Title of Proposed Rule:	**Medication Consistency in Designated Facilities**	
CDHS Tracking #:	**17-12-20-01**	
Office, Division, & Program:	Rule Author:	Phone: 303-866-7405
OBH – CBH	Ryan Templeton	E-Mail: ryan.templeton@state.co.us

STATEMENT OF BASIS AND PURPOSE

Summary of the basis and purpose for new rule or rule change.
Explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule.

To ensure individuals in the criminal or juvenile justice system and the community behavioral health system have access to a broad spectrum of effective medications, Senate Bill 17-019 (27-70, C.R.S.) requires the Department of Human Services to promulgate rules that require providers under the department's authority to use a medication formulary that outlines required medications that are to be made available across all public systems to treat behavioral or mental health disorders.

The proposed rule requires the facilities designated by or contracting with the Office of Behavioral Health to use the medication formulary that was developed in partnership with the Department of Corrections, agencies, and providers.

State Board Authority for Rule:

Code	Description
26-1-107, C.R.S. (2015)	State Board to promulgate rules
26-1-109, C.R.S. (2015)	State department rules to coordinate with federal programs
26-1-111, C.R.S. (2015)	State department to promulgate rules for public assistance and welfare activities.

Program Authority for Rule: *Give federal and/or state citations and a summary of the language authorizing the rule-making function AND authority.*

Code	Description
27-70-103(1)(a), C.R.S.	The department of human services shall promulgate rules that require providers under the department's authority to make available to persons in their custody or care medications listed on the state's medication formulary.

Does the rule incorporate material by reference?	[X]	Yes	[ ]	No
Does this rule repeat language found in statute?	[ ]	Yes	[X]	No

If yes, please explain. The rule references the medication formulary, which is a list of medications, that providers are required follow when prescribing psychiatric medications.

DOCUMENT 2

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REGULATORY ANALYSIS

1. List of groups impacted by this rule.

Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?

Individuals with behavioral or mental health disorders whose care is delivered across multiple health care systems, such as the juvenile or criminal justice system will benefit from the proposed rule, as will service providers. The proposed rule makes it a requirement that facilities make available to persons in their custody or care medications listed on the state's medication formulary, thereby ensuring that these persons have access to effective medication regardless of the setting or service provider.

Federally qualified health care centers, clinics, community mental health centers, community mental health clinics, institutions, acute treatment units and crisis stabilization units designated by the Office of Behavioral Health to provide mental health services bear the burden of these rules as they are statutorily required to follow the medication formulary pursuant to 27-70, C.R.S.

2. Describe the qualitative and quantitative impact.

How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?

By working collaboratively with the criminal and juvenile justice systems and mental health services providers, the state can help ensure individuals with behavioral health or mental health disorders who are involved in these systems have access to a broad spectrum of effective medications and are continued on medications that they had been prescribed by their primary prescriber. Overall costs to facilities and providers may increase due to needing to maintain medications listed on the medication formulary. The Office of Behavioral Health is required to develop and disseminate education and marketing materials for cooperative medication purchasing opportunities, which may help offset some of the medication-related costs for facilities and providers. Overall, by having continuous access to effective medications, individuals are more likely to be successful transitioning between the criminal or juvenile justice system and mental health service providers.

3. Fiscal Impact

For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources. ***Answer should NEVER be just "no impact" answer should include "no impact because…."***

State Fiscal Impact *(Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change)*

Senate Bill 17-019 increased General Funds to the Department of Human Services by $26,000 per year. Of the yearly $26,000 General Fund increase: $24,000 is to be used for medical consultation services for the development and monitoring of the medication formulary; and, the additional $2,000 per year is to be used for the development and dissemination of education and marketing materials for facilities and providers concerning the use of the medication formulary and available cooperative medication purchasing opportunities.

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County Fiscal Impact

No county fiscal impact is expected, because these rules are specific to facilities designated by the Office of Behavioral Health.

Federal Fiscal Impact

No federal fiscal impact is expect, because these rule are specific to facilities designated by the Office of Behavioral Health.

