (2.5) (a) On or before January 1, 2023, in order to promote  
14 transparency and accountability, the ~~office of~~ behavioral health  
15 ADMINISTRATION shall require each managed service organization that has  
16 twenty-five percent or more ownership by providers of behavioral health  
17 services to comply with the following conflict of interest policies:

18 (II) The ~~office of~~ behavioral health ADMINISTRATION shall  
19 quarterly review a managed service organization's funding allocation to  
20 ensure that all providers are being equally considered for funding. The  
21 ~~office of~~ behavioral health ADMINISTRATION is authorized to review any  
22 other pertinent information to ensure the managed service organization  
23 is meeting state and federal rules and regulations and is not  
24 inappropriately giving preference to providers with ownership or board  
25 membership.

26 (3) The designation of a managed service organization by the  
27 ~~director of the office of behavioral health~~ COMMISSIONER, as described in

1 subsection (2) of this section, is an initial decision of the department  
2 ~~which~~ THAT may be reviewed by the executive director in accordance  
3 with the provisions of section 24-4-105. Review by the executive director  
4 in accordance with section 24-4-105 constitutes final agency action for  
5 purposes of judicial review.

6 (4) (a) The terms and conditions for providing substance use  
7 disorder treatment and recovery services must be specified in the contract  
8 entered into between the ~~office of behavioral health~~ ADMINISTRATION and  
9 the designated managed service organization. Contracts entered into  
10 between the ~~office of behavioral health~~ ADMINISTRATION and the  
11 designated managed service organization must include terms and  
12 conditions prohibiting a designated managed service organization  
13 contracted treatment provider from denying or prohibiting access to  
14 medication-assisted treatment, as defined in section 23-21-803, for a  
15 substance use disorder.

16 (b) Contracts entered into between the ~~office of behavioral health~~  
17 ADMINISTRATION and the designated managed service organization must  
18 include terms and conditions that outline the expectations for the  
19 designated managed service organization to invest in the state's recovery  
20 services infrastructure, which include peer-run recovery support services  
21 and specialized services for underserved populations. Investments are  
22 based on available appropriations.

23 (5) The contract may include a provisional designation for ninety  
24 days. At the conclusion of the ninety-day provisional period, the ~~director~~  
25 ~~of the office of behavioral health~~ COMMISSIONER may choose to revoke  
26 the contract or, subject to meeting the terms and conditions specified in  
27 the contract, may choose to extend the contract for a stated time period.

1           (7) (a) ~~The director of the office of behavioral health~~  
2           COMMISSIONER may revoke the designation of a designated managed  
3           service organization upon finding that the managed service organization  
4           is in violation of the performance of the provisions of or rules  
5           promulgated pursuant to this article 80. The revocation must conform to  
6           the provisions and procedures specified in article 4 of title 24, and occur  
7           only after notice and an opportunity for a hearing is provided as specified  
8           in article 4 of title 24. A hearing to revoke a designation as a designated  
9           managed service organization constitutes final agency action for purposes  
10          of judicial review.

11          (b) Once a designation has been revoked pursuant to subsection  
12          (7)(a) of this section, ~~the director of the office of behavioral health~~  
13          COMMISSIONER may designate one or more service providers to provide  
14          the treatment services pending designation of a new designated managed  
15          service organization or may enter into contracts with subcontractors to  
16          provide the treatment services.

17          (c) From time to time, ~~the director of the office of behavioral~~  
18          ~~health~~ COMMISSIONER may solicit applications from applicants for  
19          managed service organization designation to provide substance use  
20          disorder treatment and recovery services for a specified planning area or  
21          areas.

22          **SECTION 38.** In Colorado Revised Statutes, 27-80-108, **amend**  
23          (1)(c) and (1)(d) as follows:

24          **27-80-108. Rules.** (1) The state board of human services, created  
25          in section 26-1-107, has the power to promulgate rules governing the  
26          provisions of this article 80. The rules may include, but are not limited to:

27          (c) Requirements for public and private agencies, organizations,



1 and institutions from which the ~~office of~~ behavioral health  
2 ADMINISTRATION may purchase services pursuant to section 27-80-106  
3 (1), which requirements must include prohibiting the purchase of services  
4 from entities that deny or prohibit access to medical services or substance  
5 use disorder treatment and services to persons who are participating in  
6 prescribed medication-assisted treatment, as defined in section 23-21-803,  
7 for a substance use disorder;

8 (d) Requirements for managed service organizations that are  
9 designated by the ~~director of the office of behavioral health~~  
10 COMMISSIONER to provide services in a designated service area pursuant  
11 to section 27-80-106 (2);

12 **SECTION 39.** In Colorado Revised Statutes, 27-80-303, **amend**  
13 (1)(b) introductory portion and (5) as follows:

14 **27-80-303. Office of ombudsman for behavioral health access**  
15 **to care - creation - appointment of ombudsman - duties.** (1) (b) The  
16 ~~office of behavioral health in the~~ department and the BHA shall offer the  
17 office limited support with respect to:

18 (5) In the performance of the ombudsman's duties, the  
19 ombudsman shall act independently of ~~the office of behavioral health in~~  
20 the department and the BHA. Any recommendations made or positions  
21 taken by the ombudsman do not reflect those of the ~~department, the office~~  
22 ~~of behavioral health,~~ DEPARTMENT or the BHA.

23 **SECTION 40. Repeal of relocated and nonrelocated**  
24 **provisions in this act.** In Colorado Revised Statutes, **repeal** 27-80-119;  
25 except that (1), (5), (6), and (8) are not relocated.

26 **SECTION 41. Act subject to petition - effective date.** This act  
27 takes effect at 12:01 a.m. on the day following the expiration of the

1 ninety-day period after final adjournment of the general assembly; except  
2 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
3 of the state constitution against this act or an item, section, or part of this  
4 act within such period, then the act, item, section, or part will not take  
5 effect unless approved by the people at the general election to be held in  
6 November 2024 and, in such case, will take effect on the date of the  
7 official declaration of the vote thereon by the governor.