

**COLORADO**Department of Public  
Health & Environment

To: Members of the State Board of Health

From: Kara Johnson-Hufford, Associate Division Director, Health Facilities and  
Emergency Medical Services Division

Through: Randy Kuykendall, Director, Health Facilities and Emergency Medical Services  
Division *DRK*

Date: April 21, 2021

Subject: Rulemaking Hearing, Proposed New Chapter  
6 CCR, 1011-1, Chapter 3 - Behavioral Health Entities

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The Department is requesting the Board of Health adopt a new rule chapter, 6 CCR 1011, Chapter 3 - Behavioral Health Entities. This rulemaking is needed to implement House Bill (HB) 19-1237, which requires the Department to create a new health facility licensing category specifically for community-based (non-hospital) Behavioral Health Entities (BHEs). The rules proposed herein represent the Department's extensive work to meet the intent behind the creation of the BHE License, as put forth in Section 25-27.6-101(2), C.R.S., to:

- Provide a single, flexible license category under which community-based behavioral health service providers provide integrated...services and meet a consumer's continuum of needs, from crisis stabilization to ongoing treatment,
- Provide a regulatory framework for innovative behavioral health service delivery models to meet the needs of both individuals and communities,
- Increase parity in the oversight and protection of consumer's health, safety, and welfare between physical health and behavioral health regardless of the payment source, and
- Streamline and consolidate the current regulatory structure to enhance community providers' ability to deliver timely and needed services, while ensuring consumer safety.

HB 19-1237 specifies that the BHE license rules and implementation be undertaken in two distinct phases. Phase 1, the subject of this Rulemaking Hearing, includes moving the following four types of behavioral health facilities that are currently licensed or eligible for licensure by the Department from their existing licensing chapters to the BHE License:

- Acute Treatment Units (ATUs), currently licensed under 6 CCR 1011-1, Chapter 6 - Acute Treatment Units,
- Crisis Stabilization Units (CSUs), currently licensed under 6 CCR 1011-1, Chapter 9 - Community Clinics and Community Clinics and Emergency Centers, and
- Community Mental Health Clinics (Clinics) and Community Mental Health Centers (Centers), currently licensed under 6 CCR 1011-1, Chapter 2 - General Licensure Standards.

Section 25-27.6-105(2), C.R.S., requires that rulemaking for Phase 1 of the BHE license be completed no later than April 30, 2021. Pursuant to Section 25-27.6-104, C.R.S., the Department will transition licensees holding the four types of licenses bulleted above to the

BHE license as those licenses expire, between July 1, 2021 and June 30, 2022. Additionally, a BHE license will be required for these types of facilities to operate, beginning July 1, 2022. Phase 2, which will include substance use disorder providers not currently licensed by the Department, has a statutory deadline of April 30, 2023, and is not part of this hearing. The Department will appear before the Board again in February 2023 with revisions to this chapter, as needed, to implement Phase 2 of the BHE license.

The proposed rules represent the general consensus of the Behavioral Health Entity Implementation and Advisory Committee (BHE-IAC,) as well as feedback from non-committee stakeholders and subject matter experts within the Department and other state agencies.

The new chapter intersects with three existing chapters of 6 CCR 1011-1, as follows:

- The new rule chapter requires conforming amendments to 6 CCR 1011-1, Chapter 2 - General Licensure Standards to allow a single license for multiple services and locations, add to the letter of intent process to allow a BHE's addition of an endorsement, service or physical location to an existing license, and to specify which books of building standards from the Facilities Guidelines Institute apply to a BHE. These amendments are included in a separate Rulemaking packet, to be presented to the Board in the same meeting as this hearing.
- The new chapter will replace 6 CCR 1011-1, Chapter 6 - Acute Treatment Units, but that chapter will continue to be needed until all current Acute Treatment Unit licensees are transitioned to the BHE license. The Department plans to present the Board with a Request to Repeal for 6 CCR 1011-1, Chapter 6, in early 2022, with an effective date of July 1, 2022.
- This new chapter also includes the transition of facilities licensed as Crisis Stabilization Units under 6 CCR 1011-1, Chapter 9 - Community Clinics and Community Clinics and Emergency Centers. Revisions to Chapter 9 are included in a separate Rulemaking packet to be presented to the Board in the same meeting as this hearing.

The Department, through its efforts to answer stakeholder questions and develop licensure applications in anticipation of a July 1, 2021 implementation of the Phase 1 rules, has identified and made the following additions and corrections since the Request for Rulemaking, as presented to the Board on February 17, 2021:

- The phrase "or eligible for licensure" has been added in Parts 1.2.1(A) through (C), to reflect similar language at Section 25-27.6-101(4)(a), C.R.S., and clarify language regarding the types of facilities included in Phase 1 of the BHE rule development and implementation process.
- Change of Ownership has been added to the types of license applications in Part 2.1.2(F), for which an applicant must provide information on potential conflicts of interest or dual roles within an agency, to reflect the intent of the BHE-IAC.
- Non-substantive formatting and numbering issues were identified and corrected, resulting in the need to correct internal cross-referencing in those sections.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for a New Rule  
6 CCR 1011-1, Chapter 3 - Behavioral Health Entities

Basis and Purpose.

House Bill 19-1237 was signed into law on June 3, 2019. The legislation creates a new, phased-in Behavioral Health Entity (BHE) license for facilities or organizations meeting the following definition:

“Behavioral Health Entity” means a facility or provider organization engaged in providing community-based health services, which may include behavioral health disorder services, alcohol use disorder services, or substance use disorder services, including crisis stabilization, acute or ongoing treatment, or community mental health center services..., but does not include: (a) Residential child care facilities as defined in Section 26-6-102(33); or (b) 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. (Section 25-27.6-102(6), C.R.S.)

In addition to creating the new BHE license, the bill also includes the new license in Sections 25-1.5-103 and 25-3-101, C.R.S., ensuring BHEs are subject to 6 CCR 1011-1, Chapter 2 - General Licensure Standards.

The intent behind the creation of the new BHE license, as put forth in Section 25-27.6-101(2), C.R.S., is to:

- Provide a single, flexible license category under which community-based behavioral health service providers provide integrated...services and meet a consumer’s continuum of needs, from crisis stabilization to ongoing treatment,
- Provide a regulatory framework for innovative behavioral health service delivery models to meet the needs of both individuals and communities,
- Increase parity in the oversight and protection of consumer’s health, safety, and welfare between physical health and behavioral health regardless of the payment source, and
- Streamline and consolidate the current regulatory structure to enhance community providers’ ability to deliver timely and needed services, while ensuring consumer safety.

The BHE license represents a new “cafeteria-style” licensing model, under which a provider will hold a single license with different endorsements that allow the provider to offer various types of services at multiple locations. This model increases flexibility for providers, in that they can tailor their license to the services they provide and the locations they have, and allows for easier addition of services and locations in order to meet the needs of the populations they serve.

This model is unlike the licensing models currently in use for these types of facilities, under which a separate license is required for each type of service and each physical location. The current licensing model hinders providers’ ability to meet the full continuum of a client’s behavioral health needs, and prevents a single licensee from meeting the needs of a client

that has both mental health and substance use disorders (co-occurring disorders). The new license model is also expected to support service innovation, which can be hindered by a license with narrowly defined services. The new license category, specifically developed for licensing community-based behavioral health providers, is also expected to be a better licensing fit than the rule chapters under which these facilities are currently licensed, thus reducing the annual regulatory waivers that are needed under the current chapters. This anticipated reduction in the number of waivers will reduce the administrative burden related to licensing, both for the licensees and the Department. Additionally, the BHE model ensures an appropriate level of consistency in standards between four different types of current licenses, all of which currently provide out-of-hospital, community-based, behavioral health services.

The BHE license also represents a shift in licensing-related oversight for these facilities, moving all license-related requirements to the Department. Pursuant to Section 25-3-102(2)(a), C.R.S., “satisfactory evidence that the applicant is in compliance with the standards and rules promulgated pursuant to Section 27-66-102 is required for licensure.” This means that facilities or agencies that are currently licensed as an Acute Treatment Unit, a Community Mental Health Center, or a Community Mental Health Clinic must comply with the standards the Department of Human Services puts forth for the payment of community mental health services with public funds as a condition of licensure. This dual-agency oversight has resulted in gaps, overlaps, and even conflicting requirements in licensing requirements and oversight. Section 25-3-102(2)(a), C.R.S., will be repealed, effective July 1, 2021, and there is no similar requirement for behavioral health entities. Therefore, with the implementation of the BHE license, a provider’s license will depend on meeting the standards in this Chapter and in 6 CCR 1011-1, Chapter 2 - General Licensure Standards, and will not require compliance with another agencies’ rules. BHEs that receive public funds will continue to be required to meet those rules; however, that funding relationship between a provider and the Department of Human Services will be separate from the license to operate, eliminating the requirement that a provider meet two separate agencies’ standards as a condition of licensure by the Department.

HB19-1237 directs the Board of Health to promulgate rules that establish the minimum standards for the operation of BHEs, delineate requirements appropriate to the various types of services provided by the BHEs, and protect the health, safety, and welfare of all individuals seeking community-based behavioral health services. The bill also directs the Board to promulgate rules in two phases. Section 25-27.6-105(2), C.R.S., requires that rulemaking for Phase 1 of the BHE license be completed no later than April 30, 2021. Pursuant to Section 25-27.6-104, C.R.S., the Department will transition licensees holding the four types of licenses bulleted below to the BHE license as those licenses expire, between July 1, 2021 and June 30, 2022. Additionally, a BHE license will be required for these types of facilities to operate, beginning July 1, 2022. Phase 1 includes moving the following four types of behavioral health facilities, which are currently licensed or eligible for licensure by the Department under various chapters of 6 CCR 1011-1, from their existing licensing chapters to the BHE License:

- Acute Treatment Units (ATUs) under 6 CCR 1011-1, Chapter 6 - Acute Treatment Units,
- Crisis Stabilization Units (CSUs) under 6 CCR 1011-1, Chapter 9 - Community Clinics and Community Clinics and Emergency Centers, and
- Community Mental Health Clinics (Clinics) and Community Mental Health Centers (Centers) under 6 CCR 1011-1, Chapter 2 - General Licensure Standards.



The proposed new rule chapter, 6 CCR 1011-1, Chapter 3, Behavioral Health Entities, establishes definitions for the new licensing category, and delineates the requirements for:

- The structure of the licensing model, including that every BHE shall meet certain base requirements, and additionally meet endorsement and/or service specific requirements based on the endorsements held, services provided, and physical locations included under the license.
- License application and issuance, including:
  - The transition to the BHE license from the licenses issued under other chapters of 6 CCR 1011-1.
  - Issuance of a single entity-wide license identifying the endorsements held and physical locations included in the license.
  - The process for adding an endorsement or physical location, or modifying the services provided under the license.
  - Background check requirements for owners and managers.
  - License fees.
- Department oversight and enforcement.
- Base operating requirements that must be met by all BHEs, regardless of endorsements, services, or physical locations included as part of the license, including standards, responsibilities, and requirements related to:
  - General building and fire safety,
  - Governing body,
  - Infection prevention and control,
  - Emergency preparedness,
  - Personnel,
  - Client rights,
  - Client assessment, admission, service plan, and discharge,
  - Client records,
  - Client services, and
  - Medication administration, storage, handling, and disposal.
- Requirements that must be met by all BHEs holding an Outpatient Endorsement, including client assessment timelines and building standards.
- Standards for BHEs providing outpatient treatment services as part of the Outpatient Endorsement, including service plan timelines and progress note requirements.
- Standards for BHEs providing walk-in services as part of the Outpatient Endorsement, including hours of operation, minimum staff training, and limits on the length of time a client can be on the physical premises.
- Requirements that must be met by all BHEs holding a 24-hour/Overnight Endorsement, including:
  - Timelines for client assessment,
  - Personnel and supervision/oversight requirements,
  - Additional training requirements,
  - Additional required policies and procedures, related to the following:
    - Policies to be followed in the event of a serious illness, injury, or death of a client during their stay,
    - Management of clients' personal funds and property,
    - Infection control related to laundry/linen and dietary services,
    - Laundry and linen services,
    - Dietary services,
    - Mitigation of risks relating to client harm to self or others,
    - Medication counts,

- Client records, including progress note requirements,
  - First aid equipment, and
  - Smoking policies.
- Building standards and
- Seclusion room standards.
- Standards for BHEs providing crisis stabilization services as part of the 24-hour/Overnight endorsement, including length of stay limits, a requirement for a full psychiatric evaluation, and minimum services to be provided.
- Standards for BHEs providing acute treatment services as part of the 24-hour/Overnight endorsement, including:
  - Minimum age requirements,
  - Length of stay limits,
  - Restrictions on admissions to locked settings,
  - Mitigation of risks associated with harm to self or others,
  - Requirements for physical health assessments,
  - Service plan timelines,
  - Administrator and Clinical Director training requirements,
  - Medication standards, including a prohibition on clients self-administering medications,
  - Client self-administration of oxygen, and
  - Building standards for physical locations that were licensed prior to July 1, 2021, as an Acute Treatment Unit.

The Department, through its efforts to answer stakeholder questions and develop licensure applications in anticipation of a July 1, 2021 implementation of the Phase 1 rules, has identified and made the following additions and corrections since the Request for Rulemaking, as presented to the Board on February 17, 2021:

- The phrase “or eligible for licensure” has been added in Parts 1.2.1(A) through (C), to reflect similar language at Section 25-27.6-101(4)(a), C.R.S., and clarify language regarding the types of facilities included in Phase 1 of the BHE rule development and implementation process.
- Change of Ownership has been added to the types of license applications in Part 2.1.2(F), for which an applicant must provide information on potential conflicts of interest or dual roles within an agency, to reflect the intent of the BHE-IAC.
- Non-substantive formatting and numbering issues were identified and corrected, resulting in the need to correct internal cross-referencing in those sections. Of particular note, the numbering in Part 2.9 jumped from 2.9.1 to 2.9.3 in the prior draft, which has now been corrected, along with the related cross-references.

The proposed rules were developed collaboratively by the Department and the Behavioral Health Entity Implementation and Advisory Committee (BHE-IAC), created by statute to advise the Department on the rules related to, and the implementation of, the BHE license. With the conclusion of the work related to Phase 1 of this new chapter, the BHE-IAC has shifted its work to the additions/revisions needed to implement Phase 2 of HB 19-1237. Phase 2, which will include substance use disorder providers not currently licensed by the Department, has a statutory deadline of April 30, 2023. The Department will appear before the Board again in February 2023 with revisions to this chapter, as needed to implement Phase 2 of the BHE license.

The new chapter intersects with three existing chapters of 6 CCR 1011-1, as follows:

- The new rule chapter requires conforming amendments to 6 CCR 1011-1, Chapter 2 - General Licensure Standards to allow a single license for multiple services and locations, add to the letter of intent process to allow a BHE's addition of an endorsement, service or physical location to an existing license, and to specify which books of building standards from the Facilities Guidelines Institute apply to a BHE. These amendments are included in a separate Rulemaking packet, to be presented to the Board in the same meeting as this hearing.
- The new chapter will replace 6 CCR 1011-1, Chapter 6 - Acute Treatment Units, but that chapter will continue to be needed until all current Acute Treatment Unit licensees are transitioned to the BHE license. The Department plans to present the Board with a Request to Repeal for 6 CCR 1011-1, Chapter 6, in early 2022, with an effective date of July 1, 2022.
- This new chapter also includes the transition of facilities licensed as Crisis Stabilization Units under 6 CCR 1011-1, Chapter 9 - Community Clinics and Community Clinics and Emergency Centers. Revisions to Chapter 9 are included in a separate Rulemaking packet to be presented to the Board in the same meeting as this hearing.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Section 25-1.5-103, C.R.S.

Section 25-3-101, C.R.S.

Section 25-27.6-105, C.R.S.

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Is this rulemaking due to a change in state statute?

Yes, the bill number is HB19-1237. Rules are \_\_\_ authorized  required.

No

Does this rulemaking include proposed rule language that incorporate materials by reference?

Yes  URL

No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes. The rules include licensing fees for a new facility type.

No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS  
for a New Rule  
6 CCR 1011-1, Chapter 3 - Behavioral Health Entities

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Current licensees holding an Acute Treatment Unit License	5	C
Current licensees holding a Crisis Stabilization Unit License	4	C
Current Licensees holding a Community Mental Health Center License	17	C
Current Licensees holding a Community Mental Health Clinic License	7	C
Agencies that are currently unlicensed and are eligible, but not required, to be licensed as a Community Mental Health Clinic	25	C
Advocacy organizations	3	S
Individuals seeking community-based behavioral health services and their families, regardless of payment source	unknown	B

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

C: There are two broad types of financial costs that future Behavioral Health Entity (BHE) licensees could experience as a result of this rule—the cost of licensing, and the cost of compliance.

### The cost of licensing:

The cost of licensing is reflected in the licensing fees. The total licensing fee will be different for each licensee. Provider-specific fees will be determined based on the endorsements sought and the number of locations to be included in the licenses. The fees may be lower for some currently-licensed facilities when they transition to the BHE license, especially those that currently hold more than one license. However, fees may be higher for some providers. Additionally, agencies that are currently eligible to be licensed as a Community Mental Health Clinic, but have chosen to remain unlicensed, will be required to apply for a BHE license in order to operate after July 1, 2022, thus incurring an initial license fee of \$2,450, and annual renewal fees of \$1,950.

In accordance with Section 25-3-105(1)(a)(I)(A), C.R.S., fees must be set at a level sufficient to meet the direct and indirect costs of licensing activities. The Department worked carefully to identify the costs it incurs related to licensing to set the fees at an appropriate level to ensure compliance with this requirement.

### The cost of compliance:

A BHE's cost of compliance with the proposed rules will vary, but is not expected to be onerous. Most of what is included in the proposed rule chapter reflects standards that already exist across the different rule chapters with which the providers already must comply, whether those standards currently exist within the 6 CCR 1011-1 licensing rules, or within the 2 CCR 502-1, Behavioral Health, standards that licensees also currently follow.

C: There are likely financial benefits to the proposed rules, but they are not quantifiable. The proposed rules are expected to lessen the administrative burden that providers experience in the current licensing environment in a number of different ways, reducing the time needed and thus costs. For example, once implemented, the BHE license will replace the multiple, separate licenses needed under the current licensing structure, meaning one application. HB 19-1237 and the proposed rules also eliminate the need for providers to get a program approval from the Department of Human Services prior to being issued a Department of Public Health and Environment license, streamlining the licensing process. Additionally, the single license allows providers to move clients along a continuum of services without having to discharge from services under one licensed facility and admit that same client under a different licensed facility.

### Non-economic outcomes

There are a number of non-economic outcomes related to the proposed new rule chapter that impact both providers (C) and the clients that receive services in community-based behavioral health settings (B), as follows:

- The new chapter provides a single, flexible license category under which licensees can provide integrated behavioral health services to meet a client's continuum of needs. This benefits providers by reducing the number of licenses needed, having the same base standards across all services for ease of compliance, and increasing

the ability of providers to meet clients' needs without the current limitation of the client needing to be discharged from services provided under one license to be admitted to services provided under a different license. Clients that receive services have the potential to have their needs met with one provider, rather than having to navigate between providers.

- The new chapter provides a regulatory framework under which innovative behavioral health service delivery models can be developed and regulated without a major change to the overall licensing structure. This will allow providers the flexibility to meet the needs within their community, and to respond more quickly when new needs, opportunities, or funds become available. This benefit is especially important in improving the ability to meet the needs of underserved or disenfranchised populations in creative ways.
- The new rule chapter increases the parity of oversight and protection of clients' health, safety, and welfare between physical/medical health facility licensing and community-based behavioral health licensing. The new rule also separates licensing oversight functions from payment functions, ensuring that health, safety, and welfare protections are equal, regardless of how services are funded.
- Pursuant to Section 25-3-102(2)(a), C.R.S., "satisfactory evidence that the applicant is in compliance with the standards and rules promulgated pursuant to Section 27-66-102 is required for licensure." This means that facilities/agencies that are currently licensed as an Acute Treatment Unit, a Community Mental Health Center, or a Community Mental Health Clinic must comply with the standards the Department of Human Services puts forth for the payment of community mental health services with public funds. This section will be repealed, effective July 1, 2021, and there is no similar requirement for behavioral health entities. This means that a facility/agency can be licensed as a BHE by the Department, without having to meet two separate agencies' standards as a condition of licensure. The new rule chapter streamlines and consolidates licensing-related standards and oversight functions within the Department, eliminating the need for providers to interact with the Department of Human Services in order to become licensed as a BHE. This has the dual benefit of reducing administrative burden for providers, and eliminating conflicting requirements between the departments related to a provider receiving a license to operate. A BHE that wishes to be paid through public funds will continue to interact with the Department of Human Services and meet its standards regarding payment for community mental health services, but that will be separate and apart from any requirements related to receiving a license from the Department to operate as a BHE.

No non-favorable non-economic outcomes were identified.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.
  - A. Anticipated CDPHE personal services, operating costs or other expenditures:

The Department expects that expenditures for implementing the BHE license will be slightly higher than the expenditures that currently support the existing licensing structure of separately licensing facilities as Acute Treatment Units, Crisis Stabilization Units, Community Mental Health Centers, and Community



Mental Health Clinics. As facilities/agencies apply for the new BHE license, the resources will be shifted from one license type to the other. The higher costs will be associated with ensuring compliance with the new regulatory framework that the BHEs will need to meet.

#### Anticipated CDPHE Revenues:

This rulemaking creates fees for the BHE license, including initial license fees, renewal license fees, and fees for adding endorsements or locations. The license fee for each provider will be determined based on the number and types of endorsements and physical locations included with the license.

	Base Fee (Paid by all BHEs)	Outpatient Endorsement Fee (Paid only by BHEs with this Endorsement, and is a single fee regardless of number of locations)	Per-location Fee for the 24- hour/Overnight Endorsement (Paid only by BHEs with this Endorsement)
Initial License	\$1,750	\$700	\$900
Renewal License	\$1,350	\$600	\$800
Change of Ownership	\$1,750	\$700	\$900
<b>Miscellaneous Fees:</b>			
<ul style="list-style-type: none"> <li>• Adding the Outpatient Endorsement to an existing BHE license -- \$700</li> <li>• Adding a location to a license with an existing Outpatient Endorsement -- \$150</li> <li>• Adding the 24-hour/Overnight Endorsement to an existing license -- \$900 per location to be added</li> <li>• Adding a location to license with an existing 24-hour/Overnight Endorsement --\$900 per new location</li> </ul>			

Calculating expected revenues based only on the facilities currently licensed as Acute Treatment Units, Crisis Stabilization Units, Community Mental Health Centers, and Community Mental Health Clinics, the expected net revenue gain is roughly \$14,000. Additional revenue of about \$61,000 is expected from licensing fees related to the 25 facilities which have opted out of the current Community Mental Health Clinic license, but will be required to have a BHE license. Therefore, the net revenue gain is expected to be about \$75,000 the first year. After the first year, the move from initial license fees to the lower renewal license fees is expected to decrease the net revenue gain to \$53,000 above the current state.

In addition to supporting the regulatory and administrative functions of BHE licensing and oversight, the fees can be used to provide technical assistance and education to behavioral health entities related to compliance with Colorado law (Section 25-27.6-107(3), C.R.S.)

#### B. Anticipated personal services, operating costs or other expenditures by another state agency:

Per the fiscal note attached to HB19-1237, the Department of Human Services will be transferring 1.0 FTE and \$80,099 (\$65,389 from the federal Mental Health and Substance Abuse Prevention and Treatment block grant and \$14,710 from centrally appropriated costs) to the Department of Public Health and Environment to support the implementation of HB 19-1237 for the 2021-2022 State Fiscal Year. This is to support work moving from the Department of Human

Services to the Department. It is expected that Department of Human Services expenditures will be reduced an equivalent amount.

Anticipated Revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed new chapter:

- Complies with a statutory mandate to promulgate rules.
- Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- Maintain alignment with other states or national standards.
- Implement a Regulatory Efficiency Review (rule review) result
- Improve public and environmental health practice.
- Implement stakeholder feedback.
- Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities  
 Goal 2, Increase Efficiency, Effectiveness and Elegance  
 Goal 3, Improve Employee Engagement  
 Goal 4, Promote health equity and environmental justice  
 Goal 5, Prepare and respond to emerging issues, and  
 Comply with statutory mandates and funding obligations

Strategies to support these goals:

- Substance Abuse (Goal 1)
  - Mental Health (Goal 1, 2, 3 and 4)
  - Obesity (Goal 1)
  - Immunization (Goal 1)
  - Air Quality (Goal 1)
  - Water Quality (Goal 1)
  - Data collection and dissemination (Goal 1, 2, 3, 4, 5)
  - Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
  - Employee Engagement (Goal 1, 2, 3)
  - Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
  - Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

N/A. Rulemaking is required by HB19-1237.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Section 25-27.6-105(1), C.R.S. requires the Board of Health to promulgate rules providing minimum standards for the operation of BHEs. Less costly or less intrusive methods do not fulfill this requirement. The new chapter proposed in this rulemaking was developed in conjunction with the statutory Behavioral Health Entity Implementation and Advisory Committee (BHE-IAC), as well as other stakeholders, such as licensees and other state agencies, to provide consistent, appropriate regulations to achieve the most benefit for the least amount of cost. Rules were consistently evaluated regarding whether they were the minimum necessary to fulfill the intent of and achieve compliance with HB19-1237 and protect the health, safety, and welfare of individuals seeking community-based behavioral health services, regardless of payment source.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The Department and the BHE-IAC considered including an endorsement that would have allowed electroconvulsive therapy to be provided under the BHE license. Statute neither specifically allows nor specifically limits electroconvulsive therapy in these settings. However, the nature of providing such services requires different levels of staffing, medical expertise, and equipment than would typically be found in a BHE, so the endorsement was not included in the proposed new chapter at this time. The Department will continue to research this area and work with stakeholders to determine whether this would be an appropriate addition to these rules as part of the Phase 2 rulemaking, to be presented to the Board in 2023.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

- Department data regarding facilities currently licensed as Acute Treatment Units, Crisis Stabilization Units, Community Mental Health Centers, or Community Mental Health Clinics, including ownership, number of beds, and locations.
- Department data regarding the numbers and types of rule waivers issued for current community-based behavioral health licenses.
- Data from the Department of Human Services, Office of Behavioral Health regarding providers with program approval.
- Data from the Department of Human Services, Office of Behavioral Health regarding providers of electroconvulsive therapy.
- Multiple Department rule chapters within 6 CCR 1011-1.
- Department of Human Services, rule chapter 2 CCR 502-1, Behavioral Health
- Facilities Guidelines Institute, Guidelines for Design and Construction of Outpatient Facilities, and Guidelines for Design and Construction of Residential Health, Care, and Support Facilities

**STAKEHOLDER ENGAGEMENT**  
for a New Rule  
6 CCR 1011-1, Chapter 3 - Behavioral Health Entities

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

**Early Stakeholder Engagement:**

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

<b>Organization</b>	<b>Representative Name and Title (if known)</b>
	* Denotes member of the Behavioral Health Entity Implementation and Advisory Committee (BHE-IAC)
Community Reach Center	*Abigail Tucker, Chief Clinical Officer
Community Reach Center	*Andrea Turk, Clinical Director
Southeast Health Group	*Barry Shiohita, Chief Financial Officer
Colorado Mental Health Institute at Ft. Logan	*Bert Dech, Psychiatrist
Crossroads Turning Points	*Charles Davis, Chief Executive Officer
Mind Springs Health	*David Hayden, Vice President of Quality and Compliance
North Range Behavioral Health	*Jacki Kennedy, Deputy Director
Summitstone Health Partners	*Jess Russell Berring, Chief Operations Officer
UC Health	*Joshua Voigt, Director of Operations
AllHealth Network	*Karen Mooney, Director of Quality Improvement, Risk, and Compliance
Mental Health Colorado	*Lauren Snyder, State Policy Director
Mental Health Colorado	*Mia Kotnik, Director of Strategic Initiatives
Denver Health	*Matthew Hoag, Substance Use Disorder Manager Michelle Roque
A consumer who has experience living with a substance use disorder.	*Marie Medenbach
CO Department of Public Health and Environment	*Kara Johnson-Hufford, Associate Director, Health Facilities and Emergency Medical Services Division (HFEMSD) Sarah Brummett, Suicide Prevention
CO Department of Human Services, Office of Behavioral Health (OBH)	*Thom Miller, Director of Licensing Camille Harding Ryan Templeton Jerrod McCoy Christine Flavia Stephanie Sundberg
CO Department of Public Safety, Division of Fire Prevention and Control	*Chris Brunette, Section Chief, Fire & Life Safety Section Rob Sontag, Branch Chief, Fire Prevention
CO Department of Health Care Policy and Financing	*Melissa Eddleman, Health Programs *Jeff Appleman Cristen Bates
Colorado Behavioral Healthcare Council	Moses Gur Frank Cornelia
Aurora Mental Health Center	Todd Merendino, Division Director, Crisis Services Tricia Carson-Peli

Colorado Gerontological Society	Pat Cook
CO Department of Public Safety, Division of Criminal Justice, Office of Community Corrections	Lydia Popovski
Southwest Colorado Mental Health Center	Andrew Rosenbach
University of Colorado Hospital	Suzanne Golden
Laurel Manor Care	Diane Armstrong Erica Foster Ronda Jones
Health Center Franklin Park/Community Franklin Park	Carrie Escalante
Center at Lowry	Danyale Taylor
Windhorse Community Programs	Dave Johnston Jack Gipple Jeff Roarderick Polly Banerjee-Gallagher
St. Joseph's Hospital	Angela Romero
Christian Living Communities at Holly Creek	Joanie Ackerman
Avamere-Malley	Karin Sogolow
Penrose-St. Francis Health Services	Charlene Coffin
The Resource Exchange	Brandi Griffiths
Beacon Home Health Care	Mariana Goigoulian
Gazette Charities and The Anschutz Foundation	Deb Mahan
Eben Ezer Lutheran Care Center	Krystal Ginther
Colorado Autism Consultants	Abigail Koenig
AIM4Colorado	Cassy Schilling
Cheyenne Village	Steven Stock
Capitoline Consulting	Arlene Miles
Spanish Peaks Regional Health Center	Kenda Pritchard
Eating Recovery Center	Matthew Compton
Blossom View Inc.	Noelle Cadman
Horizons Specialized Services	Madeline Landgren Yvonne Truelove
Strive	Christina Cruz
UC Health Memorial Hospital, Southern Region	Mariann Benjamin
Boulder Community Health	Marjon Pekelharing
Monaco Parkway	Mary Sharpe-Sparks
Valley View Hospital, Youth Recovery Center	Janeil Sowards
Children's Hospital Colorado	Travis Wade
Interim Health Care	Angela Larson
Discover Goodwill	Tamara French
Sample Supports	Alexa Cataldo Brianna Kurt-Hurst Kay Harden
Southeast Colorado Hospital District	Glenice Wade
Kaiser Permanente	Adam Woodman Kristine Minteer
Memorial Regional Health	Amy Peck
Blue Peaks Developmental Services	Cindy Espinoza
Front Range Home Care Services	Marji Farr
All the Comfort of Home	Todd Chambers
Front Range Home Care Services	Tim Thornton
Summit Behavioral Services	LaRee Kelly-Warner
JJN Home Health Agency	Jennifer Nelson
Colorado Health Network	Lili Carillo

Senior Housing Options	Erica Banuelos Bonilla
Consultants for Children, Inc.	Angela Ely Chelsea Morehouse
US Bioservices Specialty Pharmacy	April Garcia
Aveanna Healthcare	Charles McAleer
Riverdale Rehab and Care Community	Krista Barnhardt
Springs Ranch Memory Care	Karan McGrath Sherry Gamet
Good Samaritan Society-Water Valley Senior Living Resort	John McElderry
Innovela Consulting Group	Nancy VanDeMark
Eagle Valley Behavioral Health	Casey Wolfington
CeDAR Colorado, UC Health	Darah Meyer
SCL Health	Sadie Sullivan
Angels Services, LLC	Renee Worthington
Shared Touch	Carolyn Shockley
Mosaik Kreation	Danish Polumbus
Mental Health Center of Denver	Bill Pierini Kim O'Day Barbara Sohnen
Park Regency Loveland	Kristen Vasquez
Banner McKee Loveland	Tania Hare
Balsam House	Ryan Phelps
Banner Healthcare	Sharon Pendlebury
UC Health	Elicia Bunch, VP of Behavioral Health
Ute Pass Regional health Service District	James McLaughlin
Monarch Manor Assisted Living	Maggie Sparks
	Heidi Hill
	Jessica Bailey
	Jocelyn Avila
	Maria Lares
	Tanya Lynnea
	Aubrey Johns
	Aimee Johnson
	Judy Halloran

The Department held meetings of the Behavioral Health Entity Implementation and Advisory Committee (BHE-IAC) monthly between October 2019 and March 2020, and again between May and December 2020. In addition, the BHE-IAC created an FGI Subcommittee to review building standards for inclusion in the rule, which met four times between October and November 2020.

The BHE-IAC was created by HB19-1237 to offer advice to the Department and Board of Health on rules and implementation of the Behavioral Health Entity (BHE) license, and to provide ongoing advice regarding BHEs and BHE licensing. Pursuant to Section 25-27.6-103(2)(a), C.R.S., the BHE-IAC includes a broad cross-section of stakeholders, including:

- The executive directors of the Departments of Public Health and Environment, Human Services, Health Care Policy and Financing, and Public Safety, or their designees,
- One member that represents crisis stabilization units or acute treatment units,
- One member that represents community mental health centers,



- One member that represents a mental health provider that is not a community mental health center,
- One member that represents a provider of substance use disorder treatment services that is not a community mental health center,
- One member that represents a provider of substance use disorder withdrawal management services that is not a community mental health center,
- One member that represents a provider of substance use disorder services that meets the definition of behavioral health entity but has not been subject to licensure by the Department,
- One member that represents a substance use treatment provider from a rural or frontier county,
- One member who is a consumer who has experience living with a substance use disorder,
- One member that represents behavioral health consumers,
- One member that represents family members of persons with a behavioral health disorder, and
- One member from an advocacy organization that represents behavioral health consumers.

All meetings of the BHE-IAC were open to the public and there was substantial non-committee interest and attendance, as shown in the above table. Non-committee participation included behavioral health providers, individuals representing non-behavioral health licensees that intersect with behavioral health services, and advocacy organizations.

Stakeholders were provided notice of meetings, including alternate methods of providing feedback, in multiple ways. The Division sent meeting information through its portal messaging system to impacted facilities and directly emailed 141 unique stakeholders that signed up to receive such emails as “interested parties.” Meeting information and documents were posted to the Department website in advance of each BHE-IAC meeting, including draft rules for discussion.

#### Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department’s efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The proposed rules were developed through a robust stakeholder process, including the BHE-IAC and many non-committee stakeholders. The proposed chapter represents

the consensus reached through that process. The majority of the rules included in the new chapter are rules that the currently-licensed community behavioral health providers already comply with in some form, whether as a licensing rule or elsewhere. Stakeholders' familiarity with the standards, at least in concept, made for in-depth discussion of potential rules.

A large part of the stakeholder process was considering all of the different rules that already existed for these types of providers, and determining whether they should be a minimum standard for licensing purposes. Some rules were determined to be appropriate for licensing, but needed updating to reflect current practice and/or to preserve the intent of the rule while making it easier to achieve compliance. The Department worked with the BHE-IAC to modify the standards, as appropriate.

The BHE-IAC spent considerable time at the beginning of the rule development process evaluating the roles of the different state agencies currently involved in oversight of community-based behavioral health services, including the Department, Department of Human Services, Department of Health Care Policy and Financing, and the Department of Public Safety. By carefully delineating responsibilities up front, the committee was able to identify the standards appropriate for inclusion in this new chapter, versus standards that should remain elsewhere. This helped reduce the potential for lack of consensus, as the stakeholders started with a clear idea of what the rules were, and were not, intended to cover. This work also helped identify and reduce gaps, overlaps, and conflicts in regulations as the BHE license is implemented.

It is also important to note that this chapter introduces an entirely new licensing model, and reflects only Phase 1 of the BHE license implementation. New factual or policy issues may arise as the BHE-IAC, Department, and other stakeholders work toward development of the Phase 2 licensing rules. It is also possible that issues may be identified during the transition to and implementation of the BHE license for providers included in Phase 1. The Department will be back before the Board in 2023 to present Phase 2 rules, and will take that opportunity to address issues that come up, as appropriate.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.

This rulemaking increases parity between the regulation and oversight of physical health and behavioral health services, and ensures consistent licensing oversight regardless of payment source. The new cafeteria-style licensing model allows providers to meet the needs of their communities in creative and flexible ways, potentially increasing providers' ability to meet the needs of underserved populations. Additionally, the new rule requires clients' written service plans to be developmentally, culturally, and age appropriate, supporting appropriate services for underserved or marginalized populations.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

X	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.		Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	X	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
X	Other: Implements HB19-1237		Other: _____ _____

# An Act

HOUSE BILL 19-1237

BY REPRESENTATIVE(S) Cutter and Will, Arndt, Benavidez, Bird, Buckner, Buentello, Caraveo, Duran, Exum, Galindo, Gonzales-Gutierrez, Gray, Hooton, Jackson, Jaquez Lewis, Kennedy, Kipp, McCluskie, McLachlan, Michaelson Jenet, Titone, Esgar, Herod, Kraft-Tharp, Lontine, Sirota, Snyder, Valdez D., Becker;  
also SENATOR(S) Woodward and Ginal, Pettersen, Story, Todd.

CONCERNING LICENSING BEHAVIORAL HEALTH ENTITIES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

**SECTION 1.** In Colorado Revised Statutes, **add** article 27.6 to title 25 as follows:

## **ARTICLE 27.6** **Behavioral Health Entities**

**25-27.6-101. Legislative declaration.** (1) THE GENERAL ASSEMBLY DECLARES THAT IN ORDER TO PROMOTE THE PUBLIC HEALTH AND WELFARE OF THE PEOPLE OF COLORADO, IT IS IN THE PUBLIC INTEREST TO ESTABLISH AND STREAMLINE MINIMUM STANDARDS AND RULES FOR BEHAVIORAL

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

HEALTH ENTITIES OPERATING IN THE STATE OF COLORADO AND TO PROVIDE THE AUTHORITY FOR THE ADMINISTRATION AND ENFORCEMENT OF SUCH MINIMUM STANDARDS AND RULES. THESE STANDARDS AND RULES MUST BE SUFFICIENT TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF BEHAVIORAL HEALTH ENTITY CONSUMERS.

(2) THE INTENT OF CREATING THE BEHAVIORAL HEALTH ENTITY LICENSE IS TO:

(a) PROVIDE A SINGLE, FLEXIBLE LICENSE CATEGORY UNDER WHICH COMMUNITY-BASED BEHAVIORAL HEALTH SERVICE PROVIDERS CAN PROVIDE INTEGRATED MENTAL HEALTH DISORDER, ALCOHOL USE DISORDER, AND SUBSTANCE USE DISORDER SERVICES AND MEET A CONSUMER'S CONTINUUM OF NEEDS, FROM CRISIS STABILIZATION TO ONGOING TREATMENT;

(b) PROVIDE A REGULATORY FRAMEWORK FOR INNOVATIVE BEHAVIORAL HEALTH SERVICE DELIVERY MODELS TO MEET THE NEEDS OF BOTH INDIVIDUALS AND COMMUNITIES;

(c) INCREASE PARITY IN THE OVERSIGHT AND PROTECTION OF CONSUMERS' HEALTH, SAFETY, AND WELFARE BETWEEN PHYSICAL HEALTH AND BEHAVIORAL HEALTH REGARDLESS OF THE PAYMENT SOURCE; AND

(d) STREAMLINE AND CONSOLIDATE THE CURRENT REGULATORY STRUCTURE TO ENHANCE COMMUNITY PROVIDERS' ABILITY TO DELIVER TIMELY AND NEEDED SERVICES, WHILE ENSURING CONSUMER SAFETY.

(3) FURTHER, THE GENERAL ASSEMBLY DETERMINES AND DECLARES THAT, IN ADMINISTERING AND ENFORCING STANDARDS FOR BEHAVIORAL HEALTH ENTITIES, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHOULD FOCUS ON BEHAVIORAL HEALTH ENTITY CONSUMER SAFETY AND OUTCOMES; REDUCING REGULATORY GAPS, DUPLICATION, AND CONFLICTS THAT HINDER ACCESS TO CARE; AND ALLOWING FOR NEW, INNOVATIVE BEHAVIORAL HEALTH SERVICE TYPES WITH MINIMAL BARRIERS.

(4) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE BEHAVIORAL HEALTH ENTITY LICENSE IS IMPLEMENTED IN TWO SEPARATE PHASES AS FOLLOWS:

(a) PHASE ONE IMPLEMENTATION INCLUDES THE INCORPORATION OF



A FACILITY CURRENTLY LICENSED OR PREVIOUSLY ELIGIBLE FOR LICENSURE AS AN ACUTE TREATMENT UNIT OR AS A COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL HEALTH CLINIC, OR CRISIS STABILIZATION UNIT THAT WAS LICENSED AS A COMMUNITY CLINIC. SUCH A FACILITY WILL TRANSITION TO THE BEHAVIORAL HEALTH ENTITY LICENSE NO LATER THAN JULY 1, 2022, IN ACCORDANCE WITH SECTION 25-27.6-104 (1).

(b) PHASE TWO IMPLEMENTATION INCLUDES THE INCORPORATION OF BEHAVIORAL HEALTH ENTITIES THAT PROVIDE BEHAVIORAL HEALTH SERVICES FOR THE TREATMENT OF ALCOHOL USE DISORDERS AND SUBSTANCE USE DISORDERS; EXCEPT THAT PHASE TWO SHALL NOT INCLUDE CONTROLLED SUBSTANCE LICENSES CURRENTLY ISSUED BY THE DEPARTMENT OF HUMAN SERVICES, WHICH SHALL BE STUDIED BY THE BEHAVIORAL HEALTH ENTITY IMPLEMENTATION AND ADVISORY COMMITTEE ESTABLISHED PURSUANT TO SECTION 25-27.6-103. SUCH ENTITIES SHALL APPLY FOR LICENSURE AS BEHAVIORAL HEALTH ENTITIES NO LATER THAN JULY 1, 2024, IN ACCORDANCE WITH SECTION 25-27.6-104 (1).

**25-27.6-102. Definitions.** AS USED IN THIS ARTICLE 27.6, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ACUTE TREATMENT UNIT" MEANS A FACILITY OR A DISTINCT PART OF A FACILITY FOR SHORT-TERM PSYCHIATRIC CARE, WHICH MAY INCLUDE TREATMENT FOR SUBSTANCE USE DISORDERS, THAT PROVIDES A TOTAL, TWENTY-FOUR-HOUR, THERAPEUTICALLY PLANNED AND PROFESSIONALLY STAFFED ENVIRONMENT FOR PERSONS WHO DO NOT REQUIRE INPATIENT HOSPITALIZATION BUT NEED MORE INTENSE AND INDIVIDUAL SERVICES THAN ARE AVAILABLE ON AN OUTPATIENT BASIS, SUCH AS CRISIS MANAGEMENT AND STABILIZATION SERVICES.

(2) "ALCOHOL USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE CHARACTERIZED BY RECURRENT USE OF ALCOHOL CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, AND HOME.

(3) "ALCOHOL USE DISORDER PROGRAM" MEANS A PROGRAM FOR DIAGNOSIS, TREATMENT, AND REHABILITATION OF A PERSON WITH AN ALCOHOL USE DISORDER.



(4) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL AND EMOTIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS INCLUDE SUBSTANCE USE DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS, SUICIDE, AND OTHER MENTAL HEALTH DISORDERS, AND RANGE FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO DIAGNOSABLE AND TREATABLE DISEASES. THE TERM "BEHAVIORAL HEALTH" IS ALSO USED TO DESCRIBE SERVICE SYSTEMS THAT ENCOMPASS PREVENTION AND PROMOTION OF EMOTIONAL HEALTH AND PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(5) "BEHAVIORAL HEALTH DISORDER" MEANS ONE OR MORE OF THE FOLLOWING:

(a) AN ALCOHOL USE DISORDER AS DEFINED IN SUBSECTION (2) OF THIS SECTION;

(b) A MENTAL HEALTH DISORDER, AS DEFINED IN SUBSECTION (12) OF THIS SECTION; OR

(c) A SUBSTANCE USE DISORDER, AS DEFINED IN SUBSECTION (14) OF THIS SECTION.

(6) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING CRISIS STABILIZATION, ACUTE OR ONGOING TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER SERVICES AS DESCRIBED IN SECTION 27-66-101 (2) AND (3), BUT DOES NOT INCLUDE:

(a) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102 (33); OR

(b) 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.

(7) "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL, PSYCHIATRIC HOSPITAL, OR NURSING HOME.

(8) "COMMUNITY MENTAL HEALTH CENTER" HAS THE SAME MEANING AS DEFINED IN SECTION 27-66-101 (2).

(9) "COMMUNITY MENTAL HEALTH CLINIC" MEANS A HEALTH INSTITUTION PLANNED, ORGANIZED, OPERATED, AND MAINTAINED TO PROVIDE BASIC COMMUNITY SERVICES FOR THE PREVENTION, DIAGNOSIS, AND TREATMENT OF EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH DISORDERS, SUCH SERVICES BEING RENDERED PRIMARILY ON AN OUTPATIENT AND CONSULTATIVE BASIS.

(10) "CRISIS STABILIZATION UNIT" MEANS A FACILITY THAT PROVIDES SHORT-TERM, BED-BASED CRISIS STABILIZATION SERVICES IN A TWENTY-FOUR-HOUR ENVIRONMENT FOR INDIVIDUALS WHO CANNOT BE SERVED IN A LESS RESTRICTIVE ENVIRONMENT.

(11) "DEPARTMENT" MEANS THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

(12) "MENTAL HEALTH DISORDER" MEANS ONE OR MORE SUBSTANTIAL DISORDERS OF THE COGNITIVE, VOLITIONAL, OR EMOTIONAL PROCESSES THAT GROSSLY IMPAIRS JUDGMENT OR CAPACITY TO RECOGNIZE REALITY OR TO CONTROL BEHAVIOR. AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY ALONE IS INSUFFICIENT TO EITHER JUSTIFY OR EXCLUDE A FINDING OF A MENTAL HEALTH DISORDER.

(13) "STATE BOARD" MEANS THE STATE BOARD OF HEALTH.

(14) "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS, OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

(15) "SUBSTANCE USE DISORDER PROGRAM" MEANS A PROGRAM FOR THE DETOXIFICATION, WITHDRAWAL, OR MAINTENANCE TREATMENT OF A PERSON WITH A SUBSTANCE USE DISORDER.

**25-27.6-103. Behavioral health entity implementation and advisory committee - creation - membership - duties - repeal.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT THE BEHAVIORAL HEALTH ENTITY

IMPLEMENTATION AND ADVISORY COMMITTEE, REFERRED TO IN THIS SECTION AS THE "COMMITTEE". THE COMMITTEE SHALL:

(a) OFFER ADVICE TO THE DEPARTMENT AND THE STATE BOARD CONCERNING THE PHASED-IN IMPLEMENTATION OF THE BEHAVIORAL HEALTH ENTITY LICENSE, RULES PROMULGATED BY THE STATE BOARD PURSUANT TO THIS ARTICLE 27.6, AND IMPLEMENTATION OF THE BEHAVIORAL HEALTH ENTITY LICENSING TRANSITION;

(b) PROVIDE ONGOING ADVICE TO THE DEPARTMENT REGARDING BEHAVIORAL HEALTH ENTITIES AND BEHAVIORAL HEALTH ENTITY LICENSING; AND

(c) IDENTIFY A COORDINATED AND ALIGNED PROCESS OF SHARING INFORMATION ACROSS STATE DEPARTMENTS TO ENSURE BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO ALL RESIDENTS OF COLORADO.

(2) (a) THE COMMITTEE CONSISTS OF:

(I) THE EXECUTIVE DIRECTORS OF THE DEPARTMENTS OF PUBLIC HEALTH AND ENVIRONMENT, HUMAN SERVICES, HEALTH CARE POLICY AND FINANCING, AND PUBLIC SAFETY OR THEIR DESIGNEES; AND

(II) THE FOLLOWING MEMBERS TO BE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT:

(A) ONE MEMBER THAT REPRESENTS CRISIS STABILIZATION UNITS OR ACUTE TREATMENT UNITS;

(B) ONE MEMBER THAT REPRESENTS COMMUNITY MENTAL HEALTH CENTERS;

(C) ONE MEMBER THAT REPRESENTS A MENTAL HEALTH PROVIDER THAT IS NOT A COMMUNITY MENTAL HEALTH CENTER;

(D) ONE MEMBER THAT REPRESENTS A PROVIDER OF SUBSTANCE USE DISORDER TREATMENT SERVICES THAT IS NOT A COMMUNITY HEALTH CENTER;

(E) ONE MEMBER THAT REPRESENTS A PROVIDER OF SUBSTANCE USE

DISORDER WITHDRAWAL MANAGEMENT SERVICES THAT IS NOT A COMMUNITY HEALTH CENTER;

(F) ONE MEMBER THAT REPRESENTS A PROVIDER OF SUBSTANCE USE DISORDER SERVICES THAT MEETS THE DEFINITION OF BEHAVIORAL HEALTH ENTITY IN SECTION 25-27.6-102 (6) BUT HAS NOT BEEN SUBJECT TO LICENSURE BY THE DEPARTMENT;

(G) ONE MEMBER THAT REPRESENTS A SUBSTANCE USE TREATMENT PROVIDER FROM A RURAL OR FRONTIER COUNTY;

(H) ONE MEMBER WHO IS A CONSUMER WHO HAS EXPERIENCE LIVING WITH A SUBSTANCE USE DISORDER;

(I) ONE MEMBER THAT REPRESENTS BEHAVIORAL HEALTH CONSUMERS;

(J) ONE MEMBER THAT REPRESENTS FAMILY MEMBERS OF PERSONS WITH A BEHAVIORAL HEALTH DISORDER; AND

(K) ONE MEMBER FROM AN ADVOCACY ORGANIZATION THAT REPRESENTS BEHAVIORAL HEALTH CONSUMERS.

(b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION (2)(a)(II), THE EXECUTIVE DIRECTOR SHALL CONSIDER THE GEOGRAPHIC DIVERSITY OF THE STATE.

(3) THE EXECUTIVE DIRECTORS SHALL AGREE TO SERVE OR MAKE THEIR DESIGNATIONS NO LATER THAN SEPTEMBER 1, 2019. THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL MAKE HIS OR HER INITIAL APPOINTMENTS BY OCTOBER 1, 2019. IN CASE OF A VACANCY, AN EXECUTIVE DIRECTOR SHALL AGREE TO SERVE OR MAKE A DESIGNATION, AND THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL MAKE THE REPLACEMENT APPOINTMENT AS SOON AS PRACTICABLE.

(4) MEMBERS OF THE COMMITTEE SERVE ON A VOLUNTARY BASIS AND SERVE WITHOUT COMPENSATION; EXCEPT THAT MEMBERS ARE REIMBURSED FOR THE ACTUAL AND REASONABLE EXPENSES INCURRED WHILE PERFORMING THEIR DUTIES.



(5) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2025. BEFORE THE REPEAL, THE COMMITTEE IS SCHEDULED FOR REVIEW IN ACCORDANCE WITH SECTION 2-3-1203.

**25-27.6-104. License required - criminal and civil penalties.**

(1) (a) ON OR AFTER JULY 1, 2022, IT IS UNLAWFUL FOR ANY PERSON, PARTNERSHIP, ASSOCIATION, OR CORPORATION TO CONDUCT OR MAINTAIN A BEHAVIORAL HEALTH ENTITY WITHOUT HAVING OBTAINED A LICENSE FROM THE DEPARTMENT.

(b) ON OR AFTER JULY 1, 2021, AN ENTITY SEEKING INITIAL LICENSURE AS A BEHAVIORAL HEALTH ENTITY SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY LICENSE IF THE ENTITY WOULD PREVIOUSLY HAVE BEEN LICENSED AS AN ACUTE TREATMENT UNIT OR AS A COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL HEALTH CLINIC, OR CRISIS STABILIZATION UNIT LICENSED AS A COMMUNITY CLINIC.

(c) A FACILITY LICENSED AS OF JUNE 30, 2021, AS AN ACUTE TREATMENT UNIT, COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL HEALTH CLINIC, OR CRISIS STABILIZATION UNIT LICENSED AS A COMMUNITY CLINIC SHALL APPLY FOR A BEHAVIORAL HEALTH ENTITY LICENSE PRIOR TO THE EXPIRATION OF THE FACILITY'S CURRENT LICENSE. SUCH A FACILITY IS SUBJECT TO THE STANDARDS UNDER WHICH IT IS LICENSED AS OF JULY 1, 2021, UNTIL SUCH TIME AS THE BEHAVIORAL HEALTH ENTITY LICENSE IS ISSUED.

(2) ANY PERSON WHO VIOLATES THE PROVISIONS OF THIS SECTION IS GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF, SHALL BE PUNISHED BY A FINE OF NOT LESS THAN FIFTY DOLLARS NOR MORE THAN FIVE HUNDRED DOLLARS AND MAY BE SUBJECT TO A CIVIL PENALTY ASSESSED BY THE DEPARTMENT OF NOT LESS THAN FIFTY DOLLARS NOR MORE THAN ONE HUNDRED DOLLARS FOR EACH DAY THE PERSON IS IN VIOLATION OF THIS SECTION. THE ASSESSED PENALTY ACCRUES FROM THE DATE THE DEPARTMENT FINDS THAT THE PERSON IS IN VIOLATION OF THIS SECTION. THE DEPARTMENT SHALL ASSESS, ENFORCE, AND COLLECT THE PENALTY IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24 AND CREDIT THE MONEY TO THE GENERAL FUND. ENFORCEMENT AND COLLECTION OF THE PENALTY OCCURS FOLLOWING THE DECISION REACHED IN ACCORDANCE WITH PROCEDURES SET FORTH IN SECTION 24-4-105.

**25-27.6-105. Minimum standards for behavioral health entities**

- **rules.** (1) ON OR BEFORE APRIL 30, 2021, THE STATE BOARD SHALL PROMULGATE RULES PURSUANT TO SECTION 24-4-103 PROVIDING MINIMUM STANDARDS FOR THE OPERATION OF BEHAVIORAL HEALTH ENTITIES WITHIN THE STATE. IN PROMULGATING THE RULES, THE STATE BOARD SHALL ESTABLISH REQUIREMENTS APPROPRIATE TO THE VARIOUS TYPES OF SERVICES PROVIDED BY BEHAVIORAL HEALTH ENTITIES.

(2) ON OR BEFORE APRIL 30, 2021, THE STATE BOARD SHALL PROMULGATE RULES THAT MUST INCLUDE THE FOLLOWING:

(a) BASIC REQUIREMENTS TO BE MET BY ALL BEHAVIORAL HEALTH ENTITIES TO ENSURE THE HEALTH, SAFETY, AND WELFARE OF ALL BEHAVIORAL HEALTH ENTITY CONSUMERS, INCLUDING, AT A MINIMUM:

(I) CONSUMER ASSESSMENT, CARE COORDINATION, PATIENT RIGHTS, AND CONSUMER NOTICE REQUIREMENTS;

(II) ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE; CONSUMER RECORDS AND RECORD RETENTION; PERSONNEL, ADMISSION, AND DISCHARGE CRITERIA; POLICIES AND PROCEDURES; AND QUALITY MANAGEMENT;

(III) PHYSICAL PLANT STANDARDS, INCLUDING INFECTION CONTROL; AND

(IV) OCCURRENCE REPORTING REQUIREMENTS PROMULGATED PURSUANT TO SECTION 25-1-124;

(b) SERVICE-SPECIFIC REQUIREMENTS THAT APPLY ONLY TO BEHAVIORAL HEALTH ENTITIES ELECTING TO PROVIDE THAT SERVICE, INCLUDING, AT A MINIMUM, STANDARDS FOR THE SERVICES INCLUDED IN THE DEFINITIONS IN SECTION 25-27.6-102 OF ACUTE TREATMENT UNIT, COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL HEALTH CLINIC, CRISIS STABILIZATION UNIT, AND WALK-IN CENTERS THAT MEET THE REGULATORY REQUIREMENTS FOR LICENSING AND OPERATIONS;

(c) MANDATORY DEPARTMENT INSPECTIONS OF BEHAVIORAL HEALTH ENTITIES;



(d) BEHAVIORAL HEALTH ENTITY WRITTEN PLANS, DETAILING THE MEASURES THAT WILL BE TAKEN TO CORRECT VIOLATIONS FOUND AS A RESULT OF INSPECTIONS, SUBMITTED TO THE DEPARTMENT FOR APPROVAL;

(e) INTERMEDIATE ENFORCEMENT REMEDIES IMPOSED BY THE DEPARTMENT AS AUTHORIZED IN SECTION 25-27.6-110 (2)(b);

(f) FACTORS FOR BEHAVIORAL HEALTH ENTITIES TO CONSIDER WHEN DETERMINING WHETHER AN APPLICANT'S CONVICTION OF OR PLEA OF GUILTY OR NOLO CONTENDERE TO AN OFFENSE DISQUALIFIES THE APPLICANT FROM EMPLOYMENT WITH THE BEHAVIORAL HEALTH ENTITY. THE STATE BOARD MAY DETERMINE WHICH OFFENSES REQUIRE CONSIDERATION OF THESE FACTORS.

(g) TIMELINES FOR COMPLIANCE WITH BEHAVIORAL HEALTH ENTITY STANDARDS THAT EXCEED THE STANDARDS UNDER WHICH A BEHAVIORAL HEALTH ENTITY WAS PREVIOUSLY LICENSED OR APPROVED.

**25-27.6-106. License - application - inspection - issuance.** (1) AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY MUST BE SUBMITTED TO THE DEPARTMENT ANNUALLY UPON THE FORM AND IN THE MANNER AS PRESCRIBED BY THE DEPARTMENT.

(2) (a) (I) THE DEPARTMENT SHALL INVESTIGATE AND REVIEW EACH ORIGINAL APPLICATION AND EACH RENEWAL APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY. THE DEPARTMENT SHALL DETERMINE AN APPLICANT'S COMPLIANCE WITH THIS ARTICLE 27.6 AND THE RULES ADOPTED PURSUANT TO SECTION 25-27.6-105 BEFORE THE DEPARTMENT ISSUES A LICENSE.

(II) THE DEPARTMENT SHALL MAKE INSPECTIONS OF THE APPLICANT'S FACILITIES AS IT DEEMS NECESSARY TO ENSURE THAT THE HEALTH, SAFETY, AND WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS ARE BEING PROTECTED. THE BEHAVIORAL HEALTH ENTITY SHALL SUBMIT IN WRITING, IN A FORM PRESCRIBED BY THE DEPARTMENT, A PLAN DETAILING THE MEASURES THAT WILL BE TAKEN TO CORRECT ANY VIOLATIONS FOUND BY THE DEPARTMENT AS A RESULT OF INSPECTIONS UNDERTAKEN PURSUANT TO THIS SUBSECTION (2).

(b) THE DEPARTMENT SHALL KEEP ALL HEALTH CARE INFORMATION

OR DOCUMENTS OBTAINED DURING AN INSPECTION OR INVESTIGATION OF A BEHAVIORAL HEALTH ENTITY PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION CONFIDENTIAL. ALL RECORDS, INFORMATION, OR DOCUMENTS SO OBTAINED ARE EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 24-72-204 AND 25-1-124.

(3) (a) WITH THE SUBMISSION OF AN APPLICATION FOR A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY, OR WITHIN TEN DAYS AFTER A CHANGE IN OWNER OR MANAGER OF A BEHAVIORAL HEALTH ENTITY, EACH OWNER AND MANAGER SHALL SUBMIT A COMPLETE SET OF HIS OR HER FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. THE COLORADO BUREAU OF INVESTIGATION SHALL FORWARD THE FINGERPRINTS TO THE FEDERAL BUREAU OF INVESTIGATION FOR THE PURPOSE OF CONDUCTING FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS. EACH OWNER AND EACH MANAGER SHALL PAY THE BUREAU THE COSTS ASSOCIATED WITH THE FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK. UPON COMPLETION OF THE CRIMINAL HISTORY RECORD CHECK, THE BUREAU SHALL FORWARD THE RESULTS TO THE DEPARTMENT. THE DEPARTMENT MAY ACQUIRE A NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN APPLICANT WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.

(b) THE DEPARTMENT SHALL USE THE INFORMATION FROM THE CRIMINAL HISTORY RECORD CHECKS PERFORMED PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION TO DETERMINE WHETHER THE PERSON APPLYING FOR LICENSURE HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT INVOLVES CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF BEHAVIORAL HEALTH ENTITY CONSUMERS. THE DEPARTMENT SHALL KEEP INFORMATION OBTAINED IN ACCORDANCE WITH THIS SECTION CONFIDENTIAL.

(4) THE DEPARTMENT SHALL NOT ISSUE A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY IF THE OWNER OR MANAGER OF THE BEHAVIORAL HEALTH ENTITY HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT INVOLVES CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH, SAFETY, OR WELFARE OF THE BEHAVIORAL HEALTH ENTITY'S CONSUMERS.

(5) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (6) OF THIS SECTION, THE DEPARTMENT SHALL ISSUE OR RENEW A LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY WHEN IT IS SATISFIED THAT THE APPLICANT OR LICENSEE IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THIS ARTICLE 27.6 AND THE RULES PROMULGATED PURSUANT TO THIS ARTICLE 27.6. EXCEPT FOR PROVISIONAL LICENSES ISSUED IN ACCORDANCE WITH SUBSECTION (6) OF THIS SECTION, A LICENSE ISSUED OR RENEWED PURSUANT TO THIS SECTION EXPIRES ONE YEAR AFTER THE DATE OF ISSUANCE OR RENEWAL.

(6) THE DEPARTMENT MAY ISSUE A PROVISIONAL LICENSE TO OPERATE A BEHAVIORAL HEALTH ENTITY TO AN APPLICANT FOR THE PURPOSE OF OPERATING A BEHAVIORAL HEALTH ENTITY FOR A PERIOD OF NINETY DAYS IF THE APPLICANT IS TEMPORARILY UNABLE TO CONFORM TO ALL OF THE MINIMUM STANDARDS REQUIRED PURSUANT TO THIS ARTICLE 27.6; EXCEPT THAT THE DEPARTMENT SHALL NOT ISSUE A PROVISIONAL LICENSE TO AN APPLICANT IF THE OPERATION OF THE BEHAVIORAL HEALTH ENTITY WILL ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF THE CONSUMERS OF THE BEHAVIORAL HEALTH ENTITY. AS A CONDITION OF OBTAINING A PROVISIONAL LICENSE, THE APPLICANT SHALL SHOW PROOF TO THE DEPARTMENT THAT ATTEMPTS ARE BEING MADE TO CONFORM AND COMPLY WITH THE APPLICABLE STANDARDS REQUIRED PURSUANT TO THIS ARTICLE 27.6. THE DEPARTMENT SHALL NOT GRANT A PROVISIONAL LICENSE PRIOR TO THE COMPLETION OF A CRIMINAL BACKGROUND CHECK IN ACCORDANCE WITH SUBSECTION (3) OF THIS SECTION AND A DETERMINATION IN ACCORDANCE WITH SUBSECTION (4) OF THIS SECTION. A SECOND PROVISIONAL LICENSE MAY BE ISSUED, FOR A LIKE TERM AND FEE, TO EFFECT COMPLIANCE. NO FURTHER PROVISIONAL LICENSES MAY BE ISSUED FOR THE CURRENT YEAR AFTER THE SECOND ISSUANCE.

**25-27.6-107. License fees - rules.** (1) (a) BY APRIL 30, 2021, THE STATE BOARD SHALL PROMULGATE RULES ESTABLISHING A SCHEDULE OF FEES SUFFICIENT TO MEET THE DIRECT AND INDIRECT COSTS OF ADMINISTRATION AND ENFORCEMENT OF THIS ARTICLE 27.6.

(b) THE DEPARTMENT SHALL ASSESS AND COLLECT, FROM BEHAVIORAL HEALTH ENTITIES SUBJECT TO LICENSURE PURSUANT TO SECTION 25-27.6-106, FEES IN ACCORDANCE WITH THE FEE SCHEDULE ESTABLISHED BY THE STATE BOARD.



(2) THE DEPARTMENT SHALL TRANSMIT FEES COLLECTED PURSUANT TO THIS SECTION TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE BEHAVIORAL HEALTH ENTITY CASH FUND CREATED IN SECTION 25-27.6-108.

(3) FEES COLLECTED PURSUANT TO SUBSECTION (1) OF THIS SECTION MAY BE USED BY THE DEPARTMENT TO PROVIDE TECHNICAL ASSISTANCE AND EDUCATION TO BEHAVIORAL HEALTH ENTITIES RELATED TO COMPLIANCE WITH COLORADO LAW, IN ADDITION TO REGULATORY AND ADMINISTRATIVE FUNCTIONS. THE DEPARTMENT MAY CONTRACT WITH PRIVATE ENTITIES TO ASSIST THE DEPARTMENT IN PROVIDING TECHNICAL ASSISTANCE AND EDUCATION.

**25-27.6-108. Behavioral health entity cash fund - created.** THE BEHAVIORAL HEALTH ENTITY CASH FUND, REFERRED TO IN THE SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY CREDITED TO THE FUND PURSUANT TO SECTION 25-27.6-107. THE MONEY IN THE FUND IS SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND INDIRECT COSTS OF THE DEPARTMENT IN PERFORMING ITS DUTIES PURSUANT TO THIS ARTICLE 27.6. AT THE END OF ANY FISCAL YEAR, ALL UNEXPENDED AND UNENCUMBERED MONEY IN THE FUND REMAINS IN THE FUND AND MUST NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

**25-27.6-109. Employee or contracted service provider criminal history record check - rules.** A BEHAVIORAL HEALTH ENTITY SHALL REQUIRE AN APPLICANT SEEKING EMPLOYMENT WITH OR SEEKING TO CONTRACT TO PROVIDE SERVICES TO THE BEHAVIORAL HEALTH ENTITY TO SUBMIT TO A CRIMINAL HISTORY RECORD CHECK BEFORE EMPLOYMENT OR EXECUTION OF A CONTRACT. THE BEHAVIORAL HEALTH ENTITY SHALL PAY THE COSTS OF THE CRIMINAL HISTORY RECORD CHECK. THE CRIMINAL HISTORY RECORD CHECK MUST BE CONDUCTED NOT MORE THAN NINETY DAYS BEFORE THE EMPLOYMENT OF OR CONTRACT WITH THE APPLICANT.

**25-27.6-110. License denial, suspension, or revocation.** (1) WHEN AN APPLICATION FOR AN INITIAL LICENSE PURSUANT TO SECTION 25-27.6-106 HAS BEEN DENIED BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE DENIAL BY MAILING A NOTICE TO THE APPLICANT AT THE ADDRESS SHOWN ON THE APPLICATION. ANY APPLICANT AGGRIEVED BY A DENIAL MAY PURSUE A REVIEW AS PROVIDED IN ARTICLE

4 OF TITLE 24, AND THE DEPARTMENT SHALL FOLLOW THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE 24.

(2) (a) THE DEPARTMENT MAY SUSPEND, REVOKE, OR REFUSE TO RENEW THE LICENSE OF ANY BEHAVIORAL HEALTH ENTITY THAT IS OUT OF COMPLIANCE WITH THE REQUIREMENTS OF THIS ARTICLE 27.6 OR THE RULES PROMULGATED THEREUNDER. SUSPENSION, REVOCATION, OR REFUSAL MUST BE DONE AFTER A HEARING THEREON AND IN COMPLIANCE WITH THE PROVISIONS AND PROCEDURES SPECIFIED IN ARTICLE 4 OF TITLE 24.

