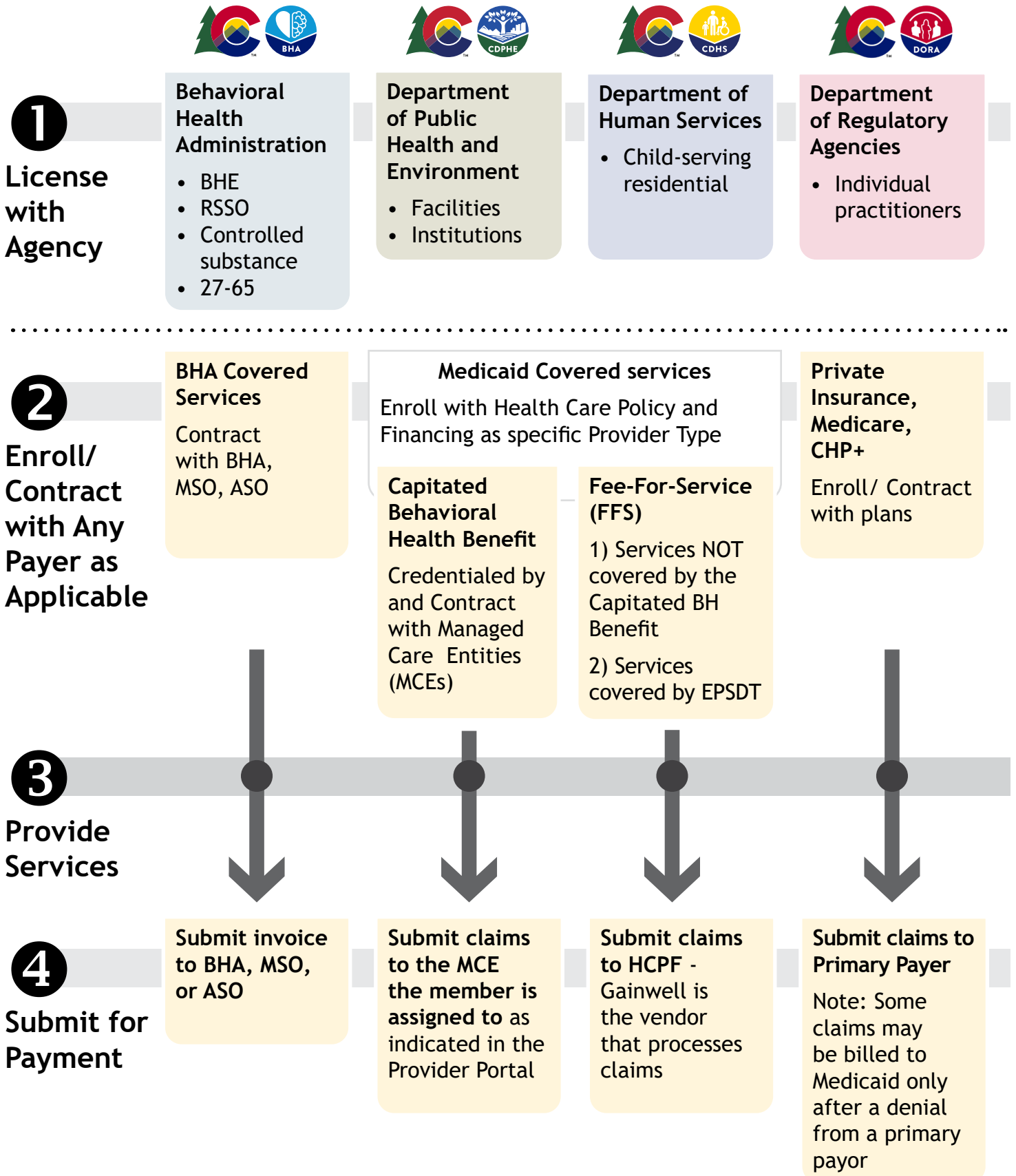


Colorado State Behavioral Health System

This document presents the key components of the Colorado State Behavioral Health system. This graphic and narrative are intended to orient a behavioral health provider looking to participate in the system and includes a summary of information on licensing agencies and covered services.



There are four state agencies that license/regulate behavioral health (BH) providers in the state of Colorado.

