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Semi-Annual Report on Intellectual and Developmental Disability Services Supported by Mill Levy Funding

January 1, 2016 – June 30, 2016

Contents

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 $154,586 for the first half of 2016. Please note that figures in this table are based on the reclassification of previously invoiced Mill Levy funding to be consistent with current management reporting. These changes were made to better reflect revenues and expenditures associated with diverse funding services and program needs.

	Residential	*SLS/CES*	*FS*	*EI*	*CC*	*SC*	*BH*
State General Fund	$0.00	$315,376.54	$571,174.92	$1,147,122.48	$1,779,605.78	$393,988.88	$9,050.80
Medicaid	$1,905,084.29	$2,296,121.03	$0.00	$258,365.48	$68,227.22	$1,010,999.27	$77,610.81
Mill Levy	$410,700.81	$1,111,940.50	$391,705.42	$993,341.23	$79,911.15	$1,207,698.96	$239,977.07
Grants	$0.00	$0.00	$0.00	$98,710.32	$0.00	$0.00	$0.00
Other	$300,068.89	($160,612.72)*	$0.00	($43,212.14)*	($142,574.49)*	$16,994.00	$91,859.04
Donations	$0.00	$0.00	$0.00	$3,283.92	$0.00	$15,307.50	$0.00
Total Revenues	**$2,615,666.00**	**$3,292,383.34**	**$962,751.71**	**$2,457,611.62**	**$1,785,169.49**	**$2,645,077.28**	**$418,497.81**

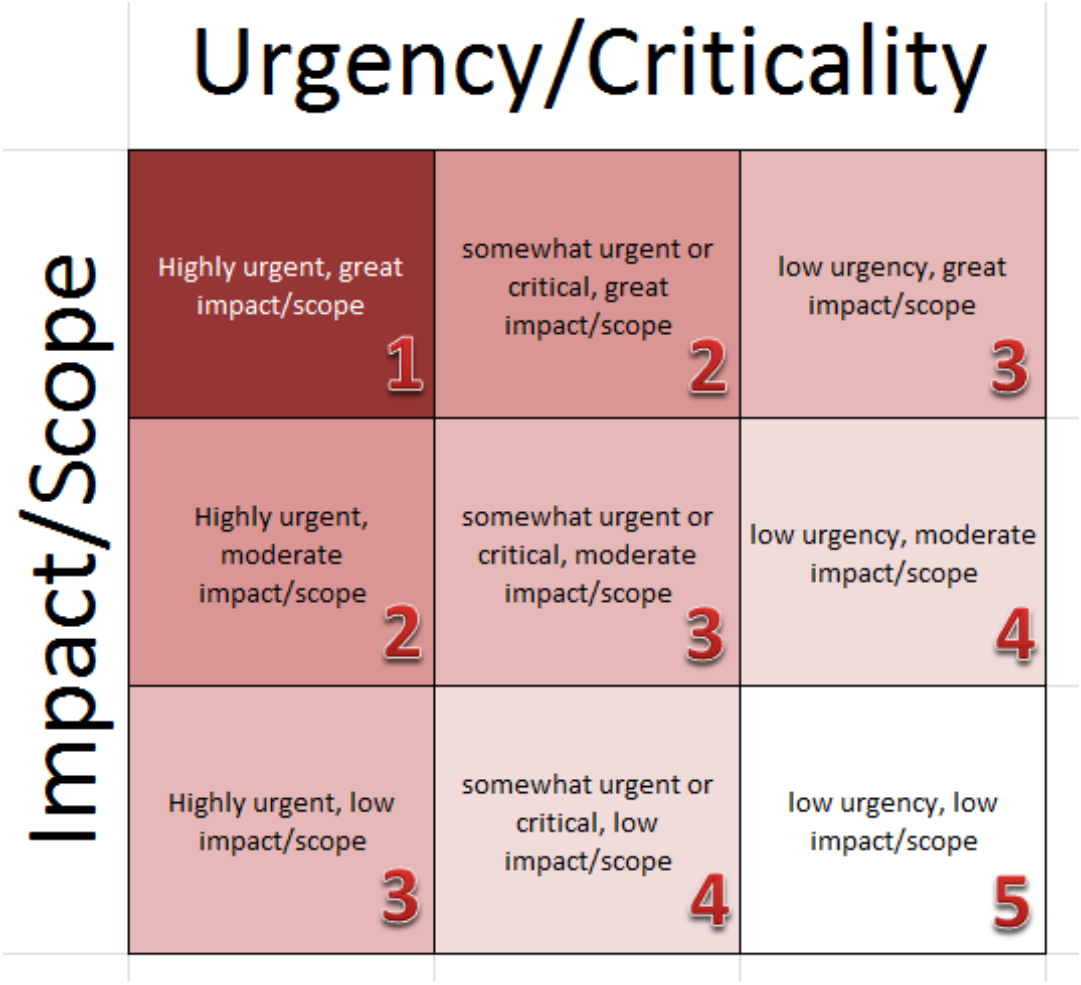
** Negative amounts are the result of the net change in revenue estimates for unprocessed invoices for the reporting month.*

