



Colorado Department of Human Services
people who help people

Developmental Disabilities

GENERAL COMPARISON OF COMMUNITY SERVICES



The mission of the Division for Developmental Disabilities is to join with others to offer the necessary supports with which all people with developmental disabilities have their rightful chance to:

- *Be included in Colorado community life.*
- *Make increasingly **responsible choices**.*
- *Exert greater **control** over their life circumstances.*
- *Establish and maintain **relationships** and a sense of **belonging**.*
- *Develop and exercise their **competencies and talents**.*
- *Experience personal **security and self-respect**.*

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Colorado Department of Human Services

Office of Adult, Disability, and Rehabilitation Services

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How to use this document

This document provides a side-by-side general comparison of community services funded by the Department of Human Services for adults and children with developmental disabilities. The service types are listed across the top of each set of facing pages. Each service type contains information in both the top and bottom pages (e.g. page 2 & 3). The first column, as you read down the left-hand side of the page, contains key questions being answered. There is a glossary of terms on page 12. This information provides a general overview and is not intended to give all of the detail necessary to fully understand each particular service.

For specific information, contact the community centered board in your area (*see page 13 for a listing*), or contact the Division for Developmental Disabilities (DDD) listed on the front cover.

Within the Department of Human Services (DHS), services for children with developmental disabilities (birth through age 17) and for adults with developmental disabilities (age 18 and older) are administered by the Division for Developmental Disabilities (DDD). The chart below illustrates how Medicaid and State General funds are utilized for the various adult and children's programs.

Adult Programs

Medicaid Funded

Comprehensive Services (3,441 served in June 2003)
Supported Living Services (2,826 served in June 2003)

State Funded

Comprehensive Services (55 served in June 2003)
Supported Living Services (778 served in June 2003)

Children and Family Programs

Medicaid Funded

Children's Extensive Support (212 maximum enrollment)

State Funded

Early Intervention Services (1,799 served in June 2003)
Family Support Services (4,145 served in June 2003)

Comprehensive Services for Adults

- These services are aimed at those adults who require extensive supports to live safely (including access to 24-hour supervision) and who do not have other sources for meeting those needs.


Support Services for Adults

- These services are aimed at augmenting already available supports for those adults who either can live independently with limited supports or who, if they need extensive support, are getting that support from other sources, such as their family.

Children and Family Services

- These three service areas (Children's Extensive Support, Early Intervention, and Family Support) assist families with enhanced in-home supports for those children considered to be most in need, provide early intervention to infants and toddlers, and assist with costs beyond those normally experienced by other families.

Case Management/Service Coordination - is provided to all eligible persons (adults and children) and includes eligibility determination; planning, locating and facilitating access to services; coordinating and reviewing all aspects of needed services, supports and resources in cooperation with the person with a developmental disability, the person's family as appropriate, and involved agencies; and monitoring and evaluation of all services and supports.

CATEGORY	ADULT COMPREHENSIVE SERVICES		RESIDENTIAL Habilitation Services and Supports	
	▼ ▼ MEDICAID FUNDED ▼ ▼		▼ ▼ STATE FUNDED ▼ ▼	
Service Type 	Individual Residential Services and Supports (IRSS)	Group Residential Services and Supports (GRSS)	Individual Residential Services and Supports (IRSS)	Group Residential Services and Supports (GRSS)
PRIMARY PURPOSE				
What is the primary purpose of this service?	To provide residential services and supports outside of the family home to three or fewer persons per setting.	To provide residential services and supports outside of the family home to four to eight persons per setting.	To provide residential services and supports outside of the family home to three or fewer persons per setting.	To provide residential services and supports outside of the family home to four to eight persons per setting.
ELIGIBILITY (all eligibility determinations are made by a local community centered board - see page 13 for a listing)				
Age	18 and Older	18 and Older	18 and Older	18 and Older
Criteria	Must have a developmental disability.	Must have a developmental disability.	Must have a developmental disability.	Must have a developmental disability.
Are there any Income Limits or Special Criteria?	<ol style="list-style-type: none"> 1) Must need and receive residential services 2) Individual's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>) 3) The eligible person is responsible to pay his or her room and board expenses as determined by the State 4) Must meet ICF-MR Level of Care Screen 5) Post Eligibility Treatment of Income (PETI) payments may apply <i>(note: For information about OBRA residential services for people moving from nursing facilities, contact the CCB in your area.)</i> 	<ol style="list-style-type: none"> 1) Must need and receive residential services 2) Individual's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>) 3) The eligible person is responsible to pay his or her room and board expenses as determined by the State 4) Must meet ICF-MR Level of Care Screen 5) Post Eligibility Treatment of Income (PETI) payments may apply <i>(note: For information about OBRA residential services for people moving from nursing facilities, contact the CCB in your area.)</i> 	<ol style="list-style-type: none"> 1) Must need and receive residential services 2) Some co-payments may be required because of a person's income level 	<ol style="list-style-type: none"> 1) Must need and receive residential services 2) Some co-payments may be required because of a person's income level
Where can the person be living?	<ul style="list-style-type: none"> • Must be living in his or her own home, or an agency-leased/owned home or apartment in the community • Not living with his or her family • No more than three persons may live in any one setting (<i>No more than two persons in a Host Home setting</i>) 	<ul style="list-style-type: none"> • In a group home setting with four to eight persons in any one home • Not living with his or her family 	<ul style="list-style-type: none"> • Must be living in his or her own home, or an agency-leased/owned home or apartment in the community • Not living with his or her family • No more than three persons may live in any one setting (<i>No more than two persons in a Host Home setting</i>) 	<ul style="list-style-type: none"> • In a group home setting with four to eight persons in any one home • Not living with his or her family
Who can receive services?	Only the eligible person	Only the eligible person	Only the eligible person	Only the eligible person
PLANNING PROCESS				
What type of Plan is used?	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)
How are needs of the person determined?	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team
How is funding approved?	Approved by the CCB, and annual authorization from DDD for enrollment	Approved by the CCB, and annual authorization from DDD for enrollment	Approved by the CCB	Approved by the CCB




