

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**



HOUSE BILL 24-1038

BY REPRESENTATIVE(S) Young and Bradley, Duran, Evans, Froelich, Joseph, Pugliese, Amabile, Bacon, Bird, Boesenecker, Brown, Daugherty, deGruy Kennedy, English, Hamrick, Herod, Jodeh, Kipp, Lieder, Lindsay, Lukens, Marshall, McLachlan, Ortiz, Rutinel, Sirota, Snyder, Story, Taggart, Titone, McCluskie, Clifford, Valdez;  
also SENATOR(S) Kirkmeyer and Fields, Michaelson Jenet, Zenzinger, Bridges, Buckner, Cutter, Exum, Ginal, Jaquez Lewis, Mullica, Priola, Roberts.

CONCERNING ADDRESSING THE HIGH-ACUITY CRISIS FOR CHILDREN AND YOUTH IN NEED OF RESIDENTIAL CARE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

**SECTION 1.** In Colorado Revised Statutes, **add** part 20 to article 6 of title 25.5 as follows:

PART 20  
SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH  
COMPLEX BEHAVIORAL HEALTH NEEDS

*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.*

**25.5-6-2001. System of care for children and youth - federal authorization - leadership and implementation team - report - rules - definition.** (1) NO LATER THAN JULY 1, 2024, THE STATE DEPARTMENT, IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION, AND THE DEPARTMENT OF HUMAN SERVICES PURSUANT TO ARTICLE 64.5 OF TITLE 27, SHALL BEGIN DEVELOPING A SYSTEM OF CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL HEALTH NEEDS. AT A MINIMUM, THE SYSTEM OF CARE MUST INCLUDE:

(a) IMPLEMENTATION OF A STANDARDIZED ASSESSMENT TOOL THAT:

(I) EXPANDS UPON AND MODIFIES THE ASSESSMENT TOOL DESCRIBED IN SECTION 19-1-115 (4)(e)(I);

(II) MAKES RECOMMENDATIONS REGARDING THE APPROPRIATE LEVEL OF CARE NECESSARY TO MEET THE CHILD'S OR YOUTH'S TREATMENT NEEDS;

(III) INFORMS THE CHILD'S OR YOUTH'S TREATMENT PLANNING, INCLUDING BEHAVIORAL HEALTH PROGRAMMING AND MEDICAL NEEDS; AND

(IV) IS ADMINISTERED TO CHILDREN AND YOUTH WHO ARE ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM OR ANY CHILD OR YOUTH WHO MEETS THE REFERRAL REQUIREMENTS ESTABLISHED BY THE BEHAVIORAL HEALTH ADMINISTRATION PURSUANT TO ARTICLE 64.5 OF TITLE 27;

(b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM;

(c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH PURSUANT TO SUBSECTION (4) OF THIS SECTION; AND

(d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED IN SECTION 26-6-903, PURSUANT TO SUBSECTION (5) OF THIS SECTION.

(2)(a) NO LATER THAN NOVEMBER 1, 2024, THE STATE DEPARTMENT SHALL CONVENE A LEADERSHIP TEAM THAT IS RESPONSIBLE FOR THE DECISION-MAKING AND OVERSIGHT OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL HEALTH NEEDS.

(b) THE LEADERSHIP TEAM CONSISTS OF THE FOLLOWING MEMBERS:

(I) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(III) THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, OR THE COMMISSIONER'S DESIGNEE;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(V) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR THE COMMISSIONER'S DESIGNEE;

(VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(VII) THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, OR THE COMMISSIONER'S DESIGNEE;

(VIII) ONE COUNTY COMMISSIONER, OR THE COUNTY COMMISSIONER'S DESIGNEE, FROM THE EASTERN REGION, THE FRONT RANGE REGION, THE MOUNTAIN REGION, THE SOUTHERN REGION, AND THE WESTERN REGION, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY COMMISSIONERS;

(IX) ONE COUNTY COMMISSIONER AT LARGE, OR A COUNTY COMMISSIONER'S DESIGNEE;

(X) ONE DIRECTOR OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES AT LARGE, OR THE DIRECTOR'S DESIGNEE, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES DIRECTORS;

(XI) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED

EXPERIENCE USING CHILDREN'S OR YOUTH'S BEHAVIORAL HEALTH SERVICES, APPOINTED BY THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION; AND

(XII) ONE OR MORE REPRESENTATIVES FROM A CONSUMER ADVOCACY ORGANIZATION, APPOINTED BY THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION.

