Amendments to HB22-1278 Behavioral Health Administration

Adopted on Friday, March 25th in the Public & Behavioral Health and Human Services Committee

L 001 (Includes amendments CCI requested)

- requiring the BHA to solicit input from the advisory council and the regional sub-committees on how to address individual grievances. (Each BHASO will have a regional sub-committee – with 5 members, one of which will be a county commissioner)
- creates the structure of the regional sub-committees

L 002 covers consent for psychotherapy services for minors

L 003

- adds a definition for 'behavioral health provider' (behavioral heath entity was already defined)
- adds screening, assessment and diagnosis – including risk assessments, crisis planning and monitoring to key health indicators – to the list of REQUIRED safety net services that must be offered by a comprehensive behavioral health safety net provider.
- includes a new definition for priority populations
- adds a requirement to the BHA commissioner's list of duties to establish an "infrastructure to oversee and be accountable for policy, strategy, and services for children and youth"

L 005

- subjects the new Behavioral Health Administrative Services Organizations (BHASOs) to the same conflict of interest provisions in SB22-106 that will apply to the RAEs
- allows the BHA to impose fiscal sanctions on the BHASOs
- allows the BHA to require the BHASO to comply with any of the performance monitoring requirements outlined in 'part 2' of the bill. (begins on page 18 of the introduced bill).

L 007 (Includes amendments CCI requested)

- Clarifies that the BHA's performance monitoring system must track capacity and performance for all providers – including those that contract with the new BHASOs
- Requires the BHA to include 'relevant stakeholders' when developing the universal contract with the Department of Health Care Policy and Financing (HCPF) and other state agencies
- Clarifies that the universal contract may have alternate standardized provisions depending on whether the provider is a 'comprehensive behavioral health safety net provider' **OR** 'an essential behavioral health safety net provider' **OR** service type
- States that the comprehensive safety net must establish safety net services for **children, youth and adults** (references to children and youth are picked up throughout this amendment and inserted in multiple places)
- Refusal of services issue – requires a 'comprehensive behavioral health safety net provider' who is unable to provide services (due to capacity or clinical expertise) to ensure the client is connected to an appropriate provider for ongoing care. The 'comprehensive behavioral health safety net provider' shall obtain approval from the BHA PRIOR to referring a priority population client to alternative services.
- Requires behavioral health safety net providers (both 'comprehensive' and 'essential') **to track who is referred to alternative services** along with client demographics, needs of the client that could not be meet, outcome and timeliness of the referral and any other information required by the BHA. These provider reports shall be given to the BHA and to either the BHASOs or RAE (whichever the provider is operating under)

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- Essential behavioral health safety net providers must serve all priority populations unless the universal contract with the BHASOs limits the provider's scope and responsibility to a specific subpopulation
- Requires the BHA to collaborate with HCPF to support the early and periodic screening, diagnostic and treatment benefit access and provider network (this is the 'entry way' to securing Medicaid).

L 008

- Requires the BHA to develop requirements for calculating and reporting the annual medical loss ratio
- Includes operational requirements for licensed providers
- Clarifies that federal qualified health centers are not subject to the payment methodology review process
- Creates a new definition for 'family advocate' as it relates to Family First Prevention Services Act

L009

- Adds new sections to the bill to REMOVE existing definitions in statute including: acute treatment unit, community mental health center, and community mental health clinic.
- Strikes current law stating that the general assembly shall appropriate money for mental health services from community mental health centers, acute treatment units and behavioral health entities (among others). Please note that 'behavioral health entity' definition is retained and is essential a licensed provider providing community based services.
- References to community mental health centers are struck throughout statute (effective July 1, 2024) and replaced with 'behavioral health safety net provider' (which includes the 'comprehensive' and 'essential' type).

L017

- Adds to the definition of 'behavioral health safety net provider' that a "community mental health center pursuant to 42 U.S.C sec 300x-2(c) and that is licensed as a behavioral health entity may apply to be approved as a comprehensive behavioral health safety net provider, an essential behavioral health safety net provider, of both. "
- Under the payment methodology provision, this amendment clarifies that the state shall consider value based payment approaches that incentivize providers to expand access to cost-effective behavioral health services

L011

- Clean up amendment to fix BHA vs. state department references

L012

- Changes the word 'contract' to 'contracting provisions' where applicable (reference is to the universal contract)
- States that among other voices, an applicant for the new BHASO intermediary must demonstrate in their application their experience working with advocacy organizations and clients of behavioral health services.

L013

- Maintains the 9 member State Board of Human Services (3 of whom are county commissioners) structure but requires the Governor to appoint someone to the board with lived experience with behavioral health disorders, or a family member or advocacy group for persons experiencing behavioral health disorders.

L014

- Requires the BHA – as it implements the behavioral health system – to routinely assess adequacy of funding and resources necessary to implement the behavioral health system plan

L015

- States that – in developing the BHA's individual grievance process, input shall be solicited from both the advisory council and the regional subcommittees of the BHASOs