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

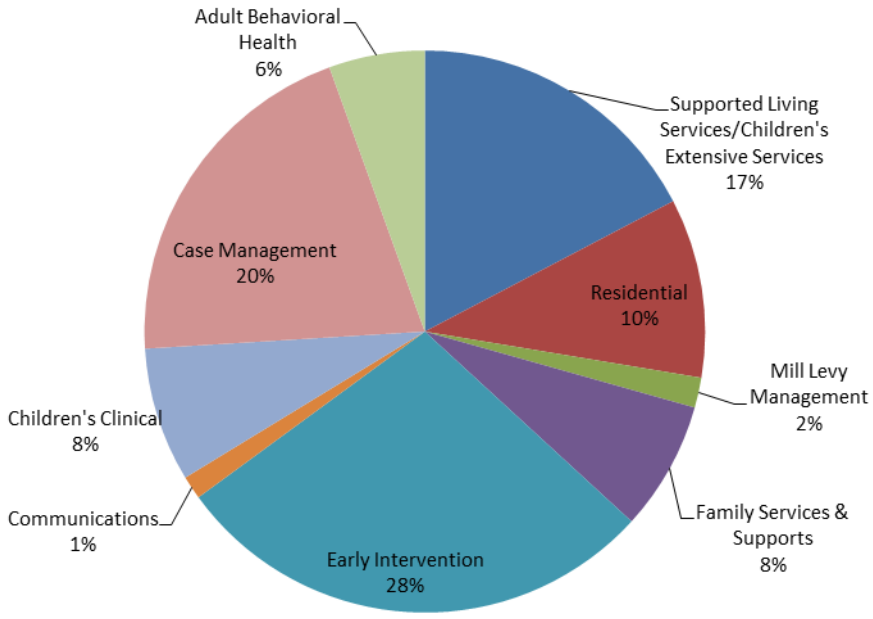


January 1, 2016 through June 30, 2016

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 January 1, 2016 through June 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 $4,589,861 of Mill Levy Funding, used for the array of services and supports that were delivered to adults, children and their families (see Graph A). Also, the report provides a clear summary of the breakdown of the cost of services by funder, type of service and on a per person basis.

Graph A: Mill Levy budget 1/1/16 – 6/30/16



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[1]

Early Intervention is an entitlement program and therefore does not have a waitlist. There were 1,212 customers served in EI this reporting period with 534 customers terminated during this reporting period and 504 enrolled. There are over 130 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 fifteen-minute units per child per year for children who have Medicaid, and a 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)

[1] 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.

    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[2]
    c. Transition conference, if child is potentially eligible for Part B

[2] *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).*

Demonstrated effectiveness of services provided through this program

Helping parents when their young child has developmental challenges

William was referred to Early Intervention near his second birthday due to his pediatrician's concerns about language development. He was found eligible based on a language delay and began weekly speech/language therapy. His parents were very involved, but were struggling with their own life stressors. While William made good progress in therapy, his speech therapist noted behaviors that could be consistent with autism spectrum disorder. Occupational therapy was added to his plan and a referral was made for a developmental evaluation.

Because of the family's significant stress level, they struggled with whether to go through with the evaluation and possibly discover their child had autism. This necessitated a great deal of coordination with the psychologist, case manager, and family, in discussing pros and cons of evaluating William. After a number of cancellations, the family finally decided to go ahead with an evaluation, but not pursue a diagnostic evaluation for autism. Because of their ambivalence, the psychologist spent more time than usual discussing the results of the evaluation and recommendations. The case manager was heavily involved in discussion with the family, both in and out of sessions.