(c) THE LEADERSHIP TEAM HAS THE FOLLOWING DUTIES AND RESPONSIBILITIES:

(I) TO EVALUATE THE PERFORMANCE AND EFFECTIVENESS OF THE STATE DEPARTMENT IN THE DEVELOPMENT OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH COMPLEX BEHAVIORAL HEALTH NEEDS;

(II) TO OVERSEE AND ADVISE THE STRATEGIC DIRECTION OF THE DEVELOPMENT OF THE SYSTEM OF CARE; AND

(III) TO PROVIDE FISCAL OVERSIGHT OF THE STATE DEPARTMENT'S DEVELOPMENT AND OVERSIGHT OF THE SYSTEM OF CARE.

(3) (a) NO LATER THAN OCTOBER 1, 2024, THE STATE DEPARTMENT SHALL CONVENE AN IMPLEMENTATION TEAM THAT SHALL CREATE A PLAN TO IMPLEMENT THE SYSTEM OF CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL HEALTH NEEDS.

(b) THE IMPLEMENTATION TEAM CONSISTS OF THE FOLLOWING MEMBERS:

(I) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(III) THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES, OR THE COMMISSIONER'S DESIGNEE;

(IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC

HEALTH AND ENVIRONMENT, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(V) THE COMMISSIONER OF THE DEPARTMENT OF EDUCATION, OR THE COMMISSIONER'S DESIGNEE;

(VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF EARLY CHILDHOOD, OR THE EXECUTIVE DIRECTOR'S DESIGNEE;

(VII) THE COMMISSIONER OF THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, OR THE COMMISSIONER'S DESIGNEE;

(VIII) ONE OR MORE COUNTY COMMISSIONERS, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY COMMISSIONERS;

(IX) ONE OR MORE DIRECTORS OF A COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES, OR THE DIRECTOR'S DESIGNEE, AS DESIGNATED BY THE STATEWIDE ORGANIZATION THAT REPRESENTS COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES DIRECTORS;

(X) ONE OR MORE FAMILIES OR INDIVIDUALS WITH LIVED EXPERIENCE USING CHILDREN'S OR YOUTH'S BEHAVIORAL HEALTH SERVICES, APPOINTED BY THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION;

(XI) ONE OR MORE REPRESENTATIVES FROM A CONSUMER ADVOCACY ORGANIZATION, APPOINTED BY THE COMMISSIONER OF THE BEHAVIORAL HEALTH ADMINISTRATION;

(XII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS CHILD WELFARE AGENCIES, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION;

(XIII) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS HOSPITALS, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION;  
AND

(XIV) A REPRESENTATIVE OF THE STATEWIDE ASSOCIATION THAT REPRESENTS COMPREHENSIVE BEHAVIORAL HEALTH PROVIDERS, APPOINTED BY THE DIRECTOR OF THE ASSOCIATION.

(4) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION TO EXPAND THE RESIDENTIAL CHILD HEALTH-CARE PROGRAM ESTABLISHED PURSUANT TO SECTION 25.5-6-903 TO INCLUDE CHILDREN AND YOUTH WHO HAVE A SERIOUS EMOTIONAL DISTURBANCE THAT PUTS THE CHILD OR YOUTH AT RISK OR IN NEED OF OUT-OF-HOME PLACEMENT.

(5) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A PLAN TO INCREASE ACCESS TO TREATMENT FOSTER CARE, AS DEFINED IN SECTION 26-6-903, UNDER THE STATE MEDICAL ASSISTANCE PROGRAM.

(6) THE STATE DEPARTMENT MAY PROMULGATE RULES IN CONSULTATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION AND THE DEPARTMENT OF HUMAN SERVICES FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH.

