

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 16-1046.01 Kristen Forrestal x4217

**HOUSE BILL 16-1398**

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**HOUSE SPONSORSHIP**

**Young and Landgraf,**

**SENATE SPONSORSHIP**

**Martinez Humenik and Steadman,**

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**House Committees**

Public Health Care & Human Services  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE REQUIREMENT THAT THE DEPARTMENT OF HUMAN**  
102 **SERVICES USE A REQUEST-FOR-PROPOSAL PROCESS TO**  
103 **CONTRACT WITH AN ENTITY TO IMPLEMENT**  
104 **RECOMMENDATIONS OF THE RESPITE CARE TASK FORCE, AND, IN**  
105 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)*

The bill requires the department of human services to use a competitive request for proposal (RFP) process to select an entity to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

HOUSE  
3rd Reading Unamended  
April 29, 2016

HOUSE  
Amended 2nd Reading  
April 27, 2016

contract with to implement recommendations of the respite care task force. In order to be eligible for the contract to implement the recommendations, the entity must serve individuals affected by a disability or a chronic condition across the life span by providing and coordinating respite care and must currently have a role with the Colorado respite coalition. The selected entity is required to:

- ! Ensure that a study is conducted to demonstrate the economic impact of respite care and its benefits for those served;
- ! Create an up-to-date, online inventory of existing training opportunities for providing respite care along with information on how to become a respite care provider;
- ! Develop a more robust statewide training system for individuals wishing to provide respite care;
- ! Ensure that a designated website is available to provide comprehensive information about respite care;
- ! Develop a centralized community outreach and education program about respite care services;
- ! Work with the department of health care policy and financing to standardize the full continuum of respite care options across all Medicaid waivers; and
- ! Work with the state department, the department of health care policy and financing, and the department of public health and environment to streamline the regulatory requirements for facility-based, short-term, overnight respite care.

The bill creates the respite care fund, consisting of general fund money and gifts, grants, and donations, to implement the RFP process and for the implementation of the recommendations.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 7 to article  
3 1 of title 26 as follows:

4 PART 7

5 RESPITE CARE

6 **26-1-701. Legislative declaration.** (1) THE GENERAL ASSEMBLY  
7 HEREBY FINDS AND DECLARES THAT:

8 (a) ON JANUARY 29, 2016, THE RESPITE CARE TASK FORCE,

1 CREATED IN SECTION 26-1-601, COMPLETED A REPORT WITH  
2 RECOMMENDATIONS THAT WAS PRESENTED TO THE GENERAL ASSEMBLY;

3 (b) THE IMPLEMENTATION OF THE RECOMMENDATIONS WOULD  
4 BENEFIT THOSE IN NEED OF RESPITE CARE THROUGHOUT THE LIFE SPAN OF  
5 THOSE IN NEED OF CARE;

6 (c) IT IS WIDELY RECOGNIZED THAT CAREGIVERS OFTEN WORK  
7 TWENTY-FOUR HOURS PER DAY, SEVEN DAYS PER WEEK TO PROVIDE  
8 SERVICES AND MAY LACK SUPPORT AND TOOLS TO LIVE THEIR BEST LIVES;

9 (d) CAREGIVERS NEED ACCESS TO QUALITY AND COMPETENT  
10 RESPITE CARE; AND

11 (e) CAREGIVERS NEED TO TRUST AND DEPEND UPON INDIVIDUALS  
12 PROVIDING RESPITE CARE SERVICES.

13 (2) THEREFORE, IT IS THE INTENT OF THE GENERAL ASSEMBLY TO  
14 ALLOCATE STATE FUNDS TO IMPLEMENT RECOMMENDATIONS OF THE  
15 RESPITE CARE TASK FORCE.

16 **26-1-702. Duties of the state department - contract to**  
17 **implement program - reporting requirement.** (1) THE STATE  
18 DEPARTMENT SHALL USE A COMPETITIVE REQUEST-FOR-PROPOSAL  
19 PROCESS TO SELECT AN ENTITY TO CONTRACT WITH TO IMPLEMENT  
20 RECOMMENDATIONS OF THE RESPITE CARE TASK FORCE CREATED IN  
21 SECTION 26-1-601. THE CONTRACT WITH THE SELECTED ENTITY SHALL  
22 END THIRTY DAYS AFTER THE FOURTH ANNIVERSARY OF THE DATE OF THE  
23 RECEIPT OF THE CONTRACT. IN ORDER TO BE ELIGIBLE FOR THE CONTRACT  
24 TO IMPLEMENT THE RECOMMENDATIONS, THE ENTITY MUST SERVE  
25 INDIVIDUALS AFFECTED BY A DISABILITY OR A CHRONIC CONDITION  
26 ACROSS THE LIFE SPAN BY PROVIDING AND COORDINATING RESPITE CARE  
27 AND MUST CURRENTLY HAVE A PRESENCE IN COLORADO. THE STATE