As William was nearing his 3rd birthday and thus would soon graduate from EI, the case manager worked with his family on a transition plan, helping them understand preschool options and options for therapies. She also helped them understand options for pursuing a diagnostic evaluation in the future if they changed their minds.

With the case manager's help, the family was able to find an appropriate preschool setting and therapists. She added a social worker to the plan to help the family deal with grief about William's potential diagnosis and sort out options. William has successfully transitioned to preschool and his family is confident in a plan to continue with therapy and eventually have him evaluated for autism.

While all of case management and clinical services William received were allowable EI funded services, his services were through the EI trust, and he reached the maximum benefit long ago. State General Fund could support his services, but his need was well beyond the per child allocation from the State. Having mill levy funds available allowed the psychologist, case manager, speech therapist, social worker, and occupational therapist to provide the extensive supports William and his family needed to get through this challenging time.

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

(Also refer to Appendices A & B for specific outcome data regarding goal attainment in this program.)

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 374 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 Intervention 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 1,010 children during this reporting period, 170 newly enrolled and 142 terminated. In addition, during this reporting period an average of 71 children per month received FSSP funding for the following services:

Table 3. Distribution of FSSP funds 1/1/16-6/30/16

Service	Total $ amount	% of funding
Respite	$244,648	62.57%
Professional Services	$46,875	11.99%
Medical/Dental	$6,047	1.55%
Home Modifications	$4,422	1.13%
Parent/Sibling Support	$1,475	.38%
Assistive Technology	$426	.11%
Transportation	$356	.09%
Other*	$86,771	22.19%
TOTAL	$391,020	100%

*Includes camp, diapers, adaptive recreation, etc.

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.

- 1st quarter: Lower Respite & Other (mostly camp requests) category totals due to Additional Respite funds allocated by the State in Feb. 2016
- 2nd quarter: amount of "other" did increase due to requests for assistance with summer camp
- Increase in amount of professional services requested due to increase in requests from families to assist with therapy (OT, PT, and Speech) and ABA co-pays:
    - Jan - March: $53, 738.00 in professional services requested, able to provide $28,704 .00 (53%)
    - April - June: $72, 837.00 in professional services requested, able to provide $16,551.00 (23%)

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 15th and February 15th)
- 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 15th,October 15th, January 15th, April 15th)
- Job descriptions for Case Management positions requiring exemptions from training requirements (due as changed)
- Administrative Monitoring Tool Results (Due quarterly by July 15th,October 15th, January 15th, April 15th)
- Complaint Trends Analysis (due semi-annually, by September 30th and March 30th)
- 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 15th,October 15th, January 15th, April 15th)
- 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 30th 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 84 children this reporting period with 7 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: Ten children were served in this program through RMHS this reporting period with 3 terminations and 3 new enrollments.

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 730 individuals who received Support Living Services this reporting period with 24 terminations and 64 new enrollments. An additional 17 customers were in the process of enrolling at the end of the reporting period.

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 691 active customers in this program with an additional 10 people pending enrollment. During this period, 15 people were terminated from the program.

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 240 customers served in our Adult Behavioral Health program, 22 of which ended services during the reporting period. There were 15 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.

Successful mental health engagement

Pam, a 48 year old woman was referred to the Behavioral Health Clinic in April 2016 for mental health. She has an intellectual/ developmental disability, a history of severe depression and PTSD.

Prior to coming to RMHS, Pam had been homeless in Denver and the metro area for some time. She experienced numerous difficulties, including feeling overwhelmed and having episodes of depression and suicidal ideation. She had been in contact with crisis services on several occasions, but was unable to follow through with referrals. Pam has a lot of pride and is adamant about living independently with her two children, making her hesitant to accept help.

In the past, Pam had received psychiatric and therapy services from her local mental health center, but refused to return, explaining that the experience was overwhelming. She hadn't attended appointments regularly, and therefore was unable to establish the doctor-patient relationship needed to receive meaningful treatment.

With her case manager, the Behavioral Health team developed a strategy to encourage Pam to attend an initial appointment, and slowly engage her in establishing a relationship with clinic staff and a psychiatrist. We prioritized this consistent engagement to prevent prior problems; previously, Pam had to discontinue services because she couldn't handle the stress of staff and physician changes. To date, Pam has attended five appointments with her psychiatrist and is slowly but successfully engaging in treatment. She has also been more receptive to letting her case manager arrange for additional support at home to help reduce her feelings of being overwhelmed.