(7) (a) NO LATER THAN JANUARY 1, 2025, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL CONTRACT WITH A THIRD-PARTY VENDOR TO COMPLETE AN ACTUARIAL ANALYSIS IN ORDER TO DETERMINE THE APPROPRIATE MEDICAID REIMBURSEMENT RATE FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, AS DEFINED IN SECTION 25.5-4-103.

(b) BEGINNING JANUARY 2025, AND EACH QUARTER THEREAFTER, THE STATE DEPARTMENT SHALL REPORT PROGRESS ON THE DEVELOPMENT AND IMPLEMENTATION OF THE SYSTEM OF CARE DEVELOPED PURSUANT TO THIS SECTION TO THE JOINT BUDGET COMMITTEE.

(8) AS USED IN THIS SECTION, "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN TWENTY-ONE YEARS OF AGE.

**SECTION 2.** In Colorado Revised Statutes, **add** 26-6-923 as follows:

**26-6-923. Residential child care provider training academy - clinical quality and oversight - report - rules - definition.** (1) THE RESIDENTIAL CHILD CARE PROVIDER TRAINING ACADEMY IS CREATED IN THE STATE DEPARTMENT TO FACILITATE A PIPELINE OF HIGH-QUALITY STAFF FOR RESIDENTIAL CHILD CARE PROVIDERS AND ENSURE THAT INDIVIDUALS HIRED

TO WORK AT RESIDENTIAL CHILD CARE FACILITIES RECEIVE THE NECESSARY TRAINING TO PERFORM THE INDIVIDUAL'S JOB FUNCTIONS RESPONSIBLY AND EFFECTIVELY.

(2) ON OR BEFORE SEPTEMBER 15, 2025, THE STATE DEPARTMENT SHALL PROMULGATE RULES FOR THE ADMINISTRATION OF THE ACADEMY. AT A MINIMUM, THE RULES MUST INCLUDE:

(a) IDENTIFICATION OF SPECIFIC RESIDENTIAL CHILD CARE PROVIDER TYPES THAT ARE REQUIRED TO UTILIZE THE ACADEMY;

(b) IDENTIFICATION OF SPECIFIC RESIDENTIAL PROVIDER STAFF MEMBERS WHO ARE REQUIRED TO OBTAIN ACADEMY TRAINING;

(c) ESTABLISHMENT OF MINIMUM STANDARDS OF COMPETENCE THAT A STAFF MEMBER SHALL DEMONSTRATE PRIOR TO RECEIVING ACADEMY CERTIFICATION;

(d) IDENTIFICATION OF THE MEANS BY WHICH A STAFF MEMBER MAY DEMONSTRATE THE MINIMUM STANDARDS OF COMPETENCE REQUIRED PURSUANT TO SUBSECTION (2)(c) OF THIS SECTION; AND

(e) IDENTIFICATION OF TRAINING CURRICULA, WHICH MUST INCLUDE CULTURAL COMPETENCY FOR PROVIDERS.

(3) NO LATER THAN JULY 1, 2025, THE STATE DEPARTMENT SHALL DEVELOP A SYSTEM TO ESTABLISH AND MONITOR QUALITY STANDARDS FOR RESIDENTIAL CHILD CARE PROVIDERS, INCLUDING CLINICAL CARE FOR CHILDREN AND YOUTH IN RESIDENTIAL TREATMENT SETTINGS, AND ENSURE THE QUALITY STANDARDS ARE IMPLEMENTED INTO ALL LEVELS OF CARE THAT SERVE CHILDREN AND YOUTH IN OUT-OF-HOME PLACEMENT.

(4) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL DEVELOP A SYSTEM TO INCENTIVIZE RESIDENTIAL CHILD CARE PROVIDERS TO IMPLEMENT QUALITY STANDARDS ABOVE THE MINIMUM STANDARDS ESTABLISHED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (3) OF THIS SECTION.

(5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL MAKE PUBLICLY AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE A

DIRECTORY OF EACH RESIDENTIAL CHILD CARE PROVIDER'S QUALITY ASSURANCE.