(b) (I) THE DEPARTMENT MAY IMPOSE INTERMEDIATE RESTRICTIONS OR CONDITIONS ON A LICENSEE THAT OPERATES A BEHAVIORAL HEALTH ENTITY THAT MAY INCLUDE ONE OR MORE OF THE RESTRICTIONS OR CONDITIONS SPECIFIED IN SECTION 25-27-106 (2)(b).

(II) IF THE DEPARTMENT ASSESSES A CIVIL FINE PURSUANT TO THIS SUBSECTION (2)(b), THE DEPARTMENT SHALL TRANSMIT THE MONEY TO THE STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE GENERAL FUND.

**25-27.6-111. Enforcement.** THE DEPARTMENT IS RESPONSIBLE FOR THE ENFORCEMENT OF THIS ARTICLE 27.6 AND THE RULES ADOPTED PURSUANT TO THIS ARTICLE 27.6.

**SECTION 2.** In Colorado Revised Statutes, add 27-60-107 as follows:

**27-60-107. Behavioral health entity licenses - assistance - transfer of staff.** (1) PURSUANT TO ARTICLE 27.6 OF TITLE 25, THERE IS A BEHAVIORAL HEALTH ENTITY LICENSE ISSUED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. CERTAIN FACILITIES THAT ARE LICENSED BY THE STATE DEPARTMENT WILL TRANSITION TO THE BEHAVIORAL HEALTH ENTITY LICENSE ISSUED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. PRIOR TO THE TRANSITION, THE OFFICE SHALL ASSIST THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND THE BEHAVIORAL HEALTH ENTITY IMPLEMENTATION AND ADVISORY COMMITTEE ESTABLISHED IN SECTION 25-27.6-103 IN DESIGNING AND IMPLEMENTING THE TRANSITION AND INFORMING FACILITIES LICENSED BY THE STATE DEPARTMENT PRIOR TO THE TRANSITION.

(2) WHEN ONE OR MORE TYPES OF LICENSES ARE TRANSITIONED TO

THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, EMPLOYEES OF THE OFFICE WHO WERE PREVIOUSLY RESPONSIBLE FOR ISSUING LICENSES BY THE STATE DEPARTMENT MAY BE OFFERED POSITIONS IN THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN ACCORDANCE WITH DEPARTMENT OF PERSONNEL RULES.

**SECTION 3.** In Colorado Revised Statutes, 25-3-102, **amend** (2) as follows:

**25-3-102. License - application - issuance - certificate of compliance required - repeal.** (2) (a) In the licensing of a community mental health center, acute treatment unit, or clinic, satisfactory evidence that the applicant is in compliance with the standards AND rules ~~and regulations~~ promulgated pursuant to section 27-66-102 ~~C.R.S.~~, shall be IS required for licensure.

(b) THIS SUBSECTION (2) IS REPEALED, EFFECTIVE JULY 1, 2021.

**SECTION 4.** In Colorado Revised Statutes, **amend** 27-66-106 as follows:

**27-66-106. Federal grants-in-aid - administration.** (1) The department is designated the official mental health authority, and is authorized to receive grants-in-aid from the federal government under the provisions of 42 U.S.C. sec. 246, and shall administer said grants in accordance therewith.

(2) THE DEPARTMENT SHALL CONTINUE TO FUND THE COSTS OF LICENSING ACTIVITIES RELATED TO THE BEHAVIORAL HEALTH ENTITY LICENSE ACROSS THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, LESS THE MONEY COLLECTED BY THE BEHAVIORAL HEALTH ENTITY CASH FUND DEFINED IN 25-27.6-108 THROUGH JUNE 30, 2024.

**SECTION 5.** In Colorado Revised Statutes, 2-3-1203, **add** (16)(a)(IV) as follows:

**2-3-1203. Sunset review of advisory committees - legislative declaration - definition - repeal.** (16) (a) The following statutory authorizations for the designated advisory committees will repeal on

September 1, 2025:

(IV) THE BEHAVIORAL HEALTH ENTITY IMPLEMENTATION AND ADVISORY COMMITTEE, ESTABLISHED IN SECTION 25-27.6-103.

**SECTION 6.** In Colorado Revised Statutes, 24-33.5-1203, **amend** (1)(p.5) as follows:

**24-33.5-1203. Duties of division.** (1) The division shall perform the following duties:

(p.5) When there is no local building department or fire department, or ~~when necessary~~ for facilities certified or ~~seeking~~ POTENTIALLY ELIGIBLE FOR certification by the federal centers for medicare and medicaid services, conduct construction plan reviews and inspections of health facility buildings and structures, enforce the codes in accordance with sections 24-33.5-1212.5 and 24-33.5-1213, and issue certificates of compliance for such buildings and structures;

**SECTION 7.** In Colorado Revised Statutes, **amend as added in section 1 of this act**, 25-27.6-105 (2) introductory portion and (2)(b) as follows:

**25-27.6-105. Minimum standards for behavioral health entities - rules.** (2) On or before April 30, ~~2021~~ 2023, the state board shall promulgate rules that must include the following:

(b) Service-specific requirements that apply only to behavioral health entities electing to provide that service, including, at a minimum, standards for the services included in the definitions in section 25-27.6-102 of acute treatment unit, community mental health center, community mental health clinic, crisis stabilization unit, ~~and~~ walk-in centers, AND ALCOHOL USE DISORDER AND SUBSTANCE USE DISORDER SERVICES that meet the regulatory requirements for licensing, ~~and~~ operations, AND PARTNERSHIPS WITH THE STATE;

**SECTION 8.** In Colorado Revised Statutes, 25-1.5-103, **amend** (1)(a)(I)(A) and (1)(c); and **add** (2)(a.3)as follows:

**25-1.5-103. Health facilities - powers and duties of department**

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**- limitations on rules promulgated by department - definitions.** (1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

(a)(I)(A) 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), psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, community mental health centers, acute treatment units, BEHAVIORAL HEALTH ENTITIES, 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.

(c) (I) To establish and enforce standards for licensure of community mental health centers and acute treatment units AS BEHAVIORAL HEALTH ENTITIES.

(II) ~~The department of public health and environment has primary responsibility for the licensure of community mental health centers and acute treatments units. The department of human services has primary responsibility for program approval at these facilities. In performing their respective~~ ITS responsibilities pursuant to ~~this subparagraph (II), both departments~~ SUBSECTION (1)(c)(I) OF THIS SECTION, THE DEPARTMENT shall take into account changes in health care policy and practice incorporating the concept and practice of integration of services and the development of a system that commingles and integrates health care services.

(2) For purposes of this section, unless the context otherwise requires:

(a.3) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING CRISIS STABILIZATION, ACUTE OR ONGOING TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER SERVICES AS DESCRIBED IN SECTION 27-66-101 (2) AND (3), BUT DOES NOT INCLUDE:

(I) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102 (33); OR

(II) 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.

**SECTION 9.** In Colorado Revised Statutes, 25-3-105, **add** (1)(c)(IV) as follows:

**25-3-105. License - fee - rules - penalty - repeal.** (1) (c) (IV) THIS SUBSECTION (1)(c) IS REPEALED, EFFECTIVE JULY 1, 2022.

**SECTION 10.** In Colorado Revised Statutes, **amend as added in section 1 of this act**, 25-27.6-104 (1) as follows:

**25-27.6-104. License required - criminal and civil penalties.**  
(1) (a) On or after July 1, ~~2022~~ 2024, it is unlawful for any person, partnership, association, or corporation to conduct or maintain a behavioral health entity, INCLUDING A SUBSTANCE USE DISORDER PROGRAM OR ALCOHOL USE DISORDER PROGRAM, without having obtained a license THEREFOR from the department.

(b) On or after July 1, ~~2021~~ 2023, an entity seeking initial licensure as a behavioral health entity shall apply for a behavioral health entity license if the entity would previously have been licensed ~~as an acute treatment unit or as a community mental health center, community mental health clinic, or crisis stabilization unit licensed as a community clinic~~ OR SUBJECT TO APPROVAL BY THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES PURSUANT TO SECTION 27-81-106 OR 27-82-103 AS AN APPROVED TREATMENT PROGRAM FOR ALCOHOL USE DISORDERS OR SUBSTANCE USE DISORDERS.

(c) A facility ~~licensed as of June 30, 2021~~ WITH A LICENSE OR APPROVAL ON OR BEFORE JUNE 30, 2023, as ~~an acute treatment unit, community mental health center, community mental health clinic, or crisis stabilization unit, licensed as a community clinic~~ A BEHAVIORAL HEALTH ENTITY, A SUBSTANCE USE DISORDER PROGRAM, OR AN ALCOHOL USE DISORDER PROGRAM shall apply for a behavioral health entity license prior to the expiration of the facility's current license OR APPROVAL. Such a

facility is subject to the standards under which it is licensed OR APPROVED as of July 1, 2021 2023, until such time as the behavioral health entity license is issued.

**SECTION 11.** In Colorado Revised Statutes, 27-60-104, **amend** (1) and (6) introductory portion as follows:

**27-60-104. Behavioral health crisis response system - crisis service facilities - walk-in centers - mobile response units.** (1) ~~On or before January 1, 2018;~~ All BEHAVIORAL HEALTH ENTITIES, crisis walk-in centers, acute treatment units, and crisis stabilization units within the crisis response system, regardless of facility licensure, must be able to adequately care for an individual brought to the facility through the emergency mental health procedure described in section 27-65-105 or a voluntary application for mental health services pursuant to section 27-65-103. The arrangements for care must be completed through the crisis response system or prearranged partnerships with other crisis intervention services.

(6) The state department shall ensure crisis response system contractors are responsible for community engagement, coordination, and system navigation for key partners, including criminal justice agencies, emergency departments, hospitals, primary care facilities, BEHAVIORAL HEALTH ENTITIES, walk-in centers, and other crisis service facilities. The goals of community coordination are to:

**SECTION 12.** In Colorado Revised Statutes, 25-3-101, **amend** (1) as follows:

**25-3-101. Hospitals - health facilities - licensed - definitions.** (1) It is unlawful for any person, partnership, association, or corporation to open, conduct, or maintain any general hospital; hospital unit; psychiatric hospital; community clinic; rehabilitation hospital; convalescent center; BEHAVIORAL HEALTH ENTITY; community mental health center OR acute treatment unit LICENSED AS A BEHAVIORAL HEALTH ENTITY; facility for persons with developmental disabilities, as defined in section 25-1.5-103 (2)(c); nursing care facility; hospice care; assisted living residence, except an assisted living residence shall be assessed a license fee as set forth in section 25-27-107; dialysis treatment clinic; ambulatory surgical center; birthing center; home care agency; or other facility of a like nature, except those wholly owned and operated by any governmental unit or agency,

without first having obtained a license from the department of public health and environment.

**SECTION 13.** In Colorado Revised Statutes, 27-65-102, **amend** (7); and **add** (1.5) as follows:

**27-65-102. Definitions.** As used in this article 65, unless the context otherwise requires:

(1.5) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING CRISIS STABILIZATION, ACUTE OR ONGOING TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER SERVICES AS DESCRIBED IN SECTION 27-66-101 (2) AND (3), BUT DOES NOT INCLUDE:

(a) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102 (33); OR

(b) 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.

(7) "Facility" means a public hospital or a licensed private hospital, clinic, BEHAVIORAL HEALTH ENTITY, community mental health center or clinic, acute treatment unit, institution, or residential child care facility that provides treatment for persons with mental health disorders.

**SECTION 14.** In Colorado Revised Statutes, 27-66-101, **add** (1.5) as follows:

**27-66-101. Definitions.** As used in this article 66, unless the context otherwise requires:

(1.5) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING CRISIS STABILIZATION, ACUTE OR ONGOING



TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER SERVICES AS DESCRIBED IN SECTION 27-66-101 (2) AND (3), BUT DOES NOT INCLUDE:

(a) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102 (33); OR

(b) 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.

**SECTION 15.** In Colorado Revised Statutes, 27-66-104, **amend** (1), (2)(a)(II), (2)(a)(III), (2)(b), (3), and (6); and **add** (2)(a)(IV) as follows:

**27-66-104. Types of services purchased - limitation on payments.**

(1) Community mental health services may be purchased from BEHAVIORAL HEALTH ENTITIES, clinics, community mental health centers, local general or psychiatric hospitals, and other agencies that have been approved by the executive director.

(2) (a) Each year the general assembly shall appropriate ~~funds~~ MONEY for the purchase of mental health services from:

(II) Agencies that provide specialized clinic-type services but do not serve a specific designated service area; ~~and~~

(III) Acute treatment units; AND

(IV) BEHAVIORAL HEALTH ENTITIES.

(b) The ~~funds~~ MONEY appropriated for the purposes of this subsection (2) shall be distributed by the executive director to approved BEHAVIORAL HEALTH ENTITIES, community mental health centers, and other agencies on the basis of need and in accordance with the services provided.

(3) Each year the general assembly may appropriate ~~funds~~ MONEY in addition to ~~those~~ THE MONEY appropriated for purposes of subsection (2) of this section, which ~~funds~~ MONEY may be used by the executive director to assist BEHAVIORAL HEALTH ENTITIES, community mental health clinics and centers in instituting innovative programs, in providing mental health services to impoverished areas, and in dealing with crisis situations. The

executive director shall require that any innovative or crisis programs for which ~~funds are~~ MONEY IS allocated ~~under~~ PURSUANT TO this subsection (3) be clearly defined in terms of services to be rendered, program objectives, scope and duration of the program, and the maximum amount of ~~funds~~ MONEY to be provided.

(6) For purposes of entering into a cooperative purchasing agreement pursuant to section 24-110-201, ~~C.R.S.~~, a NONPROFIT BEHAVIORAL HEALTH ENTITY, nonprofit community mental health center, or a nonprofit community mental health clinic may be certified as a local public procurement unit as provided in section 24-110-207.5. ~~C.R.S.~~

**SECTION 16.** In Colorado Revised Statutes, 27-66-105, **amend** (1)(a), (2) introductory portion, and (3); and **add** (1)(g) and (4) as follows:

**27-66-105. Standards for approval.** (1) In approving or rejecting community mental health clinics for the purchase of behavioral or mental health services, the executive director shall:

(a) Consider the adequacy AND QUALITY of mental health services provided by such clinics, taking into consideration such factors as geographic location, local economic conditions, and availability of manpower;

(g) ON AND AFTER JULY 1, 2022, REQUIRE LICENSURE BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-27.6-104.

(2) In approving or rejecting local general or psychiatric hospitals, BEHAVIORAL HEALTH ENTITIES, community mental health centers, acute treatment units, and other agencies for the purchase of services not provided by local mental health clinics, including, but not limited to, twenty-four-hour and partial hospitalization, the executive director shall consider the following factors:

(3) In the purchase of services from BEHAVIORAL HEALTH ENTITIES OR community mental health centers, the executive director shall specify levels and types of inpatient, outpatient, consultation, education, and training services and expenditures and shall establish minimum standards for other programs of such centers that are to be supported with state funds.

(4) IN APPROVING OR REJECTING BEHAVIORAL HEALTH ENTITIES, COMMUNITY MENTAL HEALTH CLINICS, COMMUNITY MENTAL HEALTH CENTERS, ACUTE TREATMENT UNITS, LOCAL GENERAL OR PSYCHIATRIC HOSPITALS, AND OTHER AGENCIES FOR THE PURCHASE OF SERVICES, THE EXECUTIVE DIRECTOR SHALL ENSURE THE AGENCIES COMPLY WITH FEDERAL FINANCIAL PARTICIPATION REQUIREMENTS FOR DEPARTMENT-ADMINISTERED PROGRAMS.

**SECTION 17.** In Colorado Revised Statutes, amend 27-66-106 as follows:

**27-66-106. Federal grants-in-aid and other grants for mental health and integrated behavioral health services - administration.**

(1) The department is designated the official mental health authority, and is authorized to:

(a) Receive grants-in-aid from the federal government under the provisions of 42 U.S.C. sec. 246, and shall administer said grants in accordance therewith; AND

(b) RECEIVE OTHER GRANTS FROM THE FEDERAL GOVERNMENT FOR THE PROVISION OF MENTAL HEALTH OR INTEGRATED BEHAVIORAL HEALTH SERVICES AND SHALL ADMINISTER SUCH GRANTS IN ACCORDANCE THEREWITH.

**SECTION 18.** In Colorado Revised Statutes, amend 27-66-107 as follows:

**27-66-107. Purchase of services by courts, counties, municipalities, school districts, and other political subdivisions.** Any county, municipality, school district, health service district, or other political subdivision of the state or any county, district, or juvenile court is authorized to purchase mental health services from BEHAVIORAL HEALTH ENTITIES, community mental health clinics, and ~~such~~ other community agencies ~~as are~~ approved for purchases by the executive director. For the purchase of mental health services by counties or city and counties as authorized by this section, the board of county commissioners of any county or the city council of any city and county may levy a tax not to exceed two mills upon real property within the county or city and county if the board first submits the question of ~~such~~ THE levy to a vote of the qualified electors



at a general election and receives their approval of ~~such~~ THE levy.

**SECTION 19.** In Colorado Revised Statutes, 27-70-102, **amend** (2) as follows:

**27-70-102. Definitions.** As used in this article 70, unless the context otherwise requires:

(2) "Facility" means a federally qualified health care center, clinic, community mental health center or clinic, BEHAVIORAL HEALTH ENTITY, institution, acute treatment unit, jail, facility operated by the department of corrections, or a facility operated by the division of youth services.

**SECTION 20.** In Colorado Revised Statutes, 27-81-102, **amend** (1); and **add** (3.5) and (13.7) as follows:

**27-81-102. Definitions.** As used in this article 81, unless the context otherwise requires:

(1) "Alcohol use disorder" means a ~~condition by which a person habitually lacks self-control as to the use of alcoholic beverages or uses alcoholic beverages to the extent that his or her health is substantially impaired or endangered or his or her social or economic function is substantially disrupted. Nothing in this subsection (1) precludes the denomination of a person with an alcohol use disorder as intoxicated by alcohol or incapacitated by alcohol~~ CHRONIC RELAPSING BRAIN DISEASE CHARACTERIZED BY RECURRENT USE OF ALCOHOL CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, AND HOME.

(3.5) "BEHAVIORAL HEALTH ENTITY" MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING CRISIS STABILIZATION, ACUTE OR ONGOING TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER SERVICES AS DESCRIBED IN SECTION 27-66-101 (2) AND (3), BUT DOES NOT INCLUDE:

(a) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102 (33); OR

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(b) 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.

(13.7) "PUBLIC FUNDS" MEANS MONEY APPROPRIATED TO THE OFFICE OF BEHAVIORAL HEALTH BY THE GENERAL ASSEMBLY OR ANY OTHER GOVERNMENTAL OR PRIVATE SOURCES FOR WITHDRAWAL MANAGEMENT OR FOR THE TREATMENT OF ALCOHOL USE DISORDERS IN APPROVED FACILITIES PURSUANT TO THIS ARTICLE 81.

**SECTION 21.** In Colorado Revised Statutes, 27-81-104, **amend** (1)(c) as follows:

**27-81-104. Duties of the office of behavioral health - review.**  
(1) In addition to duties prescribed by section 27-80-102, the office of behavioral health shall:

(c) Utilize BEHAVIORAL HEALTH ENTITIES, community mental health centers and clinics whenever feasible;

**SECTION 22.** In Colorado Revised Statutes, 27-81-107, **amend** (1); and **add** (4) as follows:

**27-81-107. Compliance with local government zoning regulations - notice to local governments - provisional approval - repeal.** (1) PRIOR TO JULY 1, 2024, the office of behavioral health shall require any residential treatment facility seeking approval as a public or private treatment facility pursuant to this article 81 to comply with any applicable zoning regulations of the municipality, city and county, or county where the facility is situated. Failure to comply with applicable zoning regulations constitutes grounds for the denial of approval of a facility.

(4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2024.

**SECTION 23.** In Colorado Revised Statutes, **add** 27-81-107.5 as follows:

**27-81-107.5. Licensure.** ON AND AFTER JULY 1, 2024, THE OFFICE OF BEHAVIORAL HEALTH SHALL REQUIRE ANY TREATMENT FACILITY SEEKING APPROVAL AS A PUBLIC OR PRIVATE TREATMENT FACILITY PURSUANT TO THIS

ARTICLE 81 TO BE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-27.6-104 OR BY ANY OTHER REQUIRED STATE AGENCY.

**SECTION 24.** In Colorado Revised Statutes, 27-82-102, amend (13.5); and add (13.3) as follows:

**27-82-102. Definitions.** As used in this article 82, unless the context otherwise requires:

(13.3) "PUBLIC FUNDS" MEANS MONEY APPROPRIATED TO THE OFFICE OF BEHAVIORAL HEALTH BY THE GENERAL ASSEMBLY OR ANY OTHER GOVERNMENTAL OR PRIVATE SOURCES FOR WITHDRAWAL MANAGEMENT OR FOR THE TREATMENT OF SUBSTANCE USE DISORDERS IN APPROVED FACILITIES PURSUANT TO THIS ARTICLE 82.

(13.5) "Substance use disorder" means a ~~condition by which a person habitually uses drugs or uses drugs to the extent that his or her health is substantially impaired or endangered or his or her social or economic function is substantially disrupted. Nothing in this subsection (13.5) precludes the denomination of a person with a substance use disorder as a person under the influence of or incapacitated by drugs~~ CHRONIC RELAPSING BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF ALCOHOL, DRUGS, OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

**SECTION 25.** In Colorado Revised Statutes, add 27-82-103.5 as follows:


**27-82-103.5. Licensure.** ON AND AFTER JULY 1, 2024, THE OFFICE OF BEHAVIORAL HEALTH SHALL REQUIRE ANY TREATMENT FACILITY SEEKING APPROVAL AS A PUBLIC OR PRIVATE TREATMENT FACILITY TO BE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-27.6-104 OR BY ANY OTHER REQUIRED STATE AGENCY.


**SECTION 26. Appropriation.** (1) For the 2019-20 state fiscal year, \$51,472 is appropriated to the department of public health and environment for use by the health facilities and emergency medical services division. This appropriation is from the general fund and is based on the


assumption that the division will require an additional 0.5 FTE. To implement this act, the department may use this appropriation for behavioral health entity licensing.

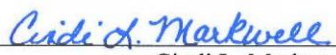
**SECTION 27. Act subject to petition - effective date.** (1) Except as provided in subsection (2) of this section, this act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

(2) Sections 6 through 9 of this act take effect July 1, 2021, and sections 10 through 25 of this act take effect July 1, 2022.

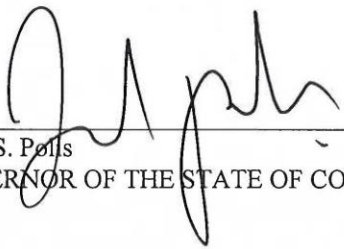
  
\_\_\_\_\_  
KC Becker  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

  
\_\_\_\_\_  
Leroy M. Garcia  
PRESIDENT OF  
THE SENATE

  
\_\_\_\_\_  
Marilyn Eddins  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

  
\_\_\_\_\_  
Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED June 3, 2019 at 8:45 A.M.  
(Date and Time)

  
\_\_\_\_\_  
Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 3 – BEHAVIORAL HEALTH ENTITIES****6 CCR 1011-1 CHAPTER 3**

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ADOPTED BY THE BOARD OF HEALTH ON \_\_\_\_\_, EFFECTIVE \_\_\_\_\_.

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26 **PART 1. GENERAL STATUTORY AUTHORITY, APPLICABILITY, AND DEFINITIONS**

27 **1.1 AUTHORITY**

28 1.1.1 THE STATUTORY AUTHORITY FOR THE PROMULGATION OF THESE REGULATIONS IS SET FORTH IN  
29 SECTIONS 25-1.5-103, 25-3-101, AND 25-27.6-101, ET SEQ., C.R.S.

30 **1.2 APPLICABILITY**

31 1.2.1 THIS CHAPTER APPLIES TO THE FOLLOWING:

32 (A) ENTITIES LICENSED OR ELIGIBLE FOR LICENSURE, PRIOR TO JULY 1, 2021, PURSUANT TO 6 CCR  
33 1011-1, CHAPTER 6-ACUTE TREATMENT UNITS,

34 (B) ENTITIES LICENSED OR ELIGIBLE FOR LICENSURE, PRIOR TO JULY 1, 2021, AS CRISIS  
35 STABILIZATION UNITS PURSUANT TO 6 CCR 1011-1, CHAPTER 9 – COMMUNITY CLINICS AND  
36 COMMUNITY CLINICS AND EMERGENCY CENTERS,

37 (C) ENTITIES LICENSED OR ELIGIBLE FOR LICENSURE, PRIOR TO JULY 1, 2021, AS A COMMUNITY  
38 MENTAL HEALTH CENTER OR COMMUNITY MENTAL HEALTH CLINIC PURSUANT TO 6 CCR 1011-  
39 1, CHAPTER 2 – GENERAL LICENSURE STANDARDS,

40 (D) ANY SERVICES THAT WERE PROVIDED THROUGH CONTRACTS WITH PREVIOUSLY LICENSED  
41 FACILITIES AS DESCRIBED IN (A) THROUGH (C), ABOVE, AND

42 (E) ANY NEW ENTITIES OF LIKE NATURE.

43 1.2.2 ALL BEHAVIORAL HEALTH ENTITIES, AS DEFINED HEREIN, SHALL MEET FEDERAL AND STATE STATUTES AND  
44 REGULATIONS, AS APPLICABLE, INCLUDING BUT NOT LIMITED TO:

45 (A) 6 CCR 1011-1, CHAPTER 2, GENERAL LICENSURE STANDARDS.

46 (B) 8 CCR 1507-31, PERTAINING TO BUILDING, FIRE, AND LIFE SAFETY CODE STANDARDS AND  
47 ENFORCEMENT.

48 (C) THIS CHAPTER 3, AS FOLLOWS:

49 (1) ALL BEHAVIORAL HEALTH ENTITIES SHALL MEET THE REQUIREMENTS OF PARTS 1 AND 2,  
50 REGARDLESS OF ENDORSEMENT(S) HELD OR SERVICES PROVIDED, AND SHALL MEET  
51 EACH OF THE FOLLOWING REQUIREMENTS, AS APPROPRIATE, DEPENDING ON THE  
52 ENDORSEMENT(S) HELD AND SERVICES PROVIDED BY THE BHE:

53 (A) A BEHAVIORAL HEALTH ENTITY WITH AN OUTPATIENT ENDORSEMENT SHALL  
54 MEET THE REQUIREMENTS AT PART 3.1, ENDORSEMENT STANDARDS FOR ALL  
55 OUTPATIENT SERVICES, AND, DEPENDING ON THE SERVICES PROVIDED,  
56 EITHER OR BOTH OF THE FOLLOWING:

57 (i) PART 3.2, STANDARDS FOR OUTPATIENT TREATMENT SERVICES.

58 (ii) PART 3.3, STANDARDS FOR WALK-IN SERVICES.

59 (B) A BEHAVIORAL HEALTH ENTITY WITH A 24-HOUR/OVERNIGHT ENDORSEMENT  
60 SHALL MEET THE REQUIREMENTS AT PART 4.1, ENDORSEMENT STANDARDS

61 FOR ALL 24-HOUR/OVERNIGHT SERVICES, AND, DEPENDING ON THE SERVICES  
62 PROVIDED, EITHER OR BOTH OF THE FOLLOWING:

63 (i) PART 4.2, STANDARDS FOR CRISIS STABILIZATION SERVICES

64 (ii) PART 4.3, STANDARDS FOR ACUTE TREATMENT SERVICES

65 (D) 6 CCR 1011-1, CHAPTER 24 AND SECTIONS 25-1.5-301 THROUGH 25-1.5-303, C.R.S.,  
66 PERTAINING TO MEDICATION ADMINISTRATION, WHEN RELEVANT TO THE SERVICES PROVIDED.

67 (E) 6 CCR 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE DISPOSAL SITES AND  
68 FACILITIES, SECTION 13, MEDICAL WASTE, WHEN RELEVANT TO THE SERVICES PROVIDED.

69 (F) 6 CCR 1007-3, PART 262, STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE,  
70 WHEN RELEVANT TO THE SERVICES PROVIDED.

71 1.2.3 CONTRACTED SERVICES PROVIDED WITHIN A BEHAVIORAL HEALTH ENTITY SHALL MEET THE STANDARDS  
72 ESTABLISHED HEREIN AND ARE THE RESPONSIBILITY OF THE LICENSEE.

73 1.2.4 THE BEHAVIORAL HEALTH ENTITY SHALL COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL  
74 LAWS AND REGULATIONS

75 1.2.5 A BEHAVIORAL HEALTH ENTITY THAT IS PART OF A LARGER HEALTH CARE SYSTEM MAY FULFILL THE  
76 FOLLOWING REQUIREMENTS OF THIS CHAPTER 3 THROUGH A CENTRAL SYSTEM COMMON TO THE ENTIRE  
77 ORGANIZATION, WHEN THE INTENT OF THE REQUIREMENTS OF THIS CHAPTER IS MET AND IF THE SPECIFIC  
78 POLICIES APPLICABLE TO RELEVANT PHYSICAL LOCATIONS AND SERVICE ENDORSEMENTS HAVE BEEN  
79 IDENTIFIED AND MADE ACCESSIBLE TO BEHAVIORAL HEALTH ENTITY PERSONNEL:

80 (A) ADMINISTRATIVE RECORD REQUIREMENTS,

81 (B) POLICIES AND PROCEDURES REQUIREMENTS,

82 (C) CLIENT RECORDS REQUIREMENTS, AND

83 (D) PERSONNEL MANAGEMENT SYSTEM.

## 84 1.3 DEFINITIONS

85 FOR PURPOSES OF THIS CHAPTER, THE FOLLOWING DEFINITIONS SHALL APPLY, UNLESS THE CONTEXT REQUIRES  
86 OTHERWISE:

87 1.3.1 "ACUTE TREATMENT SERVICES" MEANS A PHYSICAL LOCATION LICENSED PURSUANT TO THIS CHAPTER,  
88 FOR SHORT-TERM PSYCHIATRIC CARE, WHICH MAY INCLUDE TREATMENT FOR SUBSTANCE USE  
89 DISORDERS, THAT PROVIDES A TOTAL, TWENTY-FOUR-HOUR, THERAPEUTICALLY PLANNED AND  
90 PROFESSIONALLY STAFFED ENVIRONMENT FOR PERSONS WHO DO NOT REQUIRE INPATIENT  
91 HOSPITALIZATION BUT NEED MORE INTENSE AND INDIVIDUAL SERVICES THAN ARE AVAILABLE ON AN  
92 OUTPATIENT BASIS.

93 1.3.2 "ACUTE TREATMENT UNIT" (ATU) MEANS A FACILITY OR A DISTINCT PART OF A FACILITY, LICENSED  
94 PURSUANT TO 6 CCR 1011-1, CHAPTER 6 - ACUTE TREATMENT UNITS, FOR SHORT-TERM PSYCHIATRIC  
95 CARE, WHICH MAY INCLUDE TREATMENT FOR SUBSTANCE USE DISORDERS, THAT PROVIDES A TOTAL,  
96 TWENTY-FOUR-HOUR, THERAPEUTICALLY PLANNED AND PROFESSIONALLY STAFFED ENVIRONMENT FOR  
97 PERSONS WHO DO NOT REQUIRE INPATIENT HOSPITALIZATION BUT NEED MORE INTENSE AND INDIVIDUAL  
98 SERVICES THAN ARE AVAILABLE ON AN OUTPATIENT BASIS, SUCH AS CRISIS MANAGEMENT AND  
99 STABILIZATION SERVICES.