1 DEPARTMENT SHALL CONTRACT WITH THE ENTITY SELECTED TO  
2 IMPLEMENT THE RECOMMENDATIONS OF THE RESPITE CARE TASK FORCE  
3 AND TO CARRY OUT THE RESPONSIBILITIES DESCRIBED IN SUBSECTION (2)  
4 OF THIS SECTION. THE SELECTED ENTITY SHOULD CONSULT WITH  
5 ORGANIZATIONS THROUGHOUT THE STATE AS IT WORKS TO IMPLEMENT  
6 THE TASK FORCE RECOMMENDATIONS. THE SELECTED ENTITY MAY  
7 SUBCONTRACT WITH COMMUNITY PARTNERS, BUT, IF IT DOES SO, SHALL  
8 IDENTIFY ANY SUCH SUBCONTRACTING IN THE PROPOSAL PROVIDED TO THE  
9 DEPARTMENT.

10 (2) THE ENTITY SELECTED TO IMPLEMENT THE RECOMMENDATIONS  
11 OF THE RESPITE CARE TASK FORCE SHALL:

12 (a) ENSURE THAT A STUDY IS CONDUCTED TO DEMONSTRATE THE  
13 ECONOMIC IMPACT OF RESPITE CARE AND ITS BENEFITS FOR THOSE SERVED.

14 THE STUDY SHOULD:

15 (I) PROVIDE AN ANALYSIS OF THE POPULATIONS THAT ARE  
16 CAREGIVERS AND THE DIFFERENCES BETWEEN THOSE WHO DO AND DO NOT  
17 USE RESPITE CARE SERVICES, INCLUDING IMPACT ON CAREGIVERS;

18 (II) IDENTIFY EXISTING DATA AND AREAS WHERE ADDITIONAL  
19 DATA COULD BE COLLECTED FROM THE DEPARTMENT OF HEALTH CARE  
20 POLICY AND FINANCING AND OTHER RESPITE CARE SOURCES TO EXAMINE  
21 RESPITE CARE UTILIZATION AND THE NEED FOR SUPPORT;

22 (III) SHOW THE IMPACT OF FUNDS SPENT ON RESPITE CARE VERSUS  
23 FUNDS SAVED IN HEALTH CARE;

24 (IV) USE A CONSISTENT EVALUATION TOOL TO ASSESS THE WAIVER  
25 RESPITE CARE PROGRAMS AND ALL COLORADO RESPITE CARE PROGRAMS;

26 AND

27 (V) IDENTIFY DATA POINTS THAT THE COLORADO RESPITE

1 COALITION CAN USE TO COLLECT ADDITIONAL COMPLEMENTARY DATA  
2 FROM CAREGIVERS USING RESPITE CARE SERVICES AND IMPROVE  
3 EVALUATION FOR AGENCIES TO SHOW THE EFFECT OF RESPITE CARE ON  
4 CAREGIVERS, IDENTIFY VARIED NEEDS ACROSS PROGRAMS AND  
5 GEOGRAPHIC AREAS, AND DEMONSTRATE COST SAVINGS OF RESPITE CARE  
6 VERSUS INSTITUTIONALIZATION AND HOSPITALIZATION;

7 (b) CREATE AN UP-TO-DATE, ONLINE INVENTORY OF EXISTING  
8 TRAINING OPPORTUNITIES FOR PROVIDING RESPITE CARE ALONG WITH  
9 INFORMATION ON HOW TO BECOME A RESPITE CARE PROVIDER. THIS  
10 INVENTORY SHALL BE DESIGNED SO THAT IT CAN BE UPDATED OVER TIME  
11 AS ADDITIONAL TRAINING OPTIONS BECOME AVAILABLE. THIS TASK SHALL  
12 BE PRIORITIZED TO OCCUR EARLY IN THE PERIOD COVERED BY THE  
13 CONTRACT.

14 (c) DEVELOP A MORE ROBUST STATEWIDE TRAINING SYSTEM FOR  
15 INDIVIDUALS WISHING TO PROVIDE RESPITE CARE. IN DOING SO, THE  
16 SELECTED ENTITY SHOULD WORK IN PARTNERSHIP WITH NONPROFITS  
17 SERVING FAMILIES IN NEED OF RESPITE AND WITH INTERESTED  
18 INSTITUTIONS OF HIGHER EDUCATION. OVER TIME, THE STATEWIDE  
19 TRAINING SYSTEM SHOULD ENSURE THAT:

20 (I) TRAINING IS AVAILABLE IN MULTIPLE SETTINGS AND FORMATS;

21 (II) CORE TRAINING ELEMENTS ARE BASED ON NATIONAL MODELS,  
22 USE A PERSON-CENTERED APPROACH, ADDRESS CORE COMPETENCIES, AND  
23 ARE EVIDENCE-BASED OR EVIDENCE-INFORMED;

24 (III) MULTI-TIERED TRAINING IS AVAILABLE THAT RECOGNIZES  
25 THERE ARE DIFFERENT LEVELS OF CARE THAT MAY BE REQUIRED; AND

26 (IV) TRAINING IS AVAILABLE FOR PRIMARY CAREGIVERS.