Other Fiscal Impact *(such as providers, local governments, etc.)*

Facilities designated by the Office of Behavioral Health will be impacted by these rules. These designated facilities are statutorily required to provide medications listed on the medication formulary to their patients if their patients are already prescribed these medications. Providers within these facilities are encouraged to refer to the medication formulary when prescribing medications to treat behavioral health disorders.
Facilities providing hospitalization (inpatient) services will bear the largest burden with these rules, as these facilities are statutorily required to use the medication formulary and have the access to the essential medications listed on the formulary. The Office of Behavioral Health is required to develop and disseminate educational and marketing materials for facilities and providers concerning the use of the medication formulary and available cooperative medication purchasing opportunities.

4. Data Description

List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?

The Mental Health Disorders in the Criminal Justice System Task Force, with support from the Medication Consistency Work Group of the Behavioral Health Transformation Council identified three opportunities to ensure individuals with behavioral or mental health disorders who are involved in the criminal or juvenile justice system have consistent access to effective medications across settings and service providers. Those three opportunities include:
1. Ensuring a broad spectrum of medications are available to individuals regardless of their setting or service provider, by requiring facilities and/or providers to adhere to a medication formulary and have access to medications on the formulary;
2. Increase information sharing opportunities across systems and service providers about the use of medications on the medication formulary; and,
3. Provide an opportunity for facilities and providers to enter into cooperative medication purchasing programs to offset the cost of have preferred medications available.
The overall goal of Senate Bill 17-019 is to ensure individuals have access to the medications they need and decrease the likelihood that individuals decompensate when transitioning between services settings, due to disruptions in medication consistency.

The medical consultation which helped create the medication formulary also advised the Office of Behavioral Health on the initial draft of medication consistency rules. The medical consultation focused on what access to medications means, specific to service delivery setting (inpatient vs. outpatient), and what OBH would require if medications on the medication formulary were not prescribed. The rule draft in this packet has had no substantial changes since the initial rule draft was create with this medical consultation support.

Medication Consistency Survey (SB 17-019) Executive Summary

As part of the process of promulgating rules to implement Senate Bill 17-019 to increase medication consistency for people with mental health conditions involved in the criminal justice and juvenile justice system, the Office of Behavioral Health of the Department of Human Services; in consultation with the Department of Corrections and Public Safety, the Colorado Sheriffs Association and the Colorado Jail Association, administered two surveys to members of the Sheriffs Association and the Jail Association during November and December 2017.

Two distinct surveys were sent. The sheriff/jail administrator survey contained 6 questions. The health services administrator survey contained 48 questions. Thirty-three counties responded to each survey, although each cohort did not contain the same counties. Respondents reflected jail sizes statewide:

Number of Sheriffs/Jail Administrators responding

Average Daily Population	**0-50**	**51-150**	**151-250**	**250+**
Number of Counties Responding	14	10	1	9

Number of Health Services Administrators responding

County Designation*	**Frontier**	**Rural**	**Urban**
Number of Counties Responding	8/23 (35%)	13/24 (54%)	12/17 (70%)

*Source: Colorado: County Designations, 2016 Colorado Rural Health Center

Jail Management Systems are used in 23 of the 33 Colorado counties reported and 20 counties use some form of electronic records for all or part of the health record.

All reporting counties conducted some type of mental health screening although there is a wide discrepancy in how the screenings are administered. Screening is done in most counties by the jail intake staff upon booking and concerns or positive results are referred to medical or mental health providers. Standard mental health screening instruments, such as the PHQ9, GAD-7, PTSD, etc., are used to conduct the screenings in 19% of reporting counties.

Most of the reporting counties obtain pharmaceutical services from a local pharmacy either as the main or emergency pharmacy. Diamond Pharmacy, a member of the Minnesota Multi-state Contracting Alliance for Pharmacy (MMCAP), is the pharmacy for 11 counties and 10 counties use either a contract pharmacy or in-house pharmacy. More than half the reporting counties (62%) have a medication formulary. Most of the counties always have access to the medications that are used most frequently.

Jails can continue the psychotropic medications prescribed prior to booking (19 counties can usually continue and 8 counties can continue sometimes) with most of the counties obtaining those medications from either a family/friend, the local pharmacy or contract pharmacy.