- 100 1.3.3 "ADMINISTRATOR" MEANS AN INDIVIDUAL IMPLEMENTING POLICIES AND PROCEDURES ON AN ENTITY-WIDE,  
101 ENDORSEMENT, SERVICE, OR LOCATION-SPECIFIC BASIS, WHO IS RESPONSIBLE FOR THE DAY-TO-DAY  
102 OPERATION OF SUCH ENDORSEMENT, SERVICE, OR LOCATION. A BHE MAY HAVE A SINGLE  
103 ADMINISTRATOR, OR MULTIPLE ADMINISTRATORS, AS APPROPRIATE FOR THE COMBINATION OF  
104 ENDORSEMENTS, SERVICES, AND LOCATIONS INCLUDED IN THE BHE LICENSE.
- 105 1.3.4 "ALCOHOL USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE CHARACTERIZED BY  
106 RECURRENT USE OF ALCOHOL CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT, INCLUDING HEALTH  
107 PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, AND HOME.
- 108 1.3.5 "ASSESSMENT" MEANS A PROCESS OF COLLECTING AND EVALUATING INFORMATION ABOUT AN INDIVIDUAL  
109 FOR SERVICE PLANNING, TREATMENT, AND REFERRAL. AN ASSESSMENT ESTABLISHES JUSTIFICATION FOR  
110 SERVICES AND PROVIDES A BASIS FOR TREATMENT RECOMMENDATIONS.
- 111 1.3.6 "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL AND EMOTIONAL WELL-BEING AND ACTIONS  
112 THAT AFFECT AN INDIVIDUAL'S OVERALL WELLNESS. BEHAVIORAL HEALTH ISSUES AND DISORDERS  
113 INCLUDE SUBSTANCE USE DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS, SUICIDE, AND OTHER  
114 MENTAL HEALTH DISORDERS, AND RANGE FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO  
115 DIAGNOSABLE AND TREATABLE DISEASES. THE TERM "BEHAVIORAL HEALTH" IS ALSO USED TO DESCRIBE  
116 SERVICE SYSTEMS THAT ENCOMPASS PREVENTION AND PROMOTION OF EMOTIONAL HEALTH AND  
117 PREVENTION AND TREATMENT SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.
- 118 1.3.7 "BEHAVIORAL HEALTH DISORDER" MEANS ONE OR MORE OF THE FOLLOWING:
- 119 (A) AN ALCOHOL USE DISORDER, AS DEFINED IN 1.3.4 OF THIS SECTION;
- 120 (B) A MENTAL HEALTH DISORDER, AS DEFINED IN SUBSECTION 1.3.25 OF THIS SECTION; OR
- 121 (C) A SUBSTANCE USE DISORDER, AS DEFINED IN SUBSECTION 1.3.35 OF THIS SECTION.
- 122 1.3.8 "BEHAVIORAL HEALTH ENTITY" (BHE) MEANS A FACILITY OR PROVIDER ORGANIZATION ENGAGED IN  
123 PROVIDING COMMUNITY-BASED HEALTH SERVICES, WHICH MAY INCLUDE BEHAVIORAL HEALTH DISORDER  
124 SERVICES, ALCOHOL USE DISORDER SERVICES, OR SUBSTANCE USE DISORDER SERVICES, INCLUDING  
125 CRISIS STABILIZATION, ACUTE OR ONGOING TREATMENT, OR COMMUNITY MENTAL HEALTH CENTER  
126 SERVICES AS DESCRIBED IN SECTION 27-66-101(2) AND (3), C.R.S., BUT DOES NOT INCLUDE:
- 127 (A) RESIDENTIAL CHILD CARE FACILITIES AS DEFINED IN SECTION 26-6-102(33), C.R.S.; OR
- 128 (B) SERVICES PROVIDED BY A LICENSED OR CERTIFIED MENTAL HEALTH CARE PROVIDER UNDER THE  
129 PROVIDER'S INDIVIDUAL PROFESSIONAL PRACTICE ACT ON THE PROVIDER'S OWN PREMISES.
- 130 (C) ENTITIES MEETING THE DEFINITION OF A BEHAVIORAL HEALTH ENTITY, BUT THAT PROVIDE  
131 BEHAVIORAL HEALTH SERVICES FOR THE TREATMENT OF ALCOHOL USE DISORDERS AND  
132 SUBSTANCE USE DISORDERS, AND ARE INCLUDED IN PHASE TWO IMPLEMENTATION IN  
133 ACCORDANCE WITH SECTION 25-27.6-101(4)(B), C.R.S.
- 134 1.3.9 "CERTIFICATE OF COMPLIANCE" MEANS AN OFFICIAL DOCUMENT ISSUED BY THE DEPARTMENT OF PUBLIC  
135 SAFETY, DIVISION OF FIRE PREVENTION AND CONTROL FOR A BUILDING OR STRUCTURE AS EVIDENCE  
136 THAT MATERIALS AND PRODUCTS MEET SPECIFIED CODES AND STANDARDS, THAT WORK HAS BEEN  
137 PERFORMED IN COMPLIANCE WITH APPROVED CONSTRUCTION DOCUMENTS, AND THAT THE PROVISIONS  
138 OF APPLICABLE FIRE AND LIFE SAFETY CODES AND STANDARDS CONTINUE TO BE APPROPRIATELY  
139 MAINTAINED.
- 140 1.3.10 "CLIENT" MEANS AN INDIVIDUAL RECEIVING SERVICES FROM A BHE.

- 141 1.3.11 "CLINICAL DIRECTOR" MEANS AN INDIVIDUAL RESPONSIBLE FOR OVERSEEING CLIENT TREATMENT  
142 SERVICES ON AN ENTITY-WIDE, ENDORSEMENT, SERVICE, OR LOCATION-SPECIFIC BASIS, INCLUDING, BUT  
143 NOT LIMITED TO ENSURING APPROPRIATE TRAINING AND SUPERVISION FOR CLINICAL PERSONNEL. A BHE  
144 MAY HAVE A SINGLE CLINICAL DIRECTOR, OR MULTIPLE CLINICAL DIRECTORS, AS APPROPRIATE FOR THE  
145 COMBINATION OF ENDORSEMENTS, SERVICES, AND LOCATIONS INCLUDED IN THE BHE LICENSE.
- 146 1.3.12 "COMMUNITY-BASED" MEANS OUTSIDE OF A HOSPITAL, PSYCHIATRIC HOSPITAL, OR NURSING HOME.
- 147 1.3.13 "COMMUNITY MENTAL HEALTH CENTER" HAS THE SAME MEANING AS DEFINED IN SECTION 27-66-101(2),  
148 C.R.S.
- 149 1.3.14 "COMMUNITY MENTAL HEALTH CLINIC" MEANS A HEALTH INSTITUTION PLANNED, ORGANIZED, OPERATED,  
150 AND MAINTAINED TO PROVIDE BASIC COMMUNITY SERVICES FOR THE PREVENTION, DIAGNOSIS, AND  
151 TREATMENT OF EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH DISORDERS, SUCH SERVICES BEING  
152 RENDERED PRIMARILY ON AN OUTPATIENT AND CONSULTATIVE BASIS.
- 153 1.3.15 "CRISIS STABILIZATION SERVICES" MEANS A PHYSICAL LOCATION LICENSED PURSUANT TO THIS CHAPTER  
154 THAT PROVIDES SHORT-TERM, BED-BASED CRISIS STABILIZATION SERVICES IN A TWENTY-FOUR-HOUR  
155 ENVIRONMENT FOR INDIVIDUALS WHO CANNOT BE SERVED IN A LESS RESTRICTIVE ENVIRONMENT.
- 156 1.3.16 "CRISIS STABILIZATION UNIT" (CSU) MEANS A FACILITY, LICENSED PURSUANT TO 6 CCR 1011-1,  
157 CHAPTER 9 – COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS, THAT  
158 PROVIDES SHORT-TERM, BED-BASED CRISIS STABILIZATION SERVICES IN A TWENTY-FOUR-HOUR  
159 ENVIRONMENT FOR INDIVIDUALS WHO CANNOT BE SERVED IN A LESS RESTRICTIVE ENVIRONMENT.
- 160 1.3.17 "DEPARTMENT" MEANS THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.
- 161 1.3.18 "DISCHARGE" MEANS THE TERMINATION OF TREATMENT OBLIGATIONS AND SERVICE BETWEEN THE CLIENT  
162 AND THE BHE.
- 163 1.3.19 "ENDORSEMENT" MEANS DEPARTMENT APPROVAL FOR A BHE TO PROVIDE SERVICES AS DESCRIBED  
164 WITHIN THIS CHAPTER.
- 165 1.3.20 "GOVERNING BODY" MEANS THE BOARD OF TRUSTEES, DIRECTORS, OR OTHER GOVERNING BODY IN  
166 WHOM THE ULTIMATE AUTHORITY AND RESPONSIBILITY FOR THE CONDUCT OF THE BHE IS VESTED.
- 167 1.3.21 "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A PSYCHOLOGIST LICENSED PURSUANT TO SECTION  
168 12-245-301, ET SEQ., C.R.S., A PSYCHIATRIST LICENSED PURSUANT TO SECTION 12-240-101, ET SEQ.,  
169 C.R.S., A CLINICAL SOCIAL WORKER LICENSED PURSUANT TO SECTION 12-245-401, ET SEQ., C.R.S., A  
170 MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO SECTION 12-245-501, ET SEQ., A  
171 PROFESSIONAL COUNSELOR LICENSED PURSUANT TO SECTION 12-245-601, ET SEQ., C.R.S., OR AN  
172 ADDICTION COUNSELOR LICENSED PURSUANT TO SECTION 12-245-801, ET SEQ., C.R.S.
- 173 1.3.22 "LICENSEE" MEANS A BEHAVIORAL HEALTH ENTITY LICENSED BY THE DEPARTMENT PURSUANT TO THIS  
174 CHAPTER.
- 175 1.3.23 "MANAGER" MEANS AN INDIVIDUAL INVOLVED IN AND/OR RESPONSIBLE FOR DECISIONS MADE ON BEHALF  
176 OF THE BHE REGARDING CLINICAL AND/OR OPERATIONAL POLICIES, PROCEDURES, AND ACTIONS FOR A  
177 LOCATION, ENDORSEMENT, SERVICE TYPE, AND/OR THE BHE, AND MAY INCLUDE ADMINISTRATORS OR  
178 CLINICAL DIRECTORS, DEPENDING ON THE STRUCTURE AND OPERATION OF THE BHE. A BHE MAY HAVE  
179 A SINGLE MANAGER, OR MULTIPLE MANAGERS, AS APPROPRIATE FOR THE COMBINATION OF  
180 ENDORSEMENTS, SERVICES, AND LOCATIONS INCLUDED IN THE BHE LICENSE.
- 181 1.3.24 "MEDICATION ADMINISTRATION" MEANS ASSISTING A PERSON IN THE INGESTION, APPLICATION,  
182 INHALATION, OR, USING UNIVERSAL PRECAUTIONS, RECTAL OR VAGINAL INSERTION OF MEDICATION,

- 183 INCLUDING PRESCRIPTION DRUGS, ACCORDING TO THE LEGIBLY WRITTEN OR PRINTED DIRECTIONS OF THE  
184 ATTENDING PHYSICIAN OR OTHER AUTHORIZED PRACTITIONER, OR AS WRITTEN ON THE PRESCRIPTION  
185 LABEL, AND MAKING A WRITTEN RECORD THEREOF WITH REGARD TO EACH MEDICATION ADMINISTERED,  
186 INCLUDING THE TIME AND THE AMOUNT TAKEN.
- 187 (A) MEDICATION ADMINISTRATION DOES NOT INCLUDE:
- 188 (1) MEDICATION MONITORING.
- 189 (2) SELF-ADMINISTRATION OF PRESCRIPTION DRUGS OR THE SELF-INJECTION OF  
190 MEDICATION BY A CLIENT.
- 191 (B) MEDICATION ADMINISTRATION BY A QUALIFIED MEDICATION ADMINISTRATION PERSON (QMAP)  
192 DOES NOT INCLUDE JUDGEMENT, EVALUATION, ASSESSMENTS, OR INJECTING MEDICATION  
193 (UNLESS OTHERWISE AUTHORIZED BY LAW IN RESPONSE TO AN EMERGENT SITUATION).
- 194 1.3.25 "MENTAL HEALTH DISORDER" MEANS ONE OR MORE SUBSTANTIAL DISORDERS OF THE COGNITIVE,  
195 VOLITIONAL, OR EMOTIONAL PROCESSES THAT GROSSLY IMPAIR JUDGMENT OR CAPACITY TO RECOGNIZE  
196 REALITY OR TO CONTROL BEHAVIOR. AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY ALONE IS  
197 INSUFFICIENT TO EITHER JUSTIFY OR EXCLUDE A FINDING OF A MENTAL HEALTH DISORDER.
- 198 1.3.26 "OUTPATIENT TREATMENT" MEANS BEHAVIORAL HEALTH SERVICES PROVIDED TO A CLIENT IN  
199 ACCORDANCE WITH THEIR SERVICE PLAN ON A REGULAR BASIS IN A NON-OVERNIGHT SETTING, WHICH MAY  
200 INCLUDE, BUT NOT BE LIMITED TO, INDIVIDUAL, GROUP, OR FAMILY COUNSELING, CASE MANAGEMENT, OR  
201 MEDICATION MANAGEMENT.
- 202 1.3.27 "OWNER" MEANS A SHAREHOLDER IN A CORPORATION, A PARTNER IN A PARTNERSHIP OR LIMITED  
203 PARTNERSHIP, MEMBER IN A LIMITED LIABILITY COMPANY, A SOLE PROPRIETOR, OR A PERSON WITH A  
204 SIMILAR INTEREST IN A BHE, WHO HAS A TWENTY-FIVE (25) PERCENT OWNERSHIP INTEREST IN THE BHE.
- 205 1.3.28 "PERSONNEL" MEANS INDIVIDUALS EMPLOYED BY AND/OR PROVIDING SERVICES UNDER THE DIRECTION  
206 OF THE BHE, INCLUDING, BUT NOT LIMITED TO MANAGERS, ADMINISTRATORS, CLINICAL DIRECTORS,  
207 EMPLOYEES, CONTRACTORS, STUDENTS, INTERNS, OR VOLUNTEERS.
- 208 1.3.29 "PHYSICAL LOCATION" MEANS A DISCRETE PHYSICAL SPACE HAVING ITS OWN ADDRESS AND OCCUPANCY  
209 STATUS FOR PURPOSES OF COMPLIANCE WITH THE STANDARDS OF THE DEPARTMENT OF PUBLIC SAFETY,  
210 DIVISION OF FIRE PREVENTION AND CONTROL.
- 211 1.3.30 "PRACTITIONER" MEANS A PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCE PRACTICE NURSE WHO HAS A  
212 CURRENT, UNRESTRICTED LICENSE TO PRACTICE AND IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.
- 213 1.3.31 "RESTRAINT" SHALL HAVE THE SAME MEANING AS DEFINED IN 6 CCR 1011-1, CHAPTER 2, PART 1.54.
- 214 1.3.32 "SCREENING" MEANS A BRIEF PROCESS USED TO DETERMINE THE IDENTIFICATION OF CURRENT  
215 BEHAVIORAL HEALTH OR HEALTH NEEDS AND IS TYPICALLY DOCUMENTED THROUGH THE USE OF A  
216 STANDARDIZED INSTRUMENT. SCREENING IS USED TO DETERMINE THE NEED FOR FURTHER ASSESSMENT,  
217 REFERRAL, OR IMMEDIATE INTERVENTION SERVICES.
- 218 1.3.33 "SECLUSION" SHALL HAVE THE SAME MEANING AS DEFINED IN 6 CCR 1011-1, CHAPTER 2, PART 1.57.
- 219 1.3.34 "SERVICE PLAN" MEANS A WRITTEN DESCRIPTION OF THE SERVICES TO BE PROVIDED BY THE BHE TO  
220 MEET A CLIENT'S TREATMENT NEEDS. THE TERM "SERVICE PLAN" MAY ALSO MEAN A CARE PLAN OR  
221 TREATMENT PLAN AS REFERENCED ELSEWHERE IN 6 CCR 1011-1.



- 222 1.3.35 "SUBSTANCE USE DISORDER" MEANS A CHRONIC RELAPSING BRAIN DISEASE, CHARACTERIZED BY  
223 RECURRENT USE OF ALCOHOL, DRUGS, OR BOTH, CAUSING CLINICALLY SIGNIFICANT IMPAIRMENT,  
224 INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO MEET MAJOR RESPONSIBILITIES AT WORK,  
225 SCHOOL, OR HOME.
- 226 1.3.36 "TELEHEALTH" MEANS DELIVERY OF SERVICES THROUGH TELECOMMUNICATIONS SYSTEMS THAT ARE  
227 COMPLIANT WITH ALL FEDERAL AND STATE PROTECTIONS OF CLIENT PRIVACY, TO FACILITATE CLIENT  
228 ASSESSMENT, DIAGNOSIS, CONSULTATION, TREATMENT, AND/OR SERVICE PLANNING/CASE MANAGEMENT  
229 WHEN THE CLIENT AND THE INDIVIDUAL PROVIDING BHE SERVICES ARE NOT IN THE SAME LOCATION.  
230 TELECOMMUNICATIONS SYSTEMS USED TO PROVIDE TELEHEALTH INCLUDE INFORMATION, ELECTRONIC,  
231 AND COMMUNICATION TECHNOLOGIES.
- 232 1.3.37 "VOLUNTEER" MEANS AN UNPAID INDIVIDUAL PROVIDING SERVICES ON BEHALF OF AND/OR UNDER THE  
233 CONTROL OF THE BHE.
- 234 1.3.38 "WALK-IN SERVICES" MEANS A DEDICATED PHYSICAL LOCATION OPERATING TWENTY-FOUR (24) HOURS  
235 PER DAY, SEVEN (7) DAYS PER WEEK, 365 DAYS PER YEAR, TO WHICH AN INDIVIDUAL CAN ARRIVE AT ANY  
236 TIME WITH NO APPOINTMENT AND RECEIVE SCREENING, ASSESSMENT, REFERRALS FOR TREATMENT,  
237 AND/OR BRIEF THERAPEUTIC OR CRISIS INTERVENTION SERVICES, WITH A LENGTH OF STAY NO LONGER  
238 THAN TWENTY-THREE (23) HOURS.

## 239 **PART 2. BASE STANDARDS FOR ALL BEHAVIORAL HEALTH ENTITIES**

240 STANDARDS APPLY TO ALL LICENSEES, REGARDLESS OF ENDORSEMENTS HELD OR SERVICES PROVIDED.

### 241 **2.1 LICENSURE AND DEPARTMENT OVERSIGHT**

242 2.1.1 THE LICENSEE SHALL ENSURE COMPLIANCE WITH THE FOLLOWING:

- 243 (A) THE BHE SHALL ONLY PROVIDE SERVICES FOR WHICH IT HOLDS AN ENDORSEMENT AS PART OF  
244 ITS LICENSE.
- 245 (B) THE LICENSEE SHALL ENSURE ALL BHE OPERATIONS, LOCATIONS, AND SERVICES, INCLUDING  
246 CONTRACTED SERVICES OR PERSONNEL, COMPLY WITH LAWS, REGULATIONS, AND STANDARDS  
247 AS REQUIRED BY CHAPTER 2, GENERAL LICENSURE STANDARDS, AND THIS CHAPTER 3,  
248 BEHAVIORAL HEALTH ENTITIES.
- 249 (C) THE BHE SHALL MEET THE REQUIREMENTS IN PARTS 1 AND 2 OF THESE RULES, REGARDLESS  
250 OF ENDORSEMENTS INCLUDED AS PART OF ITS BHE LICENSE.
- 251 (D) THE BHE SHALL MEET ENDORSEMENT-SPECIFIC REQUIREMENTS, AS APPLICABLE TO THE  
252 ENDORSEMENTS INCLUDED AS PART OF THE BHE'S LICENSE.
- 253 (E) THE BHE SHALL HAVE AT LEAST ONE ENDORSEMENT AND SHALL PROVIDE AT LEAST ONE TYPE  
254 OF SERVICE FOR EACH ENDORSEMENT HELD, AS LISTED BELOW:
- 255 (1) PART 3. OUTPATIENT ENDORSEMENT
- 256 (A) OUTPATIENT TREATMENT SERVICES
- 257 (B) WALK-IN SERVICES
- 258 (2) PART 4. 24-HOUR/OVERNIGHT ENDORSEMENT
- 259 (A) CRISIS STABILIZATION SERVICES

- 260 (B) ACUTE TREATMENT SERVICES
- 261 2.1.2 APPLICANTS FOR AN INITIAL OR RENEWAL LICENSE, OR A CHANGE IN OWNERSHIP, SHALL FOLLOW THE  
262 LICENSURE PROCEDURES AND COMPLY WITH THE REQUIREMENTS OUTLINED IN 6 CCR 1011-1, CHAPTER  
263 2, PARTS 2.1 THROUGH 2.9, WITH THE FOLLOWING ADDITIONS OR EXCEPTIONS:
- 264 (A) THE TIMELINE FOR IMPLEMENTATION AND TRANSITION TO THE BEHAVIORAL HEALTH ENTITY  
265 LICENSE SHALL BE:
- 266 (1) DURING THE TIME PERIOD OF JULY 1, 2021 THROUGH JUNE 30, 2022, FACILITIES OR  
267 AGENCIES HOLDING A CURRENT LICENSE FROM THE DEPARTMENT AS AN ATU, CSU,  
268 COMMUNITY MENTAL HEALTH CENTER, OR COMMUNITY MENTAL HEALTH CLINIC SHALL  
269 APPLY TO BECOME LICENSED AS A BHE IN LIEU OF APPLYING FOR RENEWAL OF THE  
270 CURRENT LICENSE AT THE TIME THAT THE CURRENT LICENSE IS DUE TO BE RENEWED.
- 271 (A) ENTITIES HOLDING MORE THAN ONE ATU, CSU, COMMUNITY MENTAL HEALTH  
272 CENTER, OR COMMUNITY MENTAL HEALTH CLINIC LICENSE SHALL APPLY TO  
273 BECOME LICENSED AS A BHE AT THE EARLIEST RENEWAL DATE OF ALL  
274 LICENSES HELD.
- 275 (i) THE APPLICATION SHALL INCLUDE ALL OF THE EXISTING LICENSES  
276 HELD.
- 277 (ii) THE BHE WILL BE ISSUED A SINGLE LICENSE THAT LISTS ALL  
278 ENDORSEMENTS AND PHYSICAL LOCATIONS INCLUDED IN THE LICENSE.
- 279 (iii) UPON ISSUANCE OF THE BHE LICENSE, THE PRIOR LICENSES SHALL  
280 BE INVALID.
- 281 (B) IF AN ENTITY HOLDING A CURRENT LICENSE FROM THE DEPARTMENT AS AN  
282 ATU, CSU, COMMUNITY MENTAL HEALTH CENTER, OR COMMUNITY CLINIC IS  
283 UNABLE TO MEET THE STANDARDS CONTAINED WITHIN THIS CHAPTER 3, THE  
284 ENTITY MAY BE ISSUED A PROVISIONAL OR CONDITIONAL LICENSE WITH  
285 EXPECTED TIMEFRAMES FOR COMPLIANCE.
- 286 (C) DURING THE TRANSITION PERIOD FROM JULY 1, 2021 THROUGH JUNE 30,  
287 2022, AN ENTITY HOLDING A LICENSE AS AN ATU, CSU, COMMUNITY MENTAL  
288 HEALTH CENTER, OR COMMUNITY MENTAL HEALTH CLINIC SHALL CONTINUE TO  
289 MEET THE REQUIREMENTS OF ITS EXISTING LICENSE UNTIL SUCH TIME AS THE  
290 ENTITY RECEIVES A BHE LICENSE.
- 291 (2) BEGINNING JULY 1, 2022, NO ENTITY PREVIOUSLY LICENSED AS AN ATU, CSU,  
292 COMMUNITY MENTAL HEALTH CENTER, OR COMMUNITY MENTAL HEALTH CLINIC SHALL  
293 PROVIDE BHE SERVICES UNLESS IT HAS BEEN ISSUED A BHE LICENSE BY THE  
294 DEPARTMENT.
- 295 (3) EFFECTIVE JULY 1, 2021, ANY ENTITY THAT WAS NOT PREVIOUSLY LICENSED BY THE  
296 DEPARTMENT AND MEETS THE DEFINITION OF A BHE SHALL SEEK AN INITIAL LICENSE.
- 297 (B) A BHE SHALL BE ISSUED A SINGLE ENTITY-WIDE LICENSE WHICH IDENTIFIES ALL PHYSICAL  
298 LOCATIONS INCLUDED IN THE LICENSE AND ENDORSEMENTS FOR SERVICES THE BHE IS  
299 LICENSED TO PROVIDE AND SHALL DISPLAY THE LICENSE, OR A COPY THEREOF, IN A MANNER  
300 READILY VISIBLE TO CLIENTS AT EACH PHYSICAL LOCATION INCLUDED IN THE LICENSE.

- 301 (C) EACH PHYSICAL LOCATION OF THE BHE SHALL MEET THE STANDARDS ADOPTED BY THE  
302 DIRECTOR OF THE DIVISION OF FIRE PREVENTION AND CONTROL, AS APPLICABLE TO THE  
303 SERVICES PROVIDED IN THAT LOCATION, IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2,  
304 PART 2.2.
- 305 (D) A BHE SHALL ONLY PROVIDE SERVICES FOR WHICH IT HOLDS AN ENDORSEMENT, AND AT  
306 LOCATIONS AS ARE AUTHORIZED BY ITS LICENSE.
- 307 (1) A BHE SHALL SUBMIT A LETTER OF INTENT IN ACCORDANCE WITH THE PROCESS AT 6  
308 CCR 1011-1, CHAPTER 2, PART 2.9.6, PRIOR TO A CHANGE IN THE OPERATION OF THE  
309 BHE, INCLUDING ADDING OR DISCONTINUING USE OF PHYSICAL LOCATIONS, ADDING OR  
310 DISCONTINUING AN ENDORSEMENT, OR MOVING SERVICES FOR WHICH IT HAS AN  
311 ENDORSEMENT FROM ONE LOCATION ALREADY INCLUDED IN THE LICENSE TO ANOTHER  
312 LOCATION.
- 313 (A) CHANGES TO THE ENDORSEMENT(S) AND/OR PHYSICAL LOCATION(S) USED FOR  
314 THE OPERATION OF A BHE SHALL NOT BE IMPLEMENTED WITHOUT PRIOR  
315 APPROVAL OF THE DEPARTMENT.
- 316 (B) THE ADDITION OF A PHYSICAL LOCATION REQUIRES A CERTIFICATE OF  
317 COMPLIANCE PRIOR TO APPROVAL.
- 318 (C) MODIFYING THE SERVICES PROVIDED IN A PHYSICAL LOCATION MAY REQUIRE A  
319 NEW CERTIFICATE OF COMPLIANCE, OR OTHER APPROPRIATE  
320 ACKNOWLEDGEMENT FROM THE DIVISION OF FIRE PREVENTION AND CONTROL  
321 THAT THE SPACE MEETS THE STANDARDS FOR THE PROVISION OF THOSE  
322 SERVICES, PRIOR TO APPROVAL.
- 323 (D) A BHE SUBMITTING A LETTER OF INTENT TO ADD SERVICES UNDER A NEW  
324 ENDORSEMENT OR PHYSICAL LOCATION, OR MOVE SERVICES PROVIDED UNDER  
325 AN ENDORSEMENT FROM THE CURRENT LOCATION TO A NEW LOCATION, SHALL  
326 PAY THE APPROPRIATE FEES, AS LISTED IN PART 2.1.5.
- 327 (E) THE ADDITION OF AN ENDORSEMENT TO AN EXISTING BHE LICENSE SHALL NOT  
328 EXTEND THE TERM OF THE LICENSE.
- 329 (E) EACH APPLICANT FOR LICENSE RENEWAL SHALL ANNUALLY SUBMIT, IN THE FORM AND MANNER  
330 PRESCRIBED BY THE DEPARTMENT, INFORMATION ABOUT THE BHE'S OPERATIONS, CLIENT  
331 CARE, AND SERVICES.
- 332 (F) AS PART OF EACH INITIAL OR RENEWAL APPLICATION, OR APPLICATION FOR A CHANGE OF  
333 OWNERSHIP, THE ENTITY SHALL PROVIDE INFORMATION ON CIRCUMSTANCES IN WHICH THERE  
334 MAY BE A PERCEIVED CONFLICT OF INTEREST AND/OR DUAL RELATIONSHIP WITHIN AN AGENCY  
335 THAT COULD NEGATIVELY IMPACT THE INDIVIDUAL RECEIVING SERVICES, ALONG WITH POLICIES,  
336 PROCEDURES, OR OTHER MITIGATING EFFORTS TO REDUCE/ELIMINATE SUCH CONFLICT. SUCH  
337 CIRCUMSTANCES INCLUDE, BUT ARE NOT LIMITED TO:
- 338 (1) THE BHE HAS A FINANCIAL INTEREST THAT MAY HAVE NEGATIVE TREATMENT AND/OR  
339 REFERRAL IMPLICATIONS FOR THE CLIENT.
- 340 (2) THE COMBINING OF PROFESSIONAL ROLES WITHIN THE AGENCY THAT IS INCOMPATIBLE  
341 TO THE BEST INTERESTS OF THE CLIENT.
- 342 (3) THE COMBINING OF PROFESSIONAL ROLES AND PERSONAL ROLES THAT IS  
343 INCOMPATIBLE TO THE BEST INTEREST OF THE CLIENT.

- 344 2.1.3 WITH THE SUBMISSION OF AN APPLICATION FOR LICENSURE, OR WITHIN TEN (10) CALENDAR DAYS AFTER  
345 A CHANGE IN THE OWNER OR MANAGER, EACH OWNER OR MANAGER OF A BHE SHALL SUBMIT A  
346 COMPLETE SET OF FINGERPRINTS TO THE COLORADO BUREAU OF INVESTIGATION (CBI) FOR THE  
347 PURPOSE OF CONDUCTING A STATE AND NATIONAL FINGERPRINT-BASED CRIMINAL HISTORY RECORD  
348 CHECK WITH NOTIFICATIONS OF FUTURE ARRESTS. THE INFORMATION SHALL BE FORWARDED BY THE CBI  
349 DIRECTLY TO THE DEPARTMENT.
- 350 (A) THE COST OF OBTAINING SUCH INFORMATION SHALL BE BORNE BY THE INDIVIDUAL WHO IS THE  
351 SUBJECT OF THE CRIMINAL HISTORY RECORD CHECK.
- 352 (B) THE DEPARTMENT MAY ACQUIRE A NAME-BASED CRIMINAL HISTORY RECORD CHECK FOR AN  
353 APPLICANT WHO HAS TWICE SUBMITTED TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORD  
354 CHECK AND WHOSE FINGERPRINTS ARE UNCLASSIFIABLE.
- 355 2.1.4 THE DEPARTMENT MAY DENY OR LIMIT AN APPLICATION FOR AN INITIAL OR RENEWAL LICENSE IN  
356 ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.11.1, WITH THE FOLLOWING ADDITIONS OR  
357 EXCEPTIONS:
- 358 (A) THE DEPARTMENT SHALL NOT ISSUE OR RENEW A BHE LICENSE UNLESS IT HAS RECEIVED A  
359 CERTIFICATE OF COMPLIANCE FOR EACH PHYSICAL LOCATION WHERE SERVICES ARE PROVIDED.
- 360 (B) THE DEPARTMENT MAY DENY OR LIMIT THE OVERALL BHE LICENSE, ANY ENDORSEMENTS OR  
361 PHYSICAL LOCATIONS, OR ANY COMBINATION THEREOF.
- 362 (C) NO LICENSE SHALL BE ISSUED OR RENEWED BY THE DEPARTMENT IF THE OWNER OR MANAGER  
363 HAS BEEN CONVICTED OF A FELONY OR MISDEMEANOR, IF THAT FELONY OR MISDEMEANOR  
364 INVOLVES CONDUCT THAT THE DEPARTMENT DETERMINES COULD POSE A RISK TO THE HEALTH,  
365 SAFETY, OR WELFARE OF CLIENTS OF THE BHE.
- 366 (D) THE DEPARTMENT MAY DENY A LICENSE FOR CIRCUMSTANCES IN WHICH AN OWNER, OFFICER,  
367 DIRECTOR, MANAGER, ADMINISTRATOR, OR OTHER PERSONNEL OF THE APPLICANT OR LICENSEE  
368 IS FOUND TO HAVE NEGATIVELY IMPACTED CLIENT TREATMENT AND/OR DECISIONS THROUGH THE  
369 FOLLOWING, OR SIMILAR, ACTIONS:
- 370 (1) THE USE OR DISSEMINATION OF MISLEADING, DECEPTIVE, OR FALSE INFORMATION.
- 371 (2) THE ACCEPTANCE OF COMMISSIONS, REBATES, OR OTHER FORMS OF REMUNERATION  
372 FOR REFERRALS OR OTHER TREATMENT DECISIONS.
- 373 (3) THE EXERCISE OF UNDUE INFLUENCE OR COERCION OVER A CLIENT THAT INFLUENCES  
374 CLIENT DECISIONS OR ACTIONS OR FOR FINANCIAL OR PERSONAL GAIN. A RELATIONSHIP  
375 OTHER THAN A PROFESSIONAL RELATIONSHIP, INCLUDING BUT NOT LIMITED TO A  
376 RELATIONSHIP OF A SEXUAL NATURE, BETWEEN AN OWNER, OFFICER, DIRECTOR,  
377 MANAGER, ADMINISTRATOR, OR OTHER PERSONNEL OF THE APPLICANT OR LICENSEE  
378 AND A CLIENT, SHALL BE CONSIDERED EXERCISE OF UNDUE INFLUENCE OR COERCION.
- 379 2.1.5 LICENSE FEES SHALL BE SUBMITTED TO THE DEPARTMENT AS SPECIFIED BELOW.
- 380 (A) INITIAL LICENSE. AN APPLICANT FOR AN INITIAL LICENSE AS A BHE SHALL SUBMIT THE  
381 FOLLOWING NONREFUNDABLE FEE(S) WITH THE APPLICATION FOR LICENSURE, AS APPLICABLE:
- 382 (1) A BASE FEE OF \$1,750, REGARDLESS OF ENDORSEMENTS OR PHYSICAL LOCATIONS  
383 INCLUDED AS PART OF THE APPLICATION FOR INITIAL LICENSURE.

