Second Regular Session Seventieth General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading

LLS NO. 16-1046.01 Kristen Forrestal x4217

HOUSE BILL 16-1398

HOUSE SPONSORSHIP

Young and Landgraf,

SENATE SPONSORSHIP

(None),

House Committees

Senate Committees

Public Health Care & Human Services Appropriations

	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.

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

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.

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:

1

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

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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 PRESENCE IN COLORADO. THE STATE

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

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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; AND
25	(IV) TRAINING IS AVAILABLE FOR PRIMARY CAREGIVERS.
26	
27	(d) Ensure that a designated website is available to

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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. (1) 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

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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	(2) On July 1, 2016, the state treasurer shall transfer
15	NINE HUNDRED THOUSAND DOLLARS FROM THE INTELLECTUAL AND
16	DEVELOPMENTAL DISABILITIES SERVICES CASH FUND CREATED IN SECTION
17	25.5-10-207, C.R.S., TO THE GENERAL FUND FOR THE PURPOSES OF THIS
18	PART 7. THE STATE DEPARTMENT MAY NOT USE MORE THAN THREE
19	PERCENT OF THE MONEY FOR ADMINISTRATIVE COSTS.
20	SECTION 2. Effective date. This act takes effect July 1, 2016.
21	SECTION 3. Safety clause. The general assembly hereby finds,
22	determines, and declares that this act is necessary for the immediate
23	preservation of the public peace, health, and safety.

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