A. Behavioral Health Administration (BHA)

BHA is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs in Colorado. This work and vision are informed by people with lived experience, advocates, experts in the field, providers, state agencies, and many others in Colorado. BHA emphasizes the importance of addressing the specific needs of individuals, whether they pertain to mental health, behavioral health, or addiction/substance use disorder. The aim of BHA is to offer a holistic approach to well-being, recognizing that mental and emotional health are linked to physical health. BHA's role includes:

- Lead and develop the state's vision and strategy for behavioral health for children, youth, and adults.
- Establish a behavioral health safety net system throughout the state that must include services for children, youth, and adults.
- Develop a statewide care coordination infrastructure
- Oversee behavioral health providers across the state, and ensure those providers deliver high quality care.
- Work with providers and organizations to make sure a range of innovative services are available at the right time and in the right place for all people in Colorado to get the care they need.
- Expand services and impact areas and people who have been historically underserved.

BHA has the authority to create rules for behavioral health providers (27-50-106, C.R.S. and 27-50-107, C.R.S.), regulate Behavioral Health Entities (BHE), Recovery Support Services Organizations (RSSO), and Controlled Substance Licenses (CSL), and to designate facilities to operate with the authority described in Title 27-65 C.R.S. Additionally, BHA is responsible for approving and regulating behavioral health safety net providers, both Comprehensive and Essential.

- A Behavioral Health Entity (BHE) means a facility or provider organization engaged in providing community-based health services, which may include services for a behavioral health disorder, but does not include, detention and commitment facilities operated by the division of youth services within the department of human services, or services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises. No one can operate a private or public treatment facility in Colorado without approval from the BHA. This does not apply to a private treatment facility that accepts only private money and does not dispense controlled substances.
- A Recovery Support Services Organization (RSSO) is a peer-run, peer-led organization providing peer support to individuals in or seeking recovery from a behavioral health disorder. An RSSO may apply for reimbursement through Medicaid for services delivered by peer support professionals which are supervised by a licensed clinician who serves as the Rendering Provider.
- A Controlled Substance License (CSL) is a license for agencies who dispense, compound, or administer (pursuant to section 27-80-204, C.R.S) a controlled substance in order to treat a substance use disorder or to manage the withdrawal symptoms of a substance use disorder, from stock medication. An office-based opioid treatment (OBOT) provider that does not

dispense, compound, or administer a controlled substance from stock medication on-site is not required to obtain a CSL.

- A 27-65 Designation is based on C.R.S. 27-65-128, that establishes minimum standards for the care and treatment of individuals with mental health disorders as defined in C.R.S. 27-65-102.
- Behavioral health safety net providers serve priority populations and comply with the safety net no refusal requirements, ensuring that priority populations receive access to the care that they need to achieve whole person health. A Comprehensive Safety Net Provider is a licensed behavioral health entity or behavioral health provider approved by the BHA to provide care coordination and all of the behavioral health safety net services listed within the Safety Net Provider Type FAQ on the [Safety Net Provider webpage](#), while an Essential Safety Net Provider is a licensed behavioral health entity or behavioral health provider approved by the BHA to provide care coordination and at least one of those services.

B. The Colorado Department of Public Health and Environment (CDPHE)

CDPHE pursues its mission through broad-based health and environmental protection programs and activities. These include chronic disease prevention; control of infectious diseases; family planning; injury and suicide prevention; general promotion of health and wellness; provision of health statistics and vital records; health facilities licensure and certification; laboratory and radiation services; emergency preparedness; air and water quality protection; hazardous waste and solid waste management; pollution prevention; and consumer protection.

CDPHE has the authority “to annually license and to establish and enforce standards for the operation of general hospitals, hospital units as defined in section 25-3-101(2), freestanding emergency departments as defined in section 25-1.5-114, psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, home care agencies, and other facilities of a like nature, except those wholly owned and operated by any governmental unit or agency” (CRS § 25-1.5-103). Nothing in this statute “limits the ability of the department to conduct a periodic inspection or survey that is required to meet its obligations as a state survey agency on behalf of the federal Centers for Medicare and Medicaid Services (CMS) or the Department of Health Care Policy & Financing (HCPF) to assure that the health facility meets the requirements for participation in the Medicare and Medicaid programs or limits the ability of the Department to enter, survey, and investigate hospitals pursuant to section 25-3-128.”

Health facility licensing is a mandatory process that providers must go through in order to operate in Colorado. Certification through Medicare and Medicaid is an optional process that allows providers to bill for reimbursement. CDPHE does the entire process for licensing and the survey portion for certifications. Facilities subject to Medicaid certification through the HCPF must meet that department's Volume 8 regulations. HCPF reimburses providers for Medicaid client services but delegates the inspection/survey functions to CDPHE.