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 92 customers receiving residential services from the Life Skills & Support Residential Program (eight newly enrolled and four terminated) and 542 customers who received services in the Life Essentials Provider Network program this reporting period.

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

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

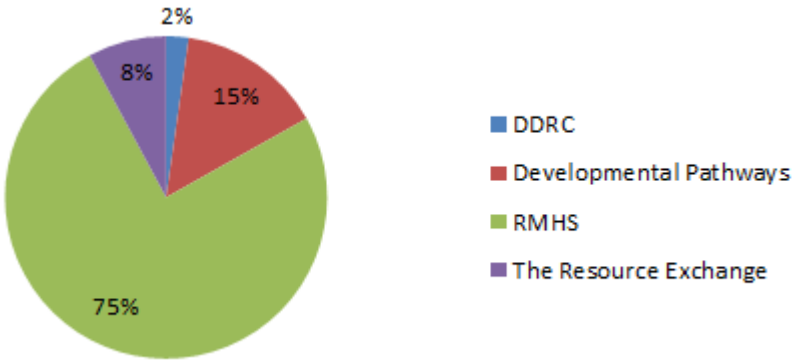
Our residential customers

- Nearly all of our 92 residential customers are between the ages of 18-65, but we do serve 3 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	23
Osteoporosis	18
Hypertension	18
Seizure disorder	16
Cerebral Palsy	16
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

Meeting complex medical needs in a community setting

Walter has been a customer accepting residential services from Life Skills & Support for many years. His parents are elderly and rely on residential services to provide all the necessary care for their son. As Walter has gotten older, his own abilities have declined and his medical needs have increased. He has been hospitalized numerous times with a variety of medical problems. He is unable to walk or use the bathroom independently. He cannot eat without aspirating, and is unable to manage his respiratory secretions, which cause frequent pneumonia. Walter has a J-tube and requires suctioning and around-the-clock care. Both jejunostomy tubes and suctioning are considered skilled nursing duties and can only be performed by a nurse or delegated to a provider by a registered nurse. In addition to his physical disabilities, Walter also has considerable behavioral needs and can injure himself by pulling out tubes or knocking over equipment. Due in part to Mill Levy funding, Walter is able to have 24-hour access to nursing services and oversight. This support enables him to live in the community with providers who know him and care for him.

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 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 400+ 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:

Family dilemma solved

Maggie is 35 years old and has always lived with her mother, Beth. Maggie does not speak, she uses a wheelchair, she is fed through a tube in her stomach and she relies on others for all of her needs. After graduating from high school, Maggie attended a day program operated by a service agency. One day, her day program caretaker did not follow the proper steps when transferring her out of her wheelchair, fracturing Maggie's hip in the process. Maggie spent the next six months in a full body cast while her injury healed. In addition to the physical pain and emotional stress, the family experienced financial strain due to Beth's inability to work because Maggie required around the clock care at home. Once Maggie healed, Beth's dilemma was to send her to day program where the possibility of a repeat injury was a fear or stay at home to care for her and plunge the family into poverty. When Beth heard about the possibility of becoming a paid provider through Rocky Mountain Human Services, she saw the perfect solution. Not only would she be able to give Maggie the safe, quality care that she needed, the family would have a steady source of income. The choice of being a contracted provider with RMHS has worked well for Maggie's family for several years.

- Develops contracts, compliance and orientation oversight of more than 400 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 competed and reported per regulatory requirements.

<u>Uses of Mill Levy funds and related outcomes in this program</u>

- 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: Brain Injury and Military & Veteran services

Operation TBI Freedom (OTF)

OTF provides case management, psycho-educational workshops, peer support groups and transitional services for Veterans and Service Members with TBI who have served in the military on or after Sept. 11, 2001 and are living or stationed in Colorado. This program was transferred from RMHS to Craig Hospital on April 4, 2016.

Population served: There were 363 customers served in this program this period with 80 terminations and 38 new enrollments. There is no waitlist for this program.

Primary funder(s): This program is entirely funded by private donations

Services provided: Case management

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 201 customers assessed in this program this reporting period, 93 placed in employment. 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 100 Veterans/service members in the criminal justice system served this reporting period. During this time period, nine Veterans/service members entered the program and 15 graduated from the program. There is no waitlist for this program; however, as of March 31st RMHS was working with 20 Veterans/service members hoping to be approved by the Judicial Department of Colorado for program participation.

