

Dollar to Door

explaining how dollars impact lives

where does funding come from?

state





federal



MILL LEVY

grants The SUN **Foundation**

private

supporting

nearly 7,000 INDIVIDUALS with developmental disabilities/delays



43% Early Intervention

37% Medicaid Waivers

Children's Extensive Support

Children with Autism

Supported Living Services

Developmental Disability (DD)

Family Support Program

4% Community Outreach

Early **Intervention**





federal funding

combining to provide

services for children up to 3 yrs. at no cost to the family

Medicaid **Waivers**

State specifies \$ per individual



Families choose how to spend \$ on services & which service providers to use



Service Provider (PASA) bills Federal Medicaid for services rendered

Family Support

State allocates \$ to CCBs

Family Support State guidelines **U**

Council family members + community partners

determine how much what requests

can be funded

Families request stipends or 1 time funds through DP Allocation

Committee

Community Outreach

Douglas & Arapahoe County Mill Levy

+ Donations, Grants

allocated to

folks waiting for state & federal funds,

Community Outreach Management Team using similar guidelines as Family Support



funding

service coordination, community inclusion, & therapeutic supports



FAQs

Who funds Early Intervention Programs?

the **short** answer



private insurance or Health First Colorado + federal dollars

To start with, private health insurance or Health First Colorado (Colorado's Medicaid Program) is utilized if available. If particular services are not covered by a family's health insurance or the family does not have health insurance, then federal funding is available to be administered by the State of Colorado Department of Human services (Part C of Individuals with Disabilities Education Act).

The result: maximum resource efficiency so that children most in need of federal funds receive the largest amount of them. Regardless of the funding source, all children have equal access to services at no cost to them or their families.

How do the waitlists work for Medicaid Waivers and the Family Support Program?

the **short** answer

Medicaid Waivers: *time on list* > *need* Family Support: *need* > *time on list*

Medicaid Waiver waitlists work like emergency rooms: first come, first served but with priority given to the people most in need of assistance. Once an individual is determined to have a developmental disability/delay and is eligible for services, they receive a determination date. Folks also choose a waitlist status: "as soon as available" or "safety net." Choosing "as soon as possible" means that an individual would take the Medicaid resource immediately if offered. Individuals with the oldest determination dates and whose statuses are "as soon as available" are prioritized first for the limited number of open spots in waiver programs. However, exceptions are made for certain emergencies: homelessness, abuse and neglect, or danger to the community or themselves.

The State of Colorado has chosen to fully fund the Supported Living Services (SLS - Adult) and the Children's Extensive Services (CES-Child) waivers, eliminating the waitlists for those programs at this time. There is still a waitlist for the Developmental Disability (DD- Adult) waiver also known as the residential waiver.

Somewhat in contrast, the **Family Support Program (FSSP)** waitlist is primarily need-based. A child's response on the Most In Need (MIN) form translates into a state-calculated score. Higher MIN scores are prioritized first with the date the form was completed playing a secondary role in enrollment into the program.

What happens to Medicaid Waiver funding I don't spend in a plan year?

the **short** answer

It stays with the government

The amount of funding available to a person in a Medicaid Waiver program (CES, SLS, DD) is determined by the State of Colorado. While funding levels are capped by the state, a person's needs determines funding amounts. Once individuals are enrolled in a waiver program and allocated a certain amount of funding, they and their families work with a CCB case manager to draw up a service plan to receive the supports and services a person most needs. From there, families are given options of different service providers who will directly bill Medicaid for reimbursement. This means CCBs do not receive Medicaid dollars for services and do not keep leftover plan funds.

Leftover funds are used by state and federal agencies to improve supports for individuals with developmental disabilities/delays such as redesigning adult waivers, increasing person-centered training, and subsidizing enrollment costs associated with getting individuals into waiver programs.

What does the Community Outreach program do and where does funding come from?

the **short** answer

a) Provides resources to folks waiting for state & federal funds
b) from county & private sources

The Community Outreach Program exists to assist individuals of all ages waiting for state or federally funded services. This program is funded by Mill Levy dollars from Douglas and Arapahoe counties, grants, and private donations made to our affiliate, The SUN Foundation. Participants in this program are connected with a service coordinator through our Community Line who helps them find and navigate local resources and invites them to special events like Parent's Night Out and the Community Resource Fair. Families are able to submit funding requests for items and services related to the individual's disability. These requests are reviewed according to guidelines similar to those used by the Family Support Program.