C. The Colorado Department of Human Services (CDHS)

CDHS connects people with assistance, resources, and support for living independently in our state. Colorado has a state-supervised and county-administered human services system. Under this system, county departments are the main provider of direct services to Colorado's families, children, and adults.

CDHS' Division of Child Welfare provides regulatory oversight, processes licensing applications, enforces rules, and provides technical assistance to ensure the safety and well-being of Colorado children who are in out-of-home placement in 24-hour licensed childcare facilities. This includes Specialized Group Facilities (SGF), Child Placement Agencies (CPA), Residential Child Care Facilities (RCCF), Qualified Residential Treatment Programs (QRTP), and Psychiatric Residential Treatment Facilities (PRTF).

D. The Department of Regulatory Agencies (DORA)

DORA is the state's umbrella regulatory agency charged with managing licensing and registration for multiple professions. The Division of Professions and Occupations provides consumer protection through its regulation of more than 500,000 licensees within more than 50 professions.

The Colorado Medical Board (CMB) was instituted as part of the Medical Practice Act for the purpose of regulating and controlling the practice of healing arts, which include establishing and enforcing the licensing standards for Medical Doctors (M.D.s), Doctors of Osteopathy (D.O.s), Physician Assistants (P.A.s), and Anesthesiology Assistants (A.A.s). Licensure is mandatory to practice medicine in Colorado or to treat Colorado patients.

Colorado's Mental Health Practice Act created six state boards with the authority to license, register, or certify, and take disciplinary actions or bring injunctive actions, or both, for behavioral health professionals. The six boards are for psychologist examiners, social work examiners, marriage and family therapist examiners, licensed professional counselor examiners, unlicensed psychotherapists, and addiction counselor examiners. These state boards were created to protect the people of Colorado against the unauthorized, unqualified, and improper application of psychology, social work, marriage and family therapy, professional counseling, psychotherapy, and addiction counseling.

When considering service provision, documentation, reporting and billing, note that under the Colorado Mental Health Practice Act, "no licensee, [psychological candidate] registrant, certificate holder, or unlicensed psychotherapist is authorized to practice outside of or beyond [their] area of training, experience, or competence (§ 12-43-202, CRS)." According to the American Medical Association (AMA) Current Procedural Terminology (CPT®), "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source."

Behavioral Health Administration (BHA) Covered Services

A. Statewide Programs

The Statewide Programs division of BHA oversees, and purchases substance use and mental health prevention, treatment, and recovery services across the state of Colorado. BHA supports and ensures quality and effective behavioral health programming in community settings and in partnership with

consumers, families, and community stakeholders. While this list is not comprehensive of all the programs BHA administers, it showcases the variety of programs providers and individuals receiving services can engage in.

1. Crisis, including Colorado Crisis Services, the Colorado Crisis Line, and partnership with the 988 Enterprise that manages the 988 Colorado Mental Health Line.
2. Recovery Services - Recovery is supported through four key dimensions: Health (access to quality health and behavioral health treatment), Home (housing with needed supports), Purpose (education, employment, and other pursuits), Community (peer, family, and other social supports)
3. Certified Addiction Counselor (CAC) Training -The BHA has the authority for setting competency training standards for the addiction counselor workforce. Certification and licensure in Colorado require a combination of specialized training and clinically supervised work experience in the addiction field.
4. Opioid Grants and Prevention - The BHA provides some oversight for office-based opioid treatment (OBOT), and training support for primary care providers who prescribe or would like to prescribe buprenorphine.
5. Children and Youth Mental Health Treatment Act (CYMHTA) - Allows for families to access mental health treatment services for their child or youth. CYMHTA is an alternative to child welfare involvement when a dependency and neglect action isn't warranted. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance.
6. Gender Responsive Treatment (GRT) - Creates an environment and service continuum that reflect an understanding of and groundedness in the unique biological, developmental, historical, relational, economic and social experiences that shape women's lives, and thus responds through factors which include, but are not limited to, site selection, staff selection and training, program development, content, and wrap-around supports that address gender-specific issues in the course of prevention, intervention, treatment and recovery services.
7. Children, Youth and Families Trauma-Informed System of Care (CYF Trauma-Informed SOC) - A statewide goal for the system of care is to develop a sustainable infrastructure to coordinate and fund services for families of children and youth with complex needs.
8. Independent Assessment for Qualified Residential Treatment Programs (IA for QRTP) - When QRTP is requested through the Department of Human Services or an MCE (unless the MCE can authorize QRTP based on existing records), an Independent Assessment is required to help determine which treatment setting will provide the most effective and appropriate level of care for the youth in the least restrictive environment.
9. Children and Youth Substance Use Disorder (CY SUD and School Based) - CDPHE is collaborating with BHA on strategy and resource allocation for primary prevention strategies executed by CDPHE. These are strategies focused on promoting protective factors and mitigating risk factors associated with poor mental health and substance misuse for the whole population across Colorado's communities.

