

Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 20-1199.02 Shelby Ross x4510

HOUSE BILL 20-1384

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HOUSE SPONSORSHIP

Esgar and McCluskie,

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Moreno, Zenzinger, Rankin

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House Committees  
Appropriations

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING THE DELAY OF DEPARTMENT IMPLEMENTATION OF  
102 HIGH-FIDELITY WRAPAROUND SERVICES FOR ELIGIBLE AT-RISK  
103 CHILDREN UNLESS MONEY IS APPROPRIATED FOR THE SERVICES,  
104 AND, IN CONNECTION THEREWITH, REDUCING APPROPRIATIONS.

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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://leg.colorado.gov/>.)*

**Joint Budget Committee.** The bill removes the requirement that the department of health care policy and financing and the department of human services implement high-fidelity wraparound services for children

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

and youth at risk of out-of-home placement or in an out-of-home placement unless money is appropriated for the implementation of the services.

The bill removes the requirement that the department of public health and environment provide statewide training for primary care providers on the standardized screening tools unless money is appropriated for the training.

The bill reduces appropriations to the department of health care policy and financing and the department of human services.

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

2 **SECTION 1.** In Colorado Revised Statutes, **amend** 25-55-101 as  
3 follows:

4 **25-55-101. Training on standardized screening tools and**  
5 **standardized assessment tool.** Following the selection of the  
6 standardized screening tools, as described in section 27-62-103, AND  
7 SUBJECT TO AVAILABLE APPROPRIATIONS, the department of public health  
8 and environment shall ensure adequate statewide training on the  
9 standardized screening tools for primary care providers and other  
10 interested health care professionals who care for children, ensuring that  
11 training is offered at no cost to the professional. Training services may be  
12 contracted out to a third party.

13 **SECTION 2.** In Colorado Revised Statutes, 25.5-5-803, **amend**  
14 (1), (2), and (4) as follows:

15 **25.5-5-803. High-fidelity wraparound services for children**  
16 **and youth - federal approval - reporting.** (1) ~~No later than July 1, 2020~~  
17 SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall seek  
18 federal authorization from the federal centers for medicare and medicaid  
19 services to provide wraparound services for eligible children and youth  
20 who are at risk of out-of-home placement or in an out-of-home

1 placement. Prior to seeking federal authorization, the state department  
2 shall seek input from relevant stakeholders including counties, managed  
3 care entities participating in the statewide managed care system, families  
4 of children and youth with behavioral health disorders, communities that  
5 have previously implemented wraparound services, mental health  
6 professionals, and other relevant departments. The state department shall  
7 consider tiered care coordination as an approach when developing the  
8 wraparound model.

9 (2) Upon federal authorization, AND SUBJECT TO AVAILABLE  
10 APPROPRIATIONS, the state department shall require managed care entities  
11 to implement wraparound services, which may be contracted out to a third  
12 party. SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall  
13 contract with the department of human services and office of behavioral  
14 health to ensure care coordinators and those responsible for implementing  
15 wraparound services have adequate training and resources to support  
16 children and youth who may have co-occurring diagnoses, including  
17 behavioral health disorders and physical or intellectual or developmental  
18 disabilities. Attention must also be given to the geographic diversity of  
19 the state in designing this program in rural communities.

20 (4) SUBJECT TO AVAILABLE APPROPRIATIONS, the state department  
21 shall work collaboratively with the department of human services,  
22 counties, and other departments, as appropriate, to develop and  
23 implement wraparound services for children and youth at risk of  
24 out-of-home placement or in an out-of-home placement. The department  
25 of human services shall oversee that the wraparound services are  
26 delivered with fidelity to the model. As part of routine collaboration, AND  
27 SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall

1 develop a model of sustainable funding for wraparound services in  
2 consultation with the department of human services. Wraparound services  
3 provided to eligible children and youth pursuant to this section must be  
4 covered under the "Colorado Medical Assistance Act", articles 4, 5, and  
5 6 of this title 25.5, SUBJECT TO AVAILABLE APPROPRIATIONS. The state  
6 department may use targeting criteria to ramp up wraparound services as  
7 service capacity increases, or temporarily, as necessary, to meet certain  
8 federal financial participation requirements.

9           **SECTION 3.** In Colorado Revised Statutes, **amend 25.5-5-804**  
10 as follows:

11           **25.5-5-804. Integrated funding pilot.** ~~No later than July 1, 2020~~  
12 SUBJECT TO AVAILABLE APPROPRIATIONS, the state department, in  
13 conjunction with the department of human services, counties, and other  
14 relevant departments, shall design and recommend a child and youth  
15 behavioral health delivery system pilot program that addresses the  
16 challenges of fragmentation and duplication of behavioral health services.  
17 The pilot program shall integrate funding for behavioral health  
18 intervention and treatment services across the state to serve children and  
19 youth with behavioral health disorders. To implement the provisions of  
20 this section, the state department shall collaborate with the department of  
21 human services and other relevant stakeholders, including counties,  
22 managed care entities, and families.

23           **SECTION 4.** In Colorado Revised Statutes, 27-62-102, **amend**  
24 (2) as follows:

25           **27-62-102. High-fidelity wraparound services for children and**  
26 **youth - interagency coordination - reporting.** (2) SUBJECT TO  
27 AVAILABLE APPROPRIATIONS, two full-time staff persons shall be

1 appointed by the executive director of the department of human services  
2 to support and facilitate interagency coordination pursuant to this article  
3 62, part 8 of article 5 of title 25.5, and any other related interagency  
4 behavioral health efforts as determined by the executive director of the  
5 department of human services.

6 **SECTION 5.** In Colorado Revised Statutes, **amend** 27-62-103 as  
7 follows:

8 **27-62-103. Standardized assessment tool - standardized**  
9 **screening tools - interagency coordination - single referral and entry**  
10 **point. (1) Standardized assessment tool.** ~~No later than July 1, 2020~~

11 SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall select  
12 a single standardized assessment tool to facilitate identification of  
13 behavioral health issues and other related needs in children and youth and  
14 to develop a plan to implement the tool for programmatic utilization. The  
15 state department shall consult with the department of health care policy  
16 and financing, managed care entities, counties, stakeholders, and other  
17 relevant departments, as appropriate, prior to selecting the tool.

18 **(2) Standardized screening tools.** ~~No later than July 1, 2020~~

19 SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall select  
20 developmentally appropriate and culturally competent statewide  
21 behavioral health standardized screening tools for primary care providers  
22 serving children, youth, and caregivers in the perinatal period, including  
23 postpartum women. The state department and the department of human  
24 services may make the tools available electronically for health care  
25 professionals and the public. Prior to the adoption of the standardized  
26 assessment tool described in subsection (1) of this section, and the  
27 standardized screening tools described in this subsection (2), the state

1 department shall lead a public consultation process involving relevant  
2 stakeholders, including health care professionals and managed care  
3 entities, with input from the department of health care policy and  
4 financing, the department of public health and environment, and the  
5 division of insurance.

6 (3) **Single statewide referral and entry point.** ~~No later than July~~  
7 ~~1, 2020~~ SUBJECT TO AVAILABLE APPROPRIATIONS, the state department,  
8 in conjunction with the department of health care policy and financing,  
9 the department of public health and environment, and other relevant  
10 departments and counties, as necessary, shall develop a plan for  
11 establishing a single statewide referral and entry point for children and  
12 youth who have a positive behavioral health screening or whose needs are  
13 identified through a standardized assessment. In developing the single  
14 statewide referral and entry point plan, the state department shall seek  
15 input from relevant stakeholders, including counties, managed care  
16 entities participating in the statewide managed care system, families of  
17 children and youth with behavioral health disorders, communities that  
18 have previously implemented wraparound services, mental health  
19 professionals, and other relevant departments.

20 **SECTION 6. Appropriation - adjustments to 2020 long bill.**

21 (1) To implement this act, the general fund appropriations made in the  
22 annual general appropriation act for the 2020-21 state fiscal year to the  
23 department of health care policy and financing are adjusted as follows:

24 (a) The appropriation for use by the executive director's office for  
25 personal services is decreased by \$236,000, and the related FTE is  
26 decreased by 3.9 FTE;

27 (b) The appropriation for use by the executive director's office for

1 operating expenses is decreased by \$3,331;

2 (c) The appropriation for use by the executive director's office for  
3 general professional services and special projects is decreased by  
4 \$120,871;

5 (d) The appropriation for use by the executive director's office for  
6 medicaid management information system maintenance and projects,  
7 which is subject to the "(M)" notation as defined in the annual general  
8 appropriation act for the same fiscal year, is decreased by \$154,790;

9 (e) The appropriation for use by the executive director's office for  
10 customer outreach, which is subject to the "(M)" notation as defined in  
11 the annual general appropriation act for the same fiscal year, is decreased  
12 by \$12,500; and

13 (f) The appropriation for use by department of human services  
14 medicaid-funded programs for community behavioral health  
15 administration, which is subject to the "(M)" notation as defined in the  
16 annual general appropriation act for the same fiscal year, is decreased by  
17 \$150,000.

18 (2) The decrease in subsection (1) of this section is based on the  
19 assumption that the anticipated amount of federal funds received for the  
20 2020-21 state fiscal year by the department of health care policy and  
21 financing will decrease by the following amounts:

22 (a) \$149,345 for use by the executive director's office for personal  
23 services;

24 (b) \$1,419 for use by the executive director's office for operating  
25 expenses;

26 (c) \$34,938 for use by the executive director's office for general  
27 professional services and special projects;

1 (d) \$464,369 for use by the executive director's office for  
2 medicaid management information system maintenance and projects;

3 (e) \$12,500 for use by the executive director's office for customer  
4 outreach; and

5 (f) \$150,000 for use by department of human services  
6 medicaid-funded programs for community behavioral health  
7 administration.

8 (3) The figure included in the annual general appropriation act for  
9 the 2020-21 state fiscal year for informational purposes only as  
10 reappropriated funds under subsections (1)(f) and (2)(f) of this section to  
11 the department of human services for use by the office of behavioral  
12 health for personal services related to community behavioral health  
13 administration is decreased by \$300,000.

14 (4) To implement this act, the general fund appropriations made  
15 in the annual general appropriation act for the 2020-21 state fiscal year to  
16 the department of human services for the office of behavioral health are  
17 adjusted as follows:

18 (a) The appropriation for personal services related to community  
19 behavioral health administration is decreased by \$175,238, and the related  
20 FTE is decreased by 2.5 FTE; and

21 (b) The appropriation for operating expenses related to community  
22 behavioral health administration is decreased by \$20,142.

23 **SECTION 7. Safety clause.** The general assembly hereby finds,  
24 determines, and declares that this act is necessary for the immediate  
25 preservation of the public peace, health, or safety.