



Health Care Practice Transformation

House Bill 22-1302 Integrated Behavioral Health Grant Program
Fact Sheet February 2023

Background

The Colorado Legislature passed [House Bill 22-1302](#) in May 2022 with the goal of supporting, improving, and expanding integrated behavioral health services in Colorado. Through distribution of funds allocated by the American Rescue Plan Act (ARPA), the Department of Health Care Policy and Financing (Department) received funding for the expansion of integrated behavioral health services in primary care settings. The legislation earmarked \$31 million toward the task. A majority of the funds will go directly to providers to expand access to integrated behavioral health services.

Project Overview

The Department is offering short-term grant funding for physical and behavioral health care providers looking to implement or expand access to care and treatment for mental health and substance use disorders using an evidence-based integrated care model. Integrated care is defined per the Agency for Healthcare Research and Quality as *“the care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”*¹

Permissible use of grant funding includes projects designed to:

- 1) Develop infrastructure for primary care, pediatric, and behavioral health professionals to better serve individuals with behavioral health needs in outpatient health care settings;
- 2) Increase access to quality health care for individuals with behavioral health needs;
- 3) Expand early intervention tactics that reduce escalation and exacerbation of behavioral health conditions;
- 4) Address the shortage of the behavioral health care workforce;

¹ Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013.



- 5) Develop and implement alternative payment models, including protocols, processes, workflow, and partnerships;
- 6) Support for small capital expenditures, including IT and data-sharing technology;
- 7) Train primary care and behavioral health providers in trauma-informed care, adverse childhood experiences, and trauma recovery.

Applicant Eligibility

The Department will consider applicants of varying sizes. Those selected for the project must, at a minimum, meet the following requirements:

- Demonstrate a commitment to serve Health First Colorado (Colorado's Medicaid program) members within the community throughout the grant period and beyond.
- Be licensed or authorized to practice in Colorado as an adult or child mental health or primary care provider, obstetrics/gynecology provider, pediatric outpatient care provider, or community behavioral health provider serving adult and/or child and adolescent populations;
- Exhibit cultural competency in outreach, case management, and care coordination.

Ineligible Applicants:

- Regional Accountable Entities
- Inpatient-only care facilities
- Telehealth-only providers not located in Colorado
- Providers not enrolled as Medicaid providers at the time of grant award
- Hospitals not applying on behalf of primary care or behavioral health owner or affiliated practices
- Residential treatment providers

Allowable Activities/Use of Funds:

Integrated care grants are designed to fund the expansion of integrated behavioral health programs in Colorado. Grant applicants must demonstrate the use of funds to support evidence-based models of integrated care as outlined by the Request for Applications (RFA). If an applicant requests funding for a model not listed, additional documentation and submission of appropriate evidence to support their selected model will be required.

Grant funding can only be awarded for new work. It cannot be used to supplant existing funds or pay for work already completed. Funding may not be used to pay ongoing or existing executive and senior staff salaries. It cannot be used for services already covered by patient's insurance. Funding also cannot be used to cover costs associated with ongoing or existing electronic health records. It is important to know that duplicative requests to fund activities/services requested through the Home and Community Based Services ARPA grant funding will not be allowed.



Award Details

There is \$29,800,000 in available grant funding. The maximum award for this grant is \$400,000. If necessary, larger grants will only be available for larger practices that can demonstrate potential for broad impact. The Department estimates the average grant amount will be \$200,000. Award amounts will depend on the scope of Health First Colorado members served through allowable services. Amounts will also be based on the number and quality of the applications. The Department anticipates up to 150 sites with up to five sites allowed per application.

- **Project Timeline:**

- Public Webinars: Feb. 14, 2023 and Feb 15, 2023
- Request for Applications Release: March 22, 2023
- Submission Deadline: April 26, 2023
- Project and Award Announcement: June 1, 2023
- Contracting and Pre-Grant Training: June-July 2023
- Funding Distribution: August 1, 2023
- Award Period: August 1, 2023 - Dec. 30, 2026

Hospital Affiliation

Per the legislation, if a grant recipient is a hospital-owned or hospital-affiliated practice and reports less than 10 percent total profit, the grant recipient shall provide a 25 percent match for the awarded amount. If the grant recipient is a hospital-owned or hospital-affiliated practice that is part of a hospital system or has 10 percent or more total profit, the recipient will provide a 50 percent match for the awarded amount. If a grant recipient is a critical access hospital, the recipient will provide a 10 percent match for the awarded amount. Note: All grant recipients may use community benefit funds, In-Kind Personnel time, or federal relief funding for their prospective matches. Read the RFA for more information.

Question-and-Answer Webinar:

A [webinar](#) series will be held for prospective applicants to ask clarifying questions about this grant. Attendance is optional. The session will be recorded and posted to the Department's ARPA website.

For more information contact:

Rodrick Prayer: rodrick.prayer@state.co.us

Laura James: laura.james@state.co.us

