

**Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

ENGROSSED

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

LLS NO. 20-1199.02 Shelby Ross x4510

HOUSE BILL 20-1384

HOUSE SPONSORSHIP

Esgar and McCluskie,

SENATE SPONSORSHIP

Moreno, Zenzinger, Rankin

House Committees
Appropriations

Senate Committees

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.**

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.

HOUSE
Amended 2nd Reading
June 1, 2020

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.

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 (5) To implement this act, the general fund appropriation made in
24 the annual general appropriation act for the 2020-21 state fiscal year to
25 the department of public health and environment for use by the prevention
26 services division for suicide prevention is decreased by \$108,640, and the
27 related FTE is decreased by 0.2 FTE.

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