Developmental Pathways
Dedicated to Individuals with Disabilities

Intake and Determination Process

STEP 1: Contact Your CCB

Contact an Intake Case Manager; they will discuss the Intellectual & Developmental Disability criteria as well as potential programs and services. The Intake Case Manager will send you an application packet upon request and you can choose to schedule an intake appointment to discuss the determination process and any appropriate community programs/ resources. Contact a Developmental Pathways Intake Case Manager, 303-858-2260.

STEP 2: Intake with a Case Manager

If you feel you will not meet the Developmental Intellectual & Disability requirements, the Intake Case Manager can refer you to appropriate resources or agencies to meet your needs. If you decide that you would like to apply for Developmental Pathways services, you will need to complete an application packet to begin the Intellectual & Developmental Disability determination process.

STEP 3: Complete & Return Application

Upon our receipt of your completed application, you will have **90 days** to submit all necessary documents to the Intake Case Manager. These documents would include cognitive/IQ testing (i.e. WISC-IV), any psychological evaluations, or documentation of adaptive behavior (i.e., Vineland) and any medically diagnosed neurological conditions. Please contact your Intake Case Manager for testing resources.

STEP 4: Developmental Disability Determination

The intake case manager will review the documents you submit and complete an Intellectual & Developmental Disability determination. If you are determined to **not** have a developmental disability, you will be notified of this decision, given further recommendations and an explanation of your right to appeal the determination. If you are determined as a person with a developmental disability, you will be notified and will work toward enrollment.

STEP 5: Pending Enrollment/Waiting List

Unfortunately, there is currently a waiting list for funding for some of our services including our Family Support program and HCBS- Developmental Disabilitlies Waiver. Your placement on the waiting list is determined by the date of the Intellectual & Developmental Disability determination. There may be some immediate access to supports, and your Case Manager may be able to suggest alternative community resources. If you cannot enroll, you will be contacted one to two times per year to review your resource needs, and exchange current contact information.

STEP 6: Enrollment

Your ability to enroll in a program is based on financial, functional, and disability eligibility (please see reverse/below). You will work with your Intake Case Manager to begin this process.

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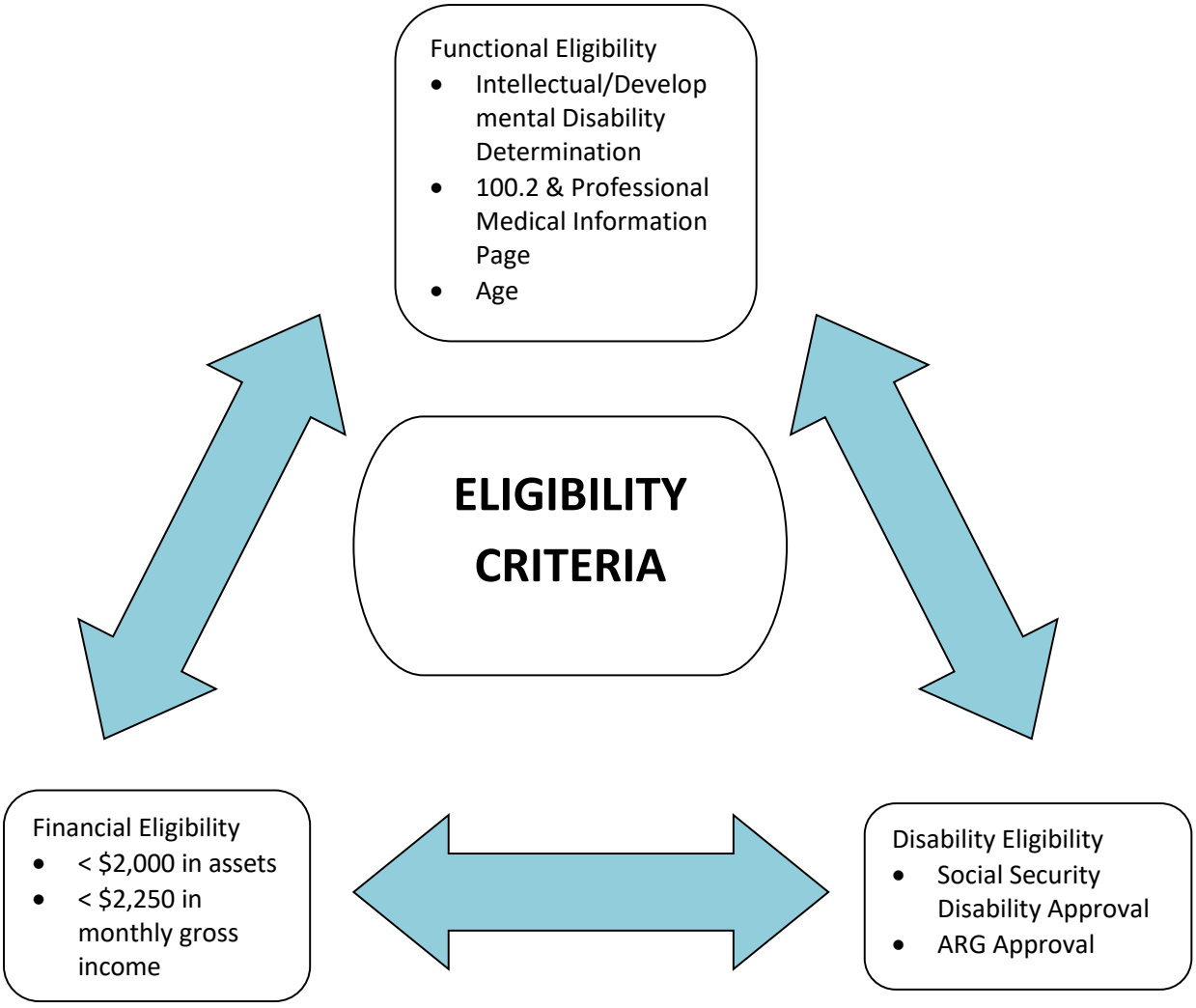


325 Inverness Drive South · Englewood, CO 80112
303-360-6600 · Fax 303-341-0382
www.developmentalpathways.org

10 CCR 2505-10 Section 8.600.4:

"Developmental Disability" means a disability that:

A. Is manifested before the person reaches twenty-two (22) years of age;

B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria below at C, 1 and/or C, 2; and,

C. Is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

1. "Impairment of general intellectual functioning" means that the person has been determined to have a full scale 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).

   a. A secondary score comparable to the General Abilities Index for a Wechsler Intelligence Scale that is two or more standard deviations below the mean may be used only if a full scale score cannot be appropriately derived.

   b. Score shall be determined using a norm-referenced, standardized test of general intellectual functioning comparable to a comprehensively administered Wechsler Intelligence Scale or Stanford-Binet Intelligence Scales, as revised or current to the date of administration. The test shall be administered by a licensed psychologist or a school psychologist.

   c. When determining the intellectual quotient equivalent score, a maximum confidence level of ninety percent (90%) shall be applied to the full scale score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.

2. "Adaptive behavior similar to that of a person with mental retardation" means that the person has an overall adaptive behavior composite or equivalent score that is two or more standard deviations below the mean.

   a. Measurements shall be determined using a norm-referenced, standardized assessment of adaptive behaviors that is appropriate to the person's living environment and comparable to a comprehensively administered Vineland Scale of Adaptive Behavior, as revised or current to the date of administration. The assessment shall be administered and determined by a professional qualified to administer the assessment used.

10 CCR 2505-10 Section 8.600.4:

"Developmental Delay" means that a child meets one or more of the following:

A. 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:

1. Chromosomal conditions associated with delays in development,
2. Congenital syndromes and conditions associated with delays in development,
3. Sensory impairments associated with delays in development,
4. Metabolic disorders associated with delays in development,
5. Prenatal and perinatal infections and significant medical problems associated with delays in development,
6. Low birth weight infants weighing less than 1200 grams, or
7. Postnatal acquired problems resulting in delays in development.

B. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas:

1. Communication,
2. Adaptive behavior,
3. Social-emotional,
4. Motor,
5. Sensory, or
6. Cognition.

C. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.

Testing Accepted for Disability Determination by Developmental Pathways

Cognitive/IQ tests:

1) Wechsler Preschool and Primary Scales of Intelligence-IV (WPPSI-IV)
2) Wechsler Intelligence Scale for Children-V (WISC-V)
3) Wechsler Adult Intelligence Scale-IV (WAIS-IV)
4) Stanford Binet Intelligence Scales-V (SB5)
5) Leiter International Performance Scale, Third Edition (Leiter-3)
6) Kaufman Assessment Battery for Children-II (KABC-II)
7) Differential Abilities Scale-II (DAS-II)
8) Woodcock-Johnson IV (WJ IV)
9) Reynolds Intellectual Assessment Scales, Second Edition (RIAS-2)

Non-Verbal Tests:

1) Universal Non-Verbal Intelligence Test, Second Edition (UNIT 2)
2) Comprehensive Test of Non-Verbal Intelligence, Second Edition (CTONI-2)
3) Leiter International Performance Scale, Third Edition (Leiter-3)
4) Wechsler Non-Verbal

Adaptive tests:

Adaptive testing will only be accepted if testing occurred within the last 3 years and is accompanied by a qualifying neurological diagnosis.

1) Vineland Adaptive Behavior Scales, Third Edition (Vineland 3)
2) Adaptive Behavior Assessment System, Third Edition (ABAS-3)
3) Adaptive Behavior Evaluation Scale-Revised (ABES-R2)
4) Scales of Independent Behavior- Revised (SIB-R)

*We will accept older editions of the tests that are listed on this form.

Resources for Adaptive and Cognitive Testing

Agency Name	Phone number	Insurance accepted *may be subject to change
Brain and Body Integration http://www.brainandbodyintegration.org/	719-357-6471	Medicaid; accepts a variety of insurance; currently not accepting Spanish referrals
The Child Development Unit at Children's Hospital Colorado (Developmental Pediatrics)	720-777-6630	Will complete full evaluation or adaptive testing. Parents cannot self-refer and DP is not considered a referral source. A referral will be needed from your child's PCP to the CDU for adaptive testing.
Consultants for Children http://www.consultantsforchildren.com/	720-272-1289	Aetna, BC/BS, Cigna, CNIC, CO HealthOP, Humana, Kaiser, Rocky Mtn Health Plans, TriCare, United Behavioral Health, Value Options (if not listed, call and they can work with families)
Developmental Disability Consultants www.ddconsultants.org	303-337-2210	Tricare
Developmental FX www.developmentalfx.org	303-333-8360	Medicaid, United, Kaiser
Elevated Insights http://www.elevatedinsights.org/	303-756-1197	Accepts Medicaid; Will complete assessments in Spanish; Specializes in autism testing, and psychological assessment for children, adolescents, and young adults
Emerge Professionals www.emergeprofessionals.com	303-322-9000	Aetna, Anthem, Cigna, Humana, TriCare, UHC
Rebecca Howard, Psy.D. http://www.psychtestingcolorado.com/	303-730-8083	Optum, Rocky Mountain Health Plans, Colorado CoOp Health Insurance, Cigna Healthcare, United Healthcare
Insights: Colorado Assessment and Therapy http://www.insightsdenver.com/	303-935-5307 720-837-2158 720-837-2159	Anthem Blue Cross Blue Shield
JFK Partners www.jfkpartners.org	303-724-7643; Not working For pediatric evaluation: 720-777-6630	Private insurance and Medicaid; require referral from PCP; current wait time is 6 months
Kimel Psychological Services Lila Kimel, PhD www.kimelpsych.com	303-369-1777	Medicaid, and Kaiser with preapproval; testing available in English and Spanish
Legacy Comprehensive Counseling and Consulting www.legacyparker.com	303-841-4005	Tricare, BC/BS, United, Aetna, Cigna, Humana
Rocky Mountain Human Services	303-368-3822	
Spectra Autism Center Amy Gearhart, CEO http://www.spectracenter.org	303-665-6800 (main number)	Medicaid, Blue Cross Blue Shield, Aetna, Kaiser, United

*Check with insurance provider for prior authorization

Community Services Resource List

Access Long Term Support Solutions	1.877.710.9993	http://coaccess.com/
Ability Connection Colorado	303-691-9339	http://www.abilityconnectioncolorado.org/
Access Medical Enrollment Services	303.755.4138	http://www.accessenrollment.org/
All Health Network (Arapahoe/Douglas Mental Health)	303-730-8858	http://www.admhn.org/
The Arc of Arapahoe/Douglas	303-220-9228	http://arc-ad.org/
The Arc of Aurora	720-213-1420	http://www.thearcofaurora.org/
Aurora Mental Health	303-617-2300	http://www.aumhc.org/
Autism Society of Colorado	720-214-0794	http://autismcolorado.info/
Brain Injury Alliance of Colorado	303-355-9969	http://biacolorado.org/
Child Care – Resource/Referral – Child Care Innovations	303-969-9666	http://coloradochildcare.com/referrals.html
Colorado Disability Benefits Support Program (DBS)	1-888-396-9838	http://coloradodbs.org/
Colorado Respite Coalition	303-233-1666	http://www.coloradorespitecoalition.org/index.php
Disability Law Colorado	303-722-0300	https://disabilitylawco.org/
Division of Vocational Rehab Aurora Greenwood Village	 303-337-4610 303-221-2089	http://www.dvrcolorado.com
El Grupo Vida	303-335-9875	http://www.elgrupovida.org/
Epilepsy Foundation of Colorado	303-377-9774	www.epilepsycolorado.org
Family Voices Colorado	303-733-3000	www.familyvoicesco.org
Guardianship Alliance	303-228-5382	http://www.guardianshipallianceofcolorado.org/
Parent to Parent	877-472-7201	http://www.p2p-co.org/
Personal Affordable Living	303-422-5345	http://www.personalaffordableliving.webs.com/
Rocky Mountain Down Syndrome Association	303-797-1699	http://www.rmdsa.org/
RTD (Discounted Passes)	303-299-2667	http://rtd-denver.com
Special Olympics of Colorado	720-359-3100	http://www.specialolympicsco.org/
THRIVE – Comm. Parent Resource Center	303-632-6840	http://www.thrivectr.org/
Volunteers of America	303-297-0408	http://www.voacolorado.org/

Developmental Pathways
DEDICATED TO INDIVIDUALS WITH DISABILITIES

Phone: 303-858-6600
Fax: 303-341-0382

COLORADO
Department of Health Care Policy & Financing

THE ROLE OF PSYCHOLOGICAL TESTING IN ACCESSING MEDICAID SERVICE FREQUENTLY ASKED QUESTIONS

Why has my child been referred for neuropsychological or IQ/Adaptive testing?

Your physician or clinic may have referred your child to a Neuropsychology unit at a local hospital for testing to determine how to best plan for your child's future. These test scores may allow your child to access programs and services such Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or Early Intervention (EI) benefits. Home and Community Based Services waiver[1] programs do not require a neuropsychological evaluation to be completed. If you are interested in accessing a waiver, ask your physician if they would be willing to refer your child for just IQ/adaptive testing. This testing is available in many more places and may not require you to be on a wait list as neuropsychological evaluations done in a hospital might. Please visit with your referring provider to understand what specific testing is needed and if it can be completed in multiple visits rather than waiting for a single visit.

What is the difference between each type of testing?

Neuropsychological testing:

Neuropsychological testing is the consultation and evaluation regarding the relationship of abilities, behaviors and mental skills to changes in brain functioning and integrity in infants, children and teens. Neuropsychological tests evaluate functioning in several areas including: intelligence, executive functions (such as planning, abstraction, and conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles.

IQ/Adaptive testing:

IQ tests such as the Wechsler Adult Intelligence Scale or the Wechsler Intelligence Scale for Children are tests providers can use when measuring intelligence. Scores obtained can help persons with self-awareness, self-understanding and making plans for schooling and/or career choices. Reports can be used by professionals assessing for career planning, school placement and problem diagnosis. For example, when diagnosing ADHD, learning disabilities and dyslexia, it is

[1] https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-programs

important to rule out other cognitive dysfunction.

Adaptive behavior assessments such as the Vineland Scale of Adaptive Behavior are also used to determine the type and amount of special assistance that people with disabilities may need. This assistance might be in the form of home-based support services for infants and children and their families, special education and vocational training for young people, and supported work or special living arrangements such as personal care attendants, group homes, or nursing homes for adults. Adaptive behavior assessments are often used in preschool and special education programs for determining eligibility, for program planning, and for assessing outcomes

What if I need a Developmental Disability Determination to access waiver services or other services for individuals with intellectual or developmental disabilities?

In Colorado, a person must have an impairment of general intellectual functioning and/or adaptive behavior similar to that of a person with an intellectual or developmental disability, or related condition, to have a determination of developmental disability for the purpose of receiving HCBS waiver services. The complete definition and requirements for a Determination of Developmental Disability can be found at 10 CCR 2505-10 §8.600.4 Definitions and 10 CCR 2505-10 8.607.2 Determination of Developmental Disability respectively. Please contact your local Community Centered Board (CCB) for additional information.

In order to receive the Developmental Disability Determination, a request must be submitted to the CCB, in writing by the individual, parent, and/or legal guardian. Contact your local CCB to obtain information on submitting a request.

Where can I get neuropsychological and/or IQ/Adaptive testing?

Testing can be administered at schools, by psychologists, behavioral service providers and at some Community Mental Health Centers. It's important to note this testing must be administered by an approved provider. You can also consult your primary care provider (PCP) or pediatrician to refer you to professionals qualified to administer an IQ test or adaptive behavior assessment.

Who can help me find a provider?

If your PCP or clinic is not aware of available providers, you can call your local Regional Accountable Entity (RAE) or Community Centered Board (CCB) for assistance in locating a provider for the testing needed.

For RAE information please visit this link: Regional Accountable Entities and scroll down the to the **Regional Organization** information.

For the CCB information please visit this link: Community Centered Boards.

Who is responsible for the cost of the testing?

If an individual is enrolled in Medicaid, Medicaid will cover the cost of the testing if it is provided by a qualified Medicaid provider. The provider must be enrolled as a qualifying Medicaid provider type in order to bill Medicaid. Individuals and families cannot be

charged for the testing if the person is enrolled in Medicaid.

Testing must be considered medically necessary to be covered by Medicaid.

Some private insurances may cover the cost as well. If an individual is in school, check with the school to see if they will conduct the test.

What happens when the testing is complete?

This depends on why you needed the testing. If it is to access state plan benefits, you or the individual agency that administered the test can provide a copy to the provider who made the referral for testing so additional future and service planning can begin.

If you need access to waiver services, the test results should be submitted to the CCB. The CCB will use the information to make a Developmental Disability Determination.

All documentation needed to complete the Developmental Disability Determination must be provided to the CCB within 90 calendar days from the day a request for determination was made. If the necessary documentation and information are not provided within 90 days, the CCB will close the request and provide written notification of this action. An individual, parent, or legal guardian may request an extension of time, up to 90 calendar days, to provide the information. The deadline cannot exceed 180 calendar days.

What are my responsibilities related to applying for a waiver?

Once the CCB has determined the individual to have a developmental disability, the CCB discusses program options. If an individual wishes to receive waiver services, the CCB will conduct a level of care determination and the individual must apply for Medicaid through the local County Department of Human or Social Services.

Contact Information

Program Contact:

Developmental Disability Determination Only
Karli Cheatham
Karli.Cheatham@hcpf.state.co.us 303-866-4032

Developmental Screenings Only
Annie Denka
Andrea.denka@state.co.us 303-866-5924
Gina Robinson
Gina.robinson@state.co.us 303-866-6167

Developmental Pathways
DEDICATED TO INDIVIDUALS WITH DISABILITIES

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Introduction:

Developmental Pathways ("DP ") safeguards your protected health information (PHI) as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law and regulations. This Notice explains how DP uses and discloses your PHI and how you can exercise your rights under HIPAA.

DP's Duties:

1. **Notify You of DP's Privacy Policies.** Federal law requires that DP notify you of its legal duties and privacy policies and procedures with respect to your PHI. This Notice is intended to satisfy that requirement.

2. **Use And Disclose Your PHI Only As Described In This Notice.** DP will abide by the terms of this Notice as long as it remains in effect. DP will use and disclose your PHI without first obtaining your written authorization only as described in this Notice. If DP obtains your written authorization for a use or disclosure not described in this Notice, you may revoke or modify that authorization at any time by submitting the appropriate form to the Privacy Officer designated on below. The Privacy Officer will provide you with a copy of the form upon request.

How DP Might Use or Disclose Your PHI Without Your Authorization For Treatment, Payment, or Health Care Operations

1. **Uses and Disclosures for Treatment, Services, and Supports.** DP may use your PHI to provide you with medical treatment, services or supports. We may disclose your PHI to physicians, psychologists, service providers and staff and other persons providing treatment, services or supports to you.
2. **Use for Payment Purposes:** DP may use your PHI to prepare bills for services that it has provided to you and to collect payment for those services.
3. **Uses and Disclosures for Health Care Operations.** DP may use your PHI for agency operations. These uses are necessary to manage DP's operation and to monitor the quality of your care. DP may disclose your PHI to qualified personnel of authorized external agencies whose responsibility it is to license, to accredit to monitor, to approve, or to conduct other functions as appropriate.

How DP Might Otherwise Use or Disclose Your PHI Without Your Authorization

1. **Appointment Reminders:** We may use your PHI to contact you about an upcoming appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Disclosures to Family Members Or Authorized Representatives.** DP may disclose your PHI to your parent if you are a minor, to your guardian, or to an individual designated by you, or designated by your parent, if you are a minor, or by your guardian, if appropriate, to assist you in acquiring or utilizing services or supports from DP to the extent access to confidential is within the scope of the designated person's authority.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

3. **Disclosures to Business Associates.** DP has contracted with one or more third parties (referred to as a business associate) to use and disclose your PHI to perform services for DP. DP will obtain each business associate's written agreement to safeguard your PHI.
4. **Uses and Disclosures for Health Oversight Activities.** DP may disclose your PHI to qualified professional personnel of community centered boards, regional centers and other service agencies, including boards of directors and Human Rights Committee members to the extent necessary for the acquisition, provision, oversight or referral of services and supports. DP may disclosure your PHI to the Colorado Departments of Health Care Policy and Financing ("HCPF") or Human Services ("DHS") or their designees as deemed necessary. DP may disclose your PHI to The Legal Center for People with Disabilities and Older Persons (the "Legal Center"), 455 Sherman St., Suite 130, Denver, CO 80203, as long as that organization serves as the protection and advocacy system for Colorado, when (a) the Legal Center has received a complaint has from you or on your behalf, or (b) if you do not have a legal guardian or if the State of Colorado or the State's designee is your legal guardian.
5. **Uses and Disclosures For Judicial And Administrative Proceedings.** DP may use or disclose your PHI in connection with court proceedings, such as disclosures of your PHI to a court or to persons authorized by an order of the court, issued after a hearing, notice of which was given to you or your personal representative, where appropriate, and to the custodian of the information.
6. **Uses or Disclosures Required By Law.** DP may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.
7. **Disclosures to HHS.** DP may disclose your PHI to the United States Department of Health and Human Services ("HHS"), the government agency responsible for overseeing DP' compliance with federal privacy law and regulations regulating the privacy of PHI.
8. **Disaster Relief.** DP may use or share PHI about you to a public or private entity authorized by law or charter to assist in disaster relief efforts. This will be done to coordinate those efforts with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.
9. **Mistreatment, Abuse, Neglect or Exploitation.** DP may share PHI about you to a government and/or regulatory authority authorized by law to receive reports of mistreatment, abuse, neglect or exploitation if we believe you are a victim, perpetrator or witness. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by or your authorized representative; or (c) authorized by law and necessary to prevent serious harm to you or potential victims and we are informed by law enforcement or public officials that immediate enforcement activity requires disclosure of PHI.
10. **To Avert Serious Threat to Health and Safety.** DP may disclose PHI about you to prevent a serious threat to your health and safety or the health and safety of another or the public.
11. **Correctional Institutions.** DP may share PHI about you to a correctional institution or law enforcement having custody of you. The disclosure will be made if necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, and security of the correctional institution.
12. **Fundraising.** DP may use or share PHI about you to raise funds for DP or its foundation, the SUN Foundation. We may also use your information to contact you to volunteer or provide in-kind contributions. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. IF YOU DO NOT WANT DP OR ITS FOUNDATION TO CONTACT YOU FOR FUNDRAISING please notify the SUN Foundation Director at 303 858-2004 or SUN Foundation, 325 Inverness Drive South, Englewood, CO 80112-6012.

13. **Marketing.** DP may use PHI to inform you about services and supports available to you and give you information about providers of those services and supports. We may communicate this information to you face to face, in phone conversations, by fax or e-mail. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. DP does not sell PHI to any entity.

Your Privacy Rights As A Participant In One Or More Of DP's Programs

You may exercise the rights described below by contacting DP's Privacy Officer at the mailing address or telephone number listed below and requesting a copy of the appropriate form.

1. **Right to Access Your PHI.** You may request a review or photocopies of your PHI on file with DP by submitting the appropriate form to the Privacy Officer. DP will provide access, or will mail the photocopies to you, within 30 days of your request unless the PHI is not available on-site, in which case DP will provide access or mail the photocopies within 60 days of your request. DP may extend the deadline for access or mailing by up to 30 days. DP will provide you with a written explanation of any denial of your request for access or photocopies. DP may charge you a reasonable, cost-based fee for photocopies or for mailing. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
2. **Right to Amend Your PHI.** You may amend your PHI on file with DP by submitting the appropriate request form to the Privacy Officer. DP will respond to your request within 60 days. DP may extend the deadline by up to an additional 30 days. If DP denies your request to amend, DP will provide a written explanation of the denial. You would then have 30 days to submit a written statement explaining your disagreement with the denial. Your statement of disagreement would be included with any future disclosure of the disputed PHI.
3. **Right to an Accounting Of Disclosures Of Your PHI.** You may request an accounting of DP's disclosures of your PHI by submitting the appropriate form to the Privacy Officer. DP will provide the accounting within 60 days of your request. DP may extend the deadline by up to an additional 30 days. The accounting will exclude the following disclosures: (a) disclosures for "treatment," "payment," or "health care operations," (b) disclosures to you or pursuant to your authorization, (c) disclosures to family members or close friends involved in your care or in payment for your care, (d) disclosures as part of a data use agreement, and (e) incidental disclosures. DP will provide the first accounting during any 12-month period without charge. DP may charge a reasonable, cost based fee for each additional accounting during the same 12-month period. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
4. **Right to Request Additional Restrictions On The Use Or Disclosure Of Your PHI.** You may request that DP place restrictions on the use or disclosure or your PHI for "treatment," "payment," or for "health care operations" in addition to the restrictions required by federal law by submitting the appropriate request form to the Privacy Officer. DP will notify you in writing within 30 days of your request whether it will agree to the requested restriction. DP is not required to agree to your request.
5. **Right to Request Communications By Alternative Means Or To An Alternative Location.** DP will honor your reasonable request to receive PHI by alternative means including electronic means, or at an alternative location, if you submit the appropriate request form to the Privacy Officer.
6. **Right to A Paper Copy Of This Notice.** You may request at any time that the Privacy Officer provide you with a paper copy of this Notice.

Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this notice or the laws that apply to DP will be made only with your written permission. If you provide us written permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time .If you revoke permission, thereafter, we will no longer use or disclose PHI about you for the reasons set forth in the prior authorization.

A Note about Personal/Authorized Representatives

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) designation of an authorized representative; (b) a power of attorney for health care purposes, notarized by a notary public; (b) a court order for appointment as guardian, or (c) any other document which the Privacy Officer, in his or her sole discretion, deems appropriate.

Your Right To File A Complaint

If you believe that your privacy rights have been violated because DP has used or disclosed your PHI in a manner inconsistent with this Notice, because DP has not honored your rights as described in this Notice, or for any other reason, you may file a complaint in one, or both, of the following ways:

1. **Internal Complaint:** Within 180 days of the date you learned of the conduct, you can submit a complaint using the appropriate complaint form to the Privacy Officer, Developmental Pathways, Inc., 325 Inverness Drive South, Englewood, CO 80112, or call (303) 360-6600 and ask for the Privacy Officer. You can obtain a complaint form from the Privacy Officer.
2. **Complaint To HHS:** Within 180 days of the date you learned of the conduct, you may submit a complaint by mail to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

DP's Anti-Retaliation Policy

DP will not retaliate against you for submitting an internal complaint, a complaint to HHS, or for exercising your other rights as described in this Notice or under applicable law.

Whom to Contact For More Information about DP' Privacy Policies and Procedures

If you have any questions about this Notice, or about how to exercise any of the rights described in this Notice, you should contact DP's Privacy Officer by mail c/o Developmental Pathways, 325 Inverness Drive South, Englewood, CO 80112-6012, or call (303) 360-6600 and ask for the Privacy Officer.

Revisions to the Privacy Policy and To The Notice

DP reserves the right to change this Notice or DP's privacy policies and procedures at any time. New notice or policies and procedures will be effective for all PHI we maintain including PHI created or received by us prior to the effective date of the new notice. Current notices will be posted on our website www.developmentalpathways.org and posted in our facilities.

Effective Date of This Notice: April 2003 (Rev. Sept. 2013)

Developmental Pathways
DEDICATED TