

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 16-1046.01 Kristen Forrestal x4217

HOUSE BILL 16-1398

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HOUSE SPONSORSHIP

Young and Landgraf,

SENATE SPONSORSHIP

(None),

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House Committees

Public Health Care & Human Services

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.

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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 contract with to implement recommendations of the respite care task

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.*

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,  
9 CREATED IN SECTION 26-1-601, COMPLETED A REPORT WITH

1 RECOMMENDATIONS THAT WAS PRESENTED TO THE GENERAL ASSEMBLY;

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

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

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

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

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

15 **26-1-702. Duties of the state department - contract to**  
16 **implement program - reporting requirement.** (1) THE STATE  
17 DEPARTMENT SHALL USE A COMPETITIVE REQUEST-FOR-PROPOSAL  
18 PROCESS TO SELECT AN ENTITY TO CONTRACT WITH TO IMPLEMENT  
19 RECOMMENDATIONS OF THE RESPITE CARE TASK FORCE CREATED IN  
20 SECTION 26-1-601. THE CONTRACT WITH THE SELECTED ENTITY SHALL  
21 END THIRTY DAYS AFTER THE FOURTH ANNIVERSARY OF THE DATE OF THE  
22 RECEIPT OF THE CONTRACT. IN ORDER TO BE ELIGIBLE FOR THE CONTRACT  
23 TO IMPLEMENT THE RECOMMENDATIONS, THE ENTITY MUST SERVE  
24 INDIVIDUALS AFFECTED BY A DISABILITY OR A CHRONIC CONDITION  
25 ACROSS THE LIFE SPAN BY PROVIDING AND COORDINATING RESPITE CARE  
26 AND MUST CURRENTLY HAVE A ROLE WITH THE COLORADO RESPITE  
27 COALITION. THE STATE DEPARTMENT SHALL CONTRACT WITH THE ENTITY

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

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

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

13 THE STUDY SHOULD:

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

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

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

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

25 AND

26 (V) IDENTIFY DATA POINTS THAT THE COLORADO RESPITE  
27 COALITION CAN USE TO COLLECT ADDITIONAL COMPLEMENTARY DATA

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

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

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

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

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

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

25 (IV) TRAINING IS AVAILABLE FOR PRIMARY CAREGIVERS; AND

26 (V) CULTURAL COMPETENCY IS INCLUDED IN TRAINING.

27 (d) ENSURE THAT A DESIGNATED WEBSITE IS AVAILABLE TO

1 PROVIDE COMPREHENSIVE INFORMATION ABOUT RESPITE CARE IN  
2 COLORADO AND TO SERVE AS AN ACCESS POINT FOR SERVICES  
3 THROUGHOUT THE STATE;

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

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

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

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

25 **26-1-703. Respite care task force fund - creation.** THERE IS  
26 HEREBY CREATED IN THE STATE TREASURY THE RESPITE CARE TASK FORCE  
27 FUND, REFERRED TO IN THIS SECTION AS THE "FUND", TO PROVIDE MONEY

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

14 **SECTION 2. Effective date.** This act takes effect July 1, 2016.

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