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# Quarterly Report on Intellectual and Developmental Disability Services Supported by Mill Levy Funding

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*July 1, 2016 – September 30, 2016*

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## Introduction

Rocky Mountain Human Services provides case management and direct services to adults and children with cognitive disabilities in Denver and surrounding areas. We have a variety of funders for our programs and incorporate Mill Levy funds as needed to ensure adults and children in Denver County with intellectual and developmental disabilities are getting the services they need to ensure their health and safety and improve their quality of life.

### Table 1. Funds this period by program

The table below shows Mill Levy funding by program. Not included are non-program uses of funding (mill levy management and communications) totaling \$97,024 for this reporting period. In addition, there was \$106,622 spent in new programming this reporting period.

	<i>Residential</i>	<i>SLS/CES</i>	<i>FS</i>	<i>EI</i>	<i>CC</i>	<i>SC</i>	<i>BH</i>
State	\$1,477	\$267,063	\$239,970	\$191,938	\$927,106	\$251,243	\$4,190
Medicaid	\$913,319	\$1,108,247	\$0.00	\$165,210	\$55,776	\$672,362	\$17,839
Mill Levy	\$188,858	\$356,104	\$137,732	\$376,114	\$306,321	\$317,954	\$140,341
Grants	\$0.00	\$0.00	\$0.00	\$52,333	\$0.00	\$0.00	\$0.00
Other	\$154,390	\$0.00	\$0.00	\$109	\$5,377	\$1,377	\$40,172
Donations	\$0.00	\$0.00	\$0.00	\$725	\$0.00	\$80	\$0.00
<b>Total Revenues</b>	<b>\$1,258,045</b>	<b>\$1,731,414</b>	<b>\$377,702</b>	<b>\$786,429</b>	<b>\$1,294,580</b>	<b>\$1,243,016</b>	<b>\$202,542</b>

#### Legend:

- *Residential: 24 hour support for customers in the setting in which they choose to live*
- *SLS/CES: Direct services for Supported Living Services and Children’s Extensive Services*
- *FS: Case management in Family Services & Supports Program*
- *EI: Case management in Early Intervention (infants and toddlers)*
- *CC: Clinical services provided to children*
- *SC: Service coordination/case management for Children’s Extensive Services, Supported Living Services, Children with Autism and HCBS-DD waiver programs*
- *BH: Behavioral/mental health services for adults*

Table 2 shows a model representing how the use of the Mill Levy funds is prioritized. We are also currently working on several approaches to gather stakeholder input – from customers and families to providers, community partners, and staff, including multiple community forums, Mill Levy Advisory Committee meetings open to the public, and an online survey in English and Spanish (<https://www.rmhumanservices.org/media/news/mill-levy-funding-survey-available#.V5kOYk1wV3c>). We want to ensure the funds are put to use in ways that provide the most needed benefit to the most individuals in our community. To that end, we are also developing ways to expand the use of the funds to our community partners and independent provider agencies.

Table 2. RMHS prioritization of Mill Levy Funds

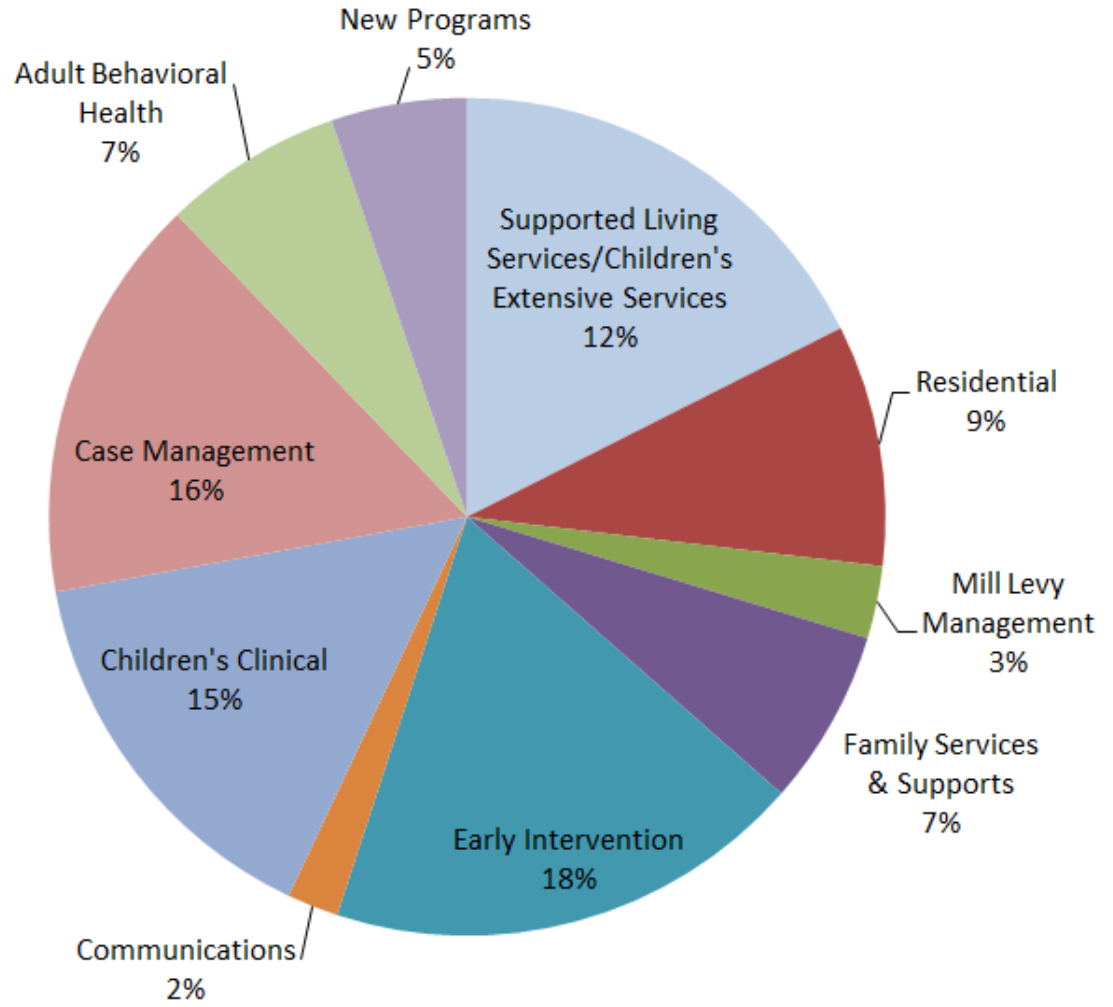
		Urgency/Criticality		
Impact/Scope	Highly urgent, great impact/scope	somewhat urgent or critical, great impact/scope	low urgency, great impact/scope	
	Highly urgent, moderate impact/scope	somewhat urgent or critical, moderate impact/scope	low urgency, moderate impact/scope	
	Highly urgent, low impact/scope	somewhat urgent or critical, low impact/scope	low urgency, low impact/scope	
	1	2	3	
	2	3	4	
	3	4	5	

*July 1, 2016 through September 30, 2016*

The following report summarizes the scope and costs of intellectual/developmental disability (I/DD) services provided by Denver Options, Inc., doing business as Rocky Mountain Human Services (RMHS) to Denver residents for the period July 1, 2016 through September 30, 2016. RMHS has been working closely with the Denver Department of Human Services (DDHS) to improve methodologies associated with the allocation of mill levy funding and to enhance our reporting on the services we provide and their value to the community we serve. This report reflects our work with DDHS, as well as our efforts to provide the City and other stakeholders with information that is consistent and relevant. We expect that this report will continue to evolve and we welcome your feedback ([contact information](#)).

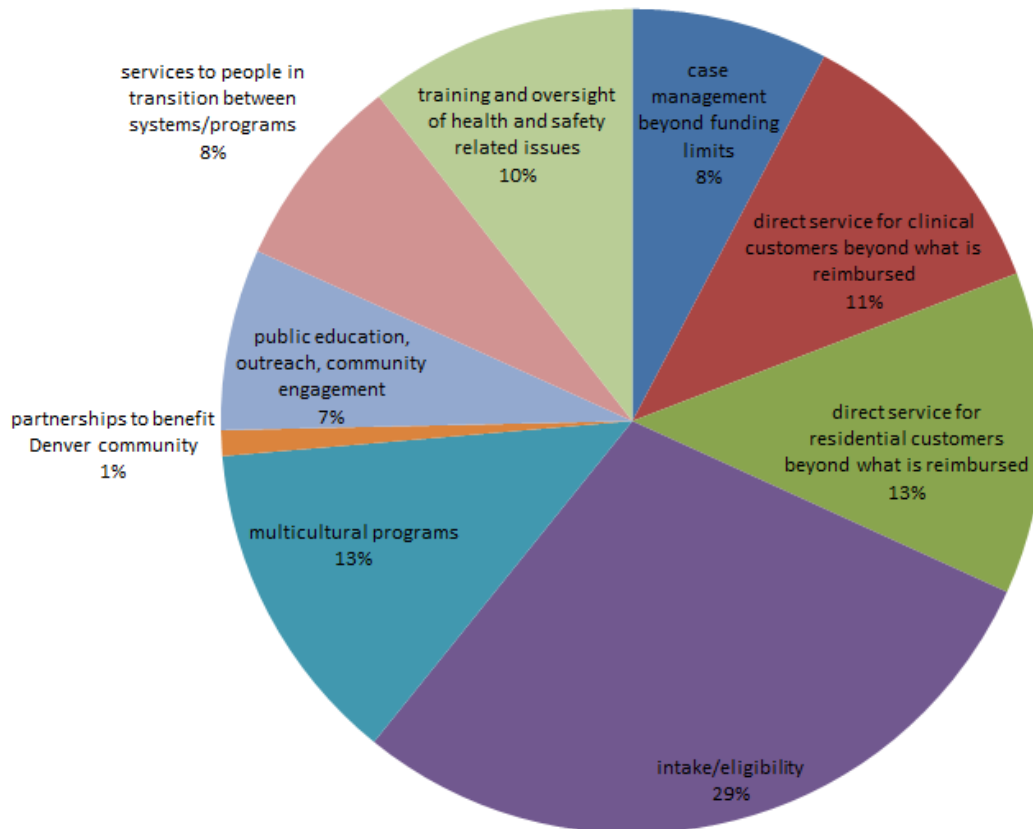
This report details the expenditure of \$1,930,046 of Mill Levy Funding, used for the array of services and supports that were delivered to adults, children and their families (see Graph A) accepting I/DD services.

**Graph A: Use of Mill Levy Funds by program 7/1/16-9/30/16**



In addition to classifying the funding by program, RMHS is making an ongoing effort to provide more descriptive information about the Mill Levy funding. Here is a breakdown of how current funding is being applied toward various services to benefit persons accepting I/DD services:

**Graph B: Use of Mill Levy Funds by function or service 7/1/16-9/30/16**



We are continuously working to refine and prioritize the Mill Levy funds to best meet people’s needs.

### Rocky Mountain Human Services Mission Statement

Rocky Mountain Human Services serves humanity, provides opportunity and encourages a world of compassion and hope.

We utilize our human services expertise to improve the health, self-sufficiency and overall quality of life for individuals who face challenges from developmental delays, cognitive and intellectual impairments, brain injuries and social conditions.

Providing resources, case management and direct services for individuals, families, nonprofit organizations and government agencies, we do our very best to deliver unsurpassed human services every day.

## *Vision and History*

Rocky Mountain Human Services (RMHS) is guided by the vision and belief that people who have intellectual disabilities or are socially disadvantaged can live meaningful, productive lives with appropriate supports. We specialize in person-centered case management to provide our customers and their families with the types of services and resources they want and need in order to achieve this. We believe that this focus on person-centered planning, coupled with our internal expertise and strong community partnerships, make our services more effective and impactful for everyone involved.

Denver Options, Inc. doing business as Rocky Mountain Human Services was founded in 1992 to serve children and adults with developmental disabilities living in Denver. Over the past 24 years, RMHS has expanded the breadth of services we provide to this population, and we have added new programs to serve additional vulnerable populations across Colorado. RMHS currently provides services for:

- Children and adults with developmental delays and disabilities
- Service members, Veterans and other adults with traumatic brain injury
- Veterans who are homeless or at imminent risk of becoming homeless
- Veterans who are involved in the El Paso/Teller County Judicial District's Veterans Treatment Court program

## **Our programs: Intellectual & Developmental Disability services**

### *Early Intervention (EI) Services*

The EI program provides eligible infants and toddlers aged birth to age three, and their families, with services and supports to enhance child development in the areas of cognition, speech/communication, sensory/motor development, social/emotional development, and self-help skills. EI services are funded through State funds, public and private insurance dollars, federal Part C funds and other funds.

#### Population served<sup>1</sup>

Early Intervention is an entitlement program and therefore does not have a waitlist. There were 1,345 customers served in EI this reporting period with 300 customers terminating during this reporting period and 270 enrolled. There are nearly 400 providers contracted with RMHS to provide services to children in our Early Intervention program, in addition to our own Children's Clinical Services (see next section).

Primary funder(s): The contract is held with Colorado Department of Human Services (CDHS), Office of Early Childhood, Early Intervention.

The two primary services in our contract that RMHS is required to perform and monitor are case management and direct services. Case management is funded two ways: Targeted Case Management (TCM), reimbursed by Medicaid up to 240 units per child per year for children who have Medicaid, and a

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<sup>1</sup> In this report, "population served" in a given period is represented in two ways: the total number of people who received any services in that period and the average (census) numbers in that period. For example, if customer A was in the program for the first 45 days of the quarter, then terminated, and customer B entered the program for the second 45 days of the quarter, two people received services during the quarter, but the average/census number was one because only one was served at a time.

Flat Fee, reimbursed by CDHS through the State General Fund which is provided in a 1/12 payment each month. The total amount provided is based on the average amount of children served in the program. Direct Services are funded through a funding hierarchy: Private Insurance/Trust Fund, Medicaid, and then State General Funds (SGF).

Contract requirements/deliverables

[Click here for our most recent report card from the State](#)

1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs within 28 days.
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.
3. Positive social emotional skills (including social relationships)
  - a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
  - b. The percent of children functioning within age expectations by the time they exited the program
4. Acquisition and use of knowledge and skills (including early language/communication)
  - a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
  - b. The percent of children who were functioning within age expectation by the time they exited the program
5. Use of appropriate behaviors to meet their needs
  - a. Of those children who entered or exited the program below age expectation, the percent who substantially increased their rate of growth by the time they exited the program
  - b. The percent of children functioning within age expectation by the time they exited the program
6. Percent of families participating in Part C who report that early intervention services have helped the family
7. Percent of infants and toddler birth to age one with IFSPs.
8. Percent of infants and toddlers birth to age three with IFSPs
9. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline
10. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:
  - a. IFSPs with transition steps and services



- b. Notification to Denver Public Schools, If child is potentially eligible for Part B<sup>2</sup>
- c. Transition conference, if child is potentially eligible for Part B

Demonstrated effectiveness of services provided through this program

Infants and toddlers in the EI program have developmental delays, a diagnosed condition known to be associated with likely developmental delays, and/or have a parent with a developmental disability. All children receive

an assessment of their current functioning, which, along with their family’s priorities and concerns, leads to the development of an Individualized Family Service Plan (IFSP).

Early intervention is meant to provide family-centered evidence-based interventions during the most critical period of brain development. Effective early intervention services have been shown to result in long-term positive educational and social outcomes for children who have or are at risk for developmental delays.

The most recent report card available for RMHS EI services indicates that over 2/3 of children in our EI program were functioning at age expectations with regard to their social/emotional outcomes at the time of exit from the program, and for those who exited below age expectations, almost 3/4 made substantial gains in that area. In the area of acquisition and use of knowledge and skills, over half of the children were functioning within age expectations upon program exit, and of those who were not within age expectations, almost 80% had made significant gains in that area. In the area of “use of appropriate behaviors to meet their need,” over 3/4 were within age expectations upon program exit, and of those who were not within age expectations, over ¾ had made substantial gains. Eighty-six percent of families in EI reported that EI had helped them to know their rights, 93% reported that EI has helped them to

*Much needed respite*

*Jack, an Early Intervention (EI) client of RMHS, will be three years old in January. Needing full hands on assistance with all daily living, Jack only allows his mom to feed him and is unable to physically move or position himself, making him unable to do things independently, even play with his toys. With developmental delays and high sensitivities, it is also challenging for Jack to be away from his controlled home environment. As his disability needs require full-time level care, Jack’s mom has not been able to get a break from caregiving or spend much time with her three children. As a single mom of four boys, she has not had time to be able to attend or be involved in their sporting games and other activities, nor has she had time for herself.*

*Recently, I was able to share some good news with Jack’s mom and grandmother. Jack had been awarded respite funds made possible by the mill levy funding. With tears of joy, Jack’s mom explained to me how much this means to their family, “These funds have changed my life.” After feeling depressed with so many competing responsibilities and more things coming up all the time, Jack’s mom finally feels more positive, more supported, and uplifted. “It is bringing my family closer together. Now I can attend my other kids’ sporting events and support what they’re passionate about, and it’s all about football right now for all three.”*

*The funds that we provide have brought hope, peace and change for Jack’s family, and I’m thankful to share their story.*

*-Abby, Jack’s EI service coordinator*

<sup>2</sup> Part B of IDEA is the section which lays out the educational guidelines for school children 3-21 years of age.

- Every child is entitled to a free and appropriate public education (FAPE).
- When a school professional believes that a student age 3-21 may have a disability that has substantial impact on the student’s learning or behavior, the student is entitled to an evaluation.
- Creation of an Individualized Education Plan (IEP) to lay out specific actions and steps through which educational providers, parents and the student themselves may reach the child’s stated goals.
- Education and services for children with disabilities must be provided in the least restrictive environment, and if possible, those children be placed in a “typical” education setting with non-disabled students.
- Input of the child and parents must be taken into account in the education process.
- When a parent feels that an IEP is inappropriate for their child, or that their child is not receiving needed services, they have the right under IDEA to challenge their child’s treatment (due process).

effectively communicate their child's needs, and 97% reported that EI has helped their children to develop and learn.

#### Uses of Mill Levy funds and related outcomes in this program

- Increased coordination of care across providers: We encourage all of our EI providers to participate as part of Transdisciplinary Teams. These teams consist of providers from a variety of disciplines who meet monthly to offer consultation to each other on their EI cases. This model of care is best practice in Early Intervention, as it allows most children to be served by a Primary Service Provider (PSP) who can develop a relationship with the child and family and offer developmental support in the context of family routines, rather than having the child receive multiple therapies from multiple providers as is more common in a medical model. For infants and toddlers with developmental delays, the PSP model is often more effective, as it allows for a more holistic approach that is consistent with family values, and reduces the likelihood of a family receiving conflicting advice from providers in areas that may cross various therapy disciplines (e.g., challenging behaviors). However, it is important that a primary service provider in EI has access to consultation from providers of other disciplines to give strategies in areas that may not be the PSP's primary expertise, and also to help determine when an in-person consultation from another discipline is warranted. We are able to bill State General Funds for the PSP's time in the transdisciplinary team meeting spent discussing a particular child, but we cannot bill for other providers' meeting time when they are providing valuable consultation to others. It is not realistic to ask therapists to donate their time to provide consultation to others, so we are able to utilize mill levy funds to pay the therapists for their time for this valuable service. Since we implemented this in the summer of 2015, the number of children in EI who are receiving transdisciplinary team services has increased dramatically; in the first quarter of 2016, 65% of children in EI utilized this model.
- Support for customers in transition
  - During eligibility process: We utilize mill levy funds to ensure that we can provide families with support they need prior to determination of eligibility for EI. Although we receive funding for this if the children continue with the process to the evaluation stage, there is a fair amount of time spent by our intake staff on providing information to and gathering information from families of children who are referred but do not go to the evaluation, and this is not reimbursed. The reasons for children dropping out prior to evaluation vary, but one common reason is that while a pediatrician may refer a child to EI because of developmental concerns, the parent may not share those concerns and may decline the evaluation. Another common reason for a child not being evaluated is that we are unable to reach the family after multiple attempts, and they do not return our calls, in which case we assume that they are either uninterested or do not understand the reason they were referred to EI. Also, children referred under the Child Abuse Prevention and Treatment Act (CAPTA) require a great deal more time prior to evaluation than we are funded for, whether or not they actually make it to evaluation. These are children who have substantiated cases of child abuse or neglect; child welfare

is required to refer them for a developmental screening, but they still require parental consent, even if they are not living with their parents at the time of evaluation. Thus, there is a great deal of time spent locating and contacting the parents and explaining EI as well as getting their consent; our Intake Coordinators also travel into the community to get parental consent when necessary. We are only paid for three hours of work for pre-evaluation, and it often requires more than that; our average CAPTA referral requires 4.3 hours of pre-evaluation service coordination. We believe that it is important to try to locate and engage these families, as we know that children who experience abuse and neglect are at great risk for developmental delays and can benefit from early intervention.

- Transitioning out of EI: Our EI case managers often provide support beyond what is funded by State funds during the transition out of Early Intervention at age 3, especially when children do not receive their IEP by age three. When this happens we no longer can bill targeted case management or State funds for the time spent on supporting families through the IEP meeting, because the child is no longer active in EI. We believe it is important for continuity of care to provide the family with that support, so we attend when our presence is requested. Of course, we also work with our community partner (particularly Denver Public Schools) to address barriers to scheduling the IEP before age three, as it is ideal that there be no gap between EI and IEP services.
- Foster care transitions: When children move in and out of foster care, or move between foster homes, it can be very challenging to coordinate the needed early intervention services and may require service coordination beyond what is funded through Medicaid or other means. As EI requires parent consent and involvement, the case manager has to attempt to keep that parent involved, regardless of custody, as long as parental rights remain intact. Because foster families are not typically in contact with the parents, this necessitates communication and coordination that is at least double what is typical, as IFSP meetings usually are not held together, but the case manager may need to hold two meetings to ensure everyone is informed of the plan. While this can be onerous, if we do not provide this level of care, children in foster care often drop out of EI services, at a time when they may need that developmental support most urgently. Our data indicate that 3% of our referrals in the first quarter were in an out-of-home placement (although not all of these are necessarily foster care, it is likely that if a child is now living with their parents, they will require additional coordination in order to meet EI standards of parent involvement).
- Participation in larger community efforts
  - Project launch: Our EI operations manager is participating in Launch Together, which is a privately-funded initiative to expand evidence-based programs to advance young children's social-emotional health. This initiative is led by the Denver Early Childhood Council, and in the current phase, our involvement is ensuring that the needs of infants and toddlers with developmental delays are considered in the project design. We believe this will be of benefit to the children we serve, but also much more broadly to the children of Denver.