(6) (a) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT SHALL COLLECT DATA FROM RESIDENTIAL CHILD CARE PROVIDERS ON THE REASONS PROVIDERS DENY, OR ARE UNABLE TO PROVIDE, RESIDENTIAL CHILD CARE SERVICES TO CHILDREN AND YOUTH.

(b) UPON IMPLEMENTATION OF THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM CREATED PURSUANT TO SECTION 27-60-104.5, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL PROVIDE TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, A REPORT ON RESIDENTIAL CHILD CARE PROVIDER DENIALS OF CARE.

(7) NO LATER THAN JULY 1, 2026, AND EACH JULY THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT AN ANNUAL REPORT TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, ON THE IMPLEMENTATION OF QUALITY STANDARDS DEVELOPED PURSUANT TO SUBSECTION (3) OF THIS SECTION.

(8) EACH LOCAL EDUCATION PROVIDER IS RESPONSIBLE FOR ENSURING A CHILD RESIDING WITHIN ITS DISTRICT RECEIVES FREE AND APPROPRIATE PUBLIC EDUCATION THAT IS CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE STATUTES, RULES, AND REGULATIONS.

(9) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "ACADEMY" MEANS THE RESIDENTIAL CHILD CARE PROVIDER TRAINING ACADEMY CREATED IN SUBSECTION (1) OF THIS SECTION.

(b) "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN TWENTY-ONE YEARS OF AGE.

**SECTION 3.** In Colorado Revised Statutes, 26-5-117, **repeal** (8) and (9); and **add** (2)(d), (10), (11), (12), and (13) as follows:



**26-5-117. Out-of-home placement for children and youth with mental or behavioral needs - funding - report - rules - legislative declaration - definitions - repeal.** (2) (d) NO LATER THAN JANUARY 1, 2025, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL EXPAND THE NUMBER OF TREATMENT BEDS AVAILABLE UNDER THE PROGRAM CREATED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

~~(8) This section is intended to provide enhanced emergency services resulting from the increased need for services due to the COVID-19 pandemic. No later than September 30, 2024, the state department shall submit recommendations to the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees, and the joint budget committee about how to provide necessary services for children and youth in need of residential care, including hospital step-down services on an ongoing basis.~~

~~(9) This section is repealed, effective July 1, 2028.~~

(10) THE STATE DEPARTMENT SHALL ANALYZE THE LOCATION OF EXISTING CAPACITY OF SPECIALIZED FOSTER CARE SETTINGS ACROSS THE STATE, WHERE GAPS EXIST, AND BARRIERS TO EXPANDING SPECIALIZED FOSTER CARE SETTINGS, AND PROVIDE RECOMMENDATIONS TO ACHIEVE NETWORK ADEQUACY OF SPECIALIZED FOSTER CARE SUPPORTS STATEWIDE.

(11) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT AND THE BEHAVIORAL HEALTH ADMINISTRATION SHALL INCREASE THE MINIMUM REIMBURSEMENT RATES PAID TO QUALIFIED RESIDENTIAL TREATMENT PROGRAMS FOR THE PURPOSE OF ALIGNING ROOM AND BOARD PAYMENTS ACROSS PAYER SOURCES.

(b) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL REIMBURSE QUALIFIED RESIDENTIAL TREATMENT PROGRAM PROVIDERS FOR THE COST OF ROOM AND BOARD PURSUANT TO SUBSECTION (11)(a) OF THIS SECTION FOR CHILDREN AND YOUTH WHO ARE ELIGIBLE FOR THE STATE MEDICAL ASSISTANCE PROGRAM BUT NOT IN THE CUSTODY OF A COUNTY CHILD WELFARE AGENCY.

(12) NO LATER THAN DECEMBER 31, 2025, AND SUBJECT TO

AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT WITH ONE OR MORE THIRD-PARTY VENDORS TO IMPLEMENT A PILOT PROGRAM TO ASSESS THE NEEDS OF, AND PROVIDE SHORT-TERM RESIDENTIAL SERVICES FOR, JUVENILE JUSTICE-INVOLVED YOUTH WHO DO NOT MEET THE CRITERIA FOR DETENTION PURSUANT TO SECTIONS 19-2.5-303 AND 19-2.5-304.