- 384 (2) A FEE OF \$700 FOR THE OUTPATIENT ENDORSEMENT, REGARDLESS OF THE NUMBER  
385 OF PHYSICAL LOCATIONS INCLUDED IN THE ENDORSEMENT, TO BE PAID ONLY BY BHEs  
386 THAT ARE SEEKING A LICENSE THAT INCLUDES SERVICES INCLUDED UNDER PART 3 OF  
387 THESE RULES.
- 388 (3) A FEE OF \$900 FOR EACH PHYSICAL LOCATION IN WHICH SERVICES ARE TO BE  
389 PROVIDED UNDER THE 24-HOUR/OVERNIGHT ENDORSEMENT IN PART 4 OF THESE  
390 RULES, TO BE PAID ONLY BY BHEs SEEKING SUCH ENDORSEMENT.
- 391 (B) RENEWAL LICENSE. AN APPLICANT FOR A RENEWAL LICENSE AS A BHE SHALL SUBMIT THE  
392 FOLLOWING NONREFUNDABLE FEES, AS APPLICABLE:
- 393 (1) A BASE FEE OF \$1,350, REGARDLESS OF ENDORSEMENTS OR PHYSICAL LOCATIONS  
394 INCLUDED IN THE APPLICATION FOR INITIAL LICENSURE.
- 395 (2) A FEE OF \$600 FOR THE OUTPATIENT ENDORSEMENT, REGARDLESS OF THE NUMBER  
396 OF RENEWING PHYSICAL LOCATIONS INCLUDED IN THE ENDORSEMENT, TO BE PAID BY  
397 BHEs RENEWING A LICENSE THAT CURRENTLY INCLUDES AN OUTPATIENT  
398 ENDORSEMENT.
- 399 (3) A FEE OF \$800 FOR EACH PHYSICAL LOCATION IN WHICH SERVICES ARE CURRENTLY  
400 PROVIDED UNDER THE 24-HOUR/OVERNIGHT ENDORSEMENT IN PART 4 OF THESE  
401 RULES.
- 402 (4) IF A BHE IS ADDING ENDORSEMENTS OR PHYSICAL LOCATIONS AT THE TIME OF THE  
403 RENEWAL APPLICATION, THE FEES LISTED IN PART 2.1.5(D), AS APPLICABLE, SHALL BE  
404 PAID AT THE TIME OF RENEWAL.
- 405 (C) CHANGE OF OWNERSHIP. AN APPLICANT FOR A CHANGE OF OWNERSHIP SHALL SUBMIT THE  
406 FOLLOWING NONREFUNDABLE FEE(S) WITH THE APPLICATION FOR LICENSURE, AS APPLICABLE:
- 407 (1) A BASE FEE OF \$1,750, REGARDLESS OF ENDORSEMENTS OR PHYSICAL LOCATIONS  
408 INCLUDED AS PART OF THE APPLICATION FOR THE CHANGE OF OWNERSHIP.
- 409 (2) A FEE OF \$700 FOR THE OUTPATIENT ENDORSEMENT, REGARDLESS OF THE NUMBER  
410 OF PHYSICAL LOCATIONS INCLUDED IN THE ENDORSEMENT, TO BE PAID ONLY WHEN THE  
411 CHANGE OF OWNERSHIP APPLICATION INCLUDES SERVICES INCLUDED UNDER PART 3 OF  
412 THESE RULES.
- 413 (3) A FEE OF \$900 FOR EACH PHYSICAL LOCATION UNDER THE 24-HOUR/OVERNIGHT  
414 ENDORSEMENT, TO BE PAID ONLY WHEN THE CHANGE OF OWNERSHIP APPLICATION  
415 INCLUDES SERVICES INCLUDED IN PART 4 OF THESE RULES.
- 416 (D) ADDING AN ENDORSEMENT OR PHYSICAL LOCATION. A BHE WISHING TO ADD AN ENDORSEMENT  
417 OR PHYSICAL LOCATION TO ITS LICENSE, EITHER AT RENEWAL OR DURING THE TERM OF THE  
418 LICENSE, SHALL PAY THE FOLLOWING FEE(S), AS APPLICABLE:
- 419 (1) WHEN ADDING THE OUTPATIENT ENDORSEMENT UNDER PART 3 OF THESE RULES, THE  
420 FEE SHALL BE \$700, REGARDLESS OF THE NUMBER OF PHYSICAL LOCATIONS INCLUDED  
421 IN THE ENDORSEMENT.
- 422 (2) WHEN ADDING A PHYSICAL LOCATION TO THE OUTPATIENT ENDORSEMENT, THE FEE  
423 SHALL BE \$150.



- 424 (3) WHEN ADDING THE 24-HOUR/OVERNIGHT ENDORSEMENT, THE FEE SHALL BE \$900 PER  
425 PHYSICAL LOCATION TO BE INCLUDED AS PART OF THE ENDORSEMENT.
- 426 (4) WHEN ADDING PHYSICAL LOCATIONS TO AN EXISTING 24-HOUR/OVERNIGHT  
427 ENDORSEMENT, THE FEE SHALL BE \$900 PER PHYSICAL LOCATION BEING ADDED.
- 428 2.1.6 A BHE SHALL COMPLY WITH THE REQUIREMENTS IN 6 CCR 1011-1, CHAPTER 2, PART 2.10,  
429 DEPARTMENT OVERSIGHT, WITH THE FOLLOWING ADDITIONS:
- 430 (A) OVERSIGHT AND ENFORCEMENT ACTIVITIES MAY INCLUDE REVIEW OF ENDORSEMENTS AND/OR  
431 SEPARATE PHYSICAL LOCATIONS AS NECESSARY FOR THE DEPARTMENT TO ENSURE THE  
432 HEALTH, SAFETY, AND WELFARE OF CLIENTS.
- 433 (B) WHEN CITING A BHE FOR NONCOMPLIANCE, THE DEPARTMENT MAY CONSIDER THE FOLLOWING:
- 434 (1) THE ACTUAL OR POTENTIAL HARM TO THE BHE'S CLIENTS DUE TO THE  
435 NONCOMPLIANCE.
- 436 (2) WHETHER THE NONCOMPLIANCE IS ISOLATED, A PATTERN, OR WIDESPREAD.
- 437 (3) WHETHER THE NONCOMPLIANCE HAS OCCURRED WITHIN AN ENDORSEMENT TYPE, A  
438 PHYSICAL LOCATION, OR ACROSS THE BHE.
- 439 (C) THE BHE SHALL BE RESPONSIBLE FOR THE COMPLIANCE OF CONTRACTORS AND AFFILIATE  
440 AGENCIES AND SHALL ENSURE THE CORRECTION OF ANY DEFICIENCIES IDENTIFIED DURING SUCH  
441 REVIEWS.
- 442 2.1.7 A BHE SHALL COMPLY WITH THE REQUIREMENTS IN 6 CCR 1011-1, CHAPTER 2, PART 2.11,  
443 ENFORCEMENT AND DISCIPLINARY SANCTIONS, WITH THE FOLLOWING ADDITIONS:
- 444 (A) ENFORCEMENT ACTIONS MAY BE DIRECTED TO THE OVERALL BHE LICENSE, OR ANY  
445 ENDORSEMENT(S) OR PHYSICAL LOCATION(S) INCLUDED IN THE LICENSE, OR ANY COMBINATION  
446 THEREOF.
- 447 (B) THE DEPARTMENT, AT ITS DISCRETION, MAY IMPOSE THE FOLLOWING INTERMEDIATE  
448 RESTRICTIONS OR CONDITIONS ON A BHE IN ACCORDANCE WITH SECTION 25-27.6-110(2)(B)(I),  
449 C.R.S.:
- 450 (1) RETAINING A CONSULTANT TO ADDRESS CORRECTIVE MEASURES INCLUDING DEFICIENT  
451 PRACTICE RESULTING FROM SYSTEMIC FAILURE;
- 452 (2) MONITORING BY THE DEPARTMENT FOR A SPECIFIC PERIOD;
- 453 (3) PROVIDING ADDITIONAL TRAINING TO PERSONNEL, OWNERS, OR OPERATORS OF THE  
454 BHE;
- 455 (4) COMPLYING WITH A DIRECTED WRITTEN PLAN TO CORRECT THE VIOLATION; OR
- 456 (5) PAYING A CIVIL FINE NOT TO EXCEED TWO THOUSAND DOLLARS (\$2,000) IN A CALENDAR  
457 YEAR.
- 458 (C) THE BHE MAY APPEAL ANY INTERMEDIATE RESTRICTION OR CONDITION TO THE DEPARTMENT  
459 THROUGH AN INFORMAL REVIEW PROCESS AS SPECIFIED BY THE DEPARTMENT.

- 460 (D) IN ADDITION TO THE CIRCUMSTANCES LISTED AT CHAPTER 2, PART 2.11.2, THE DEPARTMENT  
461 MAY REVOKE OR SUSPEND A BHE'S LICENSE FOR CIRCUMSTANCES IN WHICH AN OWNER,  
462 DIRECTOR, MANAGER, ADMINISTRATOR, OR OTHER PERSONNEL IS FOUND TO HAVE NEGATIVELY  
463 IMPACTED CLIENT TREATMENT AND/OR DECISIONS THROUGH:
- 464 (1) THE USE OR DISSEMINATION OF MISLEADING, DECEPTIVE, OR FALSE INFORMATION,
- 465 (2) THE ACCEPTANCE OF COMMISSIONS, REBATES, OR OTHER FORMS OF REMUNERATION  
466 FOR REFERRALS OR OTHER TREATMENT DECISIONS.
- 467 (3) THE EXERCISE OF UNDUE INFLUENCE OR COERCION OVER A CLIENT THAT INFLUENCES  
468 CLIENT DECISIONS OR ACTIONS OR FOR FINANCIAL OR PERSONAL GAIN. A RELATIONSHIP  
469 OTHER THAN A PROFESSIONAL RELATIONSHIP, INCLUDING BUT NOT LIMITED TO A  
470 RELATIONSHIP OF A SEXUAL NATURE, BETWEEN AN OWNER, DIRECTOR, MANAGER,  
471 ADMINISTRATOR, OR OTHER PERSONNEL AND A CLIENT, SHALL BE CONSIDERED  
472 EXERCISE OF UNDUE INFLUENCE OR COERCION.
- 473 **2.2 GENERAL BUILDING AND FIRE SAFETY PROVISIONS**
- 474 **2.2.1 THE BHE SHALL COMPLY WITH 6 CCR 1011-1, CHAPTER 2, PART 3, GENERAL BUILDING AND FIRE  
475 SAFETY PROVISIONS, WITH THE FOLLOWING ADDITIONS:**
- 476 (A) FROM JULY 1, 2021 THROUGH JUNE 30, 2022, THE TRANSITION TO A BHE LICENSE BY AN  
477 ENTITY LICENSED PURSUANT TO 6 CCR 1011-1, CHAPTER 2, 6 CCR 1011-1, CHAPTER 6, OR 6  
478 CCR 1011-1, CHAPTER 9 AS A COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL  
479 HEALTH CLINIC, CRISIS STABILIZATION UNIT, OR ACUTE TREATMENT UNIT SHALL NOT TRIGGER A  
480 FACILITY GUIDELINES INSTITUTE (FGI) COMPLIANCE REVIEW.
- 481 (B) AN INITIAL BHE LICENSE FOR AN ENTITY WHICH, PRIOR TO JULY 1, 2021, WAS NOT PREVIOUSLY  
482 LICENSED PURSUANT TO 6 CCR 1011-1, CHAPTER 2, 6 CCR 1011-1, CHAPTER 6, OR 6 CCR  
483 1011-1, CHAPTER 9 AS A COMMUNITY MENTAL HEALTH CENTER, COMMUNITY MENTAL HEALTH  
484 CLINIC, CRISIS STABILIZATION UNIT, OR ACUTE TREATMENT UNIT SHALL BE SUBJECT TO FGI  
485 COMPLIANCE REVIEW IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 3.
- 486 (C) THE FOLLOWING ACTIONS SHALL TRIGGER AN FGI COMPLIANCE REVIEW OF THE RELEVANT  
487 BUILDING OR SPACE:
- 488 (1) NEW CONSTRUCTION OR RENOVATION, IN ACCORDANCE WITH 6 CCR 1011-1,  
489 CHAPTER 2, PART 3.3.
- 490 (2) THE ADDITION OF A NEW ENDORSEMENT.
- 491 (3) THE ADDITION OF A NEW PHYSICAL LOCATION.
- 492 (4) THE ADDITION OF NEW SERVICE TYPES TO A PHYSICAL LOCATION ALREADY INCLUDED IN  
493 THE LICENSE.
- 494 (D) COMPLIANCE WITH FGI STANDARDS IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART  
495 3.2.3 IS NOT REQUIRED FOR A PHYSICAL LOCATION IN WHICH NO CLIENT SERVICES ARE  
496 PROVIDED. THE BHE SHALL ENSURE SUCH LOCATIONS COMPLY WITH 6 CCR 1011-1, CHAPTER  
497 2, PART 3.2.1.
- 498 (E) THE BHE SHALL MEET THE ENDORSEMENT-SPECIFIC AND/OR SERVICE-SPECIFIC BUILDING AND  
499 FIRE-SAFETY PROVISIONS FOUND IN THIS CHAPTER, FOR PHYSICAL LOCATIONS IN WHICH CLIENT  
500 SERVICES ARE PROVIDED, AS APPLICABLE.

- 501 (F) THE BHE SHALL PROVIDE AN INTERIOR ENVIRONMENT THAT IS CLEAN AND SANITARY,  
502 APPROPRIATELY MAINTAINED AND IN GOOD REPAIR, AND FREE OF HAZARDS TO HEALTH AND  
503 SAFETY.
- 504 (G) THE BHE SHALL ENSURE THE PROMINENT POSTING OF EVACUATION ROUTES AND EXITS IN EACH  
505 PHYSICAL LOCATION.
- 506 (H) THE BHE SHALL PROMINENTLY POST THE HOURS OF OPERATION AT THE ENTRANCE OF EACH  
507 PHYSICAL LOCATION.
- 508 **2.3 GOVERNING BODY**
- 509 2.3.1 THE BHE SHALL HAVE AN ORGANIZED GOVERNING BODY SUITABLE FOR THE SIZE AND COMPLEXITY OF  
510 THE ORGANIZATION CONSISTING OF MEMBERS WHO SINGULARLY OR COLLECTIVELY HAVE BUSINESS AND  
511 BEHAVIORAL HEALTH EXPERIENCE SUFFICIENT TO OVERSEE THE TYPES OF ENDORSEMENTS, SERVICES,  
512 AND NUMBER OF PHYSICAL LOCATIONS INCLUDED IN THE BHE'S LICENSE.
- 513 2.3.2 THE GOVERNING BODY SHALL MEET AT REGULARLY STATED INTERVALS, AND MAINTAIN RECORDS OF THE  
514 MEETINGS.
- 515 2.3.3 THE GOVERNING BODY SHALL BE RESPONSIBLE FOR:
- 516 (A) PLANNING, ORGANIZING, DEVELOPING, AND CONTROLLING BHE OPERATIONS.
- 517 (B) DEFINING, IN WRITING, THE SCOPE OF PREVENTIVE, DIAGNOSTIC, AND TREATMENT SERVICES  
518 PROVIDED BY THE BHE, INCLUDING SERVICES PROVIDED THROUGH ARRANGEMENTS WITH, OR  
519 REFERRALS TO, OTHER HEALTH CARE SERVICE PROVIDERS.
- 520 (C) PROVIDING FACILITIES, PERSONNEL, AND SERVICES IN COMPLIANCE WITH APPLICABLE  
521 ENDORSEMENT-SPECIFIC STANDARDS.
- 522 (D) ESTABLISHING ORGANIZATIONAL STRUCTURES THAT CLEARLY DELINEATE PERSONNEL  
523 POSITIONS, LINES OF AUTHORITY, AND SUPERVISION.
- 524 (E) ENSURING ALL SERVICES AND LOCATIONS OPERATE IN COMPLIANCE WITH APPLICABLE FEDERAL,  
525 STATE, AND LOCAL LAWS AND REGULATIONS.
- 526 (F) ENSURING PROFESSIONALLY ETHICAL CONDUCT ON THE PART OF ALL INDIVIDUALS PROVIDING  
527 BHE SERVICES, WHETHER PAID, CONTRACTED, OR VOLUNTEER, AND INITIATING CORRECTIVE  
528 MEASURES AS REQUIRED.
- 529 (G) DEVELOPING AND IMPLEMENTING A QUALITY MANAGEMENT PROGRAM IN COMPLIANCE WITH THE  
530 REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 4.1, TAKING INTO ACCOUNT EACH  
531 ENDORSEMENT'S SERVICES AND ANY SIGNIFICANT DIFFERENCES IN CLIENT POPULATIONS.  
532 QUALITY MANAGEMENT PROGRAM INFORMATION SHALL BE CONFIDENTIAL IN ACCORDANCE WITH  
533 6 CCR 1011-1, CHAPTER 2, PART 4.1.5, AND SECTION 25-3-109(3), C.R.S.
- 534 (H) ENSURING EMERGENCY PREPAREDNESS FOR THE BHE, IN ACCORDANCE WITH PART 2.3.6 OF  
535 THIS CHAPTER.
- 536 (I) ESTABLISHING AND MAINTAINING A SYSTEM OF FINANCIAL MANAGEMENT AND ACCOUNTABILITY  
537 FOR THE BHE.
- 538 (J) DEVELOPING, IMPLEMENTING, AND ANNUALLY REVIEWING POLICIES IN ACCORDANCE WITH PART  
539 2.3.4 OF THIS CHAPTER.

- 540 (K) MAINTAINING RELATIONSHIPS AND AGREEMENTS WITH HEALTH CARE FACILITIES,  
541 ORGANIZATIONS, AND SERVICES TO ENSURE APPROPRIATE CLIENT TRANSFERS, REFERRALS, AND  
542 TRANSITIONS OF CARE.
- 543 (L) ENSURING ALL MARKETING, ADVERTISING, OR PROMOTIONAL INFORMATION PUBLISHED OR  
544 OTHERWISE DISTRIBUTED BY THE BHE ACCURATELY REPRESENTS THE BHE AND THE CARE,  
545 TREATMENT, AND SERVICES THAT IT PROVIDES.
- 546 (M) CONSIDERING AND DOCUMENTING THE USE OF CLIENT INPUT IN DECISION-MAKING PROCESSES IN  
547 ACCORDANCE WITH PART 2.3.4(C)(9) OF THIS CHAPTER.
- 548 2.3.4 THE GOVERNING BODY SHALL DEVELOP, IMPLEMENT, AND ANNUALLY REVIEW POLICIES AND PROCEDURES  
549 FOR THE BHE, AND SHALL COMPLY WITH THE POLICY REQUIREMENTS IN THIS SUBPART AND AS FOUND  
550 ELSEWHERE IN THIS CHAPTER.
- 551 (A) THE GOVERNING BODY SHALL HAVE POLICIES REGARDING ADMINISTRATIVE AND CLINICAL  
552 OVERSIGHT OF THE BHE'S ENDORSEMENTS, SERVICES, AND/OR PHYSICAL LOCATIONS, AS  
553 APPROPRIATE. SUCH POLICIES SHALL MEET OVERSIGHT REQUIREMENTS INCLUDED IN PART 2.4.1  
554 OF THIS CHAPTER, AND SHALL INCLUDE, BUT NOT BE LIMITED TO:
- 555 (1) OVERSIGHT POSITIONS WITHIN THE BHE, SUCH AS AN ADMINISTRATOR OR CLINICAL  
556 DIRECTOR, AND WHETHER EACH POSITION IS FOR THE ENDORSEMENT, SPECIFIC  
557 SERVICES, SPECIFIC LOCATIONS, OR A COMBINATION THEREOF.
- 558 (2) THE AUTHORITY AND RESPONSIBILITIES FOR EACH OVERSIGHT POSITION.
- 559 (3) THE MINIMUM QUALIFICATIONS, INCLUDING MINIMUM EDUCATION, EXPERIENCE,  
560 TRAINING, AND/OR LICENSES/CERTIFICATIONS, TO BE MET BY INDIVIDUALS IN EACH  
561 OVERSIGHT POSITION, INCLUDING, BUT NOT LIMITED TO:
- 562 (A) WHEN AN ADMINISTRATOR IS NEEDED FOR AN ENDORSEMENT, SERVICE(S), OR  
563 LOCATION(S), WHETHER THE ADMINISTRATOR:
- 564 (i) IS REQUIRED TO HAVE A PARTICULAR LICENSE OR CREDENTIAL,  
565 AND/OR
- 566 (ii) THE EXTENT OF THE ADMINISTRATOR'S CLINICAL RESPONSIBILITIES, IF  
567 ANY.
- 568 (B) WHEN A CLINICAL DIRECTOR IS NEEDED FOR AN ENDORSEMENT, SERVICE(S),  
569 OR LOCATION(S), THE CLINICAL DIRECTOR SHALL HAVE EXPERIENCE IN  
570 CLINICAL SUPERVISION AND MEET ONE OF THE FOLLOWING:
- 571 (i) BE A LICENSED MENTAL HEALTH PROFESSIONAL IN COLORADO, OR
- 572 (ii) HOLD A LICENSE AS A MENTAL HEALTH PROFESSIONAL FROM  
573 ANOTHER STATE, AND BE ELIGIBLE FOR, AND IN THE PROCESS OF,  
574 OBTAINING A COLORADO LICENSE AS A MENTAL HEALTH  
575 PROFESSIONAL, AND EXPECTING TO RECEIVE SUCH LICENSE WITHIN  
576 SIX (6) MONTHS.
- 577 (4) THE MODEL OR FRAMEWORK FOR CLINICAL SUPERVISION. SUCH MODEL OR  
578 FRAMEWORK MAY BE DIFFERENT BY ENDORSEMENT, SERVICE, OR SETTING, AS  
579 APPROPRIATE.

- 580 (5) A REQUIREMENT FOR IDENTIFYING AN INDIVIDUAL THAT WILL BE DELEGATED  
581 RESPONSIBILITIES OF THE OVERSIGHT POSITION DURING PERIODS WHEN THE INDIVIDUAL  
582 HOLDING THE OVERSIGHT POSITION IS NOT ON-SITE AND IS NOT READILY AVAILABLE  
583 THROUGH OTHER MEANS.
- 584 (6) THE PROCEDURE FOR ACCESSING OVERSIGHT PERSONNEL OR THEIR DELEGATE WHEN  
585 THE OVERSIGHT PERSONNEL ARE NOT ON-SITE, INCLUDING, BUT NOT LIMITED TO,  
586 METHODS OF CONTACT, ON-CALL OR OTHER PROCEDURES, AND REQUIRED RESPONSE  
587 TIMES.
- 588 (B) IF THE GOVERNING BODY HAS DELEGATED THE RESPONSIBILITY FOR DEVELOPMENT,  
589 IMPLEMENTATION, AND/OR ANNUAL REVIEW OF POLICIES TO LEADERSHIP AT THE ENDORSEMENT  
590 LEVEL, THE GOVERNING BODY SHALL APPROVE SUCH POLICIES AND ENSURE THEIR  
591 IMPLEMENTATION AND REVIEW.
- 592 (C) AT A MINIMUM, THE BHE SHALL HAVE POLICIES AND PROCEDURES THAT ADDRESS THE  
593 FOLLOWING ITEMS:
- 594 (1) OCCURRENCE REPORTING IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART  
595 4.2.
- 596 (2) CLIENT RIGHTS POLICIES IN ACCORDANCE WITH PART 2.5.1 OF THIS CHAPTER.
- 597 (3) CLIENT COMPLAINT POLICIES, INCLUDING COMPLAINT RESOLUTION PROCEDURES.
- 598 (4) INFECTION PREVENTION AND CONTROL POLICIES IN ACCORDANCE WITH PART 2.3.5 OF  
599 THIS CHAPTER.
- 600 (5) PERSONNEL POLICIES AND PROCEDURES, INCLUDING THOSE REQUIRED BY PART 2.4,  
601 AND AS REQUIRED BY THE ENDORSEMENTS OF THE BHE LICENSE AS DESCRIBED BY  
602 THIS CHAPTER.
- 603 (6) ADMISSION, ASSESSMENT/DISCHARGE, SERVICE PLAN, AND CARE POLICIES AS  
604 REQUIRED BY PART 2.6 OF THIS CHAPTER.
- 605 (7) MEDICATION ADMINISTRATION, STORAGE, HANDLING, DESTRUCTION, AND DISPOSAL  
606 POLICIES AND PROCEDURES IN ACCORDANCE WITH PART 2.9.2 OF THIS CHAPTER.
- 607 (8) DEFINING AND PREVENTING CONFLICTS OF INTEREST TO THE EXTENT POSSIBLE, AND  
608 WHERE SUCH CONFLICTS EXIST, DEVELOPING AND IMPLEMENTING CONTROLS TO  
609 MINIMIZE SUCH CONFLICT AND ENSURE DECISIONS ARE MADE FOR THE BEST INTEREST  
610 OF THE CLIENT.
- 611 (9) THE USE OF CLIENT INPUT AND FEEDBACK IN GOVERNING BODY DECISIONS, INCLUDING,  
612 BUT NOT LIMITED TO:
- 613 (A) THE FORMAL OR INFORMAL PROCESSES, APPROPRIATE FOR THE CLIENTS  
614 SERVED AND THE SIZE AND COMPLEXITY OF SERVICES OFFERED, TO BE USED  
615 FOR COLLECTION OF CLIENT INPUT AND FEEDBACK.
- 616 (B) HOW THE GOVERNING BODY WILL DOCUMENT THAT CLIENT INPUT AND  
617 FEEDBACK HAS BEEN CONSIDERED.
- 618 (10) INDIVIDUAL CLIENT RECORDS POLICIES, INCLUDING BUT NOT LIMITED TO  
619 CONFIDENTIALITY, ACCESS, AND DISPOSAL/DESTRUCTION.



- 620 (11) BUILDING SAFETY AND SECURITY POLICIES, PROCEDURES, AND PRACTICES.
- 621 (A) SUCH POLICIES MAY BE FOR THE BHE, AN ENDORSEMENT, OR PHYSICAL  
622 LOCATION, AS APPROPRIATE.
- 623 (B) POLICIES SHALL ADDRESS THE NEEDS OF THE CLIENT POPULATION BEING  
624 SERVED AND/OR THE SERVICES BEING PROVIDED.
- 625 (C) POLICIES MAY INCLUDE, BUT NOT BE LIMITED TO, ELECTRONIC SURVEILLANCE,  
626 DELAYED EGRESS, AND/OR LOCKED SETTINGS AS APPROPRIATE.
- 627 2.3.5 INFECTION PREVENTION AND CONTROL. THE GOVERNING BODY SHALL BE RESPONSIBLE FOR DEVELOPING  
628 AND IMPLEMENTING INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES REFLECTING THE  
629 SCOPE AND COMPLEXITY OF THE SERVICES PROVIDED ACROSS THE BHE, INCLUDING BUT NOT LIMITED  
630 TO:
- 631 (A) A REQUIREMENT THAT AT LEAST ONE INDIVIDUAL TRAINED IN INFECTION CONTROL SHALL BE  
632 EMPLOYED BY OR REGULARLY AVAILABLE TO THE BHE.
- 633 (B) ENDORSEMENT-SPECIFIC REQUIREMENTS INCLUDED IN PART 4 OF THESE RULES, AS  
634 APPLICABLE.
- 635 (C) MAINTENANCE OF A SANITARY ENVIRONMENT.
- 636 (D) MITIGATION OF RISKS ASSOCIATED WITH INFECTIONS AND THE PREVENTION OF THE SPREAD OF  
637 COMMUNICABLE DISEASE, INCLUDING, BUT NOT LIMITED TO, HAND HYGIENE, BLOODBORNE AND  
638 AIRBORNE PATHOGENS, AND RESPIRATORY HYGIENE AND COUGH ETIQUETTE FOR CLIENTS AND  
639 BHE PERSONNEL.
- 640 (E) COORDINATION WITH OTHER FEDERAL, STATE, AND LOCAL AGENCIES, INCLUDING BUT NOT  
641 LIMITED TO A METHOD FOR WHEN TO SEEK ASSISTANCE FROM A MEDICAL PROFESSIONAL AND/OR  
642 THE LOCAL HEALTH DEPARTMENT.
- 643 2.3.6 EMERGENCY PREPAREDNESS. THE GOVERNING BODY SHALL BE RESPONSIBLE FOR EMERGENCY  
644 PREPAREDNESS FOR THE BHE, INCLUDING THE FOLLOWING:
- 645 (A) THE GOVERNING BODY SHALL BE RESPONSIBLE FOR COMPLETING A RISK ASSESSMENT OF ALL  
646 HAZARDS AND PREPAREDNESS MEASURES TO ADDRESS NATURAL AND HUMAN-CAUSED CRISES  
647 INCLUDING, BUT NOT LIMITED TO, FIRE, GAS LEAKS/EXPLOSIONS, POWER OUTAGES, TORNADOS,  
648 FLOODING, THREATENED OR ACTUAL ACTS OF VIOLENCE, AND BIOTERROR, PANDEMIC, OR  
649 DISEASE OUTBREAK EVENTS. SUCH RISK ASSESSMENT SHALL BE REVIEWED WHEN BHE  
650 OPERATIONS ARE MODIFIED THROUGH THE ADDITION OR DISCONTINUATION OF A PHYSICAL  
651 LOCATION, SERVICES, OR ENDORSEMENT, AND NO LESS THAN ANNUALLY.
- 652 (B) THE GOVERNING BODY SHALL DEVELOP AND IMPLEMENT A WRITTEN EMERGENCY MANAGEMENT  
653 PLAN ADDRESSING THE HAZARDS IDENTIFIED IN PART 2.3.6(A), ABOVE, AND MEETING, AT A  
654 MINIMUM, THE FOLLOWING REQUIREMENTS:
- 655 (1) THE PLAN SHALL DIFFERENTIATE BETWEEN ENDORSEMENTS, PHYSICAL LOCATIONS, AND  
656 CLIENT POPULATIONS SERVED, AS APPROPRIATE, AND SHALL MEET THE REQUIREMENTS  
657 AS APPLICABLE FOR THE ENDORSEMENTS HELD BY THE BHE.
- 658 (2) THE PLAN SHALL BE UPDATED BASED ON CHANGES IN THE RISK ASSESSMENT  
659 CONDUCTED IN ACCORDANCE WITH PART 2.3.6(A), ABOVE.

- 660 (3) THE PLAN SHALL ADDRESS INTERRUPTIONS IN THE NORMAL SUPPLY OF ESSENTIALS,  
661 INCLUDING, BUT NOT LIMITED TO WATER, FOOD, PHARMACEUTICALS, AND PERSONAL  
662 PROTECTIVE EQUIPMENT (PPE).
- 663 (4) THE PLAN SHALL ENSURE CONTINUATION OF NECESSARY CARE TO ALL CLIENTS  
664 IMMEDIATELY FOLLOWING ANY EMERGENCY.
- 665 (5) THE PLAN SHALL ADDRESS THE PROTECTION AND TRANSFER OF CLIENT INFORMATION,  
666 AS NEEDED.
- 667 (6) THE PLAN SHALL ADDRESS THE METHODS AND FREQUENCY OF HOLDING ROUTINE  
668 DRILLS TO ENSURE BHE PERSONNEL FAMILIARITY WITH EMERGENCY PROCEDURES, IN  
669 COMPLIANCE WITH REQUIREMENTS ESTABLISHED BY THE DEPARTMENT OF PUBLIC  
670 SAFETY, DIVISION OF FIRE PREVENTION AND CONTROL, IN 8 CCR 1507-31.
- 671 (C) BHEs WITH AN ENDORSEMENT UNDER PART 4, 24-HOUR/OVERNIGHT SERVICES, SHALL  
672 MAINTAIN ENOUGH FOOD AND WATER ON HAND TO PROVIDE ALL CLIENTS WITH THREE (3)  
673 NUTRITIONALLY BALANCED MEALS FOR FOUR (4) DAYS.

674 **2.4 PERSONNEL AND CONTRACTED SERVICES**

675 **2.4.1** THE BHE SHALL ENSURE APPROPRIATE ADMINISTRATIVE AND CLINICAL OVERSIGHT OF ENDORSEMENT(S),  
676 SERVICE(S), AND PHYSICAL LOCATION(S), IN ACCORDANCE WITH POLICIES AND PROCEDURES ADOPTED BY  
677 THE GOVERNING BODY UNDER PART 2.3.4(A) OF THESE RULES, INCLUDING, AS APPROPRIATE:

- 678 (A) AN ADMINISTRATOR, RESPONSIBLE FOR IMPLEMENTING APPROPRIATE ENDORSEMENT AND  
679 SERVICE POLICIES AND PROCEDURES AS ADOPTED BY THE GOVERNING BODY AND THE DAY-TO-  
680 DAY OPERATION OF THE ENDORSEMENT, SERVICES, OR LOCATION, INCLUDING, BUT NOT LIMITED  
681 TO:
- 682 (1) MANAGEMENT OF BUSINESS AND FINANCIAL OPERATIONS.
- 683 (2) ENSURING STANDARDS IN PART 2 OF THIS CHAPTER ARE MET IN THE ENDORSEMENT,  
684 SERVICES, OR LOCATION, INCLUDING, BUT NOT LIMITED TO THE STANDARDS IN PART  
685 2.9, MEDICATION ADMINISTRATION, STORAGE, HANDLING, AND DISPOSAL.
- 686 (3) ENSURING BUILDINGS ARE PROPERLY MAINTAINED AND BUILDING SAFETY/SECURITY  
687 NEEDS ARE MET.
- 688 (4) IMPLEMENTING INFECTION CONTROL AND EMERGENCY PREPAREDNESS POLICIES AND  
689 PROCEDURES, IN ACCORDANCE WITH GOVERNING BODY POLICIES.
- 690 (5) ESTABLISHING AND MAINTAINING RELATIONSHIPS WITH AGENCIES, SERVICES, AND  
691 BEHAVIORAL HEALTH RESOURCES WITHIN THE COMMUNITY.
- 692 (6) IDENTIFYING AN INDIVIDUAL TO WHOM ADMINISTRATOR RESPONSIBILITIES ARE  
693 DELEGATED DURING PERIODS WHEN THE ADMINISTRATOR IS NEITHER ON-SITE NOR  
694 AVAILABLE THROUGH INTERACTIVE MEANS IN A TIMELY MANNER.
- 695 (B) A CLINICAL DIRECTOR, RESPONSIBLE FOR THE OVERALL SERVICES PROVIDED TO CLIENTS,  
696 INCLUDING, BUT NOT LIMITED TO:
- 697 (1) ENSURING APPROPRIATE TRAINING AND CONTINUING EDUCATION FOR BHE  
698 PERSONNEL, RELEVANT TO THE SERVICES PROVIDED.

