

## CHAPTER 172

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**HUMAN SERVICES - BEHAVIORAL HEALTH**

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**HOUSE BILL 20-1384**

BY REPRESENTATIVE(S) Esgar and McCluskie, Michaelson Jenet, Arndt, Bird, Duran, Exum, Mullica, Sirota, Snyder, Valdez A., Young;  
also SENATOR(S) Moreno, Zenzinger, Rankin, Danielson.

**AN ACT**

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

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

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

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

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

**25.5-5-803. High-fidelity wraparound services for children and youth - federal approval - reporting.** (1) ~~No later than July 1, 2020~~ **SUBJECT TO AVAILABLE APPROPRIATIONS**, the state department shall seek federal authorization from the federal centers for medicare and medicaid services to provide wraparound services for eligible children and youth who are at risk of out-of-home placement or in an out-of-home placement. Prior to seeking federal authorization, the state department shall seek input from relevant stakeholders including counties, managed care entities participating in the statewide managed care system, families of children

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

and youth with behavioral health disorders, communities that have previously implemented wraparound services, mental health professionals, and other relevant departments. The state department shall consider tiered care coordination as an approach when developing the wraparound model.

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

(4) SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall work collaboratively with the department of human services, counties, and other departments, as appropriate, to develop and implement wraparound services for children and youth at risk of out-of-home placement or in an out-of-home placement. The department of human services shall oversee that the wraparound services are delivered with fidelity to the model. As part of routine collaboration, AND SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall develop a model of sustainable funding for wraparound services in consultation with the department of human services. Wraparound services provided to eligible children and youth pursuant to this section must be covered under the "Colorado Medical Assistance Act", articles 4, 5, and 6 of this title 25.5, SUBJECT TO AVAILABLE APPROPRIATIONS. The state department may use targeting criteria to ramp up wraparound services as service capacity increases, or temporarily, as necessary, to meet certain federal financial participation requirements.

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

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

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

**27-62-102. High-fidelity wraparound services for children and youth - interagency coordination - reporting.** (2) SUBJECT TO AVAILABLE APPROPRIATIONS, two full-time staff persons shall be appointed by the executive director of the department of human services to support and facilitate interagency coordination pursuant to this article 62, part 8 of article 5 of title 25.5, and any other

related interagency behavioral health efforts as determined by the executive director of the department of human services.

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

**27-62-103. Standardized assessment tool - standardized screening tools - interagency coordination - single referral and entry point.** (1) **Standardized assessment tool.** ~~No later than July 1, 2020~~ SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall select a single standardized assessment tool to facilitate identification of behavioral health issues and other related needs in children and youth and to develop a plan to implement the tool for programmatic utilization. The state department shall consult with the department of health care policy and financing, managed care entities, counties, stakeholders, and other relevant departments, as appropriate, prior to selecting the tool.

(2) **Standardized screening tools.** ~~No later than July 1, 2020~~ SUBJECT TO AVAILABLE APPROPRIATIONS, the state department shall select developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers serving children, youth, and caregivers in the perinatal period, including postpartum women. The state department and the department of human services may make the tools available electronically for health care professionals and the public. Prior to the adoption of the standardized assessment tool described in subsection (1) of this section, and the standardized screening tools described in this subsection (2), the state department shall lead a public consultation process involving relevant stakeholders, including health care professionals and managed care entities, with input from the department of health care policy and financing, the department of public health and environment, and the division of insurance.

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

**SECTION 6. Appropriation - adjustments to 2020 long bill.** (1) To implement this act, the general fund appropriations made in the annual general appropriation act for the 2020-21 state fiscal year to the department of health care policy and financing are adjusted as follows:

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

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

expenses is decreased by \$3,331;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.5 FTE; and

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

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

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

Approved: June 29, 2020