Counties reported a range of 0% to 85% as the general percentage of inmates who report taking mental health medications prior to booking, with 36% as the median. The percentage range for mental health

medications after booking was the same, with a median of 35%. It is not known if these percentages reflect unique individuals.

There were many reasons medications might not be provided, whether prescribed before or after booking. Reasons included: a concern the medication might be diverted or misused, the medication is not on the formulary, medication is too expensive, medication cannot be found in the local area, medication is deemed not necessary and inmate non-compliance.

Some medications present barriers for the jails. The benzodiazepine class of medications were frequently cited as not allowed by the facility. Medications prone to abuse/diversion in correctional facilities, such as some antidepressants and narcotics. Rural counties frequently cite the lack of access to a pharmacy as a barrier.

The ways in which medications must be administered (such as by injection, under the tongue, etc.) sometimes affects the medications that can be given. Comments about medication administration methods include the need to have medications that can be crushed, the fact that injections can cause staffing issues and only orally ingested medications are allowed.

The timing or frequency in which a medication is given is not an issue for most of the responding counties (23 out of 29). Some counties report limited medical resources.

Several counties use the Jail Based Behavioral Health Services program to provide re-entry planning. Most counties responded re-entry planning for community mental health care was done or sometimes done. A few counties mentioned that the planning was done when health services was made aware of the impending discharge.

Community mental health care follow-up, by referral or through providing 7 or 30-day medication supply/prescription, is done by 62% of the responding counties. The remaining 11 counties do not arrange for community mental health care. Again, a few counties mentioned that the follow-up care was arranged when health services was made aware of the impending discharge.

The majority of counties contract with a psychiatrist for psychiatric services and four counties have a psychiatrist on staff. Telehealth is used for psychiatry or mental health services in eight of 29 counties.

5. Alternatives to this Rule-making

Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative. **Answer should NEVER be just "no alternative" answer should include "no alternative because…"**

Senate Bill 17-019 requires the Department of Human Services (CDHS) to promulgate rules that require providers under the authority of CDHS to use the medication formulary. Due to the statutory requirement of rule promulgation, no other alternatives were considered.

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OVERVIEW OF PROPOSED RULE

Compare and/or contrast the content of the current regulation and the proposed change.

Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
21.100	A definition is needed to clarify what the medication formulary is.	New	"Medication formulary" means the *Required Formulary Psychotropic Medications: 2018*, which is hereby incorporated by reference. No later editions or amendments are incorporated. The medication formulary is available at no cost from the Colorado Department of Human Services at https://www.colorado.gov/pacific/cdhs/behavioral-health-laws-rules. The medication formulary is also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, CO 80236, during regular business hours. The medication formulary is a list of minimum medications, established pursuant to 27-70-103, C.R.S., that may be used by service providers to increase the likelihood that a broad spectrum of effective medications are available to individuals to treat behavioral health disorders, regardless of the setting or service provider. The medication formulary may not contain a complete list of medications, and providers may prescribe and/or carry any additional medications they deem necessary.	Creates a definition for the medication formulary.	Yes

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Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
21.120.36	A procedure is needed for how facilities utilize the medication formulary.	New	A. Designated facilities shall ensure all clinical staff are aware of and have access to the medication formulary. B. Designated facilities shall ensure their providers have access to the medication formulary when prescribing medications to treat behavioral health disorders.	This rule section establishes the requirement that designated facilities must utilize the medication formulary.	Yes

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STAKEHOLDER COMMENT SUMMARY

Development

The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):

After the Office of Behavioral Health created an initial rule draft, the Behavioral Health Transformation Council, the Mental Health Disorders in the Criminal Justice System Task Force, the Behavioral Health Planning and Advisory Council, and the Mental Health Advisory Board for Service Standards and Regulations were all presented the rule draft and given an opportunity to provide feedback in person or electronically.