27 

1 (d) ENSURE THAT A DESIGNATED WEBSITE IS AVAILABLE TO  
2 PROVIDE COMPREHENSIVE INFORMATION ABOUT RESPITE CARE IN  
3 COLORADO AND TO SERVE AS AN ACCESS POINT FOR SERVICES  
4 THROUGHOUT THE STATE;

5 (e) DEVELOP A CENTRALIZED COMMUNITY OUTREACH AND  
6 EDUCATION PROGRAM ABOUT RESPITE CARE SERVICES IN COLORADO THAT  
7 INCLUDES FUNDING FOR START-UP AND OUTREACH COSTS AND ONGOING  
8 ACTIVITIES, PAID STAFF OR CONTRACTORS, AND THE LEVERAGING OF  
9 EXISTING RESOURCES TO SUPPORT THE DESIGN AND DISSEMINATION OF  
10 MESSAGING AND MARKETING MATERIALS;

11 (f) WORK WITH THE DEPARTMENT OF HEALTH CARE POLICY AND  
12 FINANCING TO STANDARDIZE THE FULL CONTINUUM OF RESPITE CARE  
13 OPTIONS ACROSS ALL MEDICAID WAIVERS; AND

14 (g) WORK WITH THE STATE DEPARTMENT, THE DEPARTMENT OF  
15 HEALTH CARE POLICY AND FINANCING, AND THE DEPARTMENT OF PUBLIC  
16 HEALTH AND ENVIRONMENT TO STREAMLINE THE REGULATORY  
17 REQUIREMENTS FOR FACILITY-BASED, SHORT-TERM, OVERNIGHT RESPITE  
18 CARE.

19 (3) WITHIN THIRTY DAYS AFTER THE FIRST ANNIVERSARY OF THE  
20 DATE OF THE RECEIPT OF THE CONTRACT, AND EACH YEAR THEREAFTER  
21 DURING THE CONTRACT PERIOD, THE SELECTED ENTITY SHALL REPORT ITS  
22 PROGRESS TO THE HEALTH, INSURANCE, AND ENVIRONMENT AND THE  
23 PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEES OF THE HOUSE  
24 OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE  
25 OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES.

26 **26-1-703. Respite care task force fund - creation.** (1) THERE IS  
27 HEREBY CREATED IN THE STATE TREASURY THE RESPITE CARE TASK FORCE

1 FUND, REFERRED TO IN THIS SECTION AS THE "FUND", TO PROVIDE MONEY  
2 TO THE STATE DEPARTMENT FOR THE REQUEST-FOR-PROPOSAL PROCESS  
3 PURSUANT TO SECTION 26-1-702. THE FUND CONSISTS OF ANY MONEY  
4 APPROPRIATED BY THE GENERAL ASSEMBLY TO THE FUND AND ANY GIFTS,  
5 GRANTS, AND DONATIONS TO THE FUND FROM PRIVATE OR PUBLIC SOURCES  
6 FOR THE PURPOSES OF THIS ARTICLE. ALL PRIVATE AND PUBLIC FUNDS  
7 RECEIVED THROUGH GIFTS, GRANTS, AND DONATIONS SHALL BE  
8 TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE SAME  
9 TO THE FUND. MONEY IN THE FUND SHALL BE CONTINUOUSLY  
10 APPROPRIATED BY THE GENERAL ASSEMBLY TO THE STATE DEPARTMENT  
11 FOR THE PURPOSES SPECIFIED IN THIS PART 7. ANY UNEXPENDED AND  
12 UNENCUMBERED MONEY REMAINING IN THE FUND AT THE END OF ANY  
13 FISCAL YEAR SHALL REMAIN IN THE FUND AND SHALL NOT BE  
14 TRANSFERRED TO THE GENERAL FUND OR ANY OTHER FUND.

15 (2) ON JULY 1, 2016, THE STATE TREASURER SHALL TRANSFER  
16 NINE HUNDRED THOUSAND DOLLARS FROM THE INTELLECTUAL AND  
17 DEVELOPMENTAL DISABILITIES SERVICES CASH FUND CREATED IN SECTION  
18 25.5-10-207, C.R.S., TO THE GENERAL FUND FOR THE PURPOSES OF THIS  
19 PART 7. THE STATE DEPARTMENT MAY NOT USE MORE THAN THREE  
20 PERCENT OF THE MONEY FOR ADMINISTRATIVE COSTS.

21 **SECTION 2. Appropriation.** For the 2016-17 state fiscal year,  
22 \$900,000 is appropriated to the department of human services. This  
23 appropriation is from the general fund. To implement this act, the  
24 department may use this appropriation for the implementation of the  
25 respite care task force recommendations. Any money appropriated in this  
26 section not expended prior to July 1, 2017, is further appropriated to the  
27 department for the 2017-18 state fiscal year for the same purpose.

1           **SECTION 3. Effective date.** This act takes effect July 1, 2016.

2           **SECTION 4. Safety clause.** The general assembly hereby finds,  
3 determines, and declares that this act is necessary for the immediate  
4 preservation of the public peace, health, and safety.