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 829 Veterans (plus 525 family members) served through Homes for All Veterans this reporting period. New enrollments totaled 541 Veterans (plus 320 family members), while 542 Veterans (plus 313 family members) exited the program. There is no waitlist for this program.

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

Brain Injury Program

The Brain Injury Program provides case management, crisis resolution, advocacy, resource referrals, emergency financial aid, educational workshops and support groups for adults with traumatic brain injury (TBI) and their families across Colorado. RMHS transferred this program to another service provider effective July 1, 2016.

Population served: There were 503 customers served in this program this reporting period with 30 terminations and 21 new enrollments.

Primary funder(s): Colorado Traumatic Brain Injury Trust Fund Program

Services provided: We work with people with TBI to identify needs and goals, create a plan for recovery, connect them with the right resources and provide advocacy. We also provide educational workshops throughout Colorado for brain injury survivors and their families. RMHS Brain Injury Support offers two

levels of active services and is designed to allow customers to go back and forth between the two levels of active services throughout their time in the program:

- Individual Case Management: The person has identified needs and has been put on the waitlist for individual case management services in order to work one-to-one with a Brain Injury Support Specialist (BISS). Once assigned a BISS they participate in an intake and development of a support plan with outcomes.

- Stay Connected: The person is doing well and requires only a safety net of support and/or is not ready or able to participate in support plan goals and outcomes.

Demonstrated effectiveness of services provided through this program

We complete the Mayo Portland Adaptability Inventory (MPAI) with our customers to determine program effectiveness starting with the initial intake, 8, 16, and 24 month review for as long as a customer is active. The MPAI is most effective at determining program effectiveness but the LOCA, now that we have been collecting data, does support this as well. For example, from fiscal year 2014-15 we know from analyzing the LOCA that we were able to reduce goals (aka case management needs) by an average of two. We conclude this is a result of case management intervention and not random due to the high volume.

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
- 17 are also in our Behavioral Health program

Adult Behavioral Health:
- 166 customers are also in our HCBS-DD waiver program
- 55 customers are also in our Supported Living Services program
- 7 customers are also in our Brain Injury Support program

Children's Clinical:
- 244 customers are in our Early Intervention program
- Two customers are in our CES waiver program
- 25 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

Primary Language	***RMHS customers who speak and/or can understand verbal language***	***Denver residents***
English	81%	72%
Spanish	15%	21%
Russian	.11%	.50%
Chinese	.09%	.47%
French	.11%	.46%
All languages other than English (including those listed above)	19%	28%

Note that numbers add up to more than 100% due to individuals who are bi/trilingual
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	39%	50%
% white and/or Hispanic	73.65%	80.7%
% black/African American only	11.29%	10.2%
% American Indian/Alaskan only	.48%	2%
% Asian only	2.14%	3.8%
% Native Hawaiian/Pacific Islander only	.06%	.2%
% two or more ethnicities	1.94%	3.1%
Other or unknown ethnicity	10.44%	-

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	38.47%	6.8%
<18 years	56.32%	20.9%
18-65 years	41.26%	68.2%
>65 years	2.42%	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 1/1/16 – 6/30/16

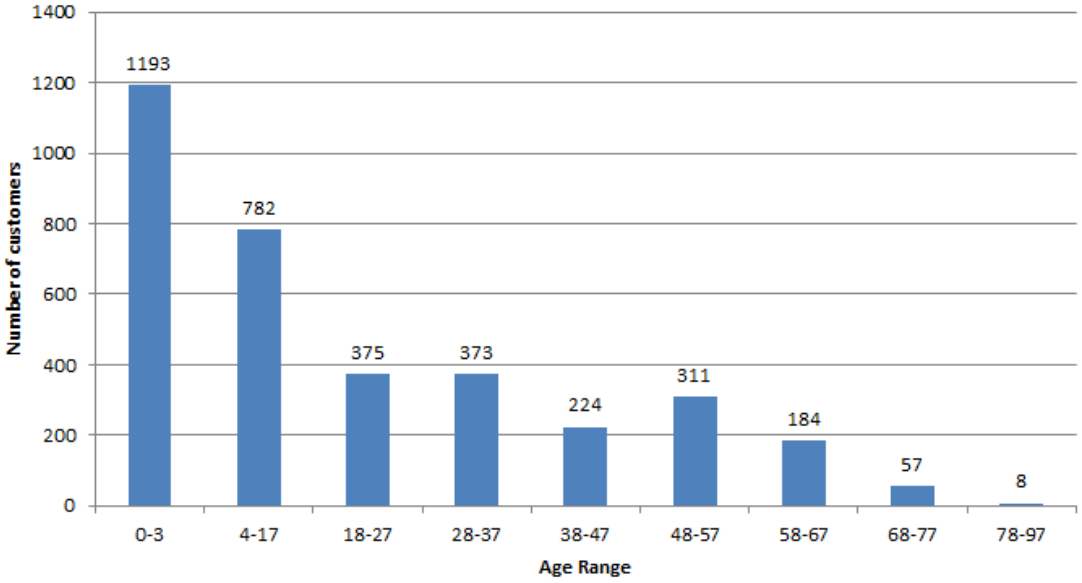


Table 7. Most common diagnoses for RMHS customers

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[3]	12 : 1,000	1107
Autism spectrum[4]	1 : 68 (as of 2012)	437
Mood Disorder[5]	95 : 1,000	383
Epilepsy or Seizure Disorder[6]	7.1 : 1,000	283
Down Syndrome[7]	1 : 691	254
Cerebral Palsy[8]	2-3 : 1,000	215
Obesity[9]	357 : 1,000	190

*Customers may be represented more than once
Sources for prevalence of diagnoses as of 8/13/16

[3] http://cirrie.buffalo.edu/encyclopedia/en/article/144/
[4] http://www.nimh.nih.gov/health/statistics/prevalence/autism-spectrum-disorder-asd.shtml
[5] http://www.nimh.nih.gov/health/statistics/prevalence/any-mood-disorder-among-adults.shtml
[6] http://www.epilepsy.com/learn/epilepsy-statistics
[7] http://www.cdc.gov/ncbddd/birthdefects/data.html
[8] http://www.cdc.gov/ncbddd/cp/data.html
[9] https://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx#b

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

Addressing system gaps

Customers waiting for services

1. There are 852 people currently on the waitlist for HCBS-DD Waiver services.
    a. 651 of those people (77%) are currently receiving services in another RMHS program.
    b. Twenty-one of the remaining 197 people are under the age of 18 and are therefore not yet eligible for adult services.
    c. 70 of the remaining 170 people are on the waitlist as "safety net," or have a specific date in the future on which they would like to enroll, meaning they are not ready to enter services at this time but have requested to remain on the waitlist.
    d. 11 of the remaining 100 are in the process of enrolling into Comprehensive services.
    e. This leaves 89 people, just over 10% of the waitlist, who are waiting for HCBS-DD services, are ready to accept those services, are not being actively enrolled, and are not receiving services in another RMHS program.

2. There are 275 people on the waitlist for Supported Living Services (waiver and State funded).
    a. 41 are currently in the process of enrolling into SLS
    b. 99 of the remaining 234 are under the age of 18 and not yet eligible for SLS (most are receiving services in CES or FSSP).
    c. 68 of the remaining 135 people are on the waitlist as "safety net," or have a specific date in the future on which they would like to enroll, meaning they are not ready to enter services at this time.
    d. The remaining 67 people, just under ¼ of those on the waitlist, are waiting for Supported Living Services and are ready to accept those services, are not being actively enrolled, and are not receiving services in another RMHS program. They are in the process of being offered an SLS services in order of their selection date.