B. Encounter Data Submissions for BHA Funded Services

All encounters for BHA-funded services must be submitted on a Professional Claim - CO-1500/837P format. For data submissions to apply toward contract goals and work plans, they must be submitted in

accordance with your current BHA, MSO, or ASO contract, as well as the BHA data submission guidelines detailed on the BHA Data System webpage, and the most current Finance & Data Protocol #1 Special Studies Codes and Program Eligibility.

C. Colorado Client Assessment Record (CCAR)

All licensed and designated behavioral health providers, as well as the Colorado Mental Health Hospitals (Pueblo and Ft. Logan) are required to submit CCAR data to BHA as specified in the SAMHSA Federal Guidelines.

The Colorado Client Assessment Record (CCAR) is a clinical instrument designed to assess the behavioral health status of a consumer in treatment. The tool can be used to identify current clinical issues facing the consumer and to measure progress during treatment. The CCAR consists of an administrative section and an outcomes section. The administrative section contains questions related to a consumer's demographics and the outcomes section contains questions related to a consumer's daily functioning on 25 clinical domains.

The behavioral health data obtained through the CCAR (submitted to BHA on, or before, the last business day the month following the admission/update/discharge) for BHA to:

- Determine SED/SMI (target status),
- Satisfy federal reporting requirements for block grant funding of behavioral health providers in the State,
- Inform the State Legislature regarding policy, service quality, effectiveness, etc.
- Answer questions posed by major stakeholders and special interest groups (e.g., Mental Health Planning and Advisory Council, Colorado Behavioral Healthcare Council, Department of Health Care Policy and Financing, Community Mental Health Centers, Clinics, RAEs, MSOs, ASOs, etc.) about a variety of behavioral health issues.

D. Drug and Alcohol Coordinated Data System (DACODS)

DACODS is the primary SUD client level treatment data collection instrument used by the Behavioral Health Administration (BHA). The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that BHA collect and report on the data elements in DACODS as a requirement of funding. BHA uses this information to monitor service quality, utilization, and effectiveness, and to report to SAMHSA and the legislature on treatment outcomes and service needs in Colorado. BHA requires completion of DACODS in compliance with SAMHSA Federal Guidelines.

Medicaid Covered Services

Capitated Behavioral Health Benefit

Effective July 1, 2025 four (4) Regional Accountable Entities (RAEs) administer, manage and operate the Medicaid Capitated Behavioral Health Benefit by providing medically necessary covered behavioral health services. Covered services are defined according to the Colorado Medicaid State Plan (required services) and Behavioral Health Program 1915(b)(3) Waiver (B3 or alternative) services.

The RAEs are responsible for developing and managing a network of behavioral health providers to ensure access to appropriate care for Medicaid members. All behavioral health providers who want to

receive reimbursement for providing services covered by the Capitated Behavioral Health Benefit must be enrolled with Medicaid and contracted directly with the RAE(s). While the SBHS Billing Manual details the full array of services under the Capitated Behavioral Health Benefit, each RAE determines the scope of services/codes allowed to be billed by an individual provider. This scope should be reflected in the provider's contract with the RAE.

Fee-For-Service (FFS)

The majority of BH services are covered under the Medicaid Capitated BH Benefit, which are billed to the RAE a member is assigned to. However, there are some circumstances where services provided to Medicaid members are billed to HCPF under the Fee-For-Service (FFS) BH Benefit. Services provided to members who do not have active enrollment in an RAE, or services provided to members being treated for a condition not covered by an RAE should be billed FFS. For a list of services covered under the FFS BH Benefit see webpage: <https://hcpf.colorado.gov/behavioral-health-ffs-manual>