Who selects the service provider?	Determined by the IDT and the person (must be a qualified provider)	Determined by the IDT and the person (must be a qualified provider)	Determined by the IDT and the person (must be a qualified provider)	Determined by the IDT and the person (must be a qualified provider)
What are some examples of services?	There is a broad array of habilitative services and/or supports as needed by the person to live in the community. Support and/or training might include personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities, and others.	There is a broad array of supports and/or habilitative services as needed by the person to live in the community. Support and/or training might include personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities, and others.	There is a broad array of supports and/or habilitative services as needed by the person to live in the community. Support and/or training might include personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities, and others.	There is a broad array of supports and/or habilitative services as needed by the person to live in the community. Support and/or training might include personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities, and others.
Where are services provided?	In an individual residential setting in the community, not with the person's family	In a group home in the community, not with the person's family	In an individual residential setting in the community, not with the person's family	In a group home setting in the community, not with the person's family

FUNDING

What is the source of funding?	Title XIX, HCBS-DD Medicaid Waiver	Title XIX, HCBS-DD Medicaid Waiver	State General Funds	State General Funds
How are dollars managed?	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.
What dollars are available for an eligible person?	There is an established daily rate for Comprehensive Services paid to the CCB as the Managed Service Organization. The amount available for residential services per person varies based on level of need identified in the IP, up to 24-hours per day.	There is an established daily rate for Comprehensive Services paid to the CCB as the Managed Service Organization. The amount available for residential services per person varies based on level of need identified in the IP, up to 24-hours per day.	There is an established daily rate for Comprehensive Services paid to the CCB as the Managed Service Organization. The amount available for residential services per person varies based on level of need identified in the IP, up to 24-hours per day.	There is an established daily rate for Comprehensive Services paid to the CCB as the Managed Service Organization. The amount available for residential services per person varies based on level of need identified in the IP, up to 24-hours per day.
Can dollars or services be used with other funding sources?	IRSS services are often used in combination with HUD section 8 (rental assistance), LEAP, food stamps, and others. 18-21 year olds have access to EPSDT.	GRSS services are often used in combination with food stamps or other local resources. 18-21 year olds have access to EPSDT.	IRSS services are often used in combination with HUD section 8 (rental assistance), LEAP, food stamps, and others.	GRSS services are often used in combination with food stamps or other local resources.

OTHER

What laws and regulations apply?	(Legislation) C.R.S. 27-10.5 – 104 and 26-4-621	(Legislation) C.R.S. 27-10.5 – 104 and 26-4-621	(Legislation) C.R.S. 27-10.5 - 104	(Legislation) C.R.S. 27-10.5 - 104
	(Rules) DDD, HCPF, HUD, local codes and regulations	(Rules) DDD, HCPF, CDPHE, local codes and regulations	(Rules) DDD, local codes and regulations	(Rules) DDD, CDPHE, local codes and regulations
How are services monitored?	(Local Level) Person receiving services, Families, Case Management / CCB, Service Agency, HRC	(Local Level) Person receiving services, Families, Case Management / CCB, Service Agency, HRC	(Local Level) Person receiving services, Families, Case Management / CCB, Service Agency, HRC	(Local Level) Person receiving services, Families, Case Management / CCB, Service Agency, HRC
	(State Level) DDD, HCPF, CMS (federal)	(State Level) DDD, HCPF, CDPHE, CMS (federal)	(State Level) DDD	(State Level) DDD, CDPHE

CATEGORY	ADULT COMPREHENSIVE SERVICES		DAY Habilitation Services and Supports	
	▼ ▼ MEDICAID FUNDED ▼ ▼		▼ ▼ STATE FUNDED ▼ ▼	
Service Type 	INTEGRATED SERVICES	NON-INTEGRATED SERVICES	INTEGRATED SERVICES	NON-INTEGRATED SERVICES
PRIMARY PURPOSE				
What is the primary purpose of this service?	To provide vocational and/or community participation activities which promote and support inclusion within a typical community setting.	To provide pre-vocational and/or habilitative activities in non-integrated or sheltered settings.	To provide vocational and/or community participation activities which promote and support inclusion within a typical community setting.	To provide vocational and/or habilitative activities in non-integrated or sheltered settings.
ELIGIBILITY (all eligibility determinations are made by a local community centered board - see page 13 for a listing)				
Age	Primarily 21 and Older (may start at age 18 if public education is completed)	Primarily 21 and Older (may start at age 18 if public education is completed)	Primarily 21 and Older (may start at age 18 if public education is completed)	Primarily 21 and Older (may start at age 18 if public education is completed)
Criteria	Must have a developmental disability.	Must have a developmental disability.	Must have a developmental disability.	Must have a developmental disability.
Are there any Income Limits or Special Criteria?	<ol style="list-style-type: none"> 1) Individual's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>). 2) The service cannot be the responsibility of Public Education funding (PPOR). 3) Must meet ICF-MR Level of Care Screen. 4) Post Eligibility Treatment of Income (PETI) payments may apply. 	<ol style="list-style-type: none"> 1) Individual's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>). 2) The service cannot be the responsibility of Public Education funding (PPOR). 3) Must meet ICF-MR Level of Care Screen. 4) Post Eligibility Treatment of Income (PETI) payments may apply. 	If under age 21, the service cannot be the responsibility of Public Education funding (PPOR), "Per Pupil Operating Revenue".	If under age 21, the service cannot be the responsibility of Public Education funding (PPOR), "Per Pupil Operating Revenue".
Where can the person be living?	<ul style="list-style-type: none"> • Must need and receive HCBS-DD residential services • Not living with his or her family 	<ul style="list-style-type: none"> • Must need and receive HCBS-DD residential services • Not living with his or her family 	<ul style="list-style-type: none"> • Must need and receive residential services • Not living with his or her family 	<ul style="list-style-type: none"> • Must need and receive residential services • Not living with his or her family
Who can receive services?	Only the eligible person	Only the eligible person	Only the eligible person	Only the eligible person
PLANNING PROCESS				
What type of Plan is used?	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)	Individualized Plan (IP), and Individual Service and Support Plan (ISSP)
How are needs of the person determined?	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team	Determined by the Interdisciplinary Team
How is funding approved?	Approved by the CCB, and annual authorization from DDD for enrollment	Approved by the CCB, and annual authorization from DDD for enrollment	Approved by the CCB	Approved by the CCB
Who selects the service provider?	Determined by the IDT and the person (must be a qualified provider)	Determined by the IDT and the person (must be a qualified provider)	Determined by the IDT and the person	Determined by the IDT and the person, usually from a list of available providers
What are some examples of services?	Supported Employment Community Accessibility	Supervised Work Services Specialized Habilitation Services	Supported Employment Community Accessibility	Supervised Work Services Specialized Habilitation Services




Where are services provided?	Services are provided in typical community-based settings enjoyed by all citizens and in which the majority of persons do not have a disability.	Generally services are provided in segregated sheltered workshops or training centers were the majority of persons may have a disability.	Services are provided in typical community-based settings enjoyed by all citizens and in which the majority of persons do not have a disability.	Generally services are provided in segregated sheltered workshops or training centers were the majority of persons may have a disability.
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FUNDING

What is the source of funding?	Title XIX, HCBS-DD Medicaid Waiver	Title XIX, HCBS-DD Medicaid Waiver	State General Funds	State General Funds
How are dollars managed?	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.	Reimbursement is paid to the CCB based on billable days for Comprehensive Services up to the annual contract amount. The CCB may provide services directly or purchase services.
What dollars are available for an eligible person?	There is an established daily rate for the service paid to the CCB as the Managed Service Organization. The amount available per person varies based on level of need identified in the IP.	There is an established daily rate for the service paid to the CCB as the Managed Service Organization. The amount available per person varies based on level of need identified in the IP.	There is an established daily rate for the service paid to the CCB as the Managed Service Organization. The amount available per person varies based on level of need identified in the IP.	There is an established daily rate for the service paid to the CCB as the Managed Service Organization. The amount available per person varies based on level of need identified in the IP.
Can dollars or services be used with other funding sources?	Vocational services can be a stand-alone service or used in combination with other funding, such as a Plan to Achieve Self-Support (PASS) or Impairment Related Work Expenses (IRWE) through the Social Security Administration (SSA), Americans with Disabilities Act (ADA) Tax Credit from Internal Revenue Service (IRS), or others. Community Accessibility can be a stand-alone service or used in combination with generic community resources such as senior centers, community organizations, locally sponsored community activities, or others.	Similar sources of funding as with “integrated” if movement toward a non-supervised work setting is targeted.	Vocational services can be a stand-alone service or used in combination with other funding, such as Division of Vocational Rehabilitation Services (DVR), Plan to Achieve Self-Support (PASS) or Impairment-Related Work Expenses (IRWE) through the Social Security Administration (SSA), Americans with Disabilities Act (ADA) Tax Credit from Internal Revenue Service (IRS), or others. Community Accessibility can be a stand-alone service or used in combination with generic community resources such as senior centers, community organizations, or locally sponsored community activities.	Similar sources of funding as with “integrated” if movement toward a non-supervised work setting is targeted.

OTHER

What laws and regulations apply?	(Legislation) C.R.S. 27-10.5 – 104 and 26 - 4 - 621 (Rules) DDD, HCPF, CMS (federal), local building and fire codes	(Legislation) C.R.S. 27-10.5 – 104 and 26 - 4 - 621 (Rules) DDD, HCPF, CMS (federal), local building and fire codes	(Legislation) C.R.S. 27-10.5 - 104 (Rules) DDD, local building and fire codes	(Legislation) C.R.S. 27-10.5 - 104 (Rules) DDD, local building and fire codes
How are services monitored?	(Local Level) Person receiving services, Families, Case Management / CCB, HRC (State Level) DDD, HCPF, CMS (federal), National Accreditation	(Local Level) Person receiving services, Families, Case Management / CCB, HRC (State Level) DDD, HCPF, CMS (federal), National Accreditation	(Local Level) Person receiving services, Families, Case Management / CCB, HRC (State Level) DDD, National Accreditation	(Local Level) Person receiving services, Families, Case Management / CCB, HRC (State Level) DDD, National Accreditation

CATEGORY	ADULT COMPREHENSIVE SVCS.		ADULT SUPPORT SERVICES	
Service Type 	▼ ▼ Transportation ▼ ▼		<u>Medicaid</u> Supported Living Services	<u>State</u> Supported Living Services
PRIMARY PURPOSE				
What is the primary purpose of this service?	To provide transportation which enables individuals receiving day habilitation services and supports to gain access to program and other community services and resources.	To link services and supports with existing natural supports and generic community services so that Medicaid eligible adults with developmental disabilities, who are responsible for their own living arrangements, have the necessary supports to be included in typical Colorado community life.	Same as Medicaid SLS (may or may not be Medicaid eligible)	
ELIGIBILITY (all eligibility determinations are made by a local community centered board - see page 13 for a listing)				
Age	18 and Older	18 and Older	18 and Older	
Criteria	Must have a developmental disability.	Must have a developmental disability.	Must have a developmental disability.	
Are there any Income Limits or Special Criteria?	Must be enrolled in a day program and must access public transportation if available and appropriate.	<ol style="list-style-type: none"> 1) Individual's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>). 2) The eligible person is responsible to pay his or her room and board expenses as determined by the State. 3) The eligible person must be in control of his or her own living arrangements. (i.e. <i>receipt of services is not tied to where the person lives.</i>) 4) Must meet ICF-MR Level of Care Screen. 5) Cannot require 24-hour supervision on an ongoing basis which is paid only by SLS funds. 6) Post Eligibility Treatment of Income (PETI) assessments apply 7) <u>Cannot</u> be enrolled in State SLS, HCB-DD or other waiver programs at the same time. 	<ol style="list-style-type: none"> 1) The eligible person is responsible to pay his or her room & board expenses as determined by the State. 2) The eligible person must be in control of his or her own living arrangements. (i.e. <i>receipt of services is not tied to where the person lives.</i>) 3) Cannot require 24-hour supervision on an ongoing basis which is paid only by SLS funds. 4) <u>Cannot</u> be enrolled in Medicaid SLS or HCBS-DD at the same time. (<i>For information about OBRA specialized services available for eligible persons residing in nursing facilities, please contact the CCB in your area.</i>) 	
Where can the person be living?	<ul style="list-style-type: none"> • <u>State funded</u> - No Restrictions • <u>Medicaid funded</u> - Cannot be living in a Medicaid program other than HCBS-DD funded. 	Must be living in his or her own home which he/she owns, rents or leases, or living with his or her family or legal guardian.	Same as Medicaid SLS (except for OBRA Specialized Services in Nursing Facilities).	
Who can receive services?	Only the eligible person	Only the eligible person	Only the eligible person	
PLANNING PROCESS				
What type of Plan is used?	Individualized Plan (IP)	Individualized Plan (IP) Individualized Service and Support Plan (ISSP), as needed	Individualized Plan (IP) and Individualized Service and Support Plan (ISSP), as needed	
How are needs of the person determined?	Varies depending on the program, generally determined by the Interdisciplinary Team	Determined by the eligible person with an Interdisciplinary team and prioritized by the person	Determined by the eligible person with an Interdisciplinary Team and prioritized by the person	
How is funding approved?	<ul style="list-style-type: none"> • <u>State funded</u> - Approved by the CCB. • <u>Medicaid funded</u> - Approved by the CCB, and annual authorization from DDD 	Approved by the CCB, and annual authorization from DDD for enrollment	Approved by the CCB	
Where are services provided?	In the community	In the home or community	In the home or community	
Who selects the service provider?	Varies depending on the program, generally is determined by the Interdisciplinary Team	The person receiving services may choose from qualified providers from the community	Same as Medicaid SLS	




What are some examples of services?	Agency operated vehicles, public transportation, or private vehicles	<u>Supported Living Consultation</u> <u>Personal Assistance Services</u> <ul style="list-style-type: none"> • Personal Care • Household Maintenance • Mentorship <u>Supported Employment Services</u> <u>Day Habilitation Services</u> <ul style="list-style-type: none"> • Specialized Habilitation • Community Accessibility <u>Transportation Services</u>	<u>Environmental Engineering</u> <ul style="list-style-type: none"> • Home Modification • Assistive Technology <u>Dental/Vision/Hearing Services</u> <u>Behavioral Services</u> <u>Professional Services</u> <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Communication Services • Licensed Medical Care 	Same as Medicaid SLS
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FUNDING

What is the source of funding?	Title XIX, HCBS-DD Waiver State General Funds	Title XIX, HCBS-SLS Medicaid Waiver	State General Funds
How are dollars managed?	<u>Medicaid and State funded</u> Paid to the CCB as part of the daily rate for Comprehensive Services and can be used to provide or purchase transportation services.	A monthly fee is disbursed to CCBs for each Medicaid SLS participant who receives one or more Medicaid SLS services during the month. Each service area (CCB) must manage its available pool of funds to the average cost per person as established by the State, and serve at least the minimum number of persons, as specified by the State. The funds are available through CCBs for direct service or rates can be negotiated by the CCB for the purchase of services from community providers.	Each CCB has a pool of State General funds which is disbursed 1/12th of contract per month to the CCB and is available for direct service or purchase of service. CCBs must serve at least the minimum number of persons, as specified by the State.
What dollars are available for an eligible person?	Varies depending on the level of need of the person.	Each CCB is responsible to determine the level of need for each person. The average in FY 04 is around \$12,750 per fiscal year. The maximum available to any one person is \$35,000 per fiscal year and ONLY if the funds are available within the CCB Medicaid SLS pool and the person's need(s) warrant this level of support. Maximum \$10,000 during a five year period for environmental engineering. The specific commitment for services is identified in the IP.	Same as Medicaid SLS (except the average per person varies by CCB service area).
Can dollars or services be used with other funding sources?	Public and private transportation	Yes, Medicaid SLS funding is designed to create an individualized package of supports in combination with other funding, such as rental assistance (HUD section 8), Low Income Energy Assistance Program (LEAP), Div. of Vocational Rehabilitation Services (DVR), public transportation, and others. Primary source of services and supports is intended to be from natural supports or non-waiver funded supports. Regular Medicaid State Plan benefits must be accessed prior to use of Medicaid SLS funds. 18-21 year olds are eligible for EPSDT.	Same as Medicaid SLS

OTHER

What laws and regulations apply?	(Legislation) - C.R.S. 27-10.5 – 104 and 26-4-621 (Rules) - DDD, HCPF, CMS (federal)	(Legislation) - C.R.S. 27-10.5 – 103 and 26-4-621 (Rules) - DDD, HCPF, CMS (federal)	(Legislation) - C.R.S. 27-10.5 - 104 (Rules) - DDD
How are services monitored?	(Local Level) Person receiving services, Families, Case Management / CCB (State Level) - DDD, CMS (federal)	(Local Level) - Person receiving services, Families, Case Management / CCB, Service Agency, HRC (State Level) - DDD, HCPF, CMS (federal)	(Local Level) - Person receiving services, Families, Case Management/CCB, Service Agency, HRC (State Level) - DDD

CATEGORY	CHILDREN AND FAMILY SERVICES			
Service Type 	Children's Extensive Support Waiver (CES)	Early Intervention Services (EI)	Family Support Services Program (FSSP)	Family Support Loan Fund
PRIMARY PURPOSE				
What is the primary purpose of this service?	To provide Medicaid benefits and additional targeted services and supports to those children with developmental disabilities or delays who live with their families and who are most in need because of the severity of the disability.	To enhance child development and reduce or avoid potential long-term impacts of a developmental delay.	To provide flexible and responsive services & supports to families who provide care for a family member with a disability at home.	To provide access to short-term low interest rate loans for families who maintain a family member with a disability in the home.
ELIGIBILITY (all eligibility determinations are made by a local community centered board - see page 13 for a listing)				
Age	Birth through age 17	Birth through age 2	Currently all ages, adults should first consider use of SLS	All ages
Criteria	Birth through age 4 must have a developmental delay. Age 5 and older must have a developmental disability.	Must have a developmental delay, be at risk for a developmental disability, or live with a parent(s) with a developmental disability.	Birth through age 4 must have a developmental delay. Age 5 and older must have a developmental disability.	Birth through age 4 must have a developmental delay. Age 5 and older must have a developmental disability.
Are there any Income Limits or Special Criteria?	<ol style="list-style-type: none"> 1) Parental income is <u>not</u> considered in determining the child's eligibility for Medicaid. (<i>Or the child may be Medicaid eligible prior to enrollment</i>) 2) Child's income/assets must meet Medicaid financial eligibility requirements (<i>300% rule can apply</i>) 3) Must meet the ICF-MR Level of Care Screen 4) Prioritized for those children most in need and requiring close supervision to remain safe. (<i>generally children with extensive behavioral needs</i>) 5) PETI assessments apply 6) Cannot be enrolled in another Medicaid waiver program at the same time 	EI services are funded using the following funding hierarchy: <ol style="list-style-type: none"> 1) Private insurance plans 2) Public insurance - Medicaid/Title XIX funding and Children's Basic Health Plans 3) Title V – Children with Special Health Care Needs (CSHCN) 4) Child Welfare and Temporary Assistance to Needy Families 5) DDD EI funding and other state and federal sources 6) Federal Part C funding 	The CCB may establish additional local criteria within State parameters that considers the overall health of a family. A Family Support Council in each service area provides guidance and assistance to the CCB. Eligible services and supports are generally expenses which are above and beyond those typically incurred by a family for child rearing or daily living expenses, and are related to the impact of the disability.	Must have a developmental disability and live with a family. There are <u>no</u> income limits. Loan applications are subject to a credit check.
Where can the person be living?	Must be living with his or her family, or be able to return as a result of receiving CES services.	May be living with biological/adoptive family, guardian, or foster family.	Must be living with his or her family. Some exceptions for transitional situations apply.	Must be living with his or her family.
Who can receive services?	The eligible child, and some limited services for family members who live in the household, such as training.	The eligible child and the parent(s) or guardian.	The eligible person and all family members living in the household, as long as it relates to the impact of the disability.	The loan is to help support a family member with a developmental disability living in the family home.
PLANNING PROCESS				
What type of Plan is used?	Individualized Plan (IP)	Individualized Family Service Plan (IFSP)	Family Support Plan (FSP)	Loan application
How are needs of the person determined?	Determined by the family with an Interdisciplinary Team	Determined by the family with an Interdisciplinary Team	Determined by the family with a CCB support person and others as appropriate.	Determined by the family
How is funding approved?	Approved by the CCB, and annual authorization from the State for enrollment.	Approved by the CCB	Approved by the CCB	Loan Approved by the State but use is prioritized by the family
Where are services provided?	In the home or community	Primarily in natural settings (home, community, sometimes center-based)	In the home or community	In the home or community




Who selects the service provider?	The family may choose from qualified providers from the community	The family may choose from available local providers and within local resources available	The family may choose from providers from the community	The family may choose from providers from the community
What are some examples of services?	All services available under the regular Medicaid State Plan for recipients under age 18, <i>(including EPSDT case management is provided but under a different funding source)</i> Plus - Personal Assistance Services <ul style="list-style-type: none"> Personal Care, Child Care, Household Services <u>Community Connections Services</u> <u>Behavioral Services</u> <u>Professional Services</u> <u>Specialized Medical Equipment & Supplies</u> <u>Environmental Engineering</u> <ul style="list-style-type: none"> Home Modification, Assistive Technology, Adaptive Recreational Equipment 	<ul style="list-style-type: none"> Speech/language Communication Motor Cognition Vision Hearing Social-emotional development Adaptive behavior Parent education Parent-child or family interaction 	Same for FSSP and Loan Fund Very flexible, family has primary choice of services needed within State guidelines. <u>Examples include:</u> medical / dental expenses, additional insurance expenses, respite care and sitter services, special equipment, clothing or diets, home or vehicle modifications, therapies, family counseling or support groups, recreational and leisure needs, transportation, and homemaker services.	

FUNDING

What is the source of funding?	Title XIX, HCBS-CES Medicaid waiver	State General Funds	State General Funds	State General Funds (<i>Loan Fund</i>)
How are dollars managed?	The State provides a “child specific” allocation to the CCB. Each service area (CCB) must manage its available funds to the average cost per child as established by the State (if more than one child has an allocation within the service area, funds can be pooled). The CCB submits claims to the State as direct services or purchased services are provided.	Dollars are disbursed to the CCB 1/12th of contract per month to create a pool of funds managed by the CCB for direct service or purchase of service.	Dollars are disbursed 1/12th of contract per month to create a pool of funds available through the CCB. The CCB, with input from its Council, develops a local service area FSSP budget.	Administered by DHS/DDD
What dollars are available for an eligible person?	The level of support is determined by the CCB up to a maximum of \$35,000 per fiscal year and ONLY if the funds are available within the CCB CES pool and the child’s need(s) warrant this level of support. The average in FY 04 is around \$14,750 per fiscal year. Maximum \$10,000 during a five year period for environmental engineering. The specific commitment for services is identified in the IP.	Varies depending on the needs of the child. Services are identified in the IFSP.	Varies depending on the need of the family, as well as available local dollars and limits set by the CCB with input from its Council. The specific commitment for services are identified in the FSP.	<ul style="list-style-type: none"> The maximum loan amount is \$8,000. The maximum repayment period is 60 months. The Interest Rate is set for new loans each fiscal year.
Can dollars or services be used with other funding sources?	Yes, but Medicaid requirements must be met, such as regular Medicaid State Plan benefits or private insurance being accessed prior to use of CES funds.	Generally used in conjunction with Medicaid funding for EPSDT, private insurance, Health Care Program for children with special needs, IDEA Part C, and others.	Yes, however FSSP is designed to complement other available services, to fill gaps in services, or as a stand-alone source. Funds are <u>not</u> meant as a replacement for the lack of funding from other programs.	No restrictions once loan is approved.

OTHER

What laws and regulations apply?	(Legislation) C.R.S. 27-10.5 - 401, and 26- 4- 624 (Rules) - DDD, HCPF, CMS (federal)	(Legislation) C.R.S. 27-10.5 - 104; IDEA (Rules) - DDD, CDE, CMS (federal) HCPF, CDPHE (<i>as applicable</i>)	(Legislation) C.R.S. 27-10.5 - 401 (Rules) - DDD	(Legislation) C.R.S. 27-10.5 - 401 (Rules) - DDD
How are services monitored?	(Local Level) - Families, Case Management / CCB, Service Agency (State Level) - DDD, HCPF, CMS (federal)	(Local Level) - Families, Case Management / CCB, Service Agency (State Level) - DDD, CDE HCPF, CDPHE (<i>as applicable</i>)	(Local Level) - Families, Case Management / CCB, local FSSP Councils (State Level) – DDD	(State Level only) DDD

CATEGORY	MISCELLANEOUS		
Service Type 	Case Management Services <i>also known as: Service Coordination, Resource Coordination</i>	Special Needs Funding	Transition Planning from School to Adult Services
PRIMARY PURPOSE			
What is the primary purpose of this service?	To assist the eligible person in accessing necessary services and supports to meet his or her needs, to assist in the coordination of such services and supports and ensure the quality of services and supports (monitoring).	To provide emergency short-term funding to help stabilize crisis situations and maintain community living.	To assist the eligible person in transitioning from school-based services to adult community-based services.
ELIGIBILITY			
Age	All ages	All ages	Ages 14 to 21
Criteria	Birth through age 4 must have a developmental delay. Age 5 and older must have a developmental disability.	Birth through age 4 must have a developmental delay. Age 5 and older must have a developmental disability.	Must have a developmental disability.
Are there any Income Limits or Special Criteria?	<ul style="list-style-type: none"> • <u>State funded</u> No Restrictions • <u>Medicaid funded</u> - Must be Medicaid eligible and enrolled in an eligible program. - Cannot duplicate billing with any other Medicaid program. 	All local options must have been exhausted.	If the student is eligible for multiple programs, such as public education, vocational rehabilitation, mental health and developmental disabilities, services cannot be duplicated and entitlement services, such as public education must be used first.
Where can the person be living?	<ul style="list-style-type: none"> • <u>State funded</u> No Restrictions • <u>Medicaid funded</u> No restrictions, as long as, there is not a duplication of billing to any other Medicaid program. 	Not available to persons who reside in a non- DDD funded program with 24-hour responsibility for the person, such as a hospital, nursing facility, or ICF-MR.	No restrictions
Who can receive services?	Primarily the eligible person; however, families and others may also benefit.	Primarily the eligible person	Transition is primarily for planning purposes for the eligible person. Transition planning should begin at age 14, per requirement of IDEA.
PLANNING PROCESS			
What type of Plan is used?	Individualized Plan (IP)	Individualized Plan (IP), and proposal submitted to DDD	Individualized Plan (IP), Individualized Transition Plan (ITP), Individualized Education Plan (IEP)
How are needs of the person determined?	Through the development of an Individualized Plan with the eligible person and others as appropriate.	A plan is developed with input from involved parties at the local level and submitted by the Case Management Agency (CCB) to DDD.	Through the development of an Individualized Plan or Transition Plan with the eligible person, CCB, school, and others as appropriate.
How is funding approved?	<ul style="list-style-type: none"> • <u>State funded</u> Approved by the CCB • <u>Medicaid funded</u> Approved by the CCB, and prior authorization from the State 	Approved by DDD	When funds become available after the person's 18 th birthday, the person is enrolled into an appropriate program. There may be a period during which program funds are not available (i.e. waiting list) which is why transition planning should begin at age 14.



Who selects the service provider?	The CCB provides case management services, however, a case manager is assigned with input from the eligible person.	Very flexible, depends on the circumstances.	Generally, transition planning does not involve receiving services. The selection of a provider happens after enrollment into a program.
What are some examples of services?	<ul style="list-style-type: none"> - Eligibility determination - Development of an Individualized Plan - Advocating for and facilitating access to services and supports - Coordination of services and supports - Monitoring of services and supports - Reviewing services and supports provided to determine if they are meeting the person's needs - Advocating for the rights of eligible persons - Information and referral services 	Depends on the emergency circumstances. Typically, additional staff, training, behavior consultation, short-term emergency residential services, etc.	Depends on the program in which the person enrolls when funds are available (see other sections of this document for possible service options).
Where are services provided?	Wherever needed and appropriate	Depends on the circumstances	During a school IEP staffing or with the CCB

FUNDING

What is the source of funding?	Title XIX Medicaid (Targeted Case Management) State General Funds	State General Funds	Part of Case Management Services
How are dollars managed?	The CCB manages resources to provide the service within its designated service area.	A pool of funds is administered by DDD.	Does not apply until the person is actually enrolled into a program.
What dollars are available for an eligible person?	Pursuant to State statute, the dollars are allocated to a community centered board for the provision of case management services within its designated service area.	Negotiated on an individual basis. <i>(time-limited, short-term)</i>	Does not apply until the person is actually enrolled into a program.
Can dollars or services be used with other funding sources?	Case Management (service coordination) is provided across agency and professional lines to ensure coordination of services and supports. Case Managers should negotiate the level of involvement when more than one case manager is involved from other agencies.	Very broad use, varies depending on individual circumstances.	Does not apply until the person is actually enrolled into a program.

OTHER

What laws and regulations apply?	<p>(Legislation) C.R.S. 27-10.5 - 104</p> <p>(Rules) DDD, HCPF, CMS (federal)</p>	<p>(Legislation) C.R.S. 27-10.5</p> <p>(Rules) DDD</p>	<p>(Legislation) C.R.S. 27-10.5 - 104, IDEA</p> <p>(Rules) DDD, CDE</p>
How are services monitored?	<p>(Local Level) Person receiving services, Families</p> <p>(State Level) DDD, HCPF, CMS (federal)</p>	<p>(Local Level) Person receiving services, Families, Case Management / CCB, Service Agency</p> <p>(State Level) DDD</p>	<p>(Local Level) Families, Case Management / CCB, local school district</p> <p>(State Level) DDD, CDE</p>

GLOSSARY OF TERMS

ADA	Americans with Disabilities Act
CACCB	Colorado Association of Community Centered Boards
CCB	Community Centered Board
CDE	Colorado Department of Education
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health and Environment
CDHCPF	Colorado Department of Health Care Policy and Financing (<i>Single State Medicaid agency in Colorado</i>)
CES	Children's Extensive Support Waiver
CMS	Centers for Medicare and Medicaid Services (<i>federal agency responsible for Medicaid funding</i>)
C.R.S. 27-10.5	Colorado Revised Statute authorizing services for persons with developmental disabilities
DDD	Division for Developmental Disabilities (State office)

Developmental Disability

Developmental disability means a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 6000, et seq., shall not apply. (*Community centered boards are responsible for determination of a developmental disability.*)

- **Impairment of general intellectual functioning** means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional. The standard error measurement of the instrument should be considered when determining the intellectual quotient equivalent. When an individual's general intellectual functioning cannot be measured by a standardized instrument, then the assessment of a qualified professional shall be used.
- **Adaptive behavior** means that the person has overall adaptive behavior which is significantly limited in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person's living environment, and administered and clinically determined by a qualified professional.

- **Similar to that of a person with mental retardation**, in regard to adaptive behavior, means that a person's adaptive behavior limitations are a direct result of or are significantly influenced by the person's substantial cognitive deficits and may not be attributable to only a physical or sensory impairment or mental illness.

Developmental Delay

Developmental Delay means the slowed or impaired development of a child who meets one or more of the following:

1. A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following:
 - a) Chromosomal conditions associated with mental retardation,
 - b) Congenital syndromes and conditions associated with delay in development,
 - c) Metabolic disorders,
 - d) Prenatal and perinatal infections and significant medical problems,
 - e) Low birth weight infants weighing less than 1200 grams, or
 - f) Postnatal acquired problems known to result in significant developmental delays.
2. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas:
 - a) Communication,
 - b) Adaptive behavior,
 - c) Social-emotional,
 - d) Motor,
 - e) Sensory, or
 - f) Cognition.
3. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.

DVR	Division of Vocational Rehabilitation Services
EBD	Elderly, Blind and Disabled Waiver (<i>waiver program available through HCPF</i>)
ECC	Early Childhood Connections (<i>applies to infants and toddlers birth-2, a.k.a. Part C</i>)
EI	Early Intervention Services
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (<i>applies to Medicaid recipients birth through age 20</i>)
FSP	Family Support Plan (<i>applies to Family Support Services</i>)
FSSP	Family Support Services Program
HCB-DD	Home and Community-Based Services for the Developmentally Disabled (Comprehensive Services)
HCBS	Home and Community-Based Services (<i>Medicaid funding source for Waiver programs</i>)
HCP	Health Care Program for children with special needs

HRC	Human Rights Committee
HUD	Housing and Urban Development (<i>section 8 provides rental assistance</i>)
ICF-MR	Intermediate Care Facility for the Mentally Retarded
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team (<i>Includes the person receiving services, parents or guardian of a minor, a guardian or an authorized representative, as appropriate, the person who coordinates services and supports, and others as determined by such person's needs and preference.</i>)
IFSP	Individualized Family Services Plan (<i>applies to infants and toddlers, birth through age 2</i>)
IP	Individualized Plan
IEP	Individualized Education Plan
ISSP	Individual Service and Support Plan (<i>documents a specific methodology of intervention</i>)
IRWE	Impairment Related Work Expenses (<i>applies to SSA benefits</i>)
ITP	Individualized Transition Plan
MSO	Managed Service Organization (<i>applies to CCB functions</i>)
OBRA	Omnibus Budget Reconciliation Act (<i>1987 applies to eligible people moving into, from, or residing in nursing facilities.</i>)
OBSS	OBRA Specialized Services
PASS	Plan to Achieve Self-Support (<i>applies to SSA benefits</i>)
PETI	Post Eligibility Treatment of Income (<i>applies to Medicaid programs, involves the portion of financial responsibility of the person</i>)
PPOR	Per Pupil Operating Revenue (<i>applies to student funding for public education</i>)
SLS	Supported Living Services for Adults (<i>Medicaid Funded SLS and State Funded SLS</i>)
SSA	Social Security Administration
SSDI	Social Security Disability Insurance (<i>disability benefits through SSA</i>)
SSI	Supplemental Security Income (<i>disability benefits through SSA</i>)
300% rule	Three times the current monthly SSI benefit (e.g. 2004- SSI amount \$564 x 3 = \$1,692)

If you are interested in finding out more about any of these services, please contact the community centered board in your area. The counties are listed below alphabetically. Match the number code with the community centered board listed to the right.

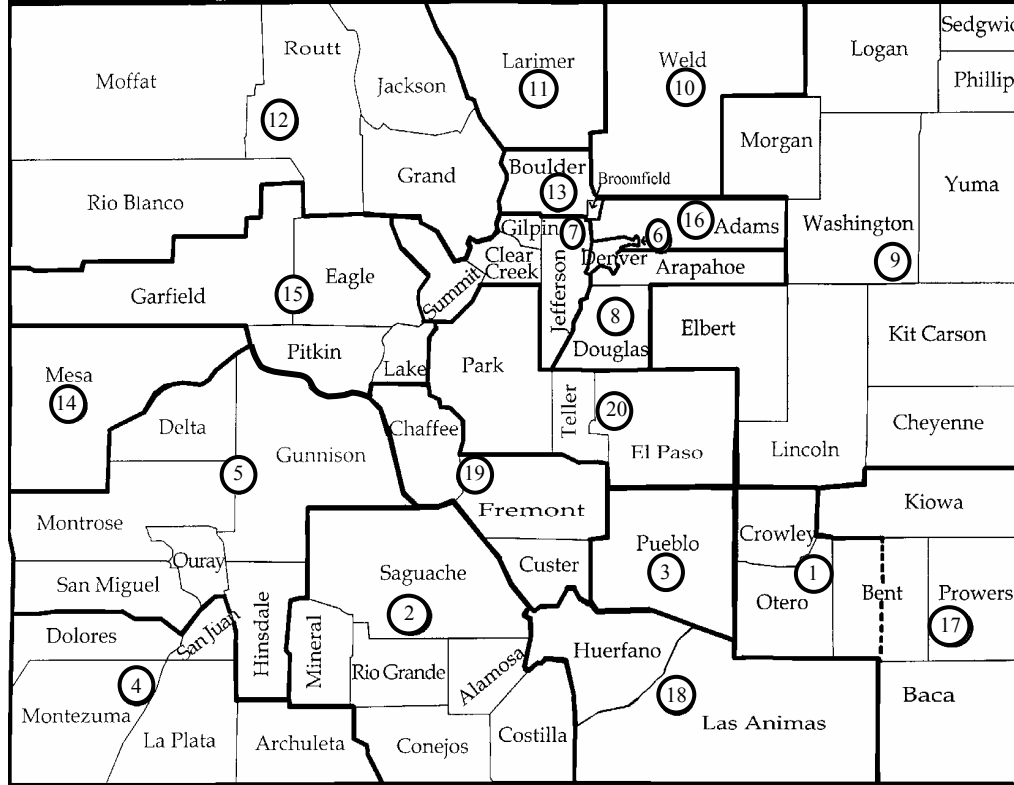
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|---------------------|-------------------|
| (2) - Alamosa | (17) - Kiowa |
| (16) - Adams | (9) - Kit Carson |
| (except Aurora) | (15) - Lake |
| (8) - Arapahoe | (4) - La Plata |
| (4) - Archuleta | (11) - Larimer |
| (8) - Aurora (City) | (18) - Las Animas |
| (17) - Baca | (9) - Lincoln |
| (1) - Bent | (9) - Logan |
| (13) - Boulder | (2) - Mineral |
| (13) - Broomfield | (14) - Mesa |
| (19) - Chaffee | (12) - Moffat |
| (9) - Cheyenne | (4) - Montezuma |
| (7) - Clear Creek | (5) - Montrose |
| (2) - Conejos | (9) - Morgan |
| (2) - Costilla | (1) - Otero |
| (1) - Crowley | (5) - Ouray |
| (19) - Custer | (20) - Park |
| (5) - Delta | (9) - Phillips |
| (6) - Denver | (15) - Pitkin |
| (4) - Dolores | (17) - Prowers |
| (8) - Douglas | (3) - Pueblo |
| (15) - Eagle | (12) - Rio Blanco |
| (9) - Elbert | (2) - Rio Grande |
| (20) - El Paso | (12) - Routt |
| (19) - Fremont | (2) - Saguache |
| (15) - Garfield | (4) - San Juan |
| (7) - Gilpin | (5) - San Miguel |
| (12) - Grand | (9) - Sedgwick |
| (5) - Gunnison | (7) - Summit |
| (5) - Hinsdale | (20) - Teller |
| (18) - Huerfano | (9) - Washington |
| (12) - Jackson | (10) - Weld |
| (7) - Jefferson | (9) - Yuma |



Who to Contact About More Information

concerning services for adults and children with developmental disabilities

DESIGNATED SERVICE AREAS



State of Colorado

Additional information available on the internet:

www.cdhs.state.co.us

www.caccb.org

COMMUNITY CENTERED BOARDS

Agency name, city where the main office is located & telephone number

- (1) **Arkansas Valley Community Center**
La Junta, CO (719) 384-8741
- (2) **Blue Peaks Developmental Services**
Alamosa, CO (719) 589-5135
- (3) **Colorado Bluesky Enterprises**
Pueblo, CO (719) 546-0572
- (4) **Community Connections**
Durango, CO (970) 259-2464
- (5) **Community Options**
Montrose, CO (970) 249-1412
- (6) **Denver Options**
Denver, CO (303) 636-5600
- (7) **Developmental Disabilities Resource Center**
Lakewood, CO (303) 233-3363
- (8) **Developmental Pathways**
Aurora, CO (303) 360-6600
- (9) **Eastern Colorado Services**
Sterling, CO (970) 522-7121
- (10) **Envision**
Evans, CO (970) 339-5360
- (11) **Foothills Gateway**
Fort Collins, CO (970) 226-2345
- (12) **Horizons Specialized Services**
Steamboat Springs, CO (970) 879-4466
- (13) **Imagine!**
Lafayette, CO (303) 665-7789
- (14) **Mesa Developmental Services**
Grand Junction, CO (970) 243-3702
- (15) **Mountain Valley Developmental Svcs.**
Glenwood Springs, CO (970) 945-2306
- (16) **North Metro Community Services**
Westminster, CO
(303) 252-7199 or (303) 457-1001
- (17) **Southeastern Developmental Services**
Lamar, CO (719) 336-3244
- (18) **Southern Colorado Developmental Services**, Trinidad, CO (719) 846-4409
- (19) **Starpoint**
Canon City, CO (719) 275-1616
- (20) **The Resource Exchange**
Colorado Springs, CO (719) 380-1100