- Outreach: Our EI managers and staff engage in a variety of outreach activities to ensure community awareness of early intervention, as well as to help physicians and other community members understand how to refer children to our services when they are in need. We typically reach out to pediatric practices or childcare settings when we see that they may be in need of additional information about effective referral practices, and also respond to many community requests for outreach and education. These activities take place approximately once per month on average. For example, we recently met with Sapphire Pediatrics to help their staff understand the referral process. Other outreach activities this reporting period included educating DPS staff about the IFSP process, working with a local Montessori program on understanding Early Intervention and the referral process, and helping Denver DHS caseworkers understand the EI referral process.

### *Children's Clinical Services*

Our Children's Clinical Program provides comprehensive assessment, consultation and intervention services to infants, children and adolescents, birth to 18 years of age. We provide expert developmental assessments and diagnostic evaluations for children with autism spectrum disorder or other complex developmental needs. We also provide individualized recommendations about interventions for developmental needs or behavioral concerns and can help with the transition home from the NICU. Our clinicians conduct evidence-based interventions utilizing approaches such as child-parent psychotherapy and applied behavior analysis.

For children with an active IFSP in our Early Intervention program who are referred to the Children's Clinical team, eligibility for the service is determined through an IFSP review with their IFSP team. If the child receiving services has an active IFSP, then we will utilize the appropriate funding according to the funding hierarchy, and no children will be turned away for lack of funding, as they all have access to State General Funds or Part C funds as a last resort. For children not in EI services (typically due to their age), the process is much the same except that eligibility is determined through a clinical intake rather than through the IFSP process. Also, if children do not have insurance for which we are contracted, we may not be able to provide the services for them, as there is not a back-up State General Fund for this purpose. We then refer those children out, although at times we have provided an unreimbursed assessment for a child when the family did not have access to any other means to obtain the assessment.

Population served: This program does not typically maintain a waitlist for services. There were 371 children served in Children's Clinical this period. About 1/3 of the children served in this program receive evaluations or assessments only, while the other 2/3 receive ongoing therapies.

Primary funder(s):

1. State General Fund via Early Intervention
2. Medicaid
3. Denver Department of Human Services Core Services

4. Private Insurance
  - a. Denver Health
  - b. Tri-Care
  - c. Kaiser
  - d. Aetna
  - e. Cigna
  - f. Anthem
  - g. United Behavioral Health

Contract requirements/deliverables:

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Collect customer financial responsibility portion
8. Maintain Treatment Plan and Progress Notes Securely
9. Providers maintain licensure/certification with their respective association/board
10. Maintain appropriate liability insurance
11. Credential Providers with funder prior to working with child with that specific funding

Services provided:

Assessments and Interventions are provided in the following areas:

1. Applied Behavior Analysis (ABA), Behavioral Assessment and Therapy
2. Speech and Language Assessment and Therapy
3. Occupational Assessment and Therapy
4. Physical Assessment and Therapy
5. Psychological Assessment and Therapy
6. Diagnostic Evaluation

Demonstrated effectiveness of services provided through this program

Our children's clinical services program provides a variety of evidence-based assessments and interventions according to the individual needs of each child served and the priorities of the family. Each child receiving intervention has a treatment plan that is developed in conjunction with the family and is reviewed at a minimum every six months, or more frequently when there are significant changes. At each intervention session, the therapist assesses the child's progress toward treatment plan goals and makes adjustments in the intervention strategies to maximize positive outcomes. This is documented in their progress notes. In the next few months, we plan to implement a more data-based way of tracking

this information, so that we can report out on the percentages of outcomes met in an aggregate fashion, rather than just tracking individually, but we need to develop data systems first.

We also ask families to complete satisfaction surveys following completion of assessments. Most recent survey results indicate average ratings above 4.5 on a 1-5 scale of satisfaction. The highest rated item was related to the convenience of the assessment location (most are done in the family home). Comments included “Everyone listened to me. The report was written so I could easily follow;” “Thorough explanation was provided;” and “The people were so nice to my son and were able to understand him and his frustration since he cannot speak or communicate with me.” We also ask for suggestions for improvements and read each one and incorporate them into our evaluations when possible.

#### Uses of Mill Levy funds and related outcomes in this program

- Participation in larger community efforts and partnerships to benefit our population—Our children’s clinical staff and management participate in a variety of efforts to ensure that the needs of children with developmental disabilities are being considered and addressed in the community. For example, we provide representation on the Global Down Syndrome Educational Series planning committee, to share information with other community groups that work with individuals with Down Syndrome, to help ensure that the educational efforts meet the needs of our families and service providers, and to help publicize the educational efforts. This also allows us to have more information about community resources for children with Down syndrome to share with their families and service providers. At RMHS, we have 281 customers with documented Down syndrome, which is almost 5% of our population – a significant number of people who can benefit from this knowledge. Forty children in EI and 86 children in our Family Support program have this diagnosis.
- Coordination of care across providers, family members, and other caregivers
  - Overlapping team assessment time: While our clinical assessment services are typically funded by insurance or other funding sources, we utilize a team assessment approach because children with complex developmental delays and disabilities require careful consideration of multiple factors that can usually be best provided by a coordinated interdisciplinary approach. This requires some overlap of providers from the various disciplines during a diagnostic assessment, and this overlap is typically not funded by other sources. Further, the complexity of diagnosing a child who may have multiple developmental and/or mental health concerns typically requires great team consultation time that is also not funded, to ensure that the diagnosticians are covering all areas prior to making a diagnosis. We utilize mill levy funds to support this complex team assessment and consultation, and find that it increases the accuracy and confidence in our diagnostic formulations. The overall family satisfaction score for “The evaluation addressed my concerns and answered questions about my child’s development” was 4.73 out of 5, which is a high rate of satisfaction and indicates that families feel that our evaluation approach was helpful to them. Looking at this slightly differently, the service providers working with children our team evaluated rated “The

results and recommendations of the evaluation were useful to me in working with this child and family” at 4.53 out of 5, which is also high and indicates that professionals also feel that this is a useful approach.

- Transdisciplinary team meetings: In addition to the standard EI transdisciplinary team model described above, we also utilized mill levy funding to support the development and sustaining of a BABIES team, which specializes in care for medically fragile young infants, often coming out of the Neonatal Intensive Care Unit.
- Training provided in the community: Our clinical management and staff provide a variety of trainings and consultations in their areas of expertise to our service coordination staff and to the Denver community as a whole. This year, we have provided education to residents and fellows at Children’s Hospital on developmental assessment, to students at the University of Denver on early intervention, and to our own service coordination staff on understanding the criteria for developmental disability determination and the various tests that are used to provide evidence of intellectual and adaptive delays. While none of this is reimbursed, we believe that it is important as it allows us to ensure that community awareness exists, and also that our own staff are up to date on the most current knowledge related to the work that they do.

### *Family Support Services Program (FSSP)*

FSSP is a partnership between families and publicly funded supports. The individual's and family's circumstances and needs are the primary consideration for determining the appropriate types of services or supports which can best assist a family with the least disruption to the family lifestyle. At RMHS, we provide all eligible and interested families with service coordination, and we also have limited funds available to assist families in obtaining services or supports not otherwise available to them. Requests for funds are prioritized based on the needs of the child and family.

#### Population served

“The Family Support Services Program (FSSP) provides support for families who have children with developmental disabilities or delays with costs that are beyond those normally experienced by other families. The primary purpose of the FSSP is to support children with developmental disabilities or delays remaining within their own nurturing family setting and prevent out-of-home placements.” (<https://www.colorado.gov/pacific/hcpf/family-support-services-program-fssp>) Although many CCBs have a waitlist for this program, RMHS does not have a waitlist for FSSP. The program provided case management services to 962 children during this reporting period, 64 newly enrolled and 87 terminated.

FSSP funds are distributed based on those most in need. The State provides just under \$60,000 per month to fund direct services in this program. Requests always exceed that amount. In the first six months of 2016, an average of 71 children per month received FSSP funding for approved services. Beginning July 1, 2016, Mill Levy dollars were used to supplement this program to serve more children (an average of 89 per month, a 38% increase) and provide more services to those in need.

**Table 3. FSSP Services Funded 7/1/16-9/30/16**

Service	Amount of FSSP funds spent on this service	Amount of ML funds spent on this service	% of funding spent on this service
Respite	\$141,900	\$71,581	80%
Professional Services	\$14,736	\$21,217	13%
Medical/Dental	\$2,026	-	1%
Home Modifications	\$2,700	\$1,233	1%
Parent/Sibling Support	\$2,955	-	1%
Assistive Technology	\$3,743	\$331	2%
Transportation	\$47	\$7	<1%
Other*	\$3,705	\$1,287	2%
<b>TOTAL</b>	<b>\$171,812</b>	<b>\$95,656</b>	

\*Includes camp, diapers, adaptive recreation, etc.

Primary funder(s)

Colorado Department of Healthcare Policy and Financing

<https://www.colorado.gov/pacific/hcpf/family-support-services-program-fssp>

Contract requirements/deliverables

Deliverables: These deliverables are the same for Family Support, State SLS, HCBS CES, SLS, and HCBS-DD

- Communication Requirements
  - Description of the communication methods, including things such as email lists, newsletters and other methods RMHS uses to communicate with contractors and subcontractors
  - Specific means of immediate communication with customers, and method for accelerating the internal approval and communication process to address urgent communications or crisis situations.
  - Plan for how RMHS will address communication deficiencies, or crisis situations, including how RMHS will increase staff, contact hours or other steps RMHS will take if existing communication methods for customers or sub-contractors are insufficient.
  - List of staff with email addresses and phone numbers who: authorized to speak regarding the programs, staff responsible for marketing or website, identify back up staff in case these above are not available
- Communication Plan: (due 45 days after effective date of contract)
  - Annually by September 30 each year
  - Includes: any changes in work, changes in processes and procedures, or address any communication related deficiencies determine by the Department.
- Communication Plan Update
- Business Continuity Plan (due 45 days after effective date of contract)
- Updated Business Continuity Plan (Semiannually, Aug 15<sup>th</sup> and February 15<sup>th</sup>)



- Final list of names of the Key Personnel assigned in the contract (due 45 days after effective date of contract)
- Name of each subcontractor and items on which each subcontractor will work (Due 30 days prior to the subcontractor beginning work)

Customer related Deliverables:

- Individual Plans (due within 30 days after customer is enrolled in program)
  - Review individual plans annually
  - Determine whether planned services and supports have been provided
  - Determine the appropriateness of current services and supports
  - Identify whether results have been achieved as specified in such persons Individualized plan
- Periodic Reviews: within 30 days of completing the review
- Listing of New Hire Case Management Staff ( Due quarterly by July 15<sup>th</sup>, October 15<sup>th</sup>, January 15<sup>th</sup>, April 15<sup>th</sup>)
- Job descriptions for Case Management positions requiring exemptions from training requirements (due as changed)
- Administrative Monitoring Tool Results ( Due quarterly by July 15<sup>th</sup>, October 15<sup>th</sup>, January 15<sup>th</sup>, April 15<sup>th</sup>)
- Complaint Trends Analysis (due semi-annually, by September 30<sup>th</sup> and March 30<sup>th</sup>)
- Initial Functional Needs Assessment or 100.2 (within 30 days of completing the assessment)
- Functional Needs Assessment Update (within 30 days of completing the assessment)
- Utilization Review Documentation (within ten business days of completing the utilization review activities)
- Critical Incident Trend Analysis ( due quarterly by July 15<sup>th</sup>, October 15<sup>th</sup>, January 15<sup>th</sup>, April 15<sup>th</sup>)
- Corrective Action Plan (due upon request)
- Transaction and Funds documentation (due within 10 days of departments request)
- Customer Notifications (due within 30 days prior to termination of contract)
- Close out plan (due within 30 days following the effective date)
- Close out plan update (annually by June 30<sup>th</sup> each year)

Performance Standards:

- At least 95% of the member months met for State SLS
- Individuated Plans: 100% are completed within 30 days of enrollment
- Waiting list: 100% data corrected within 30 days of notification
- OBRA enrollment: 100% of OBRA enrollment changes are reported to the department within ten business days

Critical Trend Analyses: Critical incident trend analyses are completed quarterly

Services provided: Case Management

### Demonstrated effectiveness of services provided through this program

Each child served in Family Support has a Family Supports and Services Plan (FSSP) that outlines the priorities of the family and how they would like to utilize family support to achieve those priorities. This is typically developed in conjunction with completing the Most In Need assessment, which evaluates needs and resources and is used to prioritize use of family support funds. The case manager develops the plan in conjunction with the family and updates it on at least an annual basis to evaluate progress toward outcomes; eventually we will be able to report out on outcomes as they will be part of our database but currently they are tracked individually.

### Uses of Mill Levy funds and related outcomes in this program

- Case management provided to more customers than our contract—we provide case management to all families who request this service, which is well beyond what we are paid to do. We do this because even for families who may not have the highest most-in-need scores, case management and resource coordination can help to improve quality of life and thus improve family functioning.
- Additional funds provided for services to customers beyond our contract numbers: We also utilize our mill levy funds at times to provide additional services that are not otherwise funded. For instance, we held our annual Spring Fling on April 30. This is a prom for teens in our family support program who might not be comfortable attending their own high school prom. Our staff finds donations to support this, and our Family Support Council also provides some financial support. However, the amount of our staff time to plan and stage this weekend event is not otherwise reimbursed. This is an amazing event; families attend it together, and it is lovely to watch their tears of joy as they see their children enjoying time on the dance floor, and being crowned prom king and queen. We also provide other services, such as [Sibshops](#), where siblings of children in our services can come together and enjoy time with other siblings.

### **Case Management in Service Coordination Department Programs: CES, CWA, SLS, HCBS-DD**

The Service Coordination Department provides case management to children and adults receiving HCBS or State -funded developmental disability services. Case management includes intake activities and eligibility determination, the facilitation of enrollment into HCBS or State -funded services, and locating, coordinating and monitoring developmental disabilities services. In addition, Service Coordinators assist clients with other non-developmental disabilities funded services, such as medical, social, education and other services to ensure non-duplication of services and to monitor the effective and efficient provision of services across multiple funding sources.

#### *Children's Extensive Supports (CES)*

CES is a Medicaid Waiver program that provides services and supports to help children less than 18 years of age establish a long-term foundation for community inclusion. (For more information about this program go to: <https://www.colorado.gov/hcpf/childrens-extensive-support-waiver-ces> )

### Population served

This program provided services to 78 children this reporting period with 3 terminations and 5 new enrollments.

### Primary funder(s)

Colorado Department of Healthcare Policy and Financing

### Contract requirements/deliverables

See Family Support; the deliverables are included in one contract

### Services provided

RMHS provides case management services to children enrolled in the CES Waiver Program. Services in this program include Adaptive Therapeutic Recreational Equipment and Fees, Assistive Technology, Behavioral Services, Community Connector, Home Accessibility Adaptations, Homemaker Services, Parent Education, Personal Care Services, Professional Services, Respite Services, Specialized Medical Equipment and Supplies, Vehicle Adaptations, and Vision Therapy. For more information about these services, click [here](#).

### Demonstrated effectiveness of services provided through this program

Each child served in the Children's Extensive Services Waiver has a Service Plan completed annually that outlines the priorities of the family and how they would like to utilize services available to meet those priorities. This is typically developed in conjunction with completing a functional assessment which evaluates needs and is used to prioritize needs. The case manager develops the plan with the family and reviews it on a quarterly basis to make sure that the right services are in place and also to evaluate progress toward outcomes. The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of children enrolled in CES based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

### Uses of Mill Levy funds in this program

- Community education and outreach
- Support for customers in transition
  - During eligibility process
  - Transitioning into adult system

### *Children with Autism (CWA)*

CWA is an HCBS Medicaid Waiver program providing behavioral services to children with autism up to age six. This is a limited program with a limited number of resources. The State manages the waitlist.

(For more information on this program see: <https://www.colorado.gov/pacific/hcpf/children-autism-waiver-cwa>)

Population served: Seven children were served in this program through RMHS this reporting period with 1 termination and 1 new enrollment.

Primary funder(s): Colorado Department of Healthcare Policy and Financing

Contract requirements/deliverables see: <https://www.colorado.gov/pacific/hcpf/children-autism-waiver-cwa>)

Services provided: Case Management and Behavioral Therapies.

#### Demonstrated effectiveness of services provided through this program

Each child served in the Children with Autism Waiver has a Service Plan completed annually that outlines the priorities of the family and how they would like to utilize behavioral therapies to meet those priorities. The Service Coordinator develops the plan with the family and reviews it quarterly to make sure that the therapies in place are effective and the child is progressing with the established goals. The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of children enrolled in CES based on their utilization of services, satisfaction with

services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

#### Uses of Mill Levy funds in this program

- Community education and outreach
- Support for customers in transition
  - During eligibility process
  - Transitioning out of this program at age six

#### *Support Living Services (SLS)*

SLS is either a Medicaid Waiver or State funded program intended to provide supported living in a person's home or in the community. (For more information about this program go to: <https://www.colorado.gov/hcpf/supported-living-services-waiver-sls>)

Population served: There were 722 individuals who received Support Living Services this reporting period with 13 terminations and 13 new enrollments. An additional 17 customers were in the process of enrolling at the end of the reporting period.

#### *Getting people access*

*Theresa was referred to RMHS on January 8th, 2016 seeking assistance for our Waiver program that helps pay for healthcare services for people who have disabilities. Rhonda, a dear friend of Theresa's who had known her and her family for quite some time, referred Theresa to RMHS and explained to her that we would try to help her as best as possible. After starting the initial process, it became challenging to find Theresa's records because there were no formal special education school or medical records available, and there were no family members who could provide additional information about Theresa. Once records were requested, the first 90 days went by with no luck. Seeking to find the next steps, Rhonda was guided to Theresa's doctor to request testing to use as current records. With this, an extension was granted to continue working on obtaining the necessary documentation. With the help of Rhonda, the Service Coordinator, and Advocacy Denver, Theresa was able to complete her testing and submit her records. On July 6th, 2016, the process was complete. Rhonda and Theresa were very appreciative of all the help, guidance, and communication from RMHS during this process.*

Primary funder(s): Colorado Department of Healthcare and Financing

Contract requirements/deliverables: See Family Support; these are all included in one contract with Colorado Department of Healthcare and Financing

### Services provided

Case management provided by RMHS, which includes development of a service plan in concert with the customer, identification of possible service providers for choice by the customer, and monitoring of services for effectiveness. Services include, for example, Assistive Technology, Behavioral Services, Day Habilitation Services, Personal Care Services, Respite, and Supported Employment.

### Demonstrated effectiveness of services provided through this program

The service plan is monitored quarterly for utilization, customer satisfaction and progress toward goals established by the customer. The Service Coordination Department is in the process of piloting a monitoring tool that will be able to measure the success of adults enrolled in SLS Waiver or State - funded SLS based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

### Uses of Mill Levy funds in this program

- Community education and outreach
- Support for customers in transition
  - During waitlist and eligibility process
  - Transitioning into adult system
- Training provided to Denver Police Department on working with individuals with I/DD
- Emergency funds
- Case management hours provided beyond the Medicaid cap of 60 hours per year for people in crisis and transitioning in/out of institutions
- Case management hours provided to State SLS customers that we serve above our contract limit of 120 customers. We are now serving an additional 20 customers above our contract.

### *HCBS-DD Services*

HCBS-DD (formerly referred to as Comprehensive or Comp) is a Medicaid Waiver program that provides access to 24-hour supervision through residential and day habilitation services. Living arrangements can range from host homes (one to two customers), individualized settings (one to three customers), group homes (four to eight customers), and supports for customers who live with or are receiving services provided by their family member(s). (For more information about this program go to:

<https://www.colorado.gov/hcpf/developmental-disabilities-waiver-dd>)

### Population served

At the close of this reporting period there were 688 active customers in this program. During this period, 8 people were terminated from the program and there were 14 newly enrolled. There were an additional 8 individuals in the process of enrolling in the program at the end of this reporting period

Primary funder(s): Colorado Department of Healthcare Policy and Financing

Contract requirements/deliverables

See Family Support; these are all included in one contract with Colorado Department of Healthcare Policy and Financing

Services provided

Case management provided by RMHS, which includes development of a service plan in concert with the customer, identification of possible service providers for choice by the customer, and monitoring of services for effectiveness. Services include, for example, Behavioral Services, Day Habilitation Services, Non-Medical Transportation, Prevocational Services, Residential Services, Specialized Medical Equipment and Supplies, Supported Employment, and Vision. For more information about these services, click [here](#).

Demonstrated effectiveness of services provided through this program

The Service Coordination department is in the process of piloting a monitoring tool that will be able to measure the success of adults enrolled in DD Waiver based on their utilization of services, satisfaction with services, and how successful they are in achieving individual goals as outlined in their annual Service Plan.

Uses of Mill Levy funds in this program

- Community education and outreach
- Support for customers in transition
  - During waitlist and eligibility process
  - Transitioning into adult system
- Training provided to Denver Police Department on working with individuals with ID
- Emergency funds
- Case management hours provided beyond the Medicaid cap of 60 hours/year for people in crisis and transitioning in/out of institutions

*Adult Behavioral Health*

The Behavioral and Mental Health Clinic for adults with I/DD and other cognitive needs promotes overall wellbeing and behavioral health. The clinic specializes in care for adults with complex coordination of care needs – a population for which there are highly limited resources in our community. The team is staffed with Psychiatry, Psychology, and Licensed therapists, all with specialized expertise and extensive experience in a dual diagnosis of I/DD and co-occurring mental health and behavioral issues. We provide both mental/behavioral health and I/DD behavioral Medicaid Waiver services.

Population served: There were 229 customers served in our Adult Behavioral Health program, 4 of which ended services during the reporting period. There were 11 new customers this period. There is no waitlist for this program.

