Mill Levy 2013

Arapahoe County & Douglas County

Sevelopmental Pathways

Melanie Worley CEO

July 1, 2012 -June 30, 2013



Developmental Pathways serves over 3,000 individuals with intellectual disabilities and developmental delays such as autism and Down syndrome in Arapahoe and Douglas Counties and the City of Aurora. For 50 years Developmental Pathways has provided supports ranging from case management and basic needs to full-time care. We also actively seek assistance for over 3,000 more that are waiting for resources and funding.

In 1963, Colorado statute authorized Community Centered Boards (CCBs) to be responsible for community services for individuals with intellectual disabilities and developmental delays. Currently, there are 20 CCBs who serve over 11,000 individuals across the state. As a CCB, Developmental Pathways determines eligibility and provides programs for persons with intellectual disabilities and developmental delays in our service area. Our programs serve individuals from infants to senior citizens. The programs are funded by a number of state, federal, county and private sources.

Our Vision:

Enriching lives. Strengthening communities.

Our Mission:

To enrich the lives of individuals with intellectual disabilities and developmental delays by providing opportunities to lead a meaningful life.

Our Core Values:

•	Integrity	To be true to our beliefs: respectful, honest, transparent and fair.
• Strategic To be intentional and thoughtful; efficient and effe		To be intentional and thoughtful; efficient and effective;
		allowing for creativity, empowerment and pro-activity.
•	Partnership	To be a trusted, vital partner in our community.

In 2012, Developmental Pathways developed a current long term strategic plan.

Strategies:

- 1. To ensure that all individuals with intellectual disabilities in our area are receiving support.
- 2. To lead in innovation for quality of life standards for individuals with intellectual disabilities.
- 3. To be a customer-service focused agency, both internally and externally.
- 4. To actively and openly partner with federal, state, and local agencies to address systemwide changes
- 5. To fundraise \$1.2 million in 3 years to support strategy #1.

In March, 2012, Continuum of Colorado was formed. Continuum of Colorado houses direct services, whereas Developmental Pathways provides case management and administrative/supportive functions. Developmental Pathways and Continuum of Colorado are controlled by a common board of directors.

According to Colorado Rules and Regulations, persons with an intellectual disability are those who have a "disability that is manifested before the person reaches 22 years of age, which constitutes a substantial developmental disability for the individual." Eligible individuals typically have diagnoses such as intellectual disabilities (referred to as mental retardation in the definition) 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 (2CCR 503-1 16.120 DEFINITIONS). For children under five years of age, eligibility is based on determination of either a developmental delay or factors putting the child at risk of having an intellectual disability.

HISTORY

In 2001, prior to the mill levy, demand for services in Arapahoe and Douglas Counties resulted in a crisis in funding due to population growth. Developmental Pathways' contract with the State of Colorado, the primary source of revenue for developmental disability services in our area, had fallen far behind the demand for services. Developmental Pathways faced major cuts in services to clients and families. This problem was compounded by the disproportionate allocation of funding from the state that resulted in the lowest per capita allocation of resources to Arapahoe and Douglas Counties relative to any other area of Colorado. The only option available to stave off these cuts and meet at least part of the ongoing rush of service demands was through a mill levy election under the conditions set by TABOR, and in accordance with state statute (27-10.5 C.R.S.) allowing a one-mill county property tax exclusively for services for people with intellectual disabilities and developmental delays.

With the unanimous support of the County Commissioners from Arapahoe and Douglas Counties, a referendum was placed on the 2001 ballot in both counties – Referendum 4A – which provided for a one-mill dedicated property tax for services for intellectual disabilities and developmental delays. The campaign emphasized three primary goals for use of mill levy funds:

- 1. To provide services to individuals on the waiting list particularly children
- 2. To raise the quality of services for all clients
- To stabilize and improve the overall service infrastructure, with particular attention to recruitment, training, and retention of quality staff

After months of intensive campaigning which was spearheaded by hundreds of volunteers, the referendum passed in both counties. The efforts required for this win included meetings with community groups, public forums, distribution of voter education materials, grass-roots voter turnout efforts, and much more. As a result of the successful campaign, service cuts were avoided and more than 1,600 new clients were served with mill levy funds in the first two years alone. However, it was recognized then that service needs in our catchment area had grown to such high levels that mill levy funds would reduce the waiting list, but fall short of the funding needed to eliminate it.

ORGANIZATION

Programs for individuals with intellectual disabilities are funded with Medicaid (also known as a "Medicaid Waiver") and state funds. These funds are available for eligible adults and children in Colorado. Services within each type of program are available to eligible, enrolled individuals based upon the identification and prioritization of individual needs. Services to address the identified needs are purchased from approved contractors and Program Approved Service Agencies, using program funds available and as authorized through the individual's plan.

A. CASE MANAGEMENT

Case Management services provide entry into the developmental disabilities system. Services performed include intake, eligibility determination, individualized plan development, access to and monitoring of State and Medicaid Waiver funded services.

The Developmental Disabilities Act assigns case management responsibility to CCBs for all individuals eligible for services. This specifies the nature and scope of the case management function. CCB case management obligations include information and referral, intake and eligibility determination, assessment of needs, individualized service plan development, assistance in applying for Medicaid programs and benefits, providing information and support to clients and families in choosing providers, monitoring individual services and supports, establishing and supporting an independent Human Rights Committee, extensive data collection and reporting, and investigating allegations of client mistreatment, abuse, neglect, or exploitation.

A case manager is assigned to each person requesting or enrolled in services, and is responsible for ensuring that the functions listed above are performed as needed and appropriate for each individual and family. The relationship between the case manager and the client/family is one of partnership, with the case manager ensuring that the client/family has accurate information for exercising choices and making decisions. Case managers also strive to identify and maximize use of supportive resources in the community beyond those that are funded under the Developmental Disabilities Act. Individuals with Developmental Disabilities are usually more vulnerable than the general population due to their intellectual limitations, and case managers are charged in particular to safeguard individual rights and assure due process for every individual.

The statutory and contractual case management obligations placed on CCBs by the state cannot be met within funds paid by the state. This is true for several required case management functions; in particular, Developmental Pathways' capacity to perform Intake and Eligibility Determination relies substantially on mill levy funding.

CCBs do not receive state or federal funding for the intake process for new applicants for services in the Developmental Disabilities (DD) system. A major component of intake is eligibility determination, the complex process by which it is determined whether an applicant is eligible to receive services under the statutory definition of a developmental disability contained in the Colorado Developmental Disabilities Act (27-10.5 C.R.S.). Funding begins only after an individual is actually enrolled in services, so case

management activities prior to that point are not funded. Most eligible applicants are placed on waiting lists due to scarce funding for services, so beyond the intake process CCBs must also bear the full costs of subsequent case management activities for individuals on the waiting list.

a. Residential

Residential services in settings that include group homes, host homes, family care givers and apartment homes provide assistance 24 hours a day, seven days a week. Assistance for each individual is designed according to their need. Residential Services are provided through the Medicaid Home and Community Based Services (HCBS) DD Waiver. Program slots, also called resources, are limited by the state and there is a waiting list.

b. Supported Living Services (SLS)

Supported Living Services (SLS) are provided through the Medicaid Home and Community Based Services (HCBS) SLS Waiver. This program provides a variety of services and supports for adults living in their own homes or with a family in the community. The services allowed include: personal assistance with daily living, homemaking skills, employment, day services, assistive technology, home modification, professional services, transportation and emergency assistance. Program slots, also called resources, are limited by the state and there is a waiting list.

c. Children's Extensive Support (CES)

Children's Extensive Support (CES) services are provided through the Medicaid Home and Community Based Services (HCBS) Waiver for the most challenging children with developmental disabilities. The CES Waiver allows children access to Medicaid services who may not otherwise qualify for Medicaid State Plan Benefits. These children continue to reside in the community with their family. The services allowed include: personal assistance with daily living, respite, homemaking skills, day services, assistive technology, home modification, professional services, transportation and emergency assistance. Program slots, also called resources, are limited by the state and there is a waiting list.

d. Children with Autism (CWA)

The Home and Community Based Services Waiver for Children with Autism (HCBS-CWA) is a program for children ages birth to six years that have a medical diagnosis of autism. The intent of the Autism Waiver program is to provide intensive behavioral supports and services to young children with autism. The Autism Waiver allows children access to Medicaid services who may not otherwise qualify for Medicaid State Plan Benefits as well as providing funding to purchase specific services which are not covered under the Medicaid State Plan. There is a waitlist for the Autism Waiver. We have a 6-8 month wait list for children with suspected autism. The earlier a diagnosis is made and treatment is begun, the better the long term prognosis is for the child.

B. EARLY INTERVENTION (EI)

A child from birth through age two can receive Early Intervention (EI) services if he or she has a significant delay in one or more of the following areas:

- Communication skills
- Cognitive-thinking
- Self-help skills
- · Social-emotional development
- Physical development

Or be at risk of having a developmental disability because of the presence of factors such as:

- Chromosomal conditions associated with delays in development.
- · Congenital syndromes and conditions associated with delays in development.
- Sensory impairments associated with delays in development.
- Metabolic disorders associated with delays in development.
- Prenatal and perinatal infections and significant medical problems associated with delays in development.
- Low birth weight infants weighing less than 1200 grams, or postnatal acquired problems resulting in delays in development.

For children from birth through two years of age, Developmental Pathways' El Program provides:

- Intake
- Eligibility
- Service coordination
- Therapeutic services

Once a child is enrolled, services are provided by a large number of therapists and staff trained in early childhood development.

Early Intervention (EI) Services are State Mandated

An Individualized Family Service Plan (IFSP) is developed to identify each child's unique needs. It is then the service coordinators' role to coordinate the necessary services and supports to address these identified needs. In order to ensure that all eligible children receive the services they need, a variety of funding sources may be accessed to pay for El services. These include federal, state and local funds, as well as private and public health insurance plans. Participation is determined by what services are going to be included in the IFSP and what payment sources may be available to cover the El services outlined on a child's IFSP. A service coordinator makes sure that all El services on a child's IFSP are funded using the appropriate funding sources. The order in which sources for payment will be accessed follows a funding hierarchy established in Colorado to help ensure that all appropriate and available funding sources are used for a child's benefit.



Alexzander's Story

My name is Christina and I am the mother of five wonderful boys. I want to tell you about my youngest, Alexzander. When I was pregnant with him, I went for a routine ultrasound, when the tech said there might be a little extra fluid on his head and that we should follow more closely. I left feeling really concerned because I had already had four boys with no problems. I ended up with an MRI that helped to diagnose Alexzander with PVL and being told to expect him to have developmental delays his whole life! I was devastated. My 14 year-old was there with me and gave me support through that appointment. I was crying and scared and wondered what I was going to do. I'm a single mom, I work full-time and am finishing my Master's degree...how was I going to learn what my baby needed? When Alexzander was born, the hospital team was there to work with his special needs from birth. They referred

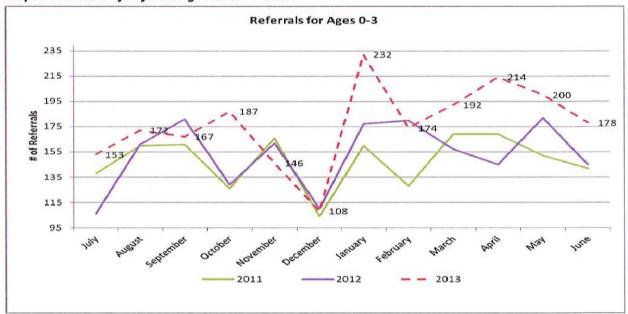
me to Developmental Pathways, who have been part of his life from the time he was two weeks-old. Their therapy team came to the house to assess his needs and set up his home based early intervention. Alexzander started receiving physical therapy and I learned how to position him and support his body so he could make eye contact and how to work to strengthen his muscles. My service coordinator really helped me to get connected to financial support like Social Security, resources for things he needed and even nominated our family for the Holiday Outreach program. Since I had been on maternity leave, there was not much for the holidays that year and Pathways connected us to a sponsor that gifted everyone in the family.

I have learned so much from my therapists, the PT has been in our lives from the beginning. She taught us so much about him. As Alexzander's needs increased, we have added OT and Speech. My other children have really learned how to interact and play with Alexzander and now they are learning sign language to communicate with him. When I start to ask "why me?", I think about what Alexzander has given to my boys. I believe that you are given challenges that you can handle. You know, Alexzander is here for a reason, he is teaching my children how to see other children who may be different. He is 15 months-old and starting to learn how to hold his bottle, he is making more sounds and I hope that he learns to speak and eat some solid foods. He is making progress and I am learning how to help him in his journey.

Research shows that the first three years of life are the most important time for brain development and the EI program capitalizes on this very short window with therapeutic intervention for the children and education for the parents.

The high value and return on investment of EI services has been documented repeatedly in national studies conducted over many years. These studies consistently show that for every \$1.00 spent on EI services there will be long-term savings of \$9.00 to \$13.00 in future care and educational costs. Also, in Colorado approximately 25% of all children served in EI make developmental gains to the degree where they enter regular education programs without any need for costly special education services. The critical nature of these early-life services is widely recognized, and CCBs like Developmental Pathways have consistently made EI services their number one priority in order to avoid placing any child on a waiting list. Federal funds granted to the state for EI services also carry a stipulation that there can be no waiting lists, and the prospect of losing federal funds is further incentive to avoid an EI waiting list. Graph A shows the number of EI referrals to Developmental Pathways each month in FY 2011, FY 2012 and FY 2013. In FY 2013 we received an average of 153 referrals each month, which translates into seven referrals every business day based on a standard five-day business week. Also, on average each

month more than 100 children reach their third birthday and age out of the EI program. Developmental Pathways is responsible for the discharge process and referral to school districts or other services. These figures drive a massive intake and discharge workload com-pounded by extensive and rigid state and federal procedural and documentation requirements. We served 3,104 children in the EI program in 2013 and we predict the numbers to continue to increase at a rate of 3-5% each year.



Graph A. Number of Referral Ages Birth to Three

C. FAMILY SERVICES SUPPORT PROGRAM (FSSP)

Family Support is a state-funded program for individuals aged three through adulthood by assisting families caring for a family member with intellectual disabilities or developmental delays. The program allows the family to choose from a wide variety of services and supports necessary to meet their specific need. Because of limited funds, priority is given to families who meet the specified "most in need" criteria set by the state. Services provided include respite care, professional services, home modifications, medical/dental services, transportation and assistive technology.

All individuals waiting for Family Support qualify for Community Outreach funds (see pg. 18). Community Outreach provides a variety of supports to individuals with developmental disabilities who are on the wait list for but receiving no services through federal or state funded programs administered by Pathways. Mill levy funds are provided according to each individual's identified need for respite, behavioral support, technical or adaptive support, skill building, etc., while connecting the individual and family to their community.

Currently, Pathways receives Family Support funding for 270 families from the State. Mill levy funding along with grants and donations helped us serve over 180 more families throughout the 2013 fiscal year.

Table 1. Total Waitlist Clients by County

Wait List by County	Total
Arapahoe	2,065
Douglas	1,098



The Impact of Family Support on One Family

Andrew is an 11 year-old boy with a diagnosis of Down syndrome with severe speech and language impairments. He exhibits serious behaviors including hitting, biting and property destruction. Andrew is a high-risk "runner" and will try daily to escape the house. He has no safety or stranger awareness skills and is currently on a waitlist to receive a LifeTrack tracking device.

Andrew's mother suffers from severe Parkinson's disease and at times becomes too weak or sick to manage her son's care and behaviors. His

mother uses her monthly FSSP funds to help pay for much needed respite care when her condition is at its worse. She has found a company who sends consistent staff to work with Andrew – and it makes all the difference that Andrew loves the staff!

The Family Support Coordinator tells us that in every conversation the two of them have, Andrew's mother expresses her gratitude for the financial assistance from Developmental Pathways that allows her to have the peace of mind knowing her son is safe in their care.

D. Children's Extensive Support (CES)

CES is a Medicaid deeming waiver (only the child's income is considered in determining eligibility) that provides services in the family home to children under the age of 18 with very intensive needs. CES waiver services are targeted to children having extensive support needs which require constant line-of-sight supervision due to significantly challenging behaviors and/or coexisting medical conditions. Available services include personal assistance, home modification, specialized medical equipment and supplies, professional services, and community connection services. The modest amount of mill levy funds directed to CES supports part of the infrastructure necessary for management of the program and short-term services for families in crisis who are awaiting CES enrollment.

Table 2. Enrollment Data for Children's Extensive Support

	Arapahoe	Douglas	Other
Female	37	14	3
Male	56	34	5

Table 3. Services for Children by Age Group

Age Group	Arapahoe County	Douglas County	Other Counties
Under 3 years of age	50.47%	25.28%	1.75%
4-9 years	3.48%	1.49%	.58%
10-14 years	4.85%	2.10%	.53%
15-19 years	6.46%	2.40%	.61%

E. ADULT SERVICES

In areas of rapid population growth, such as Arapahoe and Douglas Counties, the intake process (including eligibility determinations) is especially costly because of the large number of applicants for services. Graph B shows the number and pattern of referrals received by Developmental Pathways for FY 2011, FY 2012 and FY 2013. These data reflect referrals for adults and children ages 3-21.

Developmental Pathways receives substantially more referrals than any other CCB in Colorado. The intake process requires a dedicated team of case managers to comply with complex coordination, due process, and documentation requirements involving applicants and their families, County Human Services departments, school districts, physicians, state agencies, mental health centers, and a host of other agencies and individuals. Developmental Pathways has borne the full cost of more than 400 intakes in each of the last two fiscal years, an average of two intakes per business day. Without mill levy funds, Developmental Pathways could not support these critical intake functions and would be unable to meet the statutory and contractual obligations required for designation as a CCB.

Graph B. Referrals for Ages 3 and Up

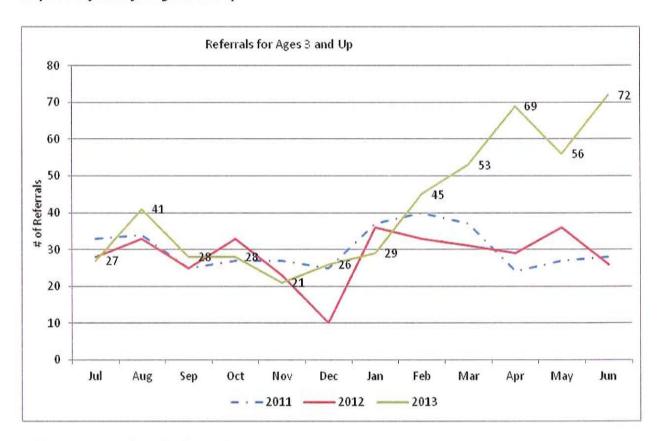


Table 4. Number of Adults by Service Category

Service	Arapahoe	Douglas	Other	Total
Group Home	68	8	6	82
Host Home	296	31	51	378
Independent Home	20	1	4	25
Supported Living Services	416	96	53	565
Total	800	136	114	1,050

Table 5. Adult Services by Age Group

Age Group	Arapahoe	Douglas	Other Counties
under 20	3.68%	10.37%	1.80%
20- 29	35.07%	46.67%	36.94%
30-39	25.67%	20.74%	21.62%
40-49	17.92%	10.37%	11.71%
50-59	11.82%	8.15%	18.92%
Over 60	5.84%	3.70%	9.01%

Table 6. Individuals Enrolled in Adult Services by Ethnicity

Ethnicity	Arapahoe	Douglas	Other Counties
American Indian/Alaskan	.38%	N/A	1.79%
Asian/Pacific Islander	2.76%	2.90%	.89%
Black	10.66%	.72%	25.89%
Hispanic	6.02%	6.52%	11.61%
Unknown	1.13%	2.17%	N/A
White	79.05%	87.68%	59.82%

Table 7. Secondary & Other Tertiary Diagnoses for Adult Individuals with a Primary Clinical Diagnosis of Mental Retardation - FY 2013

Condition	Arapahoe	Douglas	Other
Attention Deficit Disorder	62	19	13
Autism	94	17	11
Brain Injury	22	3	4
Cerebal Palsy	133	21	15
DD/Mental Illness	139	17	36
Developmental Delay	3	2	N/A
Down Syndrome	76	24	11
Fragile X Syndrome	10	2	2
Maladaptive Behavior	77	10	21
Medically Fragile	28	7	7
Mental Retardation	703	121	104
Non Ambulatory	37	3	3
Non Mobile	11	1	2
Other	141	28	26
Other Neurological	42	9	8
Seizure Disorder/Epilepsy	169	31	27
Significant Hearing	50	11	2
Significant Speech	111	22	15
Significant Vision	61	6	8

Table 8. Individuals Enrolled in Adult Services by Gender

Gender	Arapahoe	Douglas	Other	Total
Female	346	59	51	456
Male	441	76	60	577

With few exceptions eligibility for services is based on a primary diagnosis of mental retardation in accordance with the definition of a developmental disability as set forth in the Developmental Disabilities Act. However, many individuals are diagnosed with multiple conditions that impact the services they need. The number of secondary conditions does not correlate with the number of persons served because many individuals have multiple diagnoses.

F. TRAINING

To ensure quality services and best practices, mill levy funds have helped support the development and implementation of training programs and technical assistance to improve knowledge, skill and abilities of Developmental Pathways' employees and those of local Program Approved Services Agencies (PASAs) and Host Home Providers. Training sessions also were provided to families in areas of particular interest and need, such as toilet training, behavior management and CPR and First Aid, social skills regarding safety and relationship building. New in 2013 are our efforts toward educational awareness in the greater community. These trainings have been with client employers and medical providers. This offers their employees insights into successful communication and interactions with clients and their families.

During 2013, an aggregate attendance of more than 3,564 participants advanced their knowledge and skills through training, provided by Developmental Pathways, on topics such as:

- Overview of Developmental Disabilities
- Abuse Prevention
- Confidentiality and HIPAA Compliance
- System Values/Customer Service
- Individualized Service Plans
- Positive Behavioral Supports and Behavioral Intervention
- Autism
- · Adult, Infant, Child CPR and First Aid
- Respite Services
- Legal Rights
- Medication Administration
- Supported Employment Education
- Nutrition and Food Handling
- · Communication and Learning Strategies

G. PHILOSOPHY OF CARE

Developmental Pathways philosophy of care has been established by the Board of Directors and staff. We have met our policy of maintaining 4-6 months of unrestricted reserves. Our capability to allocate funds efficiently and withstand unexpected circumstances as they arise, has prevented any disruptions in our services.

If Developmental Pathways did not have mill levy revenue, several consequences would unfurl:

- 1. We would be in jeopardy of not providing services and supports to all eligible children under the age of three and as outlined by the State of Colorado in Early Intervention.
- 2. We would be unable to provide supports to hundreds of individuals waiting for services who have intellectual disabilities or developmental delays.
- 3. The waiting list for individuals with intellectual disabilities and developmental delays would increase significantly.
- 4. The entire structure of our organization would have to be reconfigured.

With over 3,000 people waiting for services in our area, we need financial help now more than ever. Support helps provide those in need with things such as:

- Behavior Therapy
- Speech Therapy
- Physical Therapy
- Movement Therapy
- · Case Management Resource Referral
- Respite
- Transportation
- Wellness

H. RESOURCE ALLOCATION

The state sets the total number of contract resources (also called slots) for the four Medicaid Waiver programs for Developmental Pathways to manage as a community centered board.

a. Residential Program

Resources over the last few years have been only allocated to persons meeting the emergency criteria such as:

- Facing imminent homelessness
- In an abusive or neglectful situation
- A danger to self or others
- In a mental health institute

b. Supported Living Services

Priority is given to emergencies (using the same criteria as above), if the SLS resource will meet the person's needs. After emergencies, SLS resources are provided according to eligibility date.

c. Children's Extensive Support Services

Resources are allocated according to eligibility date.

d. Children With Autism

Allocations for children diagnosed with autism are distributed according to eligibility date. This waiver provides time-limited services for children with autism from birth to age six.

e. Family Support Services

In Family Support Services (FSS), eligibility for support is based on self-reported needs according to each family's score on a Most-In-Need self-assessment.

f. Contractors

For every client that needs supports, a Request for Proposal (RFP) including a non-identifying profile of the client is sent to all service agencies in our area. On occasion, a client and/or family will know which provider they prefer to work with at the outset and an RFP will not be sent. The client and/or family will provide Developmental Pathways with the information on who they have selected and an Interdisciplinary Team (IDT) meeting will be held to construct the Service Plan (SP). An IDT is the team supporting the client which could include any number of people including case managers, family members, caregivers and therapists.



The Story of Robbie

Robbie Simmons has been an integral part of Developmental Pathways for over 35 years. Anybody that has been at Developmental Pathways long would probably remember him delivering mail, helping out in transportation or working at the Seniors' Choice Program. After retirement and being home for a couple of years he made the decision to attend the Seniors' Choice Program. Robbie expressed his initial concern because he worried that he would "want to go to work" when he came.

On the very first day that Robbie attended Seniors' Choice many of his fellow participants were delighted to see him again. He was greeted with a round of applause and he seemed to enjoy seeing everyone.

As always, Robbie has become a super addition to our Seniors' Choice program. He is an active participant in all activities and he is also a very social guy. One of his favorite

things to do these days is to go on his Wednesday Community Access bowling outings. He even brings his own bowling ball and bag! Robbie says that each and every day he attends Seniors' Choice he realizes how lucky he is to be able to come back and be a part of our program.

I. PERFORMANCE EVALUATION

Service providers are approved directly through the Program Quality section with the State of Colorado which was previously under the Division for Developmental Disabilities (DDD) in the Colorado Department of Human Services (CDHS), now a part of the Colorado Department of Public Health and Environment (CDPHE), which also does periodic reviews of provider performance. Developmental

Pathways does maintain an annual compliance tracking that outlines Program Approved Service Agency (PASA) performance through compliance with various required items.

The Case Management department and Finance department measure aspects of PASA performance in the following ways:

- Three month, six month, and as needed monitoring: each client receives a three and six month monitoring each year, along with other as-needed monitoring, to ensure supports and services are meeting the client's needs as outlined by the plan. Items requiring PASA follow up should be flagged by the Case Manager and followed up on by the individual client's Inter Disciplinary Team (IDT). The number of monitorings completed each year is included in Table 9.
- Annual compliance tracking outlines receipt of all annually required documentation, such as quarterly reporting, annual client assessments, insurance certifications, and fiscal audits for Developmental Pathways' PASAs.
- The finance department prepares quarterly billing reconciliations for all PASAs billed through our CCB. These reconciliations track payments made to the PASA versus payments received from Medicaid
- 4. Additionally, we have a PASA Liaison position in our Case Management department who offers small-scale technical assistance and support with resolving minor complaints and concerns. Major complaints are routed up to the Program Quality section at the State of Colorado for follow up. We keep an annual complaint log to track complaints and resolutions.
- Case managers also perform various billing monitoring activities for Service Plans
 throughout the plan year. Case manager's review the services which are provided to ensure
 the billing seems in line with the Service Plan amount, scope, duration and frequency for
 services and supports.

Service monitoring and investigations of mistreatment, abuse, neglect, and exploitation (MANE) by service providers are required and important CCB case management responsibilities for vulnerable adults with DD. These activities protect clients and help service providers comply with a multitude of state and federal rules and regulations. Monitoring includes direct contact with clients for the purpose of ensuring that services and supports are being provided as set in the Service Plan and are addressing the client's needs and goals.

Developmental Pathways maintains standards and protocols for reporting MANE concerns and allegations, and has trained investigators on staff to promptly review and investigate such reports. The Division for Developmental Disabilities (DDD) is notified within 24 hours of all critical incidents and reports of deaths. If there is knowledge or suspicion of a crime, Developmental Pathways immediately notifies the appropriate law enforcement agency. Depending on circumstances and in accordance with regulations and protocols, we may also file reports with county Adult Protection units and the Colorado Department of Public Health and Environment.

Table 9. Monitoring and Investigations

Type of Activity	2013	2012	2011
Monitoring	1,761	1,903	1,810
Investigations	123	103	98

Developmental Pathways supports a Human Rights Committee (HRC) charged by law with protecting the health, safety, and individual rights of individuals receiving services. The HRC is comprised of independent third-party experts and family members who volunteer to meet once a month to review investigation results, psychotropic medication usage, rights suspensions and restrictive programming, and other matters as required under state regulations. Table 10 shows the number of HRC reviews conducted in 2013 according to category.

Referrals are when a client needs to have an initial presentation before the human rights committee for a new review. There were a total 480 reviews or referrals that the committee had never seen before. The referrals are sent to Developmental Pathways by the case managers, when the team has implemented a new Safety Control Procedure, Restrictive Procedure, Rights Suspension, Psychotropic Medication are now being prescribed or a combination of the above. Also a referral could be done with a new enrollment or a transfer into our services from another CCB

Table 10. Human Rights Committee Review

Type of Review	Number
Psychotropic Medications	229
Rights Suspension	27
Restrictive Procedure	2
Safety Control Procedure	5
Combination Reviews	107
Follow-Up	4
Final Reviews	18
Investigations	52
Incident Reports	36
Total:	480

Any PASA performance measurements fall largely under the unfunded category for our CCB.

J. COMPENSATION RATES

Compensation rates are set uniformly by the state of Colorado for each waiver. The list of set rates for services is published on the state Developmental Disabilities Services website at www.colorado.gov.

a. Case Management

Developmental Pathways is paid \$14.63 per unit or \$58.52 per hour for targeted case management. Currently, rates are standardized and there is a cap of 240 units per year per person for whom we can be reimbursed.

b. Services

For services, the rate is determined by the clients Support Intensity Scale (SIS) level, which typically runs from a level 1 (lowest funded) to a level 6 (highest funded). Each level has a set amount (or cap) against which we can bill per individual each plan year. The services on the plan are then converted to units that the state reimburses on a fee for service methodology.

c. Early Intervention

Developmental Pathways currently have established Early Intervention rates for therapist's services. We provide 14 different services and bill each at similar rates. Specialty areas bring in higher rates. For example, a speech therapist may bill \$75 for a usual visit, but one with added training to serve a child with both speech and feeding issues would command a higher rate for this specialized service. Early Intervention rates at Developmental Pathways were set many years ago, and in order to change them, we have to justify any changes. We are currently evaluating our rates.

d. History of rates

When the rates were established by the Division for Developmental Disabilities in 2008 and 2009 they were approximately 15 % below market and not standardized. In addition a 2.5 % cut was implemented during the recession a couple of years ago because of the state's fiscal situation. The state recently increased rates, but they remain below market. Rates were typically higher in metro areas than in rural areas due to cost of living.

K. STAFF TURNOVER RATES

In FY 2011, 2012 and 2013, our total number of staff remained fairly consistent. Table 11 shows our staff turnover rates for these years.

Table 11. Staff Turnover Rates

Date Range	Voluntary	Involuntary	Total	Total Turnover
	Terminations	Terminations	Terminations	Percentage
7/1/12 to 6/30/13	133	25	158	28.26%

7/1/11 to 6/30/12	88	54	142	30.28%
7/1/10 to 6/30/11	93	42	135	27.84%

L. UNMET NEEDS/WAITING LIST

The services provided by Developmental Pathways are funded primarily by federal, state and mill levy dollars. This year the Community Outreach department, established in 2012, addressed the unmet needs of individuals waiting for resources and funding to be designated to them by the state. Mill levy dollars were allocated to 445 individuals and their families who responded to our invitations and offerings regarding their unmet needs. The greatest amount of services purchased was for respite and behavioral supports, and there was a surge in assistive technology purchases such as an iPad customized to the client's level of learning and communication needs.

Affordable transportation remained difficult to find. Families were able to enroll their children in Spring Break and Summer Programs for the first time or to a greater extent than they ever had. Agencies responded with development of new or more programs both to give the families much needed breaks and to enhance the clients' adaptive skills. We connected with families, agencies and businesses with the message that Pathways was there with and for them for the duration of their wait for state and federally funded programs, with a quality of service that they could count on. At the same time, Pathways was informed of the state's intention to end the wait list for those individuals designated as having the greatest needs in Colorado through new resources soon to become available to families waiting for the Children's Extensive Supports (CES) Medicaid Waiver program.

The Community Outreach department was organized to further coordinate the expenditure of Mill levy dollars to those families suddenly needing to prioritize their child's specific needs and their choice of providers to meet those needs. The families would benefit greatly by having the CES service providers under contract at the upcoming point of enrollment so that no allocated Medicaid funds would be forfeited while families struggled through the time-consuming research and interviews for best services that would best meet their child's high needs. At the same time, pre-enrollment dollars allowed providers to analyze needs in their community and to begin developing services assure they could meet those needs with the best match possible.



Dylan's Story

Dylan's story is one of persistence and dedication. He came into this world with developmental delays and a seizure disorder. In 2007, at the age of 14, Dylan spent nearly two months in the hospital with a seizure-induced traumatic brain injury. During that time and for many months afterward, he had to relearn how to walk, talk, eat and dress himself.

Fast forward to the present and Dylan is a dedicated fitness buff and loves all kinds of sporting activities.

Having discovered a passion for fitness and healthy-eating, as soon as Dylan turned 18 he asked his dad to take him to the local 24 Hour Fitness facility to apply for a job. He was hired immediately. There have been some challenges given that Dylan had never had a job and didn't have some of the skills needed to be successful in the workplace. He has now been employed to work Saturday mornings for more than three years now. He loves being there and they love having him.

Two winters ago, Dylan and his parents were talking about his goals that we could share with Developmental Pathways' Community Outreach program. He responded that an important accomplishment in his life would be to continue snow skiing. After talking with Pathways, it became clear that he could encourage others with his passion. We checked with several of his friends in the disabled community about skiing and he talked some of them into creating enough interest in creating a team. A local McDonald's was so taken with Dylan's idea, that they helped fund the inaugural season of what became the McFlurry Ski Team through the National Sports Center for the Disabled in Winter Park. The team now has seven members. Each member is very excited about the freedom and sense of accomplishment that skiing offers.

Last spring, after a successful skiing season, Dylan came home one day with several job applications in hand after walking to nearby businesses. As one could imagine, his parents had some reservations about this but knew that Dylan needed to feel like he was a part of the community. He had his eye on one business in particular, the local McDonalds. He told us that he talked with the Manager and told her that he was looking for a job because "he needed cash". His soon to be manager was so taken with Dylan's persistence that she hired him. Now Dylan enjoys working at McDonalds two days a week for a couple of hours each day. His job function is to keep the "keep the front of the house" clean and well stocked. It turns out that the McDonalds where he now works is the same one who has sponsored the McFlurries for the past two years! It is indeed a small world!

Table 12. Waiting List (Individuals Receiving Case Management Only)

Waiting List Case Management Only	Arapahoe County			iglas inty	1000	her nties	Total	
	2012	2013	2012	2013	2012	2013	2012	2013
Children's Extensive Support	47	49	15	16	6	5	68	70
Family Support Services	1,044	1,275	583	766	57	75	1,684	2,116
Adult Supported Living Services	471	498	190	207	50	55	711	760
Comprehensive Services	441	455	176	190	61	63	678	708
Total	2,003	2,277	964	1,179	174	198	3,141	3,654

Family Support provides an array of services to individuals with DD – primarily school aged – who live at home with their families. The purpose is to provide support to the family in caring for their family member with disabilities and to help prevent unwanted and costly out-of-home placements. Some of the services provided are: respite care, professional services, home modifications, medical/dental, transportation and assistive technology. Our most popular service is respite care and this has long been the case. The demands of care can be overwhelming and relentless, and respite care enables family members to have time together to focus on family relationships apart from constant care demands. Respite care also provides time for the completion of everyday personal tasks and activities that most of us take for granted.

The total FY 2013 cost to serve children and families was \$9,689,736 of which \$7,164,384 came from federal and state government revenues and private sector funding. Mill levy funding provided \$2,525,352 for services to children and families. The mill levy funding constitutes about 26% of the total.

The total FY 2013 cost to serve adults was \$21,933,564 of which \$17,550,065 came from federal and state government revenues and private sector funding. Mill levy funding provided \$4,383,499 for adult services. The mill levy funding constitutes about 20% of the total funding for adult services.

L. CHALLENGES

Oftentimes, we hear the question, "So I hear about the waiting list – what does that mean to me?" Unless you're working in this field, the general public assumes that everyone in need is receiving the services they require. We have the largest catchment area in Colorado with a total of 1,135,186 citizens in two counties and the City of Aurora. To put it in perspective, there are 2.8 million people in 7 counties in the Denver Metro area.

Colorado ranks 48th among all states in the U.S. in its fiscal support of services for individuals with intellectual disabilities and developmental delays. This fact, combined with the disproportionately low share of funding allocated to Developmental Pathways' service area by the state, means that a huge gap exists and continues to grow between the needs of our local citizens with intellectual disabilities and developmental delays and the resources available to meet those needs.

As noted earlier in this report, because the early development years from birth to age three are so vital in a person's life priority is given to serving every eligible infant and toddler. Accordingly, there is no waiting list for Early Intervention services. Table 12 does not include individuals who are currently enrolled in one service, but in need of and waiting for another. For example, an adult individual who is receiving Supported Living Services may be waiting for a Comprehensive Services out-of-home placement because his or her aging parents can no longer provide care safely or adequately in the family home.

The large number of people waiting for services places an immense strain on our organization and on the entire system of human services in Arapahoe and Douglas Counties. Individuals with intellectual disabilities or developmental delays often find both themselves and their families in financial, emotional, familial and/or psychiatric crisis, with little or no help. The high incidence of single parent households for children with disabilities or delays compounds these difficulties. In turn, additional pressures are placed on other systems within each county, especially on County Human Services departments that face their own funding problems. In short, operating in an environment with such massive unmet needs places enormous demands on the entire system.

It is important when reviewing these statistics to remember that each number represents an eligible person with an intellectual disability or developmental delay who has a documented need for services.

While even one person on a waiting list is objectionable, having so many waiting takes a toll on our community.

The number of emergency situations, has escalated in recent years to the point that the state has established a formal statewide "Emergency Waiting List" with a high threshold for the emergency designation. The state has very few emergency resources to allocate, and as a result, individuals can languish on the emergency list for many months before help becomes available. We also face many situations where needs are urgent but don't rise to the state's formal emergency designation, and resources are seldom available from any source to intervene with the kind of help needed.

Developmental Pathways has been diligently working with other groups to find solutions to this large and growing problem – including partnerships with other community agencies that are facing similar issues due to population growth. Examples include the Arapahoe County and Douglas County Departments of Human Services, Arapahoe/Douglas Mental Health Network, Aurora Mental Health Center, Tri-County Public Health Department, Division of Vocational Rehabilitation (DVR), the six school districts throughout Arapahoe and Douglas Counties and the Board of Cooperative Education (BOCE). These collaborations have led to creative and effective solutions to some difficult situations. However, they fall far short of what is needed to assist the large number of individuals and families.

CONCLUSION

The following list includes examples of how Developmental Pathways is meeting the Intergovernmental Agreement (IGA) requirements of the mill levy funding.

- a. Protecting and assisting individuals with intellectual disabilities in ways that help keep families together
- b. Preventing the costly price of out-of-home placements
- c. Supporting adults with intellectual disabilities
- d. Supporting infants with developmental delays
- e. Helping adults with intellectual disabilities acquire employment and job training
- Providing day care and other services to seniors with intellectual disabilities so working families can care for them at home
- g. Actively reducing the long waitlists of children and adults who need services
- h. Achieving these ends through existing county-authorized agencies

Mill levy funding from both counties represents approximately 28.6% of total revenue for Developmental Pathways, but total revenues fall short of meeting the large and growing local demands for services and supports.

We are committed to serving the greatest number of individuals possible, and to seeking all possible additional funding sources to address this unacceptable waiting list and other important issues facing our clients. In the same manner that we first proposed the mill levy funding referendum as an option

back in 2001, we will continue to seek out new funding strategies and new program delivery options to maximize services to Arapahoe and Douglas County citizens. In addition, we continually evaluate each of our departments and administrative needs to determine efficiencies.

Please send inquiries to: Melanie Worley, CEO Developmental Pathways, Inc. 325 Inverness Drive South Englewood, CO 80112

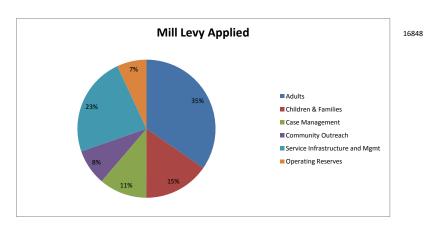
ATTACHMENTS

- A. Copy of Financial Statements by Funding Source
- B. Copy of Audited Financial Statements
- C. Copies of Compliance Audits
- D. Copies of Quality Reviews or Reports by CDHS
- E. Copy of Anti-Discrimination Policy
- F. Strategic Plan Status Report
- G. List of Acronyms
- H. List of Referrals

Developmental Pathways, Inc Consolidated Revenue and Expenses by Funding Source FYE June 30, 2013

	Medicaid Comprehensive Services	Supported Living Service (Medicaid & State)	Children's Extensive Support	Family Support	Early Intervention Direct Service	Early Intervention Service Coordination	Case Management	Community Outreach	Management and General	Fundraising and Other	Operating Reserves	Total
State Contract Revenue, Part C, ARRA		470,569		282,095	4,069,260	811,548	197,193		1,198,139			7,028,804
Medicaid Revenue	8,798,137	2,833,557	1,106,418	262,093	4,069,260	363,482	2,229,659		283,301			15,614,554
Purchase Service Revenue-Medicaid	1,156,002	2,033,337	1,100,416			303,462	2,229,039		203,301			1,156,002
Other- Room & Board, Supportive Housing	854,812											854,812
Other Revenue	854,812 777,875			48,499	391,472	91,610	7,169	26,020	421,470	204,218		1,968,333
Asset Contribution	111,013			46,499	391,472	91,010	7,109	20,020	421,470	1,289,584		1,289,584
Total Pathways Revenue	11,586,826	3,304,126	1,106,418	330,594	4,460,732	1,266,640	2,434,021	26,020	1,902,910	1,493,802		27,912,089
Total Fattiways Nevertue	11,380,820	3,304,120	1,100,418	330,334	4,400,732	1,200,040	2,434,021	20,020	1,502,510	1,455,802	-	27,912,009
Mill Levy Revenue Applied	2,990,430	917,914	16,848	1,175,093	547,135	786,276	475,155	949,426	2,638,855		781,313	11,278,445
Total Developmental Pathways Revenue	14,577,256	4,222,040	1,123,266	1,505,687	5,007,867	2,052,916	2,909,176	975,446	4,541,765	1,493,802	781,313	39,190,534
D.P. Housing Corp Revenue	225,092											225,092
Total Revenue Per Consolidated Audit	14,802,348	4,222,040	1,123,266	1,505,687	5,007,867	2,052,916	2,909,176		4,541,765	1,493,802	781,313	39,415,626
Expenses By Program	13,379,238	4,222,040	1,123,266	1,505,687	5,007,867	2,052,916	2,909,176	975,446	4,472,330	121,359		35,769,325
Service Agency	1,156,002											1,156,002
Total Pathways Expense	14,535,240	4,222,040	1,123,266	1,505,687	5,007,867	2,052,916	2,909,176	975,446	4,472,330	121,359	0	36,925,327
D.P. Housing Corp Expense	267,108								69,435			336,543
Total Expense Audited Financials	14,802,348	4,222,040	1,123,266	1,505,687	5,007,867	2,052,916	2,909,176	975,446	4,541,765	121,359	-	37,261,870
Net Income/(Loss)	0	0	0	0	0	0	0	0	0	1,372,443	781,313	2,153,756
	0	0	U	U	U	U	U	U	0	1,372,773	701,313	2,133,730

								OSE THIS FOR					
	Comp	ledicaid prehensive ervices	Supported Living Service (Medicaid & State)	Children's Extensive Support	Family Support		Early Intervention Direct Service	Early Intervention Service Coordination	Case Management	Community Outreach	Management and General	Operating Reserves	Total
Mill Levy Revenue Applied		2,990,430	917,914	16,848	1,1	175,093	547,135	786,276	475,155	949,426	2,638,855	781,313	11,278,445
	Adults		Children & Families	Case Management	Community Outreach		Service Infrastructure ar C	Operating Reserves					
Mill Levy Applied		35%	15%	11%		8%	23%	7%	100%				
Purchase Service Revenue-Medicaid													
		3,908,344	1,739,076	1,261,431	9	949,426	2,638,855	781,313	11,278,445				



Attachment B

Consolidated Financial Statements and Independent Auditor's Report

Developmental Pathways, Incorporated and Affiliates

June 30, 2013

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Logan, Thomas & Johnson, LLC Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Directors Developmental Pathways, Incorporated

We have audited the accompanying consolidated financial statements of Developmental Pathways, Incorporated and Affiliates (jointly, Pathways), which comprise the consolidated statement of financial position as of June 30, 2013, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America as established by the Auditing Standards Board of the American Institute of Certified Public Accountants. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Developmental Pathways, Incorporated and Affiliates as of June 30, 2013 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

Logan, Ihomas + Oponison, LLC

We have previously audited Pathways' 2012 consolidated financial statements, and our report dated November 15, 2012, expressed an unmodified opinion on those audited consolidated financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2012, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Broomfield, Colorado

October 31, 2013

Consolidated Financial Statements