- 699 (2) ENSURING APPROPRIATE SUPERVISION AND CLINICAL OVERSIGHT OF BHE PERSONNEL.
- 700 (A) THE BHE SHALL HAVE A METHOD TO PROVIDE APPROPRIATE CLINICAL  
701 SUPERVISION AND OVERSIGHT DURING PERIODS WHEN THE CLINICAL  
702 DIRECTOR IS UNABLE TO FULFILL THEIR DUTIES IN A TIMELY MANNER.
- 703 (3) APPROPRIATENESS OF CLIENT SERVICES PROVIDED, INCLUDING ASSESSMENT, SERVICE  
704 PLANNING, AND PROVISION OF SERVICES.
- 705 (C) THE MINIMUM QUALIFICATIONS FOR THE ADMINISTRATOR AND CLINICAL DIRECTOR SHALL BE SET  
706 BY THE BHE'S GOVERNING BODY'S POLICIES AND PROCEDURES, AND SHALL BE APPROPRIATE  
707 FOR THE SERVICES PROVIDED BY THE BHE.
- 708 (D) AN ADMINISTRATOR OR CLINICAL DIRECTOR MAY BE SPECIFIC TO A PHYSICAL LOCATION OR MAY  
709 BE SHARED AMONG LOCATIONS, AS APPROPRIATE FOR THE SERVICES, SIZE, AND GEOGRAPHIC  
710 DISPERSION OF THE SERVICES.
- 711 (E) A SINGLE INDIVIDUAL MAY SERVE AS BOTH THE ADMINISTRATOR AND THE CLINICAL DIRECTOR, IF  
712 QUALIFICATIONS ARE MET, IT IS APPROPRIATE FOR THE BHE, AND IT IS CONSISTENT WITH  
713 POLICIES ADOPTED BY THE GOVERNING BODY.
- 714 2.4.2 THE BHE SHALL PROVIDE A SUFFICIENT NUMBER OF QUALIFIED PERSONNEL FOR EACH ENDORSEMENT  
715 AND AT EACH PHYSICAL LOCATION TO EFFECTIVELY PROVIDE THE ENDORSED SERVICES, MEET THE  
716 CLINICAL NEEDS OF THE CLIENTS, AND COMPLY WITH STATE AND FEDERAL REQUIREMENTS, AND SHALL  
717 ENSURE PERSONNEL ARE ASSIGNED ONLY DUTIES THEY ARE ABLE TO ADEQUATELY AND SAFELY  
718 PERFORM.
- 719 2.4.3 ALL PERSONNEL ASSIGNED TO DIRECT CLIENT CARE SHALL BE QUALIFIED THROUGH PROFESSIONAL  
720 CREDENTIALS, EDUCATION, TRAINING, AND EXPERIENCE IN THE PRINCIPLES, POLICIES, PROCEDURES, AND  
721 APPROPRIATE TECHNIQUES NECESSARY FOR PROVIDING CLIENT SERVICES.
- 722 (A) PERSONNEL PROVIDING CLIENT SERVICES SHALL BE LEGALLY AUTHORIZED TO PROVIDE THE  
723 SERVICE IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.
- 724 (B) LICENSED, CERTIFIED, AND/OR REGISTERED PERSONNEL SHALL HAVE AN ACTIVE LICENSE,  
725 CERTIFICATION, OR REGISTRATION IN THE STATE OF COLORADO AND SHALL PROVIDE SERVICES  
726 WITHIN THEIR SCOPE OF PRACTICE.
- 727 (C) THE BHE SHALL VERIFY THE LICENSE, CERTIFICATION, OR REGISTRATION, AND CHECK FOR  
728 DISCIPLINARY ACTION FOR EACH INDIVIDUAL PROVIDING CLIENT SERVICES THROUGH THE  
729 COLORADO DEPARTMENT OF REGULATORY AGENCIES OR OTHER AGENCY AS APPROPRIATE,  
730 PRIOR TO HIRE.
- 731 2.4.4 THE BHE SHALL REQUEST, PRIOR TO HIRE OR ACCEPTANCE FOR VOLUNTEER SERVICE, A NAME-BASED  
732 CRIMINAL HISTORY RECORD CHECK FOR EACH PROSPECTIVE INDIVIDUAL PROVIDING CLIENT SERVICES.
- 733 (A) IF THE APPLICANT HAS LIVED IN COLORADO FOR MORE THAN THREE (3) YEARS AT THE TIME OF  
734 APPLICATION, THE BHE SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT CONDUCTED  
735 BY CBI.
- 736 (B) IF THE APPLICANT HAS LIVED IN COLORADO FOR THREE (3) YEARS OR LESS AT THE TIME OF  
737 APPLICATION, THE BHE SHALL OBTAIN A NAME-BASED CRIMINAL HISTORY REPORT FOR EACH  
738 STATE IN WHICH THE APPLICANT HAS LIVED DURING THE PAST THREE (3) YEARS, CONDUCTED BY  
739 THE RESPECTIVE STATES' BUREAUS OF INVESTIGATION OR EQUIVALENT STATE-LEVEL LAW

- 740 ENFORCEMENT AGENCY OR OTHER NAME-BASED REPORT AS DETERMINED APPROPRIATE BY THE  
741 DEPARTMENT.
- 742 (C) THE COST OF OBTAINING SUCH INFORMATION SHALL BE BORNE BY THE BHE.
- 743 (D) IF A BHE CONTRACTS WITH A STAFFING AGENCY FOR THE PROVISION OF BHE SERVICES, IT  
744 SHALL REQUIRE THE STAFFING AGENCY MEET THE REQUIREMENTS OF THIS PART 2.4.4.
- 745 (E) WHEN DETERMINING WHETHER AN APPLICANT IS ELIGIBLE FOR HIRE IF THE CRIMINAL HISTORY  
746 RECORD CHECK REVEALS THE APPLICANT HAS A CONVICTION OR PLEA OF GUILTY OR NOLO  
747 CONTENDERE, THE BHE SHALL FOLLOW ITS POLICY DEVELOPED IN ACCORDANCE WITH PART  
748 2.4.5(C) OF THESE RULES.
- 749 2.4.5 THE BHE SHALL HAVE WRITTEN PERSONNEL POLICIES DEVELOPED IN ACCORDANCE WITH PART  
750 2.3.4(C)(5), INCLUDING, BUT NOT LIMITED TO:
- 751 (A) LINE OF AUTHORITY/MANAGEMENT OF PERSONNEL.
- 752 (B) JOB DESCRIPTIONS/RESPONSIBILITIES.
- 753 (C) WRITTEN CRITERIA AND PROCEDURES FOR EVALUATING WHICH CONVICTIONS OR COMPLAINTS  
754 MAKE PROSPECTIVE PERSONNEL UNACCEPTABLE FOR HIRE, OR FOR EXISTING PERSONNEL  
755 UNACCEPTABLE FOR RETENTION, INCLUDING:
- 756 (1) FACTORS TO BE CONSIDERED WHEN DETERMINING WHETHER A JOB APPLICANT IS  
757 ELIGIBLE FOR HIRE WHEN THEIR CRIMINAL HISTORY RECORD CHECK REVEALS A  
758 CONVICTION OR PLEA OF GUILTY OR NOLO CONTENDRE, INCLUDING, BUT NOT LIMITED  
759 TO:
- 760 (A) THE NATURE AND SERIOUSNESS OF THE OFFENSE;
- 761 (B) THE NATURE OF THE POSITION AND HOW THE OFFENSE RELATES TO THE  
762 DUTIES OF THE POSITION;
- 763 (C) THE LENGTH OF TIME SINCE THE CONVICTION OR PLEA;
- 764 (D) WHETHER SUCH CONVICTION IS ISOLATED OR PART OF A PATTERN; AND
- 765 (E) WHETHER THERE ARE MITIGATING OR AGGRAVATING CIRCUMSTANCES  
766 INVOLVED.
- 767 (D) CONDITIONS OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO:
- 768 (1) CONFLICTS OF INTEREST.
- 769 (2) MAINTENANCE OF APPROPRIATE RELATIONSHIPS BETWEEN PERSONNEL AND CLIENTS,  
770 INCLUDING A PROHIBITION AGAINST SEXUAL RELATIONSHIPS WITH CLIENTS.
- 771 (E) POSITION QUALIFICATIONS AND REQUIRED CREDENTIALS.
- 772 (F) ORIENTATION, TRAINING, AND CONTINUING EDUCATION REQUIREMENTS, APPROPRIATE FOR THE  
773 POPULATIONS SERVED AND SERVICES PROVIDED.
- 774 (G) ROUTINE MONITORING OF INDIVIDUAL CREDENTIALS AND DISCIPLINARY ACTIONS.

- 775 (H) SELF-REPORTING OF INVESTIGATIONS, INDICTMENTS, OR CONVICTIONS THAT MAY AFFECT THE  
776 INDIVIDUAL'S ABILITY TO CARRY OUT THEIR DUTIES OR FUNCTIONS OF THE JOB.
- 777 (I) POLICIES REQUIRING ALL PERSONNEL TO BE FREE OF COMMUNICABLE DISEASE THAT CAN BE  
778 READILY TRANSMITTED IN THE BHE.
- 779 (1) ALL STAFF SHALL BE REQUIRED TO HAVE A TUBERCULIN SKIN TEST PRIOR TO DIRECT  
780 CONTACT WITH CLIENTS. IN THE EVENT OF A POSITIVE REACTION TO THE SKIN TEST,  
781 EVIDENCE OF A CHEST X-RAY AND OTHER APPROPRIATE FOLLOW-UP SHALL BE  
782 REQUIRED IN ACCORDANCE WITH COMMUNITY STANDARDS OF PRACTICE.
- 783 2.4.6 THE BHE SHALL ENSURE THAT ALL PERSONNEL HAVE ACCESS TO AND BE KNOWLEDGEABLE ABOUT THE  
784 BHE'S POLICIES, PROCEDURES, AND STATE AND FEDERAL LAWS AND REGULATIONS RELEVANT TO THEIR  
785 RESPECTIVE DUTIES.
- 786 2.4.7 THE BHE SHALL MAINTAIN RECORDS ON ALL PERSONNEL, INCLUDING, BUT NOT LIMITED TO:
- 787 (A) DATE OF HIRE;
- 788 (B) JOB DESCRIPTION;
- 789 (C) RESULTS OF CRIMINAL HISTORY RECORD CHECKS, AND COLORADO ADULT PROTECTIVE DATA  
790 SYSTEM (CAPS) CHECKS PERFORMED IN ACCORDANCE WITH PART 2.3.6 OF 6 CCR 1011-1,  
791 CHAPTER 2, GENERAL LICENSURE STANDARDS;
- 792 (D) DOCUMENTATION OF PROFESSIONAL CREDENTIALS, EDUCATION, AND TRAINING;
- 793 (E) DOCUMENTATION OF ANY DISCIPLINARY ACTION TAKEN AGAINST THE INDIVIDUAL BY A  
794 CREDENTIALING BODY;
- 795 (F) DOCUMENTATION OF ORIENTATION AND TRAINING;
- 796 (G) EVIDENCE OF REVIEW OF THE BHE'S POLICIES, PROCEDURES, AND STATE AND FEDERAL LAWS  
797 AND REGULATIONS RELEVANT TO THEIR RESPECTIVE DUTIES; AND
- 798 (H) DOCUMENTATION OF TUBERCULOSIS TESTING AND RESULTS, FOR INDIVIDUALS WHO HAVE  
799 DIRECT CONTACT WITH CLIENTS.
- 800 2.4.8 THE BHE SHALL ENSURE THAT ALL PERSONNEL COMPLETE AN INITIAL ORIENTATION ON BASIC INFECTION  
801 PREVENTION AND CONTROL, SAFETY, AND EMERGENCY PREPAREDNESS PROCEDURES.
- 802 2.4.9 THE BHE SHALL ENSURE THAT ALL PERSONNEL RECEIVE THE FOLLOWING TRAINING PRIOR TO WORKING  
803 INDEPENDENTLY WITH CLIENTS, AND ON A PERIODIC BASIS CONSISTENT WITH POLICIES DEVELOPED IN  
804 ACCORDANCE WITH PART 2.4.5(F), ABOVE:
- 805 (A) TRAINING SPECIFIC TO THE PARTICULAR NEEDS OF THE POPULATIONS SERVED;
- 806 (B) INFECTION CONTROL;
- 807 (C) EMERGENCY PREPAREDNESS;
- 808 (D) OCCURRENCE REPORTING;
- 809 (E) SUICIDE PREVENTION;



- 810 (F) INDIVIDUAL RIGHTS OF THE POPULATION SERVED;
- 811 (G) CONFIDENTIALITY, INCLUDING INDIVIDUAL PRIVACY AND RECORDS PRIVACY AND SECURITY;
- 812 (H) BHE POLICIES AND PROCEDURES;
- 813 (I) SECLUSION AND RESTRAINT PROCEDURES IN COMPLIANCE WITH 6 CCR 1011-1, CHAPTER 2,  
814 PART 8.5, FOR ALL INDIVIDUALS INVOLVED IN UTILIZING RESTRAINT AND SECLUSION WITHIN THE  
815 BHE; AND
- 816 (1) IF THE BHE DOES NOT USE SECLUSION OR RESTRAINT, AND HAS A DOCUMENTED  
817 STATEMENT TO THAT EFFECT IN COMPLIANCE WITH 6 CCR 1011-1, CHAPTER 2, PART  
818 8.8.2, THIS TRAINING REQUIREMENT DOES NOT APPLY.
- 819 (J) TRAINING REQUIRED FOR THE 24-HOUR/OVERNIGHT ENDORSEMENT, AS FOUND IN PART 4.1.3  
820 OF THESE RULES, AS APPLICABLE.

821 **2.5 CLIENT RIGHTS**

822 2.5.1 THE BHE SHALL HAVE CLIENT RIGHTS POLICIES IN ACCORDANCE WITH THE REQUIREMENTS AT 6 CCR  
823 1011-1, CHAPTER 2, PART 7.1, WITH THE FOLLOWING ADDITIONS OR EXCEPTIONS:

- 824 (A) THE CLIENT RIGHTS AT CHAPTER 2, PART 7.1, AS REFERENCED ABOVE, SHALL APPLY TO ALL  
825 CLIENTS RECEIVING VOLUNTARY SERVICES, AND SHALL APPLY TO CLIENTS RECEIVING  
826 INVOLUNTARY SERVICES AS APPROPRIATE.
- 827 (B) THE CLIENT HAS THE RIGHT TO RECEIVE SERVICES IN THE LEAST RESTRICTIVE SETTING.
- 828 (C) THE CLIENT HAS THE RIGHT TO RECEIVE CONTINUING CARE BY THE SAME PRACTITIONER,  
829 WHENEVER POSSIBLE.
- 830 (D) THE CLIENT HAS THE RIGHT TO BE INFORMED REGARDING THE LEVEL OF EMERGENCY SERVICES  
831 PROVIDED BY THE BHE, AND HOW TO ACCESS THOSE SERVICES.
- 832 (1) IF A BHE DOES NOT PROVIDE EMERGENCY SERVICES, IT SHALL PROVIDE THE CLIENT  
833 INFORMATION ON HOW EMERGENCY SERVICES SHOULD BE ACCESSED.
- 834 (E) A BHE SHALL POST INDIVIDUAL RIGHTS IN PROMINENT PLACES FREQUENTED BY INDIVIDUALS  
835 RECEIVING SERVICES.
- 836 (F) THE BHE SHALL PROVIDE THE CLIENT WITH WRITTEN DOCUMENTATION OF THEIR RIGHTS UNDER  
837 THIS PART.

838 **2.6 CLIENT ASSESSMENT, ADMISSION, SERVICE PLAN, AND DISCHARGE**

839 2.6.1 THE BHE SHALL DEVELOP AND IMPLEMENT ADMISSION AND DISCHARGE POLICIES. SUCH POLICIES MAY BE  
840 FOR THE BHE, A PARTICULAR ENDORSEMENT, AND/OR A SPECIFIC PHYSICAL LOCATION, AS APPROPRIATE,  
841 AND SHALL INCLUDE, AT A MINIMUM:

- 842 (A) CRITERIA ENSURING THE BHE, ENDORSEMENT, AND/OR LOCATION ONLY TREATS CLIENTS FOR  
843 WHOM IT CAN PROVIDE IMMEDIATE TREATMENT AND AN APPROPRIATE ASSESSMENT BASED ON  
844 THE INDIVIDUAL'S NEEDS.
- 845 (B) ADMISSION CRITERIA ENSURING TREATMENT IN THE LEAST RESTRICTIVE APPROPRIATE SETTING  
846 BASED ON THE CLIENT'S LEVEL OF CARE NEEDS.

- 847 (C) PROCEDURES FOR TRANSFERRING A CLIENT FROM A SERVICE OR ENDORSEMENT TO A  
848 DIFFERENT SERVICE OR ENDORSEMENT WITHIN THE BHE.
- 849 (D) PROCEDURES FOR REFERRAL TO OTHER SERVICE PROVIDERS FOR INDIVIDUALS WHO CANNOT BE  
850 ADMITTED TO THE BHE.
- 851 (E) CRITERIA AND PROCEDURES FOR A CLIENT'S DISCHARGE FROM TREATMENT, INCLUDING, BUT  
852 NOT LIMITED TO:
- 853 (1) PROCEDURES FOR WHEN A CLIENT IS BEING TRANSFERRED FROM THE BHE TO  
854 ANOTHER PROVIDER.
- 855 (2) TIMELY DISCHARGE OF A CLIENT RECEIVING SERVICES ON A VOLUNTARY BASIS UPON  
856 THE CLIENT'S REQUEST, ONCE APPROPRIATE SCREENING AND ASSESSMENT IS  
857 COMPLETE.
- 858 (3) DISCHARGE AND TRANSFER PROCEDURES FOR A CLIENT RECEIVING SERVICES ON AN  
859 INVOLUNTARY BASIS, IF APPLICABLE.
- 860 (4) INFORMATION AND DOCUMENTATION TO BE PROVIDED TO THE CLIENT UPON DISCHARGE,  
861 UNLESS CLINICALLY CONTRAINDICATED, INCLUDING, BUT NOT LIMITED TO:
- 862 (A) MEDICATION INFORMATION, INCLUDING MEDICATION NAME, DOSAGE, AND  
863 INSTRUCTIONS FOR FOLLOW-UP.
- 864 (I) THE BHE MAY PROVIDE CLIENTS WITH UNUSED, PRESCRIBED  
865 MEDICATIONS AS PART OF THE DISCHARGE PROCESS, CONSISTENT  
866 WITH POLICIES DEVELOPED IN ACCORDANCE WITH PART 2.9.1(C).
- 867 (B) DETAILED INFORMATION ON TRANSITIONING CARE TO OTHER PROVIDERS,  
868 INCLUDING REFERRAL INFORMATION AS APPROPRIATE.
- 869 (C) DOCUMENTATION THAT THE DISCHARGE IS BEING MADE AGAINST THE ADVICE  
870 OF THE PROVIDER, AS APPLICABLE.
- 871 (D) DOCUMENTATION REQUIRED WHEN THE ABOVE INFORMATION IS NOT PROVIDED  
872 TO THE CLIENT AT DISCHARGE.
- 873 (F) REQUIREMENTS FOR A DISCHARGE SUMMARY TO FACILITATE CONTINUITY OF CLIENT CARE,  
874 INCLUDING, BUT NOT LIMITED TO:
- 875 (1) THE TIMEFRAME FOR DISCHARGE SUMMARY COMPLETION, WHICH SHALL BE NO MORE  
876 THAN THIRTY (30) CALENDAR DAYS AFTER DISCHARGE.
- 877 (2) INFORMATION TO BE INCLUDED IN THE DISCHARGE SUMMARY TO INFORM FUTURE  
878 PROVIDERS OF TREATMENT HISTORY, INCLUDING, BUT NOT LIMITED TO:
- 879 (A) INFORMATION ON THE CLIENT'S LEGAL STATUS, INCLUDING ANY TYPE OF  
880 BEHAVIORAL HEALTH CERTIFICATION OR HOLD;
- 881 (B) A SUMMARY OF MEDICATIONS PRESCRIBED DURING TREATMENT, INCLUDING  
882 THE INDIVIDUAL'S RESPONSES TO MEDICATIONS;
- 883 (C) MEDICATIONS RECOMMENDED AND PRESCRIBED AT DISCHARGE; AND

884 (D) DOCUMENTATION OF REFERRALS AND RECOMMENDATIONS FOR FOLLOW UP  
885 CARE.

886 2.6.2 THE BHE SHALL DEVELOP AND IMPLEMENT ASSESSMENT POLICIES. SUCH POLICIES MAY BE FOR THE  
887 BHE, AN ENDORSEMENT, A SERVICE, OR A PHYSICAL LOCATION, AS APPROPRIATE, AND SHALL INCLUDE,  
888 AT A MINIMUM:

889 (A) A COMPREHENSIVE ASSESSMENT SHALL BE COMPLETED FOR EACH CLIENT AS SOON AS IS  
890 REASONABLE UPON ADMISSION, BUT NO LATER THAN THE ENDORSEMENT- OR SERVICE-SPECIFIC  
891 TIME REQUIREMENTS FOUND ELSEWHERE IN THIS CHAPTER, AS APPLICABLE.

892 (B) THE ASSESSMENT SHALL BE REVIEWED AND UPDATED WHEN THERE IS A CHANGE IN THE CLIENT'S  
893 LEVEL OF CARE OR FUNCTIONING.

894 (C) METHODS AND PROCEDURES USED FOR CLIENT ASSESSMENT SHALL BE DEVELOPMENTALLY AND  
895 AGE APPROPRIATE, CULTURALLY RESPONSIVE, AND CONDUCTED IN THE CLIENT'S PREFERRED  
896 LANGUAGE AND/OR MODE OF COMMUNICATION.

897 2.6.3 THE BHE SHALL ENSURE THE DEVELOPMENT AND REVIEW OF A WRITTEN SERVICE PLAN FOR EACH CLIENT  
898 AS FOLLOWS:

899 (A) THE SERVICE PLAN SHALL BE DEVELOPED AS SOON AS REASONABLE AFTER ADMISSION, BUT NO  
900 LATER THAN THE ENDORSEMENT-SPECIFIC TIMEFRAMES INCLUDED IN THIS CHAPTER.

901 (B) THE SERVICE PLAN SHALL BE REVIEWED AND REVISED IN WRITING WHEN THERE IS A CHANGE IN  
902 THE CLIENT'S LEVEL OF FUNCTIONING OR SERVICE NEEDS, AND NO LATER THAN THE  
903 ENDORSEMENT-SPECIFIC TIMEFRAMES. SUCH REVISION SHALL INCLUDE DOCUMENTATION OF  
904 PROGRESS MADE IN RELATION TO PLANNED TREATMENT OUTCOMES, CHANGES IN TREATMENT  
905 FOCUS, AND LENGTH OF STAY ADJUSTMENTS, AS APPLICABLE.

906 (C) THE SERVICE PLAN SHALL:

907 (1) BE DEVELOPMENTALLY, CULTURALLY, AND AGE APPROPRIATE.

908 (2) IDENTIFY THE TYPE, FREQUENCY, AND DURATION OF SERVICES.

909 (3) MAY INCLUDE TASKS OR LABOR TO BE PERFORMED BY THE CLIENT, SUCH AS A CLIENT  
910 DOING THEIR OWN LAUNDRY OR PREPARING THEIR OWN MEALS/SNACKS, ONLY WHEN  
911 SUCH TASKS OR LABOR IS THERAPEUTIC. TASKS OR LABOR SHALL NOT BE INCLUDED IN  
912 THE SERVICE PLAN SOLELY FOR THE CONVENIENCE OF THE BHE.

913 (D) THE SERVICE PLAN SHALL BE SIGNED BY ALL PARTIES INVOLVED IN THE DEVELOPMENT OF THE  
914 PLAN, INCLUDING THE CLIENT, OR THE CLIENT'S PARENT OR LEGAL GUARDIAN IN CASES WHERE  
915 THE CLIENT IS A MINOR OR UNDER THE CONTROL OF A LEGAL GUARDIAN.

916 (1) A COPY OF THE SERVICE PLAN SHALL BE OFFERED TO THE CLIENT, OR TO THE CLIENT'S  
917 PARENT OR LEGAL GUARDIAN, AS APPROPRIATE. IF THE CLIENT IS A MINOR THE CLIENT'S  
918 PARENT OR LEGAL GUARDIAN SHALL BE OFFERED A COPY OF THE PLAN.

919 (2) THE BHE SHALL INCLUDE DOCUMENTATION IN THE CLIENT RECORD IN CASES WHERE  
920 THE PLAN IS NOT SIGNED BY THE CLIENT OR OTHER PARTY INVOLVED IN THE  
921 DEVELOPMENT OF THE PLAN, AND IN CASES WHERE OFFERING THE SERVICE PLAN FOR A  
922 CHILD OR ADOLESCENT TO THE PARENT OR LEGAL GUARDIAN IS CONTRAINDICATED.

923 2.7 CLIENT RECORDS

- 924 2.7.1 A CONFIDENTIAL CLIENT RECORD SHALL BE MAINTAINED FOR EACH INDIVIDUAL RECEIVING SERVICES  
925 FROM THE BHE.
- 926 2.7.2 EACH CLIENT RECORD SHALL INCLUDE, BUT NOT BE LIMITED TO:
- 927 (A) DEMOGRAPHIC AND MEDICAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, CLIENT NAME,  
928 ADDRESS, TELEPHONE NUMBER, EMERGENCY CONTACT INFORMATION, PHYSICIAN OR HEALTH  
929 PROVIDER INFORMATION, CURRENT DIAGNOSIS, AND CURRENT PHYSICIAN'S ORDERS.
- 930 (B) SCREENINGS, ASSESSMENTS, SERVICE PLANS, DOCUMENTATION OF INFORMED CONSENT,  
931 RELEASES OF INFORMATION, PHYSICIAN OR PRACTITIONER ORDERS, DOCUMENTATION OF  
932 SERVICES, TREATMENT PROGRESS AND MEDICATION, THE DISCHARGE SUMMARY, AND ANY  
933 ENDORSEMENT OR SERVICE-SPECIFIC REQUIREMENTS, AS SET BY THIS CHAPTER.
- 934 (C) THE CLIENT'S MEDICATION ADMINISTRATION RECORD, IF APPLICABLE, KEPT IN ACCORDANCE  
935 WITH PART 2.9.2 OF THIS CHAPTER.
- 936 2.7.3 A BHE SHALL MAINTAIN AND PROVIDE ACCESS TO CLIENT RECORDS IN ACCORDANCE WITH THE  
937 REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 6, WITH THE FOLLOWING ADDITIONS OR  
938 EXCEPTIONS:
- 939 (A) RECORDS SHALL BE RETAINED AS FOLLOWS:
- 940 (1) RECORDS FOR ADULTS SHALL BE RETAINED FOR TEN (10) YEARS FROM DATE OF  
941 DISCHARGE FROM THE BHE.
- 942 (2) RECORDS FOR INDIVIDUALS WHO ARE LESS THAN EIGHTEEN (18) YEARS OLD WHEN  
943 ADMITTED TO THE BHE SHALL BE RETAINED UNTIL THE INDIVIDUAL IS TWENTY-EIGHT  
944 (28) YEARS OLD.
- 945 (B) THE CONFIDENTIALITY OF THE INDIVIDUAL RECORD, INCLUDING ALL MEDICAL, MENTAL HEALTH,  
946 SUBSTANCE USE, PSYCHOLOGICAL, AND DEMOGRAPHIC INFORMATION, SHALL BE PROTECTED IN  
947 ACCORDANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS, INCLUDING  
948 DURING RECORD USE, STORAGE, TRANSPORTATION, AND DISPOSAL.
- 949 (1) THE CONFIDENTIALITY OF THE RECORD SHALL NOT BE CONSTRUED TO LIMIT THE  
950 ACCESS OF THE DEPARTMENT FOR PURPOSES OF ASSURING COMPLIANCE WITH THESE  
951 RULES.
- 952 (C) THE BHE SHALL ESTABLISH GUIDELINES FOR REPORTING BREACH OR POTENTIAL LOSS OF  
953 INDIVIDUAL IDENTITY AND SERVICE INFORMATION IN ACCORDANCE WITH STATE AND FEDERAL  
954 CONFIDENTIALITY STATUTES AND REGULATIONS.
- 955 (D) WHEN A BHE CLOSES A PHYSICAL LOCATION AND/OR DISCONTINUES ANY ENDORSEMENT, IT  
956 SHALL MAINTAIN RECORDS OF CLIENTS SERVED IN ACCORDANCE WITH THE REQUIREMENTS OF  
957 THIS PART.
- 958 (E) A BHE THAT CEASES OPERATION MUST COMPLY WITH THE PROVISIONS OF 6 CCR 1011-1,  
959 CHAPTER 2, PART 2.14.4 REGARDING INDIVIDUAL RECORDS.
- 960 **2.8 CLIENT SERVICES**
- 961 2.8.1 THE BHE SHALL ENSURE CLIENTS ARE TREATED IN THE LEAST RESTRICTIVE APPROPRIATE SETTING.

- 962 2.8.2 THE BHE SHALL COMPLY WITH 6 CCR 1011-1, CHAPTER 2, PART 8, REGARDING THE PROTECTION OF  
963 CLIENTS FROM INVOLUNTARY RESTRAINT AND SECLUSION AND ANY ENDORSEMENT-SPECIFIC SECLUSION  
964 OR RESTRAINT REQUIREMENTS AS SET FORTH IN THIS CHAPTER.
- 965 2.8.3 THE BHE MAY USE TELEHEALTH METHODS FOR THE PROVISION OF SERVICES UNDER THESE  
966 REGULATIONS EXCEPT FOR SERVICES THAT SPECIFICALLY REQUIRE IN-PERSON CONTACT.
- 967 (A) IF THE BHE USES TELEHEALTH METHODS, IT SHALL DEVELOP AND IMPLEMENT POLICIES AND  
968 PROCEDURES REGARDING TELEHEALTH SERVICES. SUCH POLICIES MAY BE FOR THE BHE, A  
969 PHYSICAL LOCATION, OR AN ENDORSEMENT, AS APPROPRIATE, AND SHALL INCLUDE, AT A  
970 MINIMUM, A REQUIREMENT THAT TELEHEALTH SERVICES BE PROVIDED ONLY THROUGH  
971 SYNCHRONOUS, INTERACTIVE AUDIO-VISUAL METHODS, NOT INCLUDING VOICE-ONLY OR TEXT-  
972 ONLY METHODS SUCH AS TELEPHONE, TEXT MESSAGE, OR EMAIL.
- 973 (B) SERVICES PROVIDED VIA TELEHEALTH METHODS SHALL BE DOCUMENTED IN THE CLIENT RECORD,  
974 CONSISTENT WITH DOCUMENTATION AS REQUIRED FOR IN-PERSON SERVICES.
- 975 2.8.4 THE BHE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING BEHAVIORAL HEALTH  
976 EMERGENCY SERVICES AND METHODS FOR ADDRESSING CLIENTS OR INDIVIDUALS WITH UNEXPECTED  
977 HIGH-ACUITY AND/OR URGENT BEHAVIORAL HEALTH NEEDS. SUCH POLICIES AND PROCEDURES MAY BE  
978 FOR THE BHE, AN ENDORSEMENT, OR A PHYSICAL LOCATION, AS APPROPRIATE, AND SHALL INCLUDE, BUT  
979 NOT BE LIMITED TO:
- 980 (A) THE BEHAVIORAL HEALTH EMERGENCY SERVICES PROVIDED BY THE BHE, IF ANY, AND THE  
981 HOURS DURING WHICH SUCH BEHAVIORAL HEALTH EMERGENCY SERVICES ARE AVAILABLE, WITH  
982 A SEPARATE IDENTIFICATION OF THE MENTAL HEALTH DISORDER EMERGENCY SERVICES AND THE  
983 SUBSTANCE USE DISORDER EMERGENCY SERVICES PROVIDED BY THE BHE.
- 984 (B) HOW THE BHE ENSURES ACCESS TO BEHAVIORAL HEALTH EMERGENCY SERVICES WHEN NOT  
985 PROVIDED DIRECTLY BY THE BHE, INCLUDING, BUT NOT LIMITED TO:
- 986 (1) CRITERIA USED IN DETERMINING WHEN BEHAVIORAL HEALTH EMERGENCY SERVICES  
987 ARE NEEDED.
- 988 (2) PROTOCOLS AND/OR TRANSFER AGREEMENTS WITH OTHER BEHAVIORAL HEALTH  
989 PROVIDERS OR FACILITIES.
- 990 (3) METHODS OF PROVIDING INFORMATION TO CLIENTS TO ENSURE UNDERSTANDING OF  
991 HOW TO ACCESS BEHAVIORAL HEALTH EMERGENCY SERVICES.
- 992 (C) THE METHODS FOR IDENTIFYING AND RESPONDING TO AND/OR MITIGATING SUDDEN OR  
993 UNPREDICTABLE HIGH-ACUITY OR INCREASED NEEDS IN EXISTING CLIENTS.
- 994 2.8.5 THE BHE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING ACCESS TO  
995 EMERGENCY MEDICAL SERVICES. SUCH POLICIES AND PROCEDURES MAY BE FOR THE BHE, AN  
996 ENDORSEMENT, OR A PHYSICAL LOCATION, AS APPROPRIATE, AND SHALL INCLUDE, BUT NOT BE LIMITED  
997 TO:
- 998 (A) THE MEDICAL EMERGENCY SERVICES PROVIDED BY THE BHE, IF ANY, AND THE HOURS DURING  
999 WHICH SUCH MEDICAL EMERGENCY SERVICES ARE AVAILABLE.
- 1000 (B) HOW THE BHE ENSURES ACCESS TO MEDICAL EMERGENCY SERVICES WHEN NOT PROVIDED  
1001 DIRECTLY BY THE BHE, INCLUDING, BUT NOT LIMITED TO:
- 1002 (1) CRITERIA USED IN DETERMINING WHEN MEDICAL EMERGENCY SERVICES ARE NEEDED.



1003 (2) PROTOCOLS AND/OR TRANSFER AGREEMENTS WITH EMERGENCY MEDICAL PROVIDERS  
1004 OR FACILITIES.

1005 (3) METHODS OF PROVIDING INFORMATION TO CLIENTS TO ENSURE UNDERSTANDING OF  
1006 HOW TO ACCESS MEDICAL EMERGENCY SERVICES.

1007 2.8.6 THE BHE SHALL INFORM CLIENTS HOW TO ACCESS MEDICAL AND BEHAVIORAL HEALTH EMERGENCY  
1008 SERVICES TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

1009 2.8.7 THE BHE SHALL PROVIDE CARE COORDINATION FOR EACH CLIENT, OR SUPPORT CONTINUITY OF CARE  
1010 WHEN SUCH CARE COORDINATION IS PROVIDED BY ANOTHER ENTITY, UNTIL THE CLIENT IS DISCHARGED,  
1011 BOTH WITH INTERNAL SERVICE PROVIDERS AND KNOWN EXTERNAL SERVICE PROVIDERS, AS  
1012 APPROPRIATE.

1013 2.8.8 THE BHE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES FOR PROVIDING CLIENTS WITH  
1014 REFERRALS TO OTHER PROVIDERS WHEN THE CLIENT NEEDS CARE THAT FALLS OUTSIDE OF THE  
1015 SERVICES PROVIDED BY THE BHE.

1016 (A) THE BHE SHALL BE RESPONSIBLE FOR PROVIDING CARE COORDINATION FOR CLIENTS WHO  
1017 RECEIVE ADDITIONAL SERVICES OUTSIDE OF THE BHE.

1018 (B) TO FACILITATE CONTINUITY OF CARE WHEN TRANSFERRING TO ANOTHER PROVIDER, PERTINENT  
1019 DOCUMENTATION SHALL BE MADE IMMEDIATELY AVAILABLE TO THE RECEIVING CARE PROVIDER.

1020 **2.9 MEDICATION ADMINISTRATION, STORAGE, HANDLING, AND DISPOSAL**

1021 2.9.1 ANY BHE THAT ADMINISTERS MEDICATIONS AT ANY PHYSICAL LOCATION AND/OR UNDER ANY  
1022 ENDORSEMENT, SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING MEDICATION  
1023 PROCUREMENT, STORAGE, ADMINISTRATION, AND DISPOSAL. SUCH POLICIES AND PROCEDURES MAY BE  
1024 FOR THE BHE, AN ENDORSEMENT, OR A PARTICULAR PHYSICAL LOCATION, AS APPROPRIATE, AND SHALL,  
1025 AT A MINIMUM:

1026 (A) REQUIRE A POLICY SPECIFYING WHETHER EACH PHYSICAL LOCATION(S) AND SERVICE(S)  
1027 SERVING CLIENTS UNDER THE PART 3, OUTPATIENT ENDORSEMENT PROVIDES MEDICATION  
1028 ADMINISTRATION.

1029 (B) ENSURE THAT MEDICATION ADMINISTRATION PROVIDED AS PART OF AN ENDORSEMENT OR  
1030 SERVICE COMPLIES WITH THE APPLICABLE REQUIREMENTS, AS DESCRIBED WITHIN THIS  
1031 CHAPTER.

1032 (C) INCLUDE POLICIES AND PROCEDURES PROVIDING GUIDANCE ON DETERMINING WHEN CLIENTS  
1033 MAY BE DISCHARGED WITH UNUSED PORTIONS OF THEIR CURRENT PRESCRIPTIONS, AND  
1034 ENSURING SUCH ACTION IS IN THE BEST INTEREST OF THE CLIENT. CLIENTS SHALL NOT BE  
1035 DISCHARGED WITH UNUSED MEDICATIONS IF IT IS CLINICALLY CONTRAINDICATED.

1036 (D) ENSURE THAT PERSONNEL AUTHORIZED TO ADMINISTER MEDICATIONS ARE ON-SITE AT ALL TIMES  
1037 WHEN MEDICATIONS ARE ADMINISTERED.

1038 (E) ENSURE MEDICATIONS ARE ADMINISTERED ONLY BY LICENSED OR CERTIFIED PERSONNEL  
1039 ALLOWED TO ADMINISTER MEDICATIONS UNDER THEIR OWN SCOPES OF PRACTICE, OR AN  
1040 UNLICENSED PERSONNEL WHO ARE QUALIFIED MEDICATION ADMINISTRATION PERSONS  
1041 (QMAPs) ACTING WITHIN THEIR OWN SCOPE OF PRACTICE.

1042 (F) ENSURE COMPLIANCE WITH 6 CCR 1011-1, CHAPTER 24 WHEN USING QMAPs TO ADMINISTER  
1043 MEDICATIONS.

- 1044 (G) ENSURE MEDICATION ORDERS INCLUDE THE CLIENT'S NAME, DATE OF ORDER, MEDICATION  
1045 NAME, STRENGTH OF MEDICATION, DOSAGE TO ADMINISTER, ROUTE OF ADMINISTRATION ALONG  
1046 WITH TIMING AND/OR FREQUENCY OF ADMINISTRATION, ANY SPECIFIC CONSIDERATIONS, IF  
1047 SUBSTITUTIONS ARE ALLOWED OR RESTRICTED, AND THE SIGNATURE OF THE PRACTITIONER  
1048 ORDERING THE MEDICATION.
- 1049 (1) ALL MEDICATION ORDERS SHALL BE DOCUMENTED IN WRITING BY THE PRESCRIBING  
1050 PRACTITIONER. VERBAL ORDERS FOR MEDICATION SHALL NOT BE VALID UNLESS  
1051 RECEIVED BY LICENSED PERSONNEL WHO ARE AUTHORIZED TO RECEIVE AND  
1052 TRANSCRIBE SUCH ORDERS.
- 1053 (H) ENSURE THAT ANY MEDICATIONS KEPT AT THE BHE ARE MAINTAINED, STORED, AND DISPOSED  
1054 OF IN A MANNER THAT ENSURES THE SAFETY OF ALL CLIENTS AND PROTECTS AGAINST THE  
1055 MISAPPROPRIATION OR DIVERSION OF SUCH MEDICATIONS, INCLUDING, AT A MINIMUM:
- 1056 (1) MEDICATIONS SHALL BE STORED AT THE APPROPRIATE TEMPERATURE.
- 1057 (2) REFRIGERATED MEDICATIONS SHALL BE STORED IN A REFRIGERATOR THAT DOES NOT  
1058 CONTAIN FOOD AND THAT IS NOT ACCESSIBLE TO CLIENTS.
- 1059 (3) MEDICATIONS SHALL BE ROUTINELY CHECKED FOR EXPIRATION AND DISPOSED OF  
1060 ACCORDING TO INSTRUCTIONS OR WHEN EXPIRED, WHICHEVER IS EARLIER.
- 1061 (4) MEDICATION SHALL BE STORED IN THE ORIGINAL PRESCRIBED/MANUFACTURER  
1062 CONTAINERS.
- 1063 (5) ALL MEDICATION SHALL BE STORED IN A LOCKED CABINET, CART, OR STORAGE AREA  
1064 WHEN UNATTENDED BY QUALIFIED MEDICATION ADMINISTRATION PERSONS OR OTHER  
1065 LICENSED PERSONNEL AUTHORIZED TO ADMINISTER MEDICATIONS, WITH THE  
1066 ADDITIONAL REQUIREMENT THAT CONTROLLED SUBSTANCES SHALL BE STORED UNDER  
1067 DOUBLE LOCK STORAGE.
- 1068 (6) MEDICATIONS SHALL BE COUNTED BY TWO INDIVIDUALS WHO ARE EITHER QUALIFIED  
1069 MEDICATION ADMINISTRATION PERSONS OR OTHERWISE AUTHORIZED TO ADMINISTER  
1070 MEDICATIONS, AT LEAST DAILY, OR MORE FREQUENTLY, IF THE BHE IS REQUIRED TO  
1071 MEET THE STANDARDS IN PART 4 OF THESE RULES.
- 1072 (7) ANY DISCREPANCY IN COUNTS FOR CONTROLLED SUBSTANCES SHALL BE IMMEDIATELY  
1073 REPORTED IN ACCORDANCE WITH BHE POLICIES AND PROCEDURES REQUIRED AT PART  
1074 2.3.4(C)(7).
- 1075 (8) OUTDATED, DISCONTINUED, AND/OR EXPIRED MEDICATIONS SHALL BE STORED IN A  
1076 LOCKED STORAGE AREA UNTIL PROPERLY DISPOSED OF, WITH THE ADDITIONAL  
1077 REQUIREMENT THAT ANY CONTROLLED SUBSTANCE MEDICATIONS DESIGNATED FOR  
1078 DESTRUCTION AND DISPOSAL SHALL BE KEPT IN A SEPARATE LOCKED CONTAINER  
1079 WITHIN THE LOCKED STORAGE AREA UNTIL THEY ARE DESTROYED.
- 1080 (9) OUTDATED, DISCONTINUED, AND/OR EXPIRED MEDICATIONS SHALL BE DESTROYED IN  
1081 ACCORDANCE WITH GOVERNING BODY POLICIES. SUCH POLICIES MAY VARY BASED ON  
1082 TYPE OF MEDICATION OR SETTING, AND SHALL INCLUDE, BUT NOT BE LIMITED TO:
- 1083 (A) MEDICATIONS SHALL BE DESTROYED IN ACCORDANCE WITH FEDERAL, STATE,  
1084 AND LOCAL REGULATIONS WITHIN THIRTY (30) DAYS OF DETERMINATION THAT  
1085 SUCH MEDICATION IS OUTDATED, DISCONTINUED, OR EXPIRED.

- 1086 (B) MEDICATIONS SHALL BE DESTROYED IN THE PRESENCE OF TWO (2)  
1087 INDIVIDUALS, EACH OF WHOM IS EITHER A QUALIFIED MEDICATION  
1088 ADMINISTRATION PERSON OR IS OTHERWISE AUTHORIZED TO ADMINISTER  
1089 MEDICATIONS.
- 1090 (C) ALL MEDICATIONS SHALL BE DESTROYED IN A MANNER THAT RENDERS THE  
1091 SUBSTANCES TOTALLY NON-RETRIEVABLE TO PREVENT DIVERSION OF THE  
1092 MEDICATION.
- 1093 (D) THERE SHALL BE DOCUMENTATION THAT IDENTIFIES THE MEDICATIONS, THE  
1094 DATE AND METHOD OF DESTRUCTION, AND THE SIGNATURES OF THE  
1095 WITNESSES PERFORMING THE MEDICATION DESTRUCTION.
- 1096 (10) ALL DESTROYED MEDICATIONS SHALL BE DISPOSED OF IN COMPLIANCE WITH 6 CCR  
1097 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE DISPOSAL SITES AND  
1098 FACILITIES, SECTION 13, MEDICAL WASTE, AND/OR 6 CCR 1007-3, PART 262,  
1099 STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE, AS APPLICABLE.
- 1100 (I) ENSURE EACH CLIENT RECEIVES PROPER ADMINISTRATION AND MONITORING OF MEDICATIONS IN  
1101 ACCORDANCE WITH THEIR SERVICE PLAN.
- 1102 (J) ENSURE MEDICATION ADMINISTRATION IS DOCUMENTED IN ACCORDANCE WITH PART 2.9.2 OF  
1103 THIS CHAPTER.
- 1104 (K) INCLUDE POLICIES AND PROCEDURES FOR DOCUMENTING, INVESTIGATING, REPORTING, AND  
1105 RESPONDING TO ANY ERRORS RELATED TO MEDICATION ADMINISTRATION, ACCOUNTING OF  
1106 CONTROLLED SUBSTANCES, OR MEDICATION DIVERSION.
- 1107 (L) REQUIRE AUDITS OF THE ACCURACY AND COMPLETENESS OF THE MEDICATION RECORDS,  
1108 CONTROLLED SUBSTANCE INVENTORIES, MEDICATION ERROR REPORTS, AND MEDICATION  
1109 DISPOSAL RECORDS.
- 1110 (1) THE AUDIT SHALL BE PERFORMED AT LEAST QUARTERLY, OR MORE OFTEN, AS  
1111 REQUIRED IN THE STANDARDS OF THE APPLICABLE ENDORSEMENT, AS FOUND IN THIS  
1112 CHAPTER.
- 1113 (2) ANY IRREGULARITIES SHALL BE INVESTIGATED AND RESOLVED.
- 1114 (M) COMPLY WITH ALL FEDERAL AND STATE LAWS AND REGULATIONS RELATING TO PROCUREMENT,  
1115 STORAGE, ADMINISTRATION, AND DISPOSAL OF MEDICATIONS, INCLUDING CONTROLLED  
1116 SUBSTANCES.
- 1117 2.9.2 THE BHE SHALL MAINTAIN A MEDICATION ADMINISTRATION RECORD FOR EACH CLIENT WHO RECEIVES  
1118 MEDICATION, AS PART OF THE CLIENT RECORD. THE RECORD SHALL INCLUDE, AT A MINIMUM:
- 1119 (A) THE NAME, STRENGTH, DOSAGE, AND MODE OF ADMINISTRATION OF EACH MEDICATION.
- 1120 (B) THE DATE AND TIME OF ADMINISTRATION, RECORDED AT THE TIME OF ADMINISTRATION.
- 1121 (C) THE SIGNATURE OR INITIAL OF THE PERSON ADMINISTERING THE MEDICATION.
- 1122 (D) DOCUMENTATION OF ANY MEDICATION OMISSIONS OR REFUSALS.
- 1123 (E) DOCUMENTATION OF MONITORING AND/OR OBSERVATION OF MEDICATION SELF-  
1124 ADMINISTRATION.

1125 **PART 3. OUTPATIENT ENDORSEMENT STANDARDS**

1126 **3.1 ENDORSEMENT STANDARDS FOR ALL OUTPATIENT SERVICES**

1127 3.1.1 ALL BHEs WITH AN OUTPATIENT ENDORSEMENT SHALL MEET THE STANDARDS IN THIS PART 3.1, IN  
1128 ADDITION TO THE APPLICABLE STANDARDS IN PARTS 3.2, OUTPATIENT TREATMENT SERVICES, AND/OR  
1129 3.3, WALK-IN SERVICES, BASED ON THE SERVICES APPROVED BY THE DEPARTMENT TO BE PROVIDED BY  
1130 THE BHE.

1131 3.1.2 THE BHE SHALL COMPLETE A COMPREHENSIVE ASSESSMENT FOR EACH NEW CLIENT WITHIN SEVEN (7)  
1132 BUSINESS DAYS OF ADMISSION.

1133 3.1.3 THE BHE SHALL ENSURE THE PHYSICAL LOCATIONS IN WHICH CLIENT SERVICES ARE PROVIDED UNDER  
1134 THE OUTPATIENT ENDORSEMENT MEET THE BUILDING STANDARDS IN PART 2.2 OF THIS CHAPTER, AND  
1135 CHAPTER 2.11 OF GUIDELINES FOR DESIGN AND CONSTRUCTION OF OUTPATIENT FACILITIES, FACILITIES  
1136 GUIDELINES INSTITUTE, WITH THE FOLLOWING ADDITIONS OR EXCEPTIONS:

1137 (A) THE BHE IS REQUIRED TO COMPLY WITH THE FGI STANDARDS AT 2.11-3.8.11.3, REGARDING  
1138 CLEAN STORAGE, ONLY WHEN THE NEED FOR SUCH STORAGE IS APPLICABLE TO THE PARTICULAR  
1139 SERVICES PROVIDED IN THAT PHYSICAL LOCATION.

1140 (B) THE BHE SHALL BE EXEMPT FROM THE REQUIREMENT TO PROVIDE A STAFF TOILET ROOM THAT  
1141 IS SEPARATE FROM PUBLIC AND CLIENT FACILITIES, AS FOUND IN PART 2.11-3.9.1.1 OF THE FGI  
1142 STANDARDS. THE BHE MAY HAVE BATHROOM/TOILET AREAS THAT ARE SHARED BETWEEN STAFF,  
1143 CLIENTS AND THE PUBLIC.

1144 (1) BATHROOM/TOILET AREAS SHALL BE ADEQUATE TO MEET THE NEEDS OF ALL PERSONS  
1145 SERVED.

1146 (2) THE BHE SHALL COMPLY WITH THE PORTION OF PART 2.11-3.9.1.1 WHICH REQUIRES A  
1147 STAFF LOUNGE SEPARATE FROM PUBLIC AND CLIENT AREAS.

1148 **3.2 STANDARDS FOR OUTPATIENT TREATMENT SERVICES**

1149 3.2.1 IF A BHE PROVIDES OUTPATIENT TREATMENT SERVICES, THE STANDARDS IN THIS PART 3.2 SHALL BE  
1150 MET.

1151 3.2.2 THE BHE SHALL ENSURE OUTPATIENT TREATMENT SERVICES ARE PROVIDED BY PERSONNEL MEETING  
1152 THE QUALIFICATIONS AT PART 2.4.

1153 3.2.3 CLIENT SERVICE PLANS SHALL BE CREATED WITHIN FOURTEEN (14) DAYS AFTER ASSESSMENT.

1154 3.2.4 OUTPATIENT TREATMENT SERVICES SHALL BE PROVIDED IN ACCORDANCE WITH THE CLIENT'S SERVICE  
1155 PLAN.

1156 3.2.5 OUTPATIENT TREATMENT SERVICES SHALL BE DOCUMENTED IN THE CLIENT'S RECORD IN ACCORDANCE  
1157 WITH PART 2.7 OF THESE RULES, WITH THE FOLLOWING ADDITIONS:

1158 (A) THE CLIENT RECORD SHALL INCLUDE PROGRESS NOTES, DOCUMENTING A CHRONOLOGICAL  
1159 RECORD OF TREATMENT, SESSION ACTIVITY, AND PROGRESS TOWARD CLIENT-SPECIFIC  
1160 TREATMENT GOALS.

1161 (B) A PROGRESS NOTE SHALL BE RECORDED FOR EACH OUTPATIENT TREATMENT SESSION,  
1162 INCLUDING DATE AND TYPE OF SERVICE, EXCEPT THAT IF THE CLIENT IS RECEIVING OUTPATIENT

- 1163 TREATMENT SERVICES FOR TWENTY (20) OR MORE HOURS PER WEEK, A PROGRESS NOTE SHALL  
1164 BE RECORDED AT LEAST WEEKLY.
- 1165 (C) PROGRESS NOTES SHALL INCLUDE ANY SIGNIFICANT CHANGE IN PHYSICAL, BEHAVIORAL,  
1166 COGNITIVE, AND FUNCTIONAL CONDITION AND ACTION TAKEN BY PERSONNEL TO ADDRESS THE  
1167 INDIVIDUAL'S CHANGING NEEDS.
- 1168 (D) PROGRESS NOTES SHALL BE SIGNED AND DATED OR ELECTRONICALLY APPROVED BY THE  
1169 AUTHOR AT THE TIME THEY ARE WRITTEN, WITH AT LEAST FIRST INITIAL, LAST NAME, AND DEGREE  
1170 AND/OR PROFESSIONAL CREDENTIALS.
- 1171 (E) TELEPHONE ORDERS SHALL BE RECORDED AT THE TIME THEY ARE GIVEN AND AUTHENTICATED  
1172 AS SOON AS PRACTICAL.
- 1173 3.2.6 THE BHE SHALL ENSURE CLIENTS ARE NOTIFIED ON PROCEDURES FOR ACCESSING BEHAVIORAL HEALTH  
1174 EMERGENCY SERVICES OUTSIDE OF NORMAL BUSINESS HOURS.
- 1175 **3.3 STANDARDS FOR WALK-IN SERVICES**
- 1176 3.3.1 IF A BHE PROVIDES WALK-IN SERVICES, THE STANDARDS IN THIS PART 3.3 SHALL BE MET AT THE  
1177 PHYSICAL LOCATION IN WHICH THE WALK-IN SERVICES ARE PROVIDED.
- 1178 3.3.2 WALK-IN SERVICES SHALL BE OPEN TO WALK-IN CLIENTS AT ALL TIMES, TWENTY-FOUR (24) HOURS PER  
1179 DAY, SEVEN (7) DAYS PER WEEK, 365 DAYS PER YEAR.
- 1180 3.3.3 EACH LOCATION SHALL HAVE AT LEAST ONE PERSON TRAINED IN BASIC LIFE SUPPORT AND FIRST AID ON-  
1181 SITE AND ON-DUTY AT ALL TIMES.
- 1182 3.3.4 THE BHE SHALL NOT PROVIDE OUTPATIENT TREATMENT SERVICES, AS PROVIDED UNDER PART 3.2,  
1183 ABOVE, AT THE WALK-IN SERVICE LOCATION.
- 1184 3.3.5 THE BHE SHALL ENSURE EACH INDIVIDUAL SEEKING WALK-IN SERVICES REMAINS ON THE PHYSICAL  
1185 PREMISES LESS THAN TWENTY-FOUR (24) HOURS.
- 1186
- 1187 **PART 4. 24-HOUR/OVERNIGHT ENDORSEMENT STANDARDS**
- 1188 **4.1 ENDORSEMENT STANDARDS FOR ALL 24-HOUR/OVERNIGHT SERVICES**
- 1189 4.1.1 ALL BHEs PROVIDING 24-HOUR/OVERNIGHT SERVICES SHALL MEET THE STANDARDS IN THIS PART 4.1,  
1190 AND SHALL MEET THE STANDARDS IN PARTS 4.2, CRISIS STABILIZATION SERVICES, AND/OR 4.3, ACUTE  
1191 TREATMENT SERVICES, AS APPLICABLE TO THE SERVICES PROVIDED BY THE BHE.
- 1192 4.1.2 THE BHE SHALL COMPLETE A COMPREHENSIVE ASSESSMENT FOR EACH NEW CLIENT WITHIN TWENTY-  
1193 FOUR (24) HOURS OF ADMISSION.
- 1194 4.1.3 EACH PHYSICAL LOCATION IN WHICH 24-HOUR/OVERNIGHT SERVICES ARE PROVIDED SHALL MEET THE  
1195 PERSONNEL REQUIREMENTS IN PART 2.4, WITH THE FOLLOWING ADDITIONS:
- 1196 (A) EACH LOCATION SHALL HAVE APPROPRIATE OVERSIGHT PERSONNEL, SUCH AS AN  
1197 ADMINISTRATOR AND/OR CLINICAL DIRECTOR, OR INDIVIDUALS DELEGATED THOSE SAME  
1198 RESPONSIBILITIES, TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

- 1199 (1) OVERSIGHT PERSONNEL WHEN SUCH INDIVIDUALS ARE NOT PHYSICALLY ON-SITE SHALL  
1200 BE IN ACCORDANCE WITH POLICIES AS REQUIRED AT PART 2.3.4(A)(6).
- 1201 (B) EACH LOCATION SHALL HAVE AT LEAST ONE PERSON ON DUTY TRAINED IN BASIC LIFE SUPPORT  
1202 AND FIRST AID ON-SITE AND ON-DUTY AT ALL TIMES WHEN CLIENTS ARE PRESENT.
- 1203 (C) THERE SHALL BE AT LEAST ONE AWAKE PERSON ON DUTY ON-SITE TWENTY-FOUR (24) HOURS  
1204 PER DAY, SEVEN (7) DAYS PER WEEK.
- 1205 (D) THE BHE SHALL HAVE APPROPRIATE STAFFING TO ENSURE THE ABILITY TO ADMINISTER  
1206 MEDICATIONS AT ALL TIMES.
- 1207 4.1.4 PERSONNEL PROVIDING SERVICES UNDER THE 24-HOUR/OVERNIGHT ENDORSEMENT SHALL MEET THE  
1208 TRAINING REQUIREMENTS AT PART 2.4.9, WITH THE FOLLOWING ADDITIONS:
- 1209 (A) THE RECOGNITION AND RESPONSE TO COMMON SIDE EFFECTS OF MEDICATIONS USED FOR  
1210 BEHAVIORAL HEALTH DISORDERS, AND RESPONSE TO EMERGENCY DRUG REACTIONS;
- 1211 (B) ASSESSMENT SKILLS;
- 1212 (C) BEHAVIOR MANAGEMENT AND DE-ESCALATION TECHNIQUES, INCLUDING INCIDENTS INVOLVING  
1213 HARM TO SELF OR OTHERS, AND ELOPEMENT; AND
- 1214 (D) BEHAVIORAL HEALTH AND MEDICAL EMERGENCY RESPONSE TRAINING, CONSISTENT WITH  
1215 EMERGENCY SERVICES POLICIES REQUIRED IN PARTS 2.8.4 AND 2.8.5.
- 1216 4.1.5 THE BHE SHALL HAVE POLICIES AND PROCEDURES SPECIFIC TO THE 24-HOUR/OVERNIGHT  
1217 ENDORSEMENT, SERVICES, OR PHYSICAL LOCATION, AS APPROPRIATE, INCLUDING, BUT NOT LIMITED TO:
- 1218 (A) POLICIES AND PROCEDURES TO BE FOLLOWED IN THE EVENT OF SERIOUS ILLNESS, INJURY, OR  
1219 DEATH OF A CLIENT DURING THEIR STAY, INCLUDING, BUT NOT LIMITED TO:
- 1220 (1) CRITERIA FOR WHEN A CLIENT'S INJURY OR ILLNESS WARRANTS MEDICAL TREATMENT  
1221 OR AN IN-PERSON MEDICAL EVALUATION.
- 1222 (2) REQUIREMENTS FOR NOTIFYING THE CLIENT'S EMERGENCY CONTACT, INCLUDING  
1223 IMMEDIATE NOTIFICATION IN THE CASE OF AN EMERGENCY ROOM VISIT OR  
1224 UNSCHEDULED HOSPITALIZATION.
- 1225 (3) REPORTING PROCEDURES WITHIN THE BHE.
- 1226 (B) WRITTEN POLICIES AND PROCEDURES FOR THE MANAGEMENT OF CLIENTS' PERSONAL FUNDS  
1227 AND PROPERTY, INCLUDING, BUT NOT LIMITED TO:
- 1228 (1) AN INVENTORY OF ALL OF THE CLIENT'S PERSONAL BELONGINGS SHALL BE CONDUCTED  
1229 UPON ADMISSION, AND DOCUMENTED BY AT LEAST TWO (2) INDIVIDUALS, ONE OF WHICH  
1230 SHALL BE THE CLIENT WHEN THE CLIENT IS CAPABLE AND WILLING TO DOCUMENT THE  
1231 INVENTORY. SUCH INVENTORY SHALL BE MAINTAINED IN THE CLIENT RECORD.
- 1232 (2) ALL INVENTORIED ITEMS SHALL BE STORED IN A SECURE LOCATION DURING THE  
1233 CLIENT'S STAY.
- 1234 (3) ALL INVENTORIED PROPERTY SHALL BE RETURNED TO THE CLIENT UPON DISCHARGE,  
1235 AND SUCH RETURN SHALL BE DOCUMENTED BY AT LEAST TWO (2) INDIVIDUALS, ONE OF



- 1236 WHICH SHALL BE THE CLIENT WHEN THE CLIENT IS CAPABLE AND WILLING TO DOCUMENT  
1237 THE INVENTORY. SUCH DOCUMENTATION SHALL BE INCLUDED IN THE CLIENT RECORD.
- 1238 (C) INFECTION CONTROL POLICIES TO ADDRESS RISKS ASSOCIATED WITH HOUSEKEEPING, DIETARY  
1239 SERVICES, AND LINEN AND LAUNDRY SERVICES, IN ADDITION TO THE REQUIREMENTS AT PART  
1240 2.3.6.
- 1241 (1) LINEN AND LAUNDRY SERVICES SHALL BE CONDUCTED IN A MANNER DESIGNED TO  
1242 PREVENT CONTAMINATION OF CLIENTS AND STAFF.
- 1243 (A) STAFF SHALL PREVENT CONTAMINATION BETWEEN HANDLING SOILED LINEN  
1244 AND CLEAN LINEN THROUGH EITHER THE USE OF GLOVES OR HANDWASHING.
- 1245 (B) SOILED LINEN SHALL BE STORED SEPARATELY FROM CLEAN LINEN, IN  
1246 SEPARATE ENCLOSED AREAS.
- 1247 (2) DIETARY SERVICES SHALL BE PROVIDED USING METHODS THAT CONFORM TO STATE OR  
1248 LOCAL FOOD SAFETY STANDARDS, INCLUDING, AT A MINIMUM:
- 1249 (A) THE INDIVIDUAL OVERSEEING DIETARY SERVICES, AS REQUIRED AT PART  
1250 4.1.5(E)(1) SHALL HAVE KNOWLEDGE OF FOODBORNE DISEASE PREVENTION,  
1251 INCLUDING, BUT NOT LIMITED TO, HYGIENIC PRACTICES AND FOOD SAFETY  
1252 TECHNIQUES PERTAINING TO PREPARATION, FOOD STORAGE, AND  
1253 DISHWASHING.
- 1254 (B) FOOD SHALL BE PREPARED, HANDLED, AND STORED IN A SANITARY MANNER,  
1255 SO THAT IT IS FREE FROM SPOILAGE AND/OR CONTAMINATION, AND SHALL BE  
1256 SAFE FOR HUMAN CONSUMPTION.
- 1257 (C) REUSABLE EQUIPMENT, DISHES, CUTLERY, AND OTHER WARES USED FOR THE  
1258 PREPARATION, SERVING, OR STORAGE OF FOOD SHALL BE WASHED IN A SAFE  
1259 AND SANITARY MANNER, AND, IN THE CASE OF DISHWASHING MACHINES, IN  
1260 ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS.
- 1261 (D) THE PROVISION OF LINEN AND LAUNDRY SERVICES, INCLUDING, BUT NOT LIMITED TO:
- 1262 (1) CLIENTS SHALL HAVE ACCESS TO LAUNDRY SERVICES FOR PERSONAL CLOTHING, WHICH  
1263 MAY BE PROVIDED THROUGH THE USE OF PERSONAL LAUNDRY FACILITIES, A  
1264 CENTRALIZED LAUNDRY SERVICE, OR MAY BE CONTRACTED FOR WITH AN OUTSIDE  
1265 PROVIDER.
- 1266 (2) A REQUIREMENT TO MAINTAIN A SUFFICIENT SUPPLY OF CLEAN LINEN, INCLUDING  
1267 SHEETS AND TOWELS.
- 1268 (E) THE PROVISION OF DIETARY SERVICES. POLICIES AND PROCEDURES REGARDING DIETARY  
1269 SERVICES MAY VARY DEPENDING ON THE POPULATION SERVED, THE SERVICES PROVIDED, AND  
1270 THE ANTICIPATED LENGTH OF STAY, BUT SHALL INCLUDE, AT A MINIMUM:
- 1271 (1) THE GOVERNING BODY OR ADMINISTRATOR SHALL APPOINT AN INDIVIDUAL TO BE IN  
1272 CHARGE OF DIETARY SERVICES.
- 1273 (2) AT LEAST THREE NUTRITIONALLY BALANCED MEALS IN ADEQUATE PORTIONS SHALL BE  
1274 MADE AVAILABLE AT REGULAR TIMES DAILY. IN THE EVENT THE MEAL PROVIDED IS  
1275 UNPALATABLE, A NUTRITIONALLY BALANCED SUBSTITUTE SHALL BE AVAILABLE.

- 1276 (3) BETWEEN-MEAL SNACKS OF NOURISHING QUALITY SHALL BE AVAILABLE, TO THE EXTENT  
1277 THAT SUCH AVAILABILITY DOES NOT CONFLICT WITH A CLIENT'S SERVICE PLAN.
- 1278 (4) IF THE BHE ADMITS CLIENTS WHO REQUIRE A THERAPEUTIC DIET, THE FOLLOWING  
1279 REQUIREMENTS SHALL APPLY:
- 1280 (A) THE BHE SHALL ENSURE SUCH DIET IS PRESCRIBED BY A PHYSICIAN OR  
1281 REGISTERED DIETICIAN.
- 1282 (B) THE BHE SHALL ENSURE THE PROPER DIET IS PROVIDED.
- 1283 (5) THE BHE SHALL ENSURE ENOUGH FOOD AND WATER ON HAND TO PROVIDE ALL CLIENTS  
1284 WITH THREE (3) NUTRITIONALLY BALANCED MEALS FOR FOUR (4) DAYS.
- 1285 (F) IF THE POPULATION SERVED INCLUDES CLIENTS AT RISK OF HARM TO SELF OR OTHERS, THE BHE  
1286 SHALL REQUIRE SAFETY CHECKS BE CONDUCTED EVERY SHIFT TO IDENTIFY AND REMEDY  
1287 HAZARDS, AND SHALL MAINTAIN DOCUMENTATION OF SUCH CHECKS.
- 1288 (G) A REQUIREMENT THAT MEDICATION COUNTS, AS REQUIRED IN PART 2.9, BE PERFORMED WHEN  
1289 TRANSITIONING STAFF RESPONSIBILITY FOR MEDICATION OVERSIGHT, BUT NO LESS FREQUENTLY  
1290 THAN TWICE DAILY.
- 1291 (H) STANDARDS FOR MAINTAINING THE CLIENT RECORD IN ACCORDANCE WITH PART 2.7 OF THESE  
1292 RULES, WITH THE FOLLOWING ADDITIONS:
- 1293 (1) A PROGRESS NOTE SHALL BE RECORDED FOR EACH CLIENT AT LEAST DAILY, OR MORE  
1294 OFTEN AS APPROPRIATE.
- 1295 (2) PROGRESS NOTES SHALL INCLUDE ANY SIGNIFICANT CHANGE IN PHYSICAL,  
1296 BEHAVIORAL, COGNITIVE, AND FUNCTIONAL CONDITION AND ACTION TAKEN BY STAFF TO  
1297 ADDRESS THE INDIVIDUAL'S CHANGING NEEDS.
- 1298 (3) PROGRESS NOTES SHALL BE SIGNED AND DATED OR ELECTRONICALLY APPROVED BY  
1299 THE AUTHOR AT THE TIME THEY ARE WRITTEN, WITH AT LEAST FIRST INITIAL, LAST NAME,  
1300 AND DEGREE AND/OR PROFESSIONAL CREDENTIALS.
- 1301 (4) TELEPHONE ORDERS, WHEN GIVEN, SHALL BE RECORDED AT THE TIME THEY ARE GIVEN  
1302 AND AUTHENTICATED AS SOON AS PRACTICAL.
- 1303 (I) THE TYPE OF FIRST AID EQUIPMENT MAINTAINED BY THE BHE, INCLUDING A REQUIREMENT THAT  
1304 SUCH EQUIPMENT BE MAINTAINED IN A READILY ACCESSIBLE LOCATION, AT EACH PHYSICAL  
1305 LOCATION PROVIDING SERVICES UNDER THE 24-HOUR/OVERNIGHT ENDORSEMENT.
- 1306 (J) SMOKING POLICIES APPLICABLE TO CLIENTS, INCLUDING, BUT NOT LIMITED TO ANY PROHIBITIONS  
1307 ON SMOKING, DESIGNATED AREAS FOR SMOKING, AND METHODS/SUBSTANCES ALLOWED UNDER  
1308 ANY SMOKING POLICY, SUCH AS TOBACCO, ELECTRONIC CIGARETTES, VAPORIZERS, ETC.
- 1309 4.1.6 THE BHE SHALL ENSURE THE PHYSICAL LOCATIONS IN WHICH CLIENT SERVICES ARE PROVIDED UNDER  
1310 THE 24-HOUR/OVERNIGHT ENDORSEMENT MEET THE BUILDING STANDARDS IN PART 2.2 OF THIS  
1311 CHAPTER, AND CHAPTER 4.3 OF GUIDELINES FOR DESIGN AND CONSTRUCTION OF RESIDENTIAL  
1312 HEALTH, CARE AND SUPPORT FACILITIES, FACILITIES GUIDELINES INSTITUTE, WITH THE FOLLOWING  
1313 ADDITIONS OR EXCEPTIONS:

- 1314 (A) IN ADDITION TO THE FGI STANDARD AT 4.3-2.2, REGARDING THE RESIDENT UNIT, THE BHE  
1315 SHALL ENSURE NO CLIENT IS ASSIGNED TO ANY ROOM OTHER THAN A REGULARLY DESIGNATED  
1316 BEDROOM.
- 1317 (1) TEMPORARY OCCUPANCY OF A ROOM NOT DESIGNATED AS A BEDROOM IS PERMISSIBLE  
1318 ON A LIMITED BASIS WHEN THE USE OF THE ASSIGNED BEDROOM IS CONTRAINDICATED  
1319 DUE TO CIRCUMSTANCES RELATED TO CLIENT SAFETY OR EMERGENT ISSUES.  
1320 JUSTIFICATION FOR SUCH PLACEMENT, AND THE LENGTH OF PLACEMENT, SHALL BE  
1321 DOCUMENTED IN THE CLIENT RECORD.
- 1322 (B) IN ADDITION TO THE FGI STANDARD AT 4.3-2.2.2.7, REGARDING RESIDENT BATHROOMS, THE  
1323 BHE SHALL ENSURE THERE IS A MINIMUM OF ONE (1) FULL BATHROOM FOR EVERY SIX (6)  
1324 CLIENTS, INCLUDING A TOILET, SINK, TOILET PAPER DISPENSER, MIRROR, TUB AND/OR SHOWER,  
1325 AND TOWEL RACK.
- 1326 (C) BATHROOMS SHALL BE EQUIPPED WITH SOAP DISPENSERS OR THE BHE SHALL HAVE A  
1327 PROCEDURE IN PLACE THAT PREVENTS CLIENTS FROM SHARING SOAP.
- 1328 (D) THE BHE IS EXEMPT FROM THE FGI REQUIREMENT TO PROVIDE PRIVATE INDIVIDUAL STORAGE  
1329 INSIDE THE BATHROOM FOR THE PERSONAL EFFECTS OF EACH CLIENT. SUCH STORAGE MAY BE  
1330 PROVIDED NEAR THE BATHROOM.
- 1331 4.1.7 BHEs WITH ONE OR MORE SECLUSION ROOMS SHALL ENSURE EACH SECLUSION ROOM COMPLIES WITH  
1332 THE STANDARDS IN SECTION 2.11-3.2.7, CHAPTER 2.11 OF GUIDELINES FOR DESIGN AND  
1333 CONSTRUCTION OF OUTPATIENT FACILITIES, FACILITIES GUIDELINES INSTITUTE, WITH THE FOLLOWING  
1334 ADDITIONS:
- 1335 (A) THE OBSERVATION OF THE CLIENT MAY BE THROUGH A VIEW PANEL LOCATED IN THE DOOR OR IN  
1336 CLOSE PROXIMITY TO THE DOOR.
- 1337 (B) THE SECLUSION ROOM MUST BE AT LEAST 100 SQUARE FEET IN SIZE.
- 1338 **4.2 STANDARDS FOR CRISIS STABILIZATION SERVICES**
- 1339 4.2.1 THE BHE SHALL ENSURE CLIENTS ADMITTED FOR CRISIS STABILIZATION SERVICES CANNOT BE  
1340 APPROPRIATELY TREATED IN A LESS RESTRICTIVE SETTING.
- 1341 4.2.2 CLIENT STAYS SHALL GENERALLY BE FIVE (5) DAYS OR FEWER, BUT MAY BE EXTENDED WHEN SUCH  
1342 EXTENSION IS DETERMINED TO BE THE MOST APPROPRIATE COURSE OF TREATMENT BASED ON AN  
1343 UPDATED CLIENT ASSESSMENT AND SERVICE PLAN, AS FOLLOWS:
- 1344 (A) WHEN EXTENDING A CLIENT STAY IN THE CRISIS STABILIZATION SERVICES SETTING, THE CLIENT  
1345 SHALL BE ASSESSED FOR CONTINUED APPROPRIATENESS FOR TREATMENT IN THE CRISIS  
1346 SETTING AT LEAST EVERY THREE (3) DAYS.
- 1347 (B) WHEN A CLIENT'S ASSESSMENT INDICATES THE CLIENT SHOULD BE TRANSFERRED TO A  
1348 DIFFERENT SETTING BUT PLACEMENT IN THAT SETTING IS DELAYED DUE TO LACK OF  
1349 AVAILABILITY, THE BHE SHALL DOCUMENT THAT IN THE SERVICE PLAN, AND CONTINUE  
1350 REASSESSING THE CLIENT IN ACCORDANCE WITH SUBPART (A), ABOVE.
- 1351 (C) ASSESSMENTS FOR CONTINUED STAYS IN THE CRISIS STABILIZATION SETTING PAST SEVEN (7)  
1352 DAYS SHALL INCLUDE CONSIDERATION REGARDING WHETHER THE CLIENT WOULD BE MORE  
1353 APPROPRIATELY SERVED, AND SHOULD BE TRANSFERRED TO, A DIFFERENT LEVEL OF CARE.

- 1354 (D) THE LENGTH OF STAY IN THE CRISIS STABILIZATION SERVICES SETTING SHALL NOT EXCEED TEN  
1355 (10) DAYS.
- 1356 4.2.3 CRISIS STABILIZATION SERVICES SHALL MEET THE REQUIREMENTS OF PART 2 OF THESE RULES,  
1357 INCLUDING, BUT NOT LIMITED TO REQUIREMENTS FOR SCREENING, ASSESSMENT, SERVICE PLANNING,  
1358 CARE COORDINATION, DISCHARGE, AND MEDICATION ADMINISTRATION, WITH THE FOLLOWING ADDITIONS:
- 1359 (A) A FULL PSYCHIATRIC EVALUATION SHALL BE PROVIDED WITHIN 24 HOURS OF ADMISSION,  
1360 PERFORMED BY A PHYSICIAN OR OTHER PROFESSIONAL AUTHORIZED BY LAW TO ORDER  
1361 MEDICATIONS.
- 1362 (B) CRISIS STABILIZATION SERVICES SHALL INCLUDE, AT A MINIMUM:
- 1363 (1) MEDICATION MANAGEMENT, AND
- 1364 (2) INDIVIDUAL AND/OR GROUP COUNSELING.
- 1365 **4.3 STANDARDS FOR ACUTE TREATMENT SERVICES**
- 1366 4.3.1 THE BHE SHALL ENSURE THE ADMISSION, ASSESSMENT, SERVICE PLANNING, AND DISCHARGE  
1367 REQUIREMENTS IN PART 2.6 ARE MET, WITH THE FOLLOWING ADDITIONS:
- 1368 (A) THE BHE SHALL ENSURE CLIENTS ADMITTED FOR ACUTE TREATMENT SERVICES ARE AGE  
1369 EIGHTEEN (18) YEARS OR OLDER, IN NEED OF PSYCHIATRIC CARE, AND CANNOT BE  
1370 APPROPRIATELY TREATED IN A LESS RESTRICTIVE SETTING.
- 1371 (B) CLIENT STAYS SHALL GENERALLY BE SEVEN (7) DAYS OR FEWER, BUT MAY BE EXTENDED WHEN  
1372 SUCH EXTENSION IS DETERMINED TO BE THE MOST APPROPRIATE COURSE OF TREATMENT BASED  
1373 ON AN UPDATED CLIENT ASSESSMENT AND SERVICE PLAN, AS FOLLOWS:
- 1374 (1) WHEN EXTENDING A CLIENT STAY IN THE ACUTE TREATMENT SERVICES SETTING, THE  
1375 CLIENT SHALL BE ASSESSED FOR CONTINUED APPROPRIATENESS FOR TREATMENT IN  
1376 THE ACUTE SETTING AT LEAST EVERY THREE (3) DAYS.
- 1377 (2) WHEN A CLIENT'S ASSESSMENT INDICATES THE CLIENT SHOULD BE TRANSFERRED TO A  
1378 DIFFERENT SETTING BUT PLACEMENT IN THAT SETTING IS DELAYED DUE TO LACK OF  
1379 AVAILABILITY, THE BHE SHALL DOCUMENT THAT IN THE SERVICE PLAN, AND CONTINUE  
1380 TO REASSESS THE CLIENT IN ACCORDANCE WITH SUBPART (A), ABOVE.
- 1381 (3) ASSESSMENTS FOR CONTINUED STAYS IN THE ACUTE TREATMENT SERVICES SETTING  
1382 PAST TEN (10) DAYS SHALL INCLUDE CONSIDERATION REGARDING WHETHER THE CLIENT  
1383 WOULD BE MORE APPROPRIATELY SERVED, AND SHOULD BE TRANSFERRED TO, A  
1384 DIFFERENT LEVEL OF CARE.
- 1385 (4) THE LENGTH OF STAY IN THE ACUTE TREATMENT SERVICES SETTING SHALL NOT EXCEED  
1386 FORTY-FIVE (45) DAYS.
- 1387 (C) A CLIENT MAY ONLY BE ADMITTED INTO A LOCKED SETTING IF THERE IS NO LESS RESTRICTIVE  
1388 APPROPRIATE ALTERNATIVE.
- 1389 (D) A CLIENT MAY BE ADMITTED INTO A LOCKED SETTING ON A VOLUNTARY BASIS, AS LONG AS THE  
1390 FOLLOWING REQUIREMENTS ARE MET AND THE CLIENT SIGNS A FORM THAT DOCUMENTS THE  
1391 FOLLOWING:
- 1392 (1) THE CLIENT IS AWARE THE SETTING IS LOCKED.

- 1393 (2) THE CLIENT HAS THE ABILITY TO EXIT THE SETTING WITH STAFF ASSISTANCE AND/OR  
1394 PERMISSION.
- 1395 (E) A CLIENT WHO IS AN IMMINENT DANGER TO SELF OR OTHERS SHALL ONLY BE ADMITTED TO  
1396 ACUTE TREATMENT SERVICES UPON COMPLETION OF THE BHE'S ASSESSMENT AND  
1397 DETERMINATION THAT THE CLIENT'S SAFETY AND THE SAFETY OF OTHERS CAN BE MAINTAINED.
- 1398 (F) IF A CLIENT IS ADMITTED AND BHE PERSONNEL SUBSEQUENTLY DETERMINE THE CLIENT'S  
1399 BEHAVIOR CANNOT BE SAFELY AND SUCCESSFULLY TREATED IN THE ACUTE TREATMENT  
1400 SERVICES LOCATION, THE BHE SHALL MAKE ARRANGEMENTS TO TRANSFER THE CLIENT TO THE  
1401 NEAREST HOSPITAL OR OTHER APPROPRIATE LEVEL OF CARE FOR FURTHER ASSESSMENT AND  
1402 EVALUATION.
- 1403 (G) THE BHE SHALL HAVE POLICIES THAT IDENTIFY WHEN A CLIENT REQUIRES A PHYSICAL HEALTH  
1404 ASSESSMENT BY A QUALIFIED LICENSED PRACTITIONER, INCLUDING, BUT NOT LIMITED TO:
- 1405 (1) WITHIN TWENTY-FOUR (24) HOURS OF ADMISSION,
- 1406 (2) WHEN THERE IS A SIGNIFICANT CHANGE IN THE CLIENT'S CONDITION,
- 1407 (3) WHEN A CLIENT HAS EVIDENCE OF A POSSIBLE INFECTION, SUCH AS SWELLING OR OPEN  
1408 SORES,
- 1409 (4) WHEN THE CLIENT EXPERIENCES AN INJURY OR ACCIDENT THAT MIGHT CAUSE A  
1410 CHANGE IN CONDITION,
- 1411 (5) WHEN THE CLIENT HAS KNOWN EXPOSURE TO A COMMUNICABLE DISEASE, OR
- 1412 (6) WHEN A CLIENT DEVELOPS ANY CONDITION THAT WOULD HAVE INITIALLY PRECLUDED  
1413 ADMISSION TO THE ACUTE TREATMENT SERVICE SETTING.
- 1414 (H) THE BHE SHALL ENSURE THE CLIENT'S SERVICE PLAN IS CREATED WITHIN TWENTY-FOUR (24)  
1415 HOURS AFTER ADMISSION. SUCH SERVICE PLAN SHALL INCLUDE ANY SPECIAL DIETARY  
1416 INSTRUCTIONS, PHYSICAL OR COGNITIVE LIMITATIONS, AND A DESCRIPTION OF THE SERVICES  
1417 WHICH THE BHE WILL PROVIDE TO MEET THE NEEDS IDENTIFIED IN THE CLIENT'S  
1418 ASSESSMENT(S).
- 1419 (1) THE CLIENT MAY REQUEST A MODIFICATION OF THE SERVICES IDENTIFIED IN THE  
1420 SERVICE PLAN AT ANY TIME.
- 1421 (2) THE SERVICE PLAN SHALL INCLUDE GOALS OF THE ACUTE TREATMENT SERVICES STAY  
1422 AND STANDARDS TO BE MET FOR DISCHARGE.
- 1423 4.3.2 THE BHE SHALL ENSURE ACUTE TREATMENT SERVICES MEET OVERSIGHT, PERSONNEL, AND TRAINING  
1424 REQUIREMENTS IN ACCORDANCE WITH PART 2, WITH THE FOLLOWING ADDITIONS:
- 1425 (A) THE ADMINISTRATOR SHALL HAVE TRAINING IN ASSESSMENT SKILLS, NUTRITION, AND  
1426 IDENTIFYING AND DEALING WITH DIFFICULT SITUATIONS AND BEHAVIOR MANAGEMENT, AND BE  
1427 RESPONSIBLE FOR THE OVERALL DIRECTION AND SUPERVISION OF STAFF.
- 1428 (B) THE CLINICAL DIRECTOR SHALL HAVE TRAINING IN ASSESSMENT AND IDENTIFYING AND TREATING  
1429 INDIVIDUALS WHO DISPLAY BEHAVIORS THAT ARE COMMON TO INDIVIDUALS WITH SEVERE AND  
1430 PERSISTENT MENTAL HEALTH DISORDERS.

- 1431 (C) THE BHE SHALL ENSURE THE STAFFING LEVEL IN EACH PHYSICAL LOCATION PROVIDING ACUTE  
1432 TREATMENT SERVICES IS ADEQUATE TO PROVIDE SERVICES TO MEET THE NEEDS OF THE CLIENTS  
1433 AT THE LOCATION, IN ACCORDANCE WITH THE CLIENTS' SERVICE PLANS.
- 1434 4.3.3 THE BHE SHALL ENSURE COMPLIANCE WITH PART 2.9 OF THIS CHAPTER, REGARDING MEDICATION  
1435 ADMINISTRATION, STORAGE, HANDLING, AND DISPOSAL, WITH THE FOLLOWING ADDITIONS OR  
1436 EXCEPTIONS:
- 1437 (A) CLIENTS SHALL NOT SELF-ADMINISTER MEDICATIONS IN THE ACUTE TREATMENT SETTING.
- 1438 (B) THE CLIENT SHALL SURRENDER ALL PERSONAL MEDICATION UPON ADMISSION, WHICH SHALL BE  
1439 INVENTORIED AND DOCUMENTED ACCORDING TO PART 4.1.5(B)(1).
- 1440 (C) PERSONAL MEDICATION FOR WHICH A CLIENT HAS A CURRENT, VALID PRESCRIPTION, SHALL BE  
1441 RETURNED TO THE CLIENT UPON DISCHARGE, UNLESS CLINICALLY CONTRAINDICATED.
- 1442 (D) PRESCRIPTION AND OVER THE COUNTER MEDICATION SHALL NOT BE KEPT IN STOCK OR BULK  
1443 QUANTITIES UNLESS SUCH MEDICATION IS ADMINISTERED BY A LICENSED PRACTITIONER.
- 1444 4.3.4 THE BHE MAY, BUT IS NOT REQUIRED TO, ALLOW CLIENTS TO SELF-ADMINISTER OXYGEN WHILE  
1445 RECEIVING ACUTE TREATMENT SERVICES. IF SELF-ADMINISTRATION IS ALLOWED, THE BHE SHALL HAVE  
1446 POLICIES AND PROCEDURES REGARDING THE ADMINISTRATION OF OXYGEN, INCLUDING BUT NOT LIMITED  
1447 TO THE FOLLOWING:
- 1448 (A) CLIENTS MAY SELF-ADMINISTER OXYGEN IF THE OXYGEN WAS PRESCRIBED BY A PHYSICIAN AND  
1449 A DETERMINATION HAS BEEN MADE THAT THE CLIENT IS CAPABLE OF SELF-ADMINISTRATION.
- 1450 (B) STAFF SHALL ASSIST WITH THE ADMINISTRATION AS NEEDED FOR SAFETY.
- 1451 (C) THE BHE SHALL ENSURE OXYGEN IS STORED AND HANDLED IN COMPLIANCE WITH STATE AND  
1452 LOCAL REGULATIONS.
- 1453 4.3.5 THE BHE SHALL ESTABLISH WRITTEN HOUSE RULES FOR THE ACUTE TREATMENT SERVICES SETTING  
1454 WHICH DO NOT VIOLATE OR CONTRADICT RULES FOUND IN THIS CHAPTER 3, AND WHICH DO NOT  
1455 RESTRICT AN INDIVIDUAL'S RIGHTS. SUCH HOUSE RULES SHALL BE PROVIDED TO THE CLIENT UPON  
1456 ADMISSION, AND BE PROMINENTLY POSTED AT THE LOCATION SERVICES ARE PROVIDED.
- 1457 4.3.6 ALTERNATE BUILDING STANDARDS. THE FOLLOWING BUILDING STANDARDS SHALL APPLY ONLY TO THE  
1458 PHYSICAL LOCATIONS IN WHICH ACUTE TREATMENT SERVICES ARE PROVIDED AND WHICH WERE LICENSED  
1459 AS AN ACUTE TREATMENT UNIT UNDER 6 CCR 1011-1, CHAPTER 6, PRIOR TO JULY 1, 2021.
- 1460 (A) SUCH LOCATIONS SHALL COMPLY WITH THE STANDARDS INCLUDED IN THIS PART 4.3.6, UNTIL  
1461 SUCH TIME AS AN FGI COMPLIANCE REVIEW IS TRIGGERED IN ACCORDANCE WITH PART 2.2.1(B),  
1462 AT WHICH TIME FGI SHALL APPLY ONLY TO THE IMPACTED AREAS WHILE THE REMAINING AREAS  
1463 CONTINUE TO COMPLY WITH PART 4.3.6.
- 1464 (B) THE INTERIOR ENVIRONMENT SHALL BE CLEAN AND SANITARY, FREE OF HAZARDS TO HEALTH  
1465 AND SAFETY, INCLUDING:
- 1466 (1) LAYOUT, FINISHES, AND FURNISHINGS SHALL MINIMIZE THE OPPORTUNITY FOR  
1467 RESIDENTS TO INJURE THEMSELVES OR OTHERS.
- 1468 (2) INTERIOR AREAS, FINISHES, AND FURNISHINGS SHALL BE MAINTAINED IN GOOD REPAIR  
1469 AND PROMOTE SANITARY CONDITIONS. ALL SPACES SHALL HAVE ADEQUATE HEAT,  
1470 LIGHTING, AND VENTILATION SUFFICIENT FOR ITS INTENDED USE AND CLIENT NEEDS.



- 1471 (3) WINDOWS THAT CAN BE ACCESSED BY CLIENTS SHALL HAVE SECURITY GLAZING OR  
1472 OTHER APPROPRIATE SECURITY FEATURES TO REDUCE THE POSSIBILITY OF INJURY OR  
1473 ELOPEMENT.
- 1474 (4) ITEMS/SUBSTANCES THAT COULD BE USED FOR SELF-HARM OR HARM TO OTHERS,  
1475 INCLUDING, BUT NOT LIMITED TO, SHARP KNIVES AND CLEANING SOLUTIONS, SHALL BE  
1476 APPROPRIATELY LABELLED AND STORED IN A SAFE MANNER, INACCESSIBLE TO CLIENTS.
- 1477 (5) THE PHYSICAL LOCATION SHALL BE MAINTAINED FREE OF INFESTATIONS OF INSECTS  
1478 AND RODENTS AND ALL OPENINGS TO THE OUTSIDE SHALL BE SCREENED.
- 1479 (6) AN ADEQUATE SUPPLY OF SAFE, POTABLE WATER SHALL BE AVAILABLE.
- 1480 (7) HOT WATER SHALL NOT BE MORE THAN 120 DEGREES FAHRENHEIT AT TAPS WHICH ARE  
1481 ACCESSIBLE BY CLIENTS, AND THERE SHALL BE A SUFFICIENT SUPPLY OF HOT WATER TO  
1482 MEET THE NEEDS DURING PEAK USAGE.
- 1483 (C) THE BHE SHALL PROVIDE A CLEAN, SANITARY, AND SECURE EXTERIOR ENVIRONMENT FOR THE  
1484 YEAR-ROUND USE OF CLIENTS, FREE OF HAZARDS TO HEALTH AND SAFETY.
- 1485 (1) EXTERIOR AREAS SHALL BE MAINTAINED TO PREVENT HAZARDOUS SLOPES, HOLES, OR  
1486 OTHER HAZARDS, AND SHALL BE KEPT FREE OF HIGH WEEDS AND GRASS, GARBAGE,  
1487 AND/OR RUBBISH.
- 1488 (2) SECURE OUTDOOR AREAS SHALL BE FENCED OR ENCLOSED TO PREVENT ELOPEMENT  
1489 AND PROTECT THE SAFETY AND SECURITY OF CLIENTS.
- 1490 (D) THE BHE SHALL ENSURE THE FOLLOWING STANDARDS ARE MET REGARDING THE PHYSICAL  
1491 PLANT OF THE ACUTE TREATMENT SERVICES LOCATION:
- 1492 (1) THE LOCATION SHALL BE IN COMPLIANCE WITH ALL APPLICABLE:
- 1493 (A) LOCAL ZONING, HOUSING, FIRE, AND SANITARY CODES AND ORDINANCES OF  
1494 THE CITY, CITY AND COUNTY, OR COUNTY WHERE THE LOCATION IS SITUATED  
1495 TO THE EXTENT THAT SUCH CODES ARE CONSISTENT WITH FEDERAL LAW.
- 1496 (B) STATE AND LOCAL PLUMBING LAWS AND REGULATIONS, INCLUDING THAT  
1497 PLUMBING SHALL BE MAINTAINED IN GOOD REPAIR, FREE OF THE POSSIBILITY  
1498 OF BACKFLOW AND BACKSIPHONAGE THROUGH THE USE OF VACUUM  
1499 BREAKERS AND FIXED AIR GAPS, IN ACCORDANCE WITH STATE AND LOCAL  
1500 CODES.
- 1501 (C) SEWAGE DISPOSAL REQUIREMENTS, INCLUDING THAT SEWAGE SHALL BE  
1502 DISCHARGED INTO A PUBLIC SEWER SYSTEM OR DISPOSED OF IN A MANNER  
1503 APPROVED BY THE LOCAL HEALTH DEPARTMENT, OR LOCAL LAWS IF NO LOCAL  
1504 HEALTH DEPARTMENT EXISTS, AND THE COLORADO WATER QUALITY CONTROL  
1505 COMMISSION.
- 1506 (2) THE BHE SHALL HAVE COMMON AREAS ADEQUATE TO ACCOMMODATE ALL CLIENTS,  
1507 INCLUDING A DESIGNATED DINING AREA CAPABLE OF SEATING ALL CLIENTS, AND  
1508 MEETING THE FOLLOWING ACCESSIBILITY REQUIREMENTS:
- 1509 (A) ALL COMMON AREAS AND DINING AREAS SHALL BE ACCESSIBLE TO CLIENTS  
1510 USING AN AUXILIARY AID WITHOUT REQUIRING TRANSFER FROM A WHEELCHAIR  
1511 TO WALKER OR FROM A WHEELCHAIR TO A REGULAR CHAIR.

- 1512 (B) DOORS TO THE ACCESSIBLE ROOMS SHALL BE AT LEAST THIRTY-TWO (32)  
1513 INCHES WIDE.
- 1514 (C) A MINIMUM OF TWO ENTRYWAYS SHALL BE PROVIDED FOR ACCESS AND  
1515 EGRESS FROM THE BUILDING BY CLIENTS USING A WHEELCHAIR.
- 1516 (3) THE FOLLOWING REQUIREMENTS SHALL BE MET FOR BEDROOMS:
- 1517 (A) NO CLIENT SHALL BE ASSIGNED TO ANY ROOM OTHER THAN A REGULARLY  
1518 DESIGNATED BEDROOM. TEMPORARY OCCUPANCY OF A ROOM NOT  
1519 DESIGNATED AS A BEDROOM IS PERMISSIBLE ON A LIMITED BASIS WHEN THE  
1520 USE OF THE ASSIGNED BEDROOM IS CONTRAINDICATED DUE TO  
1521 CIRCUMSTANCES RELATED TO CLIENT SAFETY OR EMERGENT ISSUES.  
1522 JUSTIFICATION FOR SUCH PLACEMENT, AND THE LENGTH OF PLACEMENT,  
1523 SHALL BE DOCUMENTED IN THE CLIENT RECORD.
- 1524 (B) NO MORE THAN TWO (2) CLIENTS SHALL OCCUPY A BEDROOM.
- 1525 (C) EACH DESIGNATED BEDROOM SHALL HAVE AT LEAST 100 SQUARE FEET FOR A  
1526 SINGLE OCCUPANT, OR 120 SQUARE FEET FOR A DOUBLE OCCUPANCY  
1527 BEDROOM. BATHROOM AREAS AND CLOSETS SHALL NOT BE INCLUDED IN THE  
1528 DETERMINATION OF SQUARE FOOTAGE.
- 1529 (D) EACH CLIENT SHALL HAVE SEPARATE STORAGE FACILITIES ADEQUATE FOR  
1530 PERSONAL ARTICLES, SUCH AS A CLOSET OR LOCKER, AVAILABLE INSIDE THEIR  
1531 BEDROOM. WHEN THE TREATMENT PROGRAM INDICATES, SHELVES SHALL BE  
1532 PROVIDED FOR FOLDED GARMENTS IN LIEU OF HANGING GARMENTS.
- 1533 (E) EACH BEDROOM SHALL INCLUDE A COMFORTABLE, STANDARD-SIZED BED WITH  
1534 A CLEAN MATTRESS, MATTRESS PROTECTOR, AND PILLOW. ROLLAWAY-TYPE  
1535 BEDS, COTS, FOLDING BEDS OR BUNK BEDS SHALL NOT BE PERMITTED.
- 1536 (F) THE BEDROOM SHALL HAVE A SAFE AND SANITARY METHOD TO STORE THE  
1537 CLIENT'S TOWEL, SUCH AS A BREAKAWAY TOWEL RACK.
- 1538 (G) EXTENSION CORDS AND MULTIPLE-USE ELECTRICAL SOCKETS SHALL BE  
1539 PROHIBITED IN CLIENT BEDROOMS.
- 1540 (H) THE BEDROOM SHALL INCLUDE A CHAIR UNLESS CONTRAINDICATED, IN WHICH  
1541 CASE ALTERNATE SEATING SHALL BE PROVIDED IN CLOSE PROXIMITY TO THE  
1542 BEDROOM.
- 1543 (4) THE FOLLOWING STANDARDS SHALL BE MET FOR BATHROOMS:
- 1544 (A) THERE SHALL BE AT LEAST ONE FULL BATHROOM FOR EVERY SIX (6) CLIENTS,  
1545 INCLUDING A TOILET, SINK, TOILET PAPER DISPENSER, MIRROR, TUB OR  
1546 SHOWER, AND TOWEL RACK.
- 1547 (B) BATHROOMS SHALL BE EQUIPPED WITH SOAP DISPENSERS OR THE PHYSICAL  
1548 LOCATION SHALL HAVE A PROCEDURE IN PLACE THAT PREVENTS CLIENTS FROM  
1549 SHARING SOAP.
- 1550 (C) EACH FLOOR WITH BEDROOMS SHALL HAVE AT LEAST ONE BATHROOM WHICH  
1551 CAN BE ACCESSED WITHOUT ENTERING A BEDROOM.

- 1552 (D) THE PHYSICAL LOCATION SHALL HAVE AT LEAST ONE FULL BATHROOM  
1553 ACCESSIBLE TO ANY CLIENT USING AN AUXILIARY AID, INCLUDING PROPERLY-  
1554 INSTALLED GRAB BARS AT EACH TUB AND/OR SHOWER, AND ADJACENT TO EACH  
1555 TOILET.
- 1556 (E) BATHTUBS AND SHOWER FLOORS SHALL HAVE NON-SKID SURFACES.
- 1557 (F) TOILET SEATS SHALL BE CONSTRUCTED OF NON-ABSORBENT MATERIALS AND  
1558 FREE OF CRACKS.
- 1559 (G) CLIENTS SHALL HAVE INDIVIDUALIZED PERSONAL CARE ARTICLES AND  
1560 SUPPLIES, SUCH AS SOAP AND TOWELS, AND SUCH ARTICLES AND SUPPLIES  
1561 SHALL NOT BE SHARED.
- 1562 (H) TOILET PAPER SHALL BE AVAILABLE AT ALL TIMES IN EACH BATHROOM.
- 1563 (I) LIQUID SOAP AND PAPER TOWELS SHALL BE AVAILABLE AT ALL TIMES IN THE  
1564 COMMON BATHROOMS.
- 1565 (5) THE FOLLOWING STANDARDS SHALL BE MET FOR SECLUSION ROOMS:
- 1566 (A) THE SECLUSION ROOM SHALL BE CONSTRUCTED TO PREVENT CLIENT HIDING,  
1567 ESCAPE, INJURY, OR SUICIDE, AND SHALL BE FREE OF ALL PROTRUSIONS,  
1568 SHARP CORNERS, HARDWARE, FIXTURES OR OTHER DEVICES, AND  
1569 FURNISHINGS WHICH MAY CAUSE INJURY TO THE CLIENT.
- 1570 (B) THE SECLUSION ROOM SHALL MAINTAIN A TEMPERATURE APPROPRIATE FOR  
1571 THE SEASON.
- 1572 (C) THE SECLUSION ROOM SHALL BE LOCATED IN A MANNER AFFORDING DIRECT  
1573 OBSERVATION OF THE CLIENT BY BHE STAFF.
- 1574 (D) THE SECLUSION ROOM SHALL HAVE AN AREA OF AT LEAST ONE-HUNDRED (100)  
1575 SQUARE FEET.
- 1576 (E) THE SECLUSION ROOM SHALL HAVE A WINDOW THAT ALLOWS SOMEONE  
1577 OUTSIDE THE ROOM TO SEE INTO ALL OF THE CORNERS OF THE ROOM. ALL  
1578 WINDOWS IN THE SECLUSION ROOM SHALL BE CONSTRUCTED TO PREVENT  
1579 BREAKAGE AND OTHERWISE PREVENT SELF-HARM.
- 1580 (F) DOORS TO THE SECLUSION ROOM SHALL BE AT LEAST THIRTY-TWO (32) INCHES  
1581 WIDE, AND SHALL OPEN OUTWARD.
- 1582 (G) LIGHT FIXTURES AND OTHER ELECTRICAL OUTLETS IN THE SECLUSION ROOM  
1583 SHALL BE LIMITED TO THOSE REQUIRED AND NECESSARY, SHALL BE RECESSED,  
1584 AND SHALL BE CONSTRUCTED TO PREVENT SELF-HARM. SUCH FIXTURES AND  
1585 OUTLETS SHALL BE CONTROLLED BY LABELED ON/OFF SWITCHES LOCATED  
1586 OUTSIDE THE SECLUSION ROOM.
- 1587 (6) THE BHE SHALL MEET THE FOLLOWING REQUIREMENTS REGARDING LINEN AND  
1588 LAUNDRY:
- 1589 (A) THE BHE MAY HAVE LAUNDRY ROOM(S) WITH RESIDENTIAL-STYLE WASHER(S)  
1590 AND DRYER(S) IN AN AREA WITH ADEQUATE SQUARE FOOTAGE AND

- 1591 VENTILATION FOR THE NUMBER OF WASHERS AND/OR DRYERS INCLUDED IN THE  
1592 SPACE.
- 1593 (B) THE LAUNDRY ROOM(S) SHALL NOT BE USED FOR STORAGE OF SOILED OR  
1594 CLEAN LINEN.
- 1595 (C) THERE SHALL BE A SEPARATE ENCLOSED AREA FOR RECEIVING AND HOLDING  
1596 SOILED LINEN UNTIL READY FOR PICKUP OR PROCESSING, IN ADDITION TO A  
1597 SEPARATE ENCLOSED AREA FOR CLEAN LINEN STORAGE.
- 1598 (D) THERE SHALL BE HAND-WASHING, OR OTHER APPROPRIATE HAND-SANITIZING,  
1599 FACILITIES IN EACH AREA WHERE UNBAGGED, SOILED LINEN IS HANDLED.  
1600