### Primary funder(s)

Medicare, Medicaid – CO BHO provider, Medicaid Waivers

### Services provided

The Behavioral Health Clinic provides psychiatric, mental health and behavioral assessments, evidence based practice of individual and group therapies, PTSD trauma focused therapy, behavioral consultation, medication management and psychological testing, including neuropsychological evaluations.

### Deliverables

Our requirements are prescribed in the Colorado Office of Behavioral Health Uniform Services Coding Manual, CMS Medicare regulations and HCBS Medicaid Waiver Service Rules and Regulations. In addition, we adhere to the following standards:

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Maintain Treatment Plan and Progress Notes Securely
8. Providers maintain licensure/certification with their respective association/board
9. Maintain appropriate liability insurance
10. Credential Providers with funder prior to working with child with that specific funding

### Demonstrated effectiveness of services provided through this program

All customers seen in the clinic have been referred for a significant mental health and/or behavioral concerns. Every customer is evaluated with an initial focus on reducing the need for crisis intervention and identifying appropriate treatment for the problem(s) presented.

We work to ensure every customer participates in his treatment and behavioral planning 100% of the time. Customers' active participation has shown to improve treatment effectiveness.

Evidence based therapeutic interventions are selected to restore stability, reduce the need for crisis intervention, and reach mental and behavioral wellness and stability.

All customer behavioral health plans are reviewed by a clinician at least every six months with the customer and updated at least annually to ensure that progress is being made on treatment plan goals, or, if progress has not been made we coordinate with the person's team to alleviate any barriers to successful treatment.

Numerous studies have shown that significant problems occur when appropriate mental health services for people with I/DD are unavailable, resulting in excessive use of emergency services and psychiatric

hospitals, duress from untreated mental illness and frequent changes in home and work/community life (“Analysis of Access to Mental Health Services for Individuals Who Have Dual Diagnoses of I/DD and Mental and/or Behavioral Health Disorders,” University of Colorado School of Medicine, JFK Partners, November 1, 2014).

Each customer receives high value integrated and coordinated care across I/DD, mental health and physical health systems of care, which has been demonstrated to result in a significant reduction in emergency service use ([START model](#)).

#### Uses of Mill Levy funds and related outcomes in this program

- High value care coordination with all systems of care for each customer, to reduce and prevent emergency service use and integrate care for successful treatment results (see Colorado Community Guide to Care Coordination, University of Colorado School of Medicine, JFK Partners, June 2013; discussion of emerging studies and data of positive impact of care coordination).
- Enhanced direct and indirect customer service time (non-reimbursable) by clinicians for customers with significant I/DD, who require additional time for the communication and understanding of symptoms, determination of mental health diagnosis, and specialized therapy visits (at home or extensive between visit follow up with care providers). Enhanced service time includes expanded assessment time to accommodate client communication and fatigue factors.
- Intake screening , including a records review, interviews and other investigation to determine the need for specialty clinic, and, provide initial clinical consultation and recommendations.
- Develop partnerships and training initiatives in the Denver Community with other service systems of care, including mental health, hospitals and law enforcement, to promote informed and integrated care for our population.
- Neuropsychological testing for customers without funding.

#### *Life Skills & Support (LSS)*

The Life Skills & Support Program provides direct care for adults and children with intellectual and developmental disabilities through the HCBS-DD waiver, including 24/7 home living arrangements, as well as home health care daily living skills coaching, and independent living supports through the Children’s Extensive Waiver (CES) and Support Living Services Waiver (SLS). For more information about this program, click [here](#).

Population served: There were 89 customers receiving residential services from the Life Skills & Support Residential Program (10 newly enrolled and 3 terminated) and 471 customers who received services in the Life Essentials Provider Network program this reporting period.

Primary funder(s): Medicaid waivers, State SLS and private pay



### *Increasing independence in health care*

Ezechial has been living in his own apartment with Life Skills & Support (LSS) since 2010, where he receives support with grocery shopping, laundry, household chores and money management. Ezechial's LSS team also supports him with taking his medications independently and regularly.

Ezechial has a wide variety of interests and hobbies. He loves bowling and has over 30 trophies from various leagues all over the city. He recently got a job at a bowling alley near his home and loves it. Ezechial loves billiards and has his own pool table in his living room. He also enjoys video games, arts & crafts and playing the piano – he played in church band growing up. Additionally, Ezechial regularly attends outings with LSS staff and customers.

In December 2015, Ezechial started a new medication schedule due to health reasons. Previous to this, he had not been used to taking any routine medications. With increased support from LSS in the beginning of this new medication schedule, he was taking a build-up dose of one particular medication. Once he got on a regular medication dosage, LSS staff began to give Ezechial more independence on administering this on his own. In early 2016, Ezechial went through a time where he refused to take his medications, which resulted in numerous "medication error" incident reports. His LSS support team continued to educate and empower Ezechial to understand that he has a choice to take his medications and also the health benefits to taking his medications regularly. It took some time for Ezechial to realize this himself and to begin to follow a regular routine. With supportive prompts and face to face contact, Ezechial began to take ownership of his choices around taking his medications and there was a decrease in "medication error" incident reports. Currently, Ezechial has months where he has no medication errors and some where he may only have one. A change in his routine, such as visiting his sister's home, can cause him to forget, but with the amazing support of his LSS team and learning to take ownership of a new responsibility, Ezechial has been very successful in maintaining his health through his own independence.

### Contract requirements/deliverables

1. Keep accurate and up to date customer files securely
2. Submit claims in timely fashion
3. Ensure customer is eligible for services
4. Obtain authorization and re-authorization for services when needed
5. Provide covered service consistent with CPT code
6. Maintain utilization of services
7. Collect customer financial responsibility portion
8. Maintain treatment plan and progress notes securely
9. Providers maintain licensure/certification with their respective association/board
10. Maintain appropriate liability insurance
11. Credential providers with funder prior to working with child with that specific funding
12. Maintain customer rights

### Services provided

Life Skills & Support provides for Residential Services, Respite, Personal Care, Behavioral Services, Mentorship, Transportation, Hippotherapy, Movement Therapy, Massage Therapy, Day Habilitation, Basic and Enhanced Homemaker, Supported Employment, and Community Connections.

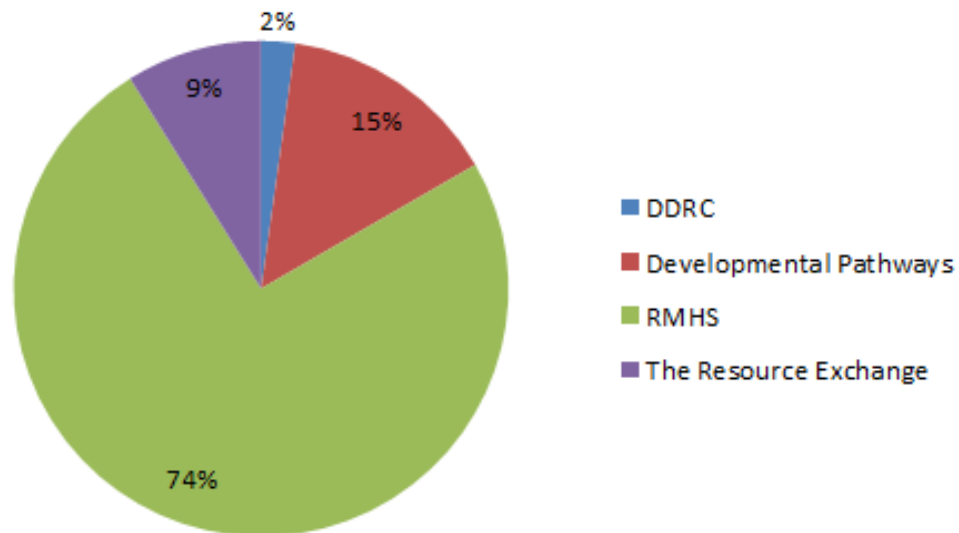
### LSS Residential Program

- LSS has 136 active host home providers
- Nearly all of our 89 residential customers are between the ages of 18-65, but we do serve 4 individuals over the age of 65.
- Nearly a quarter of our customers are non-verbal and/or use communication devices
- Aside from I/DD, the most common diagnoses found in our residential customers are:

Diagnostic category	# of customers
Vitamin D deficiency	18
Seizure disorder	16
Osteoporosis	14
Hypertension	14
Cerebral Palsy	13
Depression	13

### Graph B: Life Skills & Supports Residential Customers by CCB

We serve customers who receive case management from four different Community Center Boards:



### Demonstrated effectiveness of services provided through this program

Nursing is not a service that is paid for out of the Home and Community Based Services for Developmentally Disabled (HCBS-DD Waiver) daily rate. RMHS provides this support to customers with high medical needs, so that they can have choice to live as independently as possible within their community. To do this, we employ several nursing staff in this program.

- Nursing staff provides training for all Host Home Providers (HHP). The training allows our HHPs to understand the customer’s needs and individualized service. All respite providers must be

### *Reuniting family members*

The Family Caregiver Act (FCA) allows individuals with intellectual and developmental disabilities (I/DD) to have a family member as their paid caregiver, however, many agencies providing direct services to clients with I/DD either do not have the legal capability to contract with family members or have elected not to do so. Earlier this year, RMHS’ Life Skills & Support (LSS) Department was contacted by the mother of Dennis, a young adult with I/DD, with the question, could Dennis’ older brother, Josh, become his caregiver?

With little verbal communication, Dennis has struggled with various daily activities requiring regular assistance. Dennis had been living in a host home for many years, but preferred to live with his family. RMHS was able to make that happen. “One of the main reasons I love the FCA services is that it brings the family back together and brings clients back into a familiar living environment with family members who know them best,” said RMHS’ Senior Placement Specialist, Rich Slacum.

After a series of meetings with Dennis, Josh, and their mom, Dennis moved into his brother’s home – within 45 days after the first phone call to RMHS. Understanding his brother’s difficulties and needs, Josh had already taken initiative to teach Dennis about a proper diet, which has had a major impact on his stomach problems, exercising, and daily choices. Today, Dennis is choosing to walk every day and continue his dieting habits. Dennis is thrilled to once again live with family, and Josh and their mom couldn’t be happier!

trained in identical fashion so that the primary caregiver may have the needed mental and physical breaks from customer care.

- Medically complex customers requiring some types of skilled care can only receive that care with the unique oversight of a registered nurse known as delegation. The RN provides training to HHPs who care for medically complex customers that require the skills and use of equipment needing delegation such as suctioning and blood glucose monitoring.
- Our nurses do quarterly home visits as well as acute visits for provider training and monitoring. Nurses ensure that customers with multiple medical conditions, g-tubes and aspiration risks, etc. have qualified providers that are properly trained.
- Nurses review new customer intake for customers with complex and specific medical needs. They review medical diagnosis, medications, and create protocols to ensure the proper care is identified and instruction is given.
- Per Intellectual Developmental Disability rules, care instructions must be outlined in medical protocols for each individual served and the nurses create, maintain and provide an annual review of these protocols.
- Nurses consult with physicians, hospital case managers and home health agencies to ensure services

are in place after hospitalization or rehabilitation stays. They ensure medical appointments are kept and necessary follow up is completed so that our customers can maintain their best health possible.

- Nurses are able to complete routine and acute physical assessments of customers in their home and evaluate the ongoing or changing needs of medically fragile customers to ensure their health and safety is maintained.

### *LSS Life Essentials Provider Network Program (contractor direct services)*

RMHS has made the decision to use sub-contractors to provide some services available through the CES Waiver, HCBS-DD Waiver and Supported Living Services, so that individuals and their families have more choice in providers and can even have a family member or other known individual become a trained provider paid to provide those services. Because of this opportunity, the administrative burden on

RMHS to provide the oversight of just over 300 contractors has its challenges in ensuring choice, but also meeting the regulatory responsibilities as the Program Approved Service Agency (PASA), Medicaid provider and licensed Home Care Agency. RMHS staff performs the following functions:

- Develops contracts, compliance and orientation oversight of more than 300 contractors.
- Reviews invoices to ensure accuracy so that families and subcontractors can be paid timely and accurately.
- Ensures billing to Medicaid and State SLS pool by authorization of Service Plans, Medicaid, Prior Authorizations, utilization management and denials.
- Manages payment to families and subcontractors by meeting contractual deadlines.
- Monitors services to meet regulatory requirements for Medicaid, PASA designation, and Home Care License through HCPF and CDPHE.
- Works directly with individuals and their families to provide Admission Packet and meet regulatory guidelines.
- Works directly with families and subcontractors to ensure proper protocols are in place to ensure health and safety of the customer.
- Works directly with families and subcontractors to ensure that medication assessments and quarterly reviews for medication reminder boxes are monitored, if medications are administered during services.
- Works directly with families and subcontractors to ensure that HRC, Incident Reports, ISSPs and contact notes are completed and reported per regulatory requirements.

#### Uses of Mill Levy funds and related outcomes in this program

- Provide choice and person centered services to individuals who have CES, HCBS-DD, and SLS services and supports.
- Provide oversight of regulatory requirements while allowing choice.
- In home visits and observations to ensure health and safety.
- Provide oversight of invoices and provide direct billing for subcontractors and families.
- RMHS does the vetting of professional services, so that individuals and families have confidence in professional services received.
- Identified liaisons for improved and ongoing communication and assistance.

## **Our programs: Military & Veteran services**

### *Veteran Employment Services (VES)*

VES assists Veterans who are homeless or at risk of becoming homeless with workforce preparation and job placement. VES also offers career development services for returning Veterans.

Population served: There were 136 customers assessed in this program this reporting period. There is no waitlist for this program.

Primary funder(s): U.S. Department of Labor Contract

Services provided:

- Individualized assessment and employment plan
- Address barriers to employment
- Resume assistance
- Interview prep/mock interviews
- Computer technician certification
- Career development facilitation
- Job search skills
- Job placement
- Work clothing, tools, etc.
- Job retention support
- Referral to local and State resources

*Veterans Treatment Court (VTC)*

RMHS' Veterans Treatment Court (VTC) Peer Mentor Program provides support and incentives to Veterans/service members in the criminal justice system and pairs them with fellow Veterans as peer mentors. For more information about this program, click [here](#).

Population served: There were 145 Veterans/service members in the criminal justice system served this reporting period. There is no waitlist for this program.

Primary funder(s): State of Colorado, Judicial Department

Services provided: The Peer Mentor Program pairs VTC participants with fellow Veterans as peer mentors. Because of their shared military service, peer mentors are uniquely able to understand and connect with participants. The program provides support, incentives, and resource referrals.

*Homes for All Veterans (HAV)*

The HAV Program assists Veterans who are homeless or at imminent risk of becoming homeless to obtain or maintain safe, stable housing, while addressing the root causes of homelessness.

Population served: There were 527 Veterans (plus 376 family members) served through Homes for All Veterans this reporting period. New enrollments totaled 246 Veterans (plus 176 family members), while 237 Veterans (plus 151 family members) exited the program. There is no waitlist for this program. Over half of the veterans served (53%) are 50 years of age or older. Ninety percent are male.

Primary funder(s): U.S. Department of Veterans Affairs contract

Services provided:

- Finding temporary shelter and permanent housing
- Obtaining VA and other public benefits
- Rent, utilities, and food needs
- Health care services

- Legal and financial planning services
- Employment services

## Customers who are active in more than one RMHS program

There are situations in which a customer can be receiving case management and direct service from various RMHS programs.

Life Skills & Supports (residential services):

- 67 customers are also in our HCBS-DD waiver program
- 16 are also in our Behavioral Health program

Adult Behavioral Health:

- 162 customers are also in our HCBS-DD waiver program
- 49 customers are also in our Supported Living Services program

Children’s Clinical:

- 190 customers are in our Early Intervention program
- 29 customers are in our FSSP program

## Demographics of our customers

In order to provide the best possible service to our customers, it is important to understand the populations we are serving. Although RMHS serves diverse populations across our programs and some demographic data collected in one program may not be relevant to another program (e.g., military service), there are several basic areas of demographic data collection we have standardized across all of our programs to increase our understanding of the needs of our customers and ensure our services are reaching everyone in our catchment areas.

We currently collect data organization-wide on our customers’ primary language, ethnicities, gender, age, and diagnoses relevant to services received by or through RMHS. Is our customer base representative of the general population in our catchment area in terms of these demographics or do we need to focus on particular underrepresented subpopulations? To this end, we are working to understand our customers’ demographic information within the context of Denver, Colorado where it is available and national data as needed.

**Table 4. RMHS active customers by primary language**

<i>Primary Language</i>	<i>RMHS customers who speak and/or can understand verbal language</i>	<i>Denver residents</i>
English	81%	72%
Spanish	15%	21%
Russian	.16%	.50%
Chinese	.08%	.47%
French	.11%	.46%
All languages other than English (including those listed above)	19%	28%

Source for Denver data: <https://en.wikipedia.org/wiki/Denver#Languages> as of 4/20/16

**Table 5. RMHS active customers by gender and ethnicity**

Additional demographics as of 2014	RMHS customers	Denver residents
% female	38%	50%
% white and/or Hispanic	71.44%	80.7%
% black/African American only	12.11%	10.2%
% American Indian/Alaskan only	.49%	2%
% Asian only	2.05%	3.8%
% Native Hawaiian/Pacific Islander only	.05%	.2%
% two or more ethnicities	4.56%	3.1%
Other or unknown ethnicity	9.29%	-

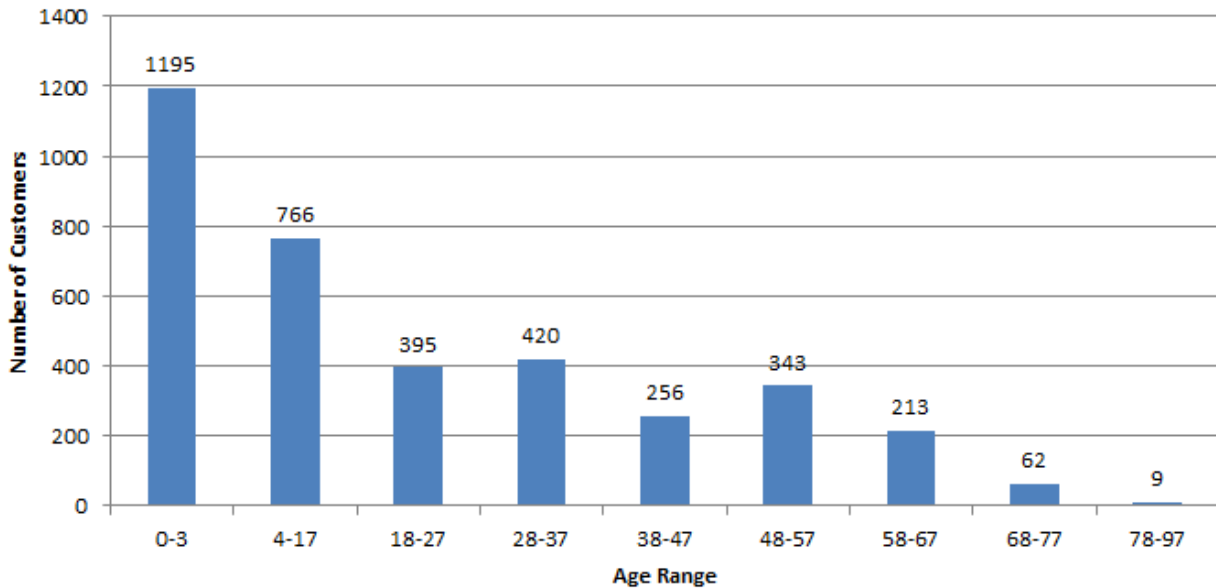
Source for Denver data: <http://www.census.gov/quickfacts/table/RHI125214/08031,00> as of 4/20/16

**Table 6. Age ranges of active RMHS customers**

Age range	RMHS Customers	Denver County residents
<5 years	40.17%	6.8%
<18 years	53.59%	20.9%
18-65 years	43.84%	68.2%
>65 years	2.57%	10.9%

Source for Denver data: <http://www.census.gov/quickfacts/table/RHI125214/08031,00> as of 4/20/16

**Graph C: Active customers by age range 7/1/16 – 9/30/16**



## Table 7. Most common diagnoses for RMHS customers

Diagnoses for our customers are collected and tracked insofar as they are relevant to a person's eligibility for receiving services or relevant for determining services a customer needs.

Most common diagnoses given to RMHS customers	National prevalence	Number of RMHS customers*
Intellectual Disability <sup>3</sup>	12 : 1,000	1302
Autism spectrum <sup>4</sup>	1 : 68 (as of 2012)	645
Anxiety & related disorders (PTSD and OCD) <sup>5</sup>	18 : 100	431
Mood Disorder <sup>6</sup>	95 : 1,000	387
Epilepsy or Seizure Disorder <sup>7</sup>	7.1 : 1,000	316
Down Syndrome <sup>8</sup>	1 : 691	283
Cerebral Palsy <sup>9</sup>	2-3 : 1,000	224
Obesity <sup>10</sup>	357 : 1,000	214

\*Customers may be represented more than once  
Sources for prevalence of diagnoses as of 11/15/16

## RMHS' role as Community Centered Board

Denver Options, Inc. dba Rocky Mountain Human Services (RMHS) is the designated Community Centered Board (CCB) for the City and County of Denver. CCBs are private corporations, for profit or not for profit, which, when designated pursuant to section 25.5-10-209, C.R.S., provides case management services to persons with developmental disabilities, is authorized to determine eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services and supports under section 25.5-10, C.R.S., and provides authorized services and supports to such persons either directly or by purchasing such services and supports from service agencies.

For additional information about Community Centered Boards in Colorado, go to:

<https://www.colorado.gov/pacific/hcpf/community-centered-boards>

<sup>3</sup> <http://cirrie.buffalo.edu/encyclopedia/en/article/144/>

<sup>4</sup> <http://www.nimh.nih.gov/health/statistics/prevalence/autism-spectrum-disorder-asd.shtml>

<sup>5</sup> <https://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-adults.shtml>

<sup>6</sup> <http://www.nimh.nih.gov/health/statistics/prevalence/any-mood-disorder-among-adults.shtml>

<sup>7</sup> <http://www.epilepsy.com/learn/epilepsy-statistics>

<sup>8</sup> <http://www.cdc.gov/ncbddd/birthdefects/data.html>

<sup>9</sup> <http://www.cdc.gov/ncbddd/cp/data.html>

<sup>10</sup> <https://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx#b>



## Addressing system gaps

### *Management of the waitlists*

1. Prioritization of the waitlists: People are added to waitlists for Waiver and State SLS services by the date they were found to have met the State’s criteria for Developmental Disability. RMHS will contact waitlist customers annually to make sure to verify that they want to remain on the waiting list and that their contact information is correct. We will also offer community resources when appropriate or assess a potential need for an emergency enrollment.
2. Emergency resources: HCPF has set forth a process and criteria for customers that may qualify for an emergency HCBS-DD Waiver enrollment. The RMHS case manager will gather customer information and submit a request to HCPF on the customer’s behalf. If HCPF grants an emergency enrollment, the case manager will help the customer with the enrollment process.
3. Services available to customers on our waitlists: We offer case management to customers currently on the waiting list that are not enrolled in any other RMHS program. Case management typically involves connecting the customer to community resources, applying for Family Support Funds when appropriate, or requesting an emergency DD Waiver enrollment from HCPF.

### *Applicants found not eligible for our case management services*

1. Eligibility criteria for each of our waiver programs can be found through the following links:
  - a. [SLS waiver](#)
  - b. [HCBS-DD waiver](#)
  - c. [CES waiver](#)
2. Eligibility for our Family Support Services Program is as follows:
  - a. For a child, birth through age five, a physical examination form from a physician indicating the presence of a syndrome which is known to put the child at risk of a developmental disability (e.g. Down Syndrome, Fragile X Syndrome), in conjunction with a signed request for the eligibility determination from the parent(s) or legal guardian might suffice.
  - b. For a school age child (age five and older) or an adult, an individual might be required to supply only a signed request expressing interest in determining whether he/she has a developmental disability, a psychological evaluation of cognitive ability, a functional assessment of adaptive behavior and some type of social history for persons over the age of 22 to verify that the onset of the disability occurred prior to age 22.

### *Enlisting feedback from the community*

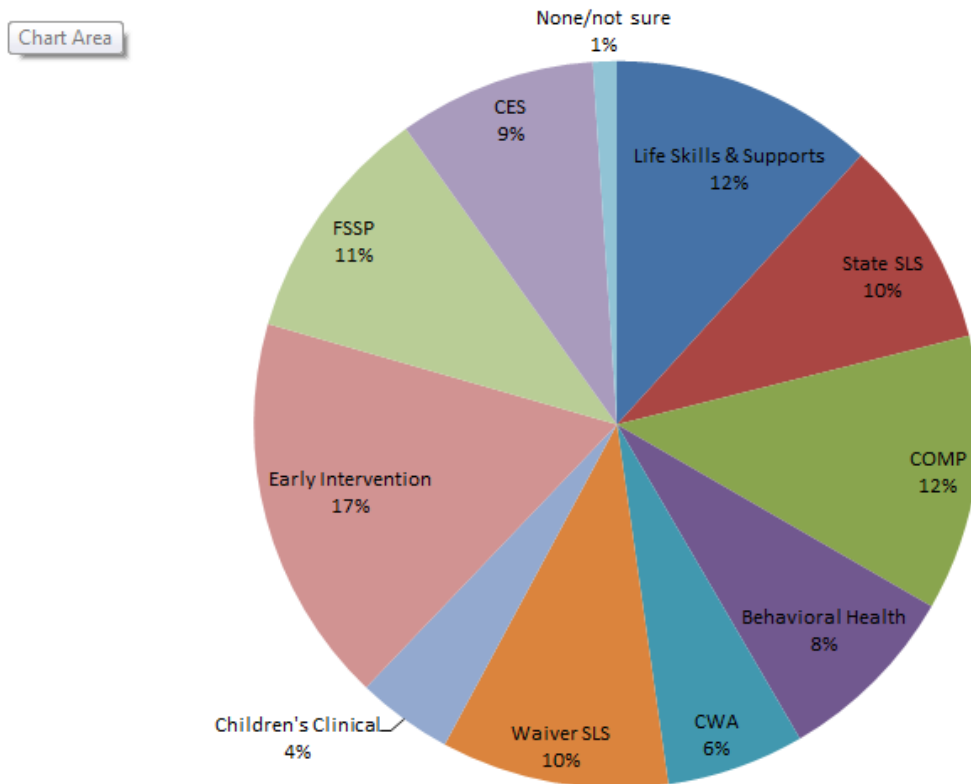
Over the past several months, RMHS has engaged in a variety of activities intended to gather feedback from as many of our customers, family members, providers, community partners, and other stakeholders as possible about unmet needs among persons accepting I/DD services in Denver. We have

facilitated and participated in multiple discussion forums in the community and at various provider agency locations and have maintained an online survey in English and Spanish for anyone to complete (<https://www.rmhumanservices.org/media/news/mill-levy-funding-survey-available#.V5kOYk1wV3c>).

Here is a summary of our findings to date:

*Summary of survey results as of 10/25/16*

Programs with which respondents are most familiar:



	Agree or Strongly Agree
Gaps in the I/DD system affect people’s quality of life	80%
Funding should be divided equally to all people accepting services.	47%
Funding should be prioritized to support those most in need.	69%
Funding should be prioritized to support health and safety issues.	47%
Funding should be prioritized to support people's quality of life.	79%

Prioritizing services/programming (remaining responses were “I’m not sure”)

	Yes/Probably	No/Probably not
Social events	56%	27%

Clinician collaboration	89%	6%
Enrollment/eligibility	81%	11%
Provider training for services that are extremely limited or not otherwise available	77%	12%
Provider training for services to give additional options of providers	57%	20%
I/DD training for professionals outside I/DD field	60%	19%
Outreach at schools, community events to educate on I/DD services	73%	11%
Parent/family/caregiver education	84%	5%

Themes in responses and feedback (bolded items indicate multiple responses for this area were given)

*Emergencies:*

- Broken adaptive/assistive equipment and technology: technical support, loaning out equipment
- Health emergencies, including providing care/supervision to persons accepting services when primary caregiver has a health emergency or hospitalization
- Emergency housing: Assistance with eligibility costs: testing, obtaining records, etc.
- Assistance for people in crisis in the process of obtaining Medicaid or temporarily lost Medicaid
- Food, clothing, furniture, rental assistance

*Quality of Life, Wellness & Connecting to the Community:*

- Social/educational groups: Dances, sports, attending events, zoo, museum
- Evening and weekend activities
- Integrated peer group: Attending/participating in community events & activities
  - Funds for summer programs: Parks & Recreation, library, rec centers, bowling, movies
- Swimming opportunities
- Transportation
- **Social networking, relationship development, opportunities for friendships**
- Travel opportunities (with and without family members)
- Civic engagement: Supporting people to serve on boards and committees
- Purchasing rec center passes
- Funding for personal trainers trained on disability specific needs/concerns
- Information sharing among providers & families on knowledge & resources
- Inclusive education resources
- Resources for computers (inexpensive or loan program)

*Training & Education:*

- Training for providers: dual diagnosis training, behavioral support
- Training for persons accepting services
  - How to use public transportation (specifically, the Light Rail)
  - Voting education and support
  - **Social skills groups**
  - Basic computer classes
  - Voting & legislative information
  - Job readiness skills training: Resumes, interviews, volunteering
  - Driver's ed
  - Art, crafts, and cooking classes
  - Classes similar to what is offered through adult education at community colleges

- Learning independent living skills, learning how to use public transportation
- Health & nutrition classes, meal planning
- Parenting classes
- Academic tutoring, obtaining high school diploma/learning a trade
- Preventing fraud/exploitation/identity theft, financial planning
- Training for family members/natural supports
  - Guardianship classes, divorce/legal issues, parents' rights, wills/trusts
  - **Ways to support family member accepting services** (particularly in handling behaviors)
  - **Parent support groups (with child care provided)**
  - Housing training, Section 8 lotteries by county
  - **Guide to I/DD services** (eligibility, what to expect, contact information)
  - Medicaid coverage
  - Financial planning
- Training for the general public
  - Classes on disabilities and how to support people
  - Librarians, rec center employees, etc.
  - Information to schools on CCBs and the Waivers
  - Technical assistance for people to form program approved service agencies
  - Early Intervention – brochures at pediatricians' offices

*Filling gaps between systems:*

- Services for elderly/aging issues: dementia, physical decline, transition to retirement
- Family therapy/counseling, support for siblings
- Alternative therapies, animal therapy, music therapy
- Vision services, hearing aids
- Assistance with skilled nursing costs: cut backs, funds for night nurses
- **Funding for mental health & behavioral supports while enabling choice of therapists (including those not a part of the I/DD system)**
- Preschool/childcare resources
- A Medicaid benefit person at RMHS: Medicaid re-determination, housing
- Collaboration between disciplines in providing continuity of care (hospitals, government agencies, mental health)
- Ability to save more than \$2,000 without disrupting benefits (specifically saving for retirement)
- Transitions
  - From SLS to DD Waiver
  - from school to adulthood
  - **from EI to FSSP, particularly 3-6 years of age**

*Filling gaps within the I/DD system:*

- Money to cover funding gaps
  - Services beyond funding limits: **Supported employment**, supported community connections, **behavioral, respite** (in home and out-of-home), **day program**
  - Assistance with out of pocket expenses
  - Home modifications that exceed waiver caps
- Transportation beyond that needed to access day program (for Comp customers)
- Self-determination
- Dental services, including necessary sedation
- Services for teens & pre-teens

- Assistive Technology
- Reducing the waitlist
- Services for undocumented, services for non-English speakers
- Too big of a gap between SLS and HCBS-DD (ie, need more respite available in SLS)
- Provider resources for FSSP, particularly respite
- Funding for IQ/adaptive testing for eligibility determinations, autism evaluations
- Purchasing adaptive vehicles (rather than having vehicles modified)
- Durable medical equipment not covered by Medicaid
- Expansion of play & learn library (equipment/therapeutic toys loaned to children’s clinicians)

## New Mill Levy Programs

In response to the feedback we have received, we are in the planning stages on several new projects and programs and have implemented several others.

### *Theme: Emergencies*

#### *Project to address this theme*

1. Client Assistance Program – intended to address emergencies as well as gaps within/between system(s) on a case-by-case basis until larger trends in specific needs are identified .This program is currently underway.

### *Theme: Quality of Life, Wellness & Connecting to the Community:*

#### *Projects to address this theme*

2. Partnership with Denver Parks & Rec. This project is in the planning stages.
3. RFP for development of program to support social opportunities. This project is in the planning stages.

### *Theme: Training & Education:*

#### *Projects to address this theme*

4. RFP for development of training/networking program for family members & natural supports (possibly two distinct program for family/natural supports of adults and children). This project is in the planning stages.
5. Scholarship program for parents/natural supports to attend trainings and conferences related to supporting persons accepting I/DD services. This project is in the planning stages.

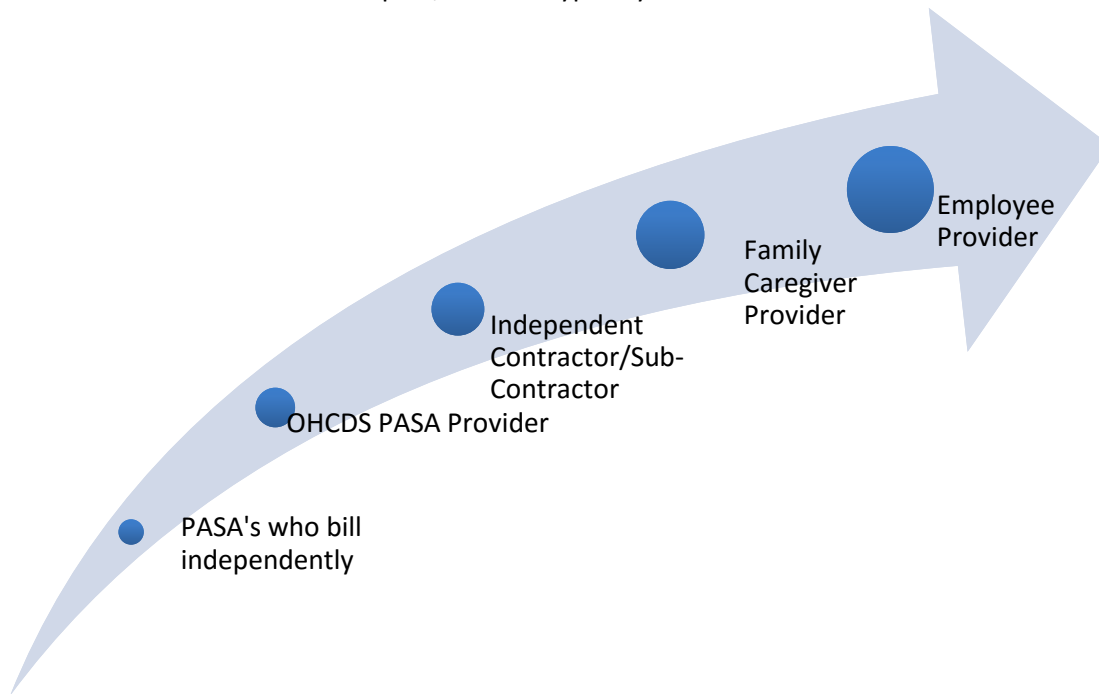
### *Theme: Filling gaps within the I/DD system*

#### *Projects to address this theme*

6. FSSP Supplemental Funding Program. This program is currently underway.
7. HCBS-DD (COMP) Mattress Program. This program is currently underway.
8. Eligibility Testing Program. This project is in the planning stages.

## Service providers and their relationship to RMHS<sup>11</sup>

There are several different types of providers working with our customers. Some are Program Approved Service Agencies (PASAs) acting in their own right, either billing directly to Medicaid or billing through the CCB, and some are independent subcontractors, all of which bill through RMHS. Regardless of their relationship with RMHS, all PASAs and subcontractors receive referrals for customers needing providers for services for which they are approved to provide. RMHS' case management staff and Life Skills & Support (RMHS' internal PASA) have the responsibility to locate providers and monitor the service as it is indicated in the customer's service plan, which is typically renewed on an annual basis.



### *Employee Provider*

This is an employee of RMHS who is a direct service provider in our Children's Clinical Program, Adult Behavioral Health, or Life Skills and Support. They can provide services to individuals receiving case management from RMHS, another CCB, or not receiving case management in the I/DD system at all. As is true with any other provider, the employee providers receive referrals through case management. Our internal programs monitor the services being provided to the customer and meet with the providers and customer as needed for updates to the treatment plan, service plan, or IFSP.

### *Family Caregiver Provider*

These providers are related to the customer and are independent contractors with RMHS' Life Skills and Support (LSS) program to be the direct care provider. These providers are approved to provide services based on what the customer needs and as outlined in the Service Plan by a case manager. Some of the customers receiving services from these providers also receive their case management from RMHS and some do not. Family caregiver providers deliver the service as outlined in the Service Plan and submit

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<sup>11</sup> All case management services in all RMHS programs are provided by RMHS employees

their service documentation and invoice to RMHS. RMHS' LSS helps the providers find the appropriate trainings needed to provide the services.

### *Independent Contractor/Sub-Contractor*

There are two different programs at RMHS that have independent contractors providing services. First, there are independent contractors in LSS who typically provide non-professional services to customers. The services the independent contractors provide include, but are not limited to, family care giver, host home, mentorship, respite, day habilitation, professional services, and community connections. These independent contractors receive their referrals from LSS staff. These independent contractors are responsible for delivering the services that are outlined in the Service Plan. The independent contractors submit their invoices and service documentation to RMHS. RMHS pays these providers and receives payment from the designated funder (typically Medicaid). Some of the customers receiving services from these subcontractors also receive their case management from RMHS and some do not. They submit documentation of the services provided, and it is monitored by the LSS staff.

Secondly, the Child and Family Program has independent contractors who provide professional services to children in the Early Intervention program (all of these children receive their case management through RMHS). The services these independent contractors provide include but are not limited to speech therapy, occupational therapy, early childhood special education, psychological services, nutrition services, and physical therapy. These providers receive their referrals from RMHS case management in the Child and Family Program. The providers provide services as outlined in the customer's Individual Family Service Plan (IFSP). They submit their service documentation to RMHS. RMHS pays these providers and receives payment from the funder (e.g., Medicaid, State General Fund). Case management staff reviews service documentation to monitor the services and the child's progress on service goals.

### *OHCDs PASA<sup>12</sup> Provider*

These are PASAs who contract with RMHS to provide services to customers. The PASAs maintain their own liability insurance, training, and State requirements. The PASAs employ staff to deliver the services. The PASAs receive referrals from RMHS case managers and deliver services that are identified in the Service Plan. The providers submit their invoices and service documentation to RMHS. RMHS bills on their behalf and case management staff review service documentation to monitor customer services and progress on service goals.

### *PASAs that bill independently*

These providers receive referrals from RMHS case managers as well and they deliver services as outlined in the customer's Service Plan. They submit their service documentation to RMHS. Case managers review the service documentation to monitor customer services. The main difference is that these PASAs bill Medicaid directly.

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<sup>12</sup> *PASA stands for program approved service agency – agencies that have been approved by Colorado Medicaid to deliver services to people with intellectual/developmental disabilities*

## Stability of our customer base

Table 5: Enrollments this period by program and enrollment type

Count of Customer	Program						
Enrollment Type	CES	HCBS-DD	CWA	EI	FSSP	SLS	Grand Total
CCB Transfer		1		10	1	1	13
CCT Nursing Home		1					1
CES to DD Waiver Transfer		1					1
EI to FSSP transfer					40		40
Emergency resource		5					5
Foster Care Resource		4					4
New Referral				234	16		250
OBRA resource						1	1
Out of state transfer				8			8
Regional Center		1					1
Re-referral				18	7		25
State SLS						3	3
Waitlist	5	1	1			8	15
<b>Grand Total</b>	<b>5</b>	<b>14</b>	<b>1</b>	<b>270</b>	<b>64</b>	<b>13</b>	<b>367</b>

Table 6: Terminations this period by program and reason

Count of Consumer	Program						
Reason for Termination	CES	HCBS-DD	CWA	EI	FSSP	SLS	Grand Total
CCB Transfer				26	5		31
Completed Program				25			25
Deceased		4		1	1	1	7
Moved out of Area	3	2		22	10	2	39
No Contact with Client		1		32	34		67
Not Eligible			1	11	3	1	16
Other				2	4	3	9
Part B Eligibility				143	1		144
Transferring to another RMHS program area					11	2	13
Voluntary Withdrawal-Client/Parent/Guardian Choice		1		38	18	4	61
<b>Grand Total</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>300</b>	<b>87</b>	<b>13</b>	<b>412</b>



*Table 7: Stability of our customer population over time*

<b>RMHS Program</b>	<b>Customers served in this program 1/1/15-12/31/15</b>	<b>Customers served in this program 1/1/16-9/30/16</b>
Children’s Clinical	811	516
Children’s Extensive Services Waiver	85	85
Children with Autism Waiver	17	10
Early Intervention	2,369	1,878
Family Services & Supports (FSSP)	1,154	1,104
HCBS-DD (Comp) Waiver	684	706
SLS (Waiver & State )	721	743
Adult Behavioral Health	266	251
LSS Residential Services	96	99
<b>Total</b>	<b>6,203</b>	<b>5,392</b>

## Community Partnerships & Projects

### *No Wrong Door*

Colorado’s No Wrong Door system, through collaborative partnerships, increased communication and shared technology, ensures that all Coloradans with disabilities and older adults are connected to the supports and services they need to live dignified and self-determined lives in the community of their choice, regardless of pay source.

Through a grant provided by the ACL, Colorado plans to test the No Wrong Door model by financing regional No Wrong Door systems as pilot sites. The pilot sites will carry out the six identified functions of a No Wrong Door system to serve individuals seeking Long Term Services and Supports, illuminating best practices, identifying barriers to a seamless and individual-friendly experience, and informing the best possible framework for a statewide No Wrong Door system.

RMHS is partnering with Colorado Access, Developmental Pathways, North Metro, Atlantis Community, DRCOG, Arapahoe County Human Services, and Douglas County Human Services to create a regional No Wrong Door pilot site. (Find more information here: <https://www.colorado.gov/pacific/hcpf/no-wrong-door-implementation-grant>)

### *Denver Forensic Collaborative for At-Risk Adults*

The DFCAA is a multidisciplinary team created to better respond to victims of abuse and financial exploitation who are elderly or intellectually/developmentally disabled. The team meets monthly to discuss cases, offering insight into community resources that would be available to victims in order to ensure the victim’s ongoing well-being.

## *TEFT (Testing Experience and Functioning Tools)*

In March 2014, the Centers for Medicare & Medicaid Services awarded TEFT grants to nine states to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports. The grant program, spanning four years through March 2018, is designed to field test a cross-disability experience of care survey and a set of functional assessment items, demonstrate personal health records, and create an electronic LTSS service plan standard. (Find more information here: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/grant-programs/teft-program.html>)

## *Aging and Adult Services Committee*

The Aging and Adults Services Committee advises the Executive Committee on policies and practices related to the effective administration of adult protective services and aging and adult services such as long term care, adult financial programming, as well as caregiver and aging supportive services. This includes service delivery, impact to county operations and the administration of programming for the aging and adult populations. The committee works with the Colorado Department of Human Services, Colorado Health Care Policy and Financing and other partner organizations to promote consistent interpretation and applications of law, standards and best practices throughout the state.

## **Summary**

Rocky Mountain Human Services provides case management and direct services to adults and children with cognitive disabilities in Denver and surrounding areas. We have a variety of funders for our programs and incorporate Mill Levy funds as needed to ensure adults and children in Denver County with intellectual and developmental disabilities are getting the services they need to ensure their health and safety and improve their quality of life.

During this reporting period, we provided case management services to over 3,800 individuals with Intellectual/Developmental Disabilities. Many more were served in our direct care and military and Veteran programs. In our service to these individuals, both directly and in partnership with others in our community, we strive to ensure people's health and safety needs are met, that they are supported in their own self-determination, and that they benefit from our services in a measurable way.

*Please send inquiries to:*

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