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

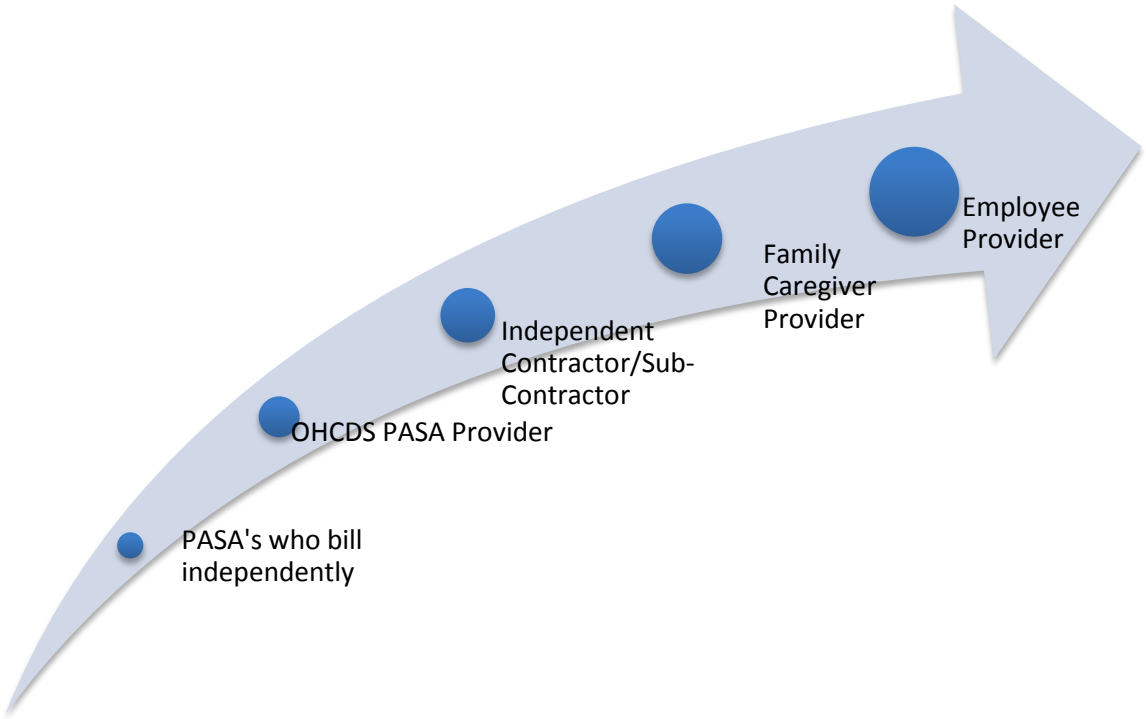
1. Eligibility criteria for each of our waiver programs can be found through the following links:
    a. SLS waiver
    b. HCBS-DD waiver
    c. CES waiver
2. Eligibility for our Family Support Services Program is as follows:
    a. For a child, birth through age five, a physical examination form from 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.

Service providers and their relationship to RMHS[10]

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

[10] *All case management services in all RMHS programs are provided by RMHS employees*

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 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[11] 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.

[11] *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	1		17	4	1	24
Nursing Home		2				1	3
CES to DD Waiver Transfer		1					1
CES to SLS transfer						1	1
EI to FSSP transfer					109		109
Emergency/high risk resource		14				1	15
Lawyer/Legal Counsel	1						1
New Referral				443	40		483
Out of state transfer				6			6
Regional Center		3					3
Re-referral				38	17		55
Waitlist	3	7	3			60	73
Grand Total	**5**	**28**	**3**	**504**	**170**	**64**	**774**

Table 6: Terminations this period (1/1/16-6/30/16) by program and reason

Count of Customers	Program						
Reason for Termination	**CES**	**HCBS-DD**	**CWA**	**EI**	**FSSP**	**SLS**	**Grand Total**
CCB Transfer		4		37	9	3	53
Completed Program				60			60
Deceased		8		1		2	11
Moved out of Area				44	19	4	67
Moved to Institution		1					1
No Contact with Client		2		40	49	2	93
No Documentation of Citizenship/Residency				1	2		3
Not Eligible	3	1	3	22	9	2	40
Part B Eligibility				272	1		273
Transferring to another RMHS program area	3	1		1	18	9	32
Voluntary Withdrawal-Client/Parent/Guardian Choice	1	1		56	35	2	95
Grand Total	**7**	**18**	**3**	**534**	**142**	**24**	**728**

Table 7: Stability of our customer population over time

RMHS Program	Customers served in this program 1/1/15-12/31/15	Customers served in this program 1/1/16-6/30/16
Children's Clinical	811	367
Children's Extensive Services Waiver	85	85
Children with Autism Waiver	17	10
Early Intervention	2,369	1,814
Family Services & Supports (FSSP)	1,154	1,015
HCBS-DD (Comp) Waiver	684	709
SLS (Waiver & State)	721	764
Adult Behavioral Health	266	240
LSS Residential Services	96	90
Total	**6,203**	**5,094**

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 crease 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 3,500 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:

Kris Kogan, Ph.D.
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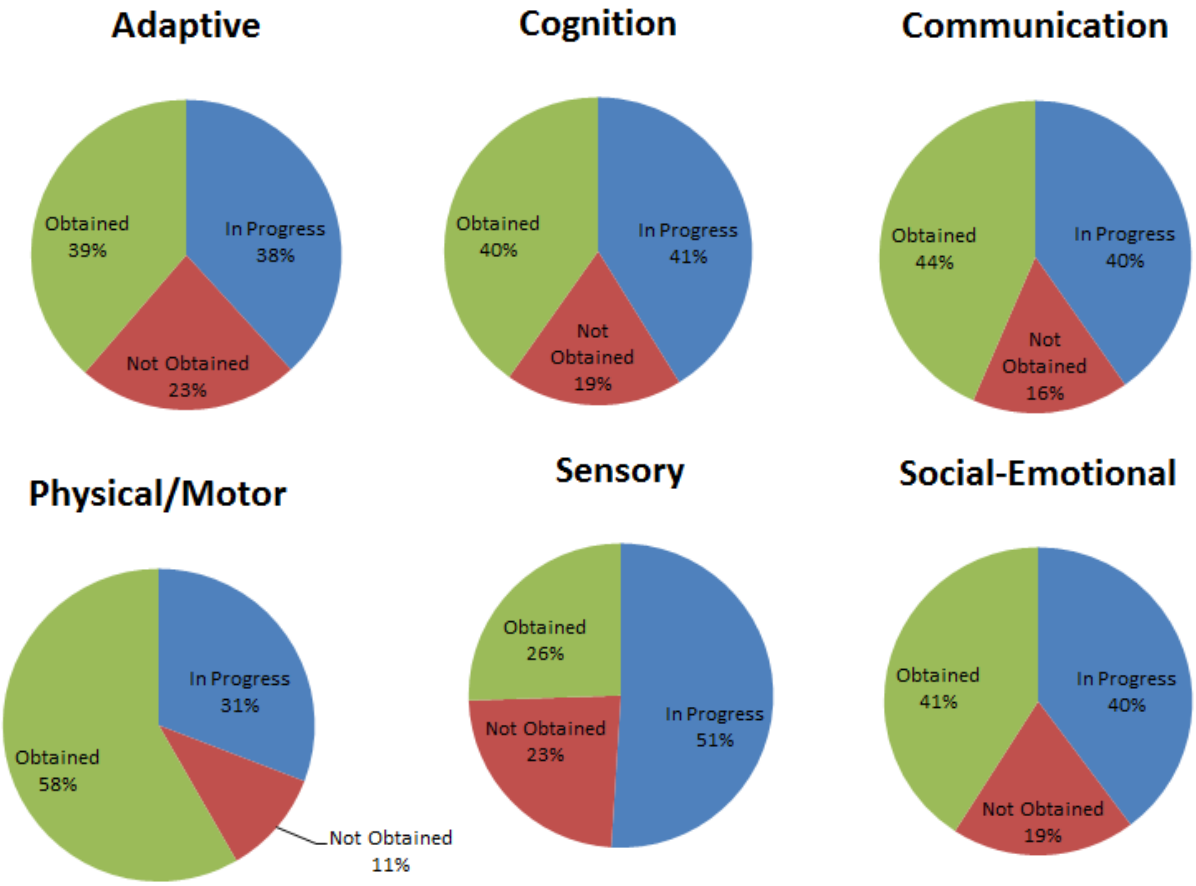
Rocky Mountain Human Services
kkogan@rmhumanservices.org

Appendix A. Early Intervention Outcomes by Area of Need (1/1/16-6/30/16)

Goal Areas: Adaptive, Cognition, Communication, Physical/Motor, Sensory. Social-Emotional,

Goal Outcomes: not obtained, in progress, obtained



Appendix B: Early Intervention analysis of reasons goals were not obtained across all areas of need (1/1/16-6/30/16)

The categories of "Not Relevant, No Interest, and No Client Follow Up" all encompass family decisions not to work on the outcome, which could be for a variety of reasons, such as changing family priorities. The category of "No Change" indicates that the child did not make progress on that outcome, but nor did he regress in that area. Typically when that is the case, the team would decide to modify or discontinue that outcome and add a more appropriate or attainable goal. However, the State data system does not have a category for discontinued or modified outcomes, so they are represented here under "No Change."