This Rule-Making Package

The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:

The Medication Consistency rule draft, along with a feedback survey was posted on Colorado Department of Human Services website. The Office of Behavioral Health informed behavioral health stakeholders through direct contact and through the OBH monthly newsletter that the rule draft was available for review and feedback. Stakeholders specifically targeted for review and feedback on the proposed rule include: Colorado Behavioral Health Care Council; Colorado Hospital Association; Mental Health Colorado; Behavioral Health Transformation Council; Mental Health Disorders in the Criminal Justice System Task Force; Department of Public Health and Environment; Department of Regulatory Agencies; Department of Health Care Policy and Financing; Department of Public Safety; Disability Law Colorado; community mental health centers; community mental health clinics; hospitals; patient advocacy agencies; individuals and families with lived experience; and, law enforcement.

Other State Agencies

Are other State Agencies (such as HCPF or CDPHE) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

[ ] Yes [X] No

If yes, who was contacted and what was their input?

Not applicable

Sub-PAC

Have these rules been reviewed by the appropriate Sub-PAC Committee?

[ ] Yes [X] No

Name of Sub-PAC	Not applicable		
Date presented	Not applicable		
What issues were raised?	Not applicable		
Vote Count	*For*	*Against*	*Abstain*
	n/a	n/a	n/a
If not presented, explain why.	There is not a Behavioral Health Sub-PAC, so this rule-making packet will be presented to PAC on March 8, 2018 without a Sub-PAC review.		

PAC

Have these rules been approved by PAC?

[X] Yes [ ] No

Date presented	This rule-making packet was presented at the March 8, 2018 PAC meeting.		
What issues were raised?	None		
Vote Count	*For*	*Against*	*Abstain*
	Unanimous	0	0
If not presented, explain why.			

Other Comments

Comments were received from stakeholders on the proposed rules:

[X] Yes [ ] No

If "yes" to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.

General Feedback and OBH's response to General feedback

Feedback	Response
CBHC, on behalf of its members, would like to thank the Department and Office of Behavioral Health for their work on drafting these regulations and the associated legislative action. As we review and provide feedback on these rules, we have kept the limitations of SB17-019 in consideration while also voicing our beliefs and suggestions for how Colorado can benefit from organized medication consistency. In spirit, we agree with the importance of promoting medication consistency during the transition from a correctional facility to the community and hope that a formulary will be a helpful tool in increasing this consistency. We would also like to note that outpatient providers serving individuals on Medicaid or other payors will be naturally limited by what medications are allowed under those restraints, and would like to encourage the department to create a formulary that is consistent with common practice. Additionally, CBHC would like to be explicit in stating the difficulty in providing feedback to these rules due to minimal information regarding the medication formulary itself, what medications will be expected to be made available, and how the development process will roll out. We hope that the department will utilize effective	In creating the medication formulary, medications on the Medicaid formulary were closely monitored and aligned to ensure consistency across formularies. Once the medication formulary is officially approved, it will be disseminated statewide by the Office of Behavioral Health. The use of the medication formulary is designed to assist prescribers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to ensure individuals have the best resources available to them to promote recovery, including access to effective medications.

Feedback	Response
stakeholder engagement strategies to ensure that the product of this important regulatory work is clinically informed and pragmatic. Colorado's community mental health centers dedicate significant energy to understanding and incorporating best practices, innovative medications, and the will of patients in medication decision making and we would like to encourage the state to consider these factors and build flexibility to allow them to flourish into the formulary. CBHC's value is that personal autonomy and shared decision making is a critical aspect of successful treatment and we hope the department will create flexibility to allow for patients to have direction and voice in their care. We hope that our members will be closely engaged in the design of the formulary and roll out of these regulations and look forward to working closely with the department to begin this work.	
The use of MUST is worrisome, it should be "if clinically relevant with the current presenting symptoms..." or a variation. We, as an organization or individuals, could be held liable on the civil side (not DORA / licensure) if we refused to continue / fill their opioids… or something that WAS on the formulary and not appropriate for their current condition. There are many grays and exceptions in medicine, to mandate that a medicine MUST be given or have access to should have clinical judgment somewhere in there. thank you.	Senate Bill 17-019 requires providers use and have access to the medications on the medication formulary. The use of the medication formulary is designed to assist prescribers and providers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to ensure individuals have the best resources available to them to promote recovery, including access to effective medications.
The Institutes provide care to people with chronic and serious mental illnesses. The providers utilize evidence based treatments when efficacious. However the majority of research on medication response specifically excludes our patients. The so called evidence often does not cover the folks we serve. The Institutes need access to the complete range of medications available. The providers will not adhere to the formulary but will prescribe based the patient's treatment response.	The use of the medication formulary is designed to assist prescribers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to ensure individuals have the best resources available to them to promote recovery, including access to effective medications.

Feedback and response to feedback on proposed rule section 21.120.31. In response to feedback rule section 21.120.31 was removed from the proposed rule.

CBHC has significant concerns about the optional nature	Pursuant to SB17-019, "provider" and

Feedback	Response
of the formulary for certain facility types in the state. The population that our members serve often receives treatment in various settings throughout their return into the community and progress towards autonomy and allowing one healthcare setting to opt out of this consistency can be detrimental to a patient's health and well-being. That being said, we are aware of the limitations inherent in SB17-019 and would like to encourage the department to develop incentives for all healthcare settings to engage in medication consistency efforts. For the purpose of these rules, we would like to recommend that the department utilizes encouragement language as in "Designated facilities that are residential child care facilities (RCCF) or hospitals ARE ENCOURAGED TO, use the medication formulary at their discretion."	"facility" are statutorily defined terms. The Office of Behavioral Health is required to develop and disseminate education and marketing materials for cooperative medication purchasing opportunities. The Office of Behavioral Health is optimistic that cooperative medication purchasing opportunities will help encourage providers to follow the medications formulary that is designed to provide access to effective medications for all individuals. The Office of Behavioral Health agrees that non-required facilities should be "encourage" to use the medications formulary.

Feedback and response to feedback on proposed rule section 21.120.36

Medication consistency is vital for continuity of care; however, every facility is unique. We can't impose the exact formulary for all facilities (CMHC, clinic, hospitals, acute treatment unit, DOC, and DYS). Individual responses to pharmaceuticals vary greatly; therefore, restricting to only one medication formulary may not be in the best interest of the clients. In regards to cooperative purchasing, the state-operated healthcare facilities are currently part of a group purchasing organization called Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) with members from nearly every state to provide buying power that ensures low prices for members.	The use of the medication formulary is designed to assist prescribers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to ensure individuals have the best resources available to them to promote recovery, including access to effective medications. Prescribers will continue to have access to any medications currently available, the medication formulary is there to ensure that broad range of effective medications are available across service settings. The Office of Behavioral Health is required to develop and disseminate education and marketing materials for cooperative medication purchasing opportunities and the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) is a cooperative purchasing opportunity.
CBHC appreciates the department's efforts to draft these rules in a manner that is simple and true to the legislation associated with them. We would like to encourage the department to utilize language in the regulation that promotes collaboration and an understanding that	The use of the medication formulary is designed to assist prescribers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to

Feedback	Response
provider's clinical considerations are critical to a patient's treatment and medication decisions. In section A, CBHC recommends that a sentence is added to ensure providers who are reading the rule know that their clinical judgment is taken into consideration. We would recommend adding "Prescribes operating in designated facilities shall utilize their clinical judgment in making prescribing decisions in a manner that promotes collaboration and patient autonomy." We hope that having this sentence follow the rule that requires the formulary helps providers understand that their clinical judgment should still be considered when they are selecting a medication on the formulary or documenting why they chose a different medication, as outlined in section B (2). In section C, CBHC recommends that the regulations clarify how the Office of Behavioral Health will work with providers, consumer advocates, and other stakeholder to design, review, and update the formulary. We recommend adding "Updates made to the medication formulary will consider feedback provide to the Office through a stakeholder process that engages providers, consumer advocates, and other related stakeholder groups.	ensure individuals have the best resources available to them to promote recovery, including access to effective medications. The proposed rule has been updated to address the concern of limiting clinical judgement in prescribing of medications. The proposed rule now focuses on how facilities are responsible for informing their clinical staff on the availability and use of the medications on the medication formulary. Statutory section 27-70-103, C.R.S. outlines how the medication formulary is to be updated, so section C has been removed from the proposed rule.
(SECTION 27-70-103(2)(c), C.R.S. states Beginning July 1, 2018, the office shall have the following duties and responsibilities, subject to available appropriations: (a) On or before September 1, 2018, and every September 1 of every even-numbered year thereafter, the office shall conduct a review of the medication formulary to address any urgent concerns related to the formulary and to propose updates to the formulary...) 2 years for URGENT concerns is not adequate with the speed of change in research & medical practice. A process to address urgent human concerns needs to be written. Also you are asking for an opinion without any idea of what will be on & off this list. People's lives are in the details. The Institutes have to use the medications that work & are tolerable to the patient. Most of our patients were	The Office of Behavioral Health is required, by statute, to review the medication formulary every year, even years to address urgent concerns and odd years to align with the Medicaid Formulary. This statutory language addresses the minimum requirements for reviewing and updating the formulary and does not limit the Office of Behavioral Health from updating the formulary on an "as needed" basis. The use of the medication formulary is designed to assist prescribers. The medication formulary is not designed to change the prescriber/patient relationship, rather promote a statewide approach to ensure individuals have the best resources available to them to promote recovery, including access to effective medications.

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Feedback	Response
excluded from evidence based research as too complicated or too ill. Our providers write the condition or diagnosis targeted by the medication but will not spend much time detailing reasons to use nonformulary medications.	Prescribers will continue to have access to any medications currently available, the medication formulary is there to ensure that medications are available across service settings.

(2 CCR 502-1)

21.100 DEFINITIONS

"MEDICATION FORMULARY" MEANS THE *REQUIRED FORMULARY PSYCHOTROPIC MEDICATIONS: 2018*, ~~THE LIST OF MEDICATIONS, ESTABLISHED PURSUANT TO 27-70-103, C.R.S., FOR USE BY SERVICE PROVIDERS TO INCREASE THE LIKELIHOOD THAT A BROAD SPECTRUM OF EFFECTIVE MEDICATIONS ARE AVAILABLE TO INDIVIDUALS TO TREAT BEHAVIORAL HEALTH DISORDERS, REGARDLESS OF THE SETTING OR SERVICE PROVIDER.~~ WHICH IS HEREBY INCORPORATED BY REFERENCE. NO LATER EDITIONS OR AMENDMENTS ARE INCORPORATED. THE MEDICATION FORMULARY IS AVAILABLE AT NO COST FROM THE COLORADO DEPARTMENT OF HUMAN SERVICES AT HTTPS://WWW.COLORADO.GOV/PACIFIC/CDHS/BEHAVIORAL-HEALTH-LAWS-RULES. THE MEDICATION FORMULARY IS ALSO AVAILABLE FOR PUBLIC INSPECTION AND COPYING AT THE COLORADO DEPARTMENT OF HUMAN SERVICES, OFFICE OF BEHAVIORAL HEALTH, 3824 WEST PRINCETON CIRCLE, DENVER, CO 80236, DURING REGULAR BUSINESS HOURS.

THE MEDICATION FORMULARY IS A LIST OF MINIMUM MEDICATIONS, ESTABLISHED PURSUANT TO 27-70-103, C.R.S., THAT MAY BE USED BY SERVICE PROVIDERS TO INCREASE THE LIKELIHOOD THAT A BROAD SPECTRUM OF EFFECTIVE MEDICATIONS ARE AVAILABLE TO INDIVIDUALS TO TREAT BEHAVIORAL HEALTH DISORDERS, REGARDLESS OF THE SETTING OR SERVICE PROVIDER. THE MEDICATION FORMULARY MAY NOT CONTAIN A COMPLETE LIST OF MEDICATIONS, AND PROVIDERS MAY PRESCRIBE AND/OR CARRY ANY ADDITIONAL MEDICATIONS THEY DEEM NECESSARY.

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21.120.36 MEDICATION CONSISTENCY IN DESIGNATED FACILITIES

A. DESIGNATED FACILITIES SHALL ENSURE ALL CLINICAL STAFF ARE AWARE OF AND HAVE ACCESS TO THE MEDICATION FORMULARY.

B. DESIGNATED FACILITIES SHALL ENSURE THEIR PROVIDERS HAVE ACCESS TO ~~USE~~ THE MEDICATIONS ON THE MEDICATION FORMULARY WHEN PRESCRIBING MEDICATIONS TO TREAT BEHAVIORAL HEALTH DISORDERS.