(13) (a) NO LATER THAN SEPTEMBER 15, 2024, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE STATE DEPARTMENT SHALL CONTRACT WITH ADDITIONAL LICENSED PROVIDERS FOR THE DELIVERY OF SERVICES TO CHILDREN AND YOUTH WHO ARE DETERMINED ELIGIBLE FOR AND PLACED IN THE PROGRAM CREATED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

(b) TO THE EXTENT SUCH DATA IS AVAILABLE, THE STATE DEPARTMENT SHALL BASE ITS EFFORTS TO CONTRACT WITH ADDITIONAL LICENSED PROVIDERS ON AN ANALYSIS OF THE COLORADO CHILD AND ADOLESCENT NEEDS AND STRENGTHS DATA FROM INDEPENDENT ASSESSMENTS FOR CHILDREN AND YOUTH WHO ARE BOARDING IN A HOSPITAL, IN A STOPGAP COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES OFFICE OR HOTEL, OR IN A DETENTION SETTING, AND WHO ARE INVOLVED WITH THE STATE-LEVEL MULTI-AGENCY CHILD AND YOUTH CONSULTANT TEAM BECAUSE THEY WERE DENIED CARE FROM A RESIDENTIAL CHILD CARE PROVIDER. ANY INFORMATION RECEIVED AND ANALYZED PURSUANT TO THIS SUBSECTION (13)(b) MUST BE DE-IDENTIFIED AND AGGREGATED TO MAINTAIN CONFIDENTIALITY AND PRIVACY OF EACH CHILD AND YOUTH.

**SECTION 4.** In Colorado Revised Statutes, **add** article 64.5 to title 27 as follows:

**ARTICLE 64.5**  
**System of Care for Children and Youth with**  
**Complex Behavioral Health Needs**

**27-64.5-101. Definitions.** AS USED IN THIS ARTICLE 64.5, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH ADMINISTRATION" OR "BHA" MEANS THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-50-102.

(2) "CHILD OR YOUTH" MEANS AN INDIVIDUAL WHO IS LESS THAN TWENTY-ONE YEARS OF AGE.

(3) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN SERVICES CREATED PURSUANT TO SECTION 26-1-105.

**27-64.5-102. System of care for children and youth - report - rules.** (1) NO LATER THAN JULY 1, 2024, THE BEHAVIORAL HEALTH ADMINISTRATION, IN COLLABORATION WITH THE STATE DEPARTMENT AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING PURSUANT TO PART 20 OF ARTICLE 6 OF TITLE 25.5, SHALL BEGIN DEVELOPING A SYSTEM OF CARE FOR CHILDREN AND YOUTH WHO HAVE COMPLEX BEHAVIORAL HEALTH NEEDS. AT A MINIMUM, THE SYSTEM OF CARE MUST INCLUDE:

(a) IMPLEMENTATION OF A STANDARDIZED ASSESSMENT TOOL THAT:

(I) EXPANDS UPON AND MODIFIES THE ASSESSMENT TOOL DESCRIBED IN SECTION 19-1-115 (4)(e)(I);

(II) MAKES RECOMMENDATIONS REGARDING THE APPROPRIATE LEVEL OF CARE NECESSARY TO MEET THE CHILD'S OR YOUTH'S TREATMENT NEEDS;

(III) INFORMS THE CHILD'S OR YOUTH'S TREATMENT PLANNING, INCLUDING BEHAVIORAL HEALTH PROGRAMMING AND MEDICAL NEEDS; AND

(IV) IS ADMINISTERED TO CHILDREN AND YOUTH WHO ARE ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM OR ANY CHILD OR YOUTH WHO MEETS THE REFERRAL REQUIREMENTS ESTABLISHED BY THE BEHAVIORAL HEALTH ADMINISTRATION, THE STATE DEPARTMENT, AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, WHICH REQUIREMENTS MUST NOT EXCLUDE A CHILD OR YOUTH BASED ON THE CHILD'S OR YOUTH'S DISABILITY OR DIAGNOSIS;

(b) INTENSIVE-CARE COORDINATION FOR CHILDREN AND YOUTH ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM PURSUANT TO ARTICLES 4, 5, AND 6 OF TITLE 25.5;

(c) EXPANDED SUPPORTIVE SERVICES FOR CHILDREN AND YOUTH PURSUANT TO SUBSECTION (2) OF THIS SECTION; AND

(d) EXPANDED ACCESS TO TREATMENT FOSTER CARE, AS DEFINED IN SECTION 26-6-903.

(2) NO LATER THAN OCTOBER 1, 2024, THE BHA SHALL PROMULGATE RULES IN COLLABORATION WITH THE STATE DEPARTMENT AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH. AT A MINIMUM, THE RULES MUST ADDRESS:

(a) THE POPULATIONS ELIGIBLE FOR THE SYSTEM OF CARE COMPONENTS;

(b) MECHANISMS FOR DETERMINING ELIGIBILITY FOR PARTICIPATING IN THE SYSTEM OF CARE; AND

(c) REQUIREMENTS FOR RESIDENTIAL TREATMENT PROVIDERS TO OBTAIN CULTURAL COMPETENCY RELATED TO THE PROVISION OF SERVICES UNDER A SYSTEM OF CARE.

(3) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(1), BEGINNING JANUARY 2025, AND EACH JANUARY THEREAFTER, THE STATE DEPARTMENT SHALL REPORT PROGRESS ON THE DEVELOPMENT AND IMPLEMENTATION OF THE SYSTEM OF CARE DEVELOPED PURSUANT TO THIS SECTION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, DURING THE HEARINGS HELD PURSUANT TO THE "SMART ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

**SECTION 5. Appropriation.** (1) For the 2024-25 state fiscal year, \$12,689,936 is appropriated to the department of human services for use by the office of children, youth and families. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

(a) \$3,418,262 for child welfare services;

(b) \$8,304,424 for high acuity treatment and services, which amount is based on an assumption that the division will require an additional 8.3 FTE; and

(c) \$967,250 for purchase of contract placements.

(2) For the 2024-25 state fiscal year, \$1,199,390 is appropriated to the department of human services for use by the office of children, youth and families. This appropriation is from local funds and is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. To implement this act, the office may use this appropriation for child welfare services.

(3) For the 2024-25 state fiscal year, the general assembly anticipates that the department of human services will receive \$6,233,040 in federal funds to implement this act. This figure is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$1,379,298 for child welfare services;

(b) \$84,888 for high acuity treatment and services; and

(c) \$4,768,854 for use by the behavioral health administration for room and board for youth residential treatment.

(4) For the 2024-25 state fiscal year, \$156,336 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

(a) \$51,175 for use by the general administration division for personal services, which amount is based on an assumption that the office will require an additional 0.9 FTE;

(b) \$3,911 for use by the general administration division for operating expenses; and

(c) \$101,250 for general professional services and special projects.

(5) For the 2024-25 state fiscal year, the general assembly anticipates that the department of health care policy and financing will

receive \$156,336 in federal funds to implement this act, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (4) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$51,175 for use by the general administration division for personal services;

(b) \$3,911 for use by the general administration division for operating expenses; and

(c) \$101,250 for general professional services and special projects.

(6) For the 2024-25 state fiscal year, \$2,480,052 is appropriated to the department of health care policy and financing. This appropriation is from the general fund, and is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year. To implement this act, the office may use this appropriation as follows:

(a) \$675,000 for medical and long-term care services for medicaid eligible individuals;

(b) \$1,250,000 for behavioral health capitation payments; and

(c) \$555,052 for children's habilitation residential program.

(7) For the 2024-25 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$2,480,052 in federal funds to implement this act. The appropriation in subsection (6) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$675,000 for medical and long-term care services for medicaid eligible individuals;

(b) \$1,250,000 for behavioral health capitation payments; and

(c) \$555,052 for children's habilitation residential program.

**SECTION 6. Safety clause.** The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.

\_\_\_\_\_  
Julie McCluskie  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

\_\_\_\_\_  
Steve Fenberg  
PRESIDENT OF  
THE SENATE

\_\_\_\_\_  
Robin Jones  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

\_\_\_\_\_  
Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED \_\_\_\_\_  
(Date and Time)

\_\_\_\_\_  
Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO