

First Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

**REENGROSSED**

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

LLS NO. 23-0023.02 Jane Ritter x4342

**HOUSE BILL 23-1200**

**HOUSE SPONSORSHIP**

**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

**SENATE SPONSORSHIP**

**Mullica,**

**House Committees**

Public & Behavioral Health & Human Services  
Appropriations

**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.*

HOUSE  
3rd Reading Unamended  
May 5, 2023

HOUSE  
Amended 2nd Reading  
May 4, 2023

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.

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

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

4 **25.5-5-406.1. Required features of statewide managed care**  
5 **system. (1) General features.** All medicaid managed care programs  
6 must contain the following general features, in addition to others that the  
7 federal government, state department, and state board consider necessary  
8 for the effective and cost-efficient operation of those programs:

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

12 (IV) ENTER INTO SINGLE CASE AGREEMENTS WITH WILLING  
13 PROVIDERS OF BEHAVIORAL HEALTH SERVICES ENROLLED IN THE MEDICAL  
14 ASSISTANCE PROGRAM WHEN NETWORK DEVELOPMENT AND ACCESS  
15 STANDARDS ESTABLISHED BY THE STATE DEPARTMENT ARE NOT MET AND  
16 A MEMBER NEEDS ACCESS TO A MEDICALLY NECESSARY BEHAVIORAL

1 HEALTH SERVICE COVERED UNDER THE SCOPE OF THE MCE'S CONTRACT  
2 WITH THE STATE DEPARTMENT. THE MCE:

3 (A) SHALL CONSIDER ANY BEHAVIORAL HEALTH PROVIDER  
4 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM FOR A SINGLE CASE  
5 AGREEMENT IF THE MCE CANNOT PROVIDE A COVERED SERVICE THROUGH  
6 ITS CONTRACTED PROVIDER NETWORK;

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

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

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

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

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

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

22 **SECTION 2. Act subject to petition - effective date.** This act  
23 takes effect at 12:01 a.m. on the day following the expiration of the  
24 ninety-day period after final adjournment of the general assembly; except  
25 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
26 of the state constitution against this act or an item, section, or part of this  
27 act within such period, then the act, item, section, or part will not take

1 effect unless approved by the people at the general election to be held in  
2 November 2024 and, in such case, will take effect on the date of the  
3 official declaration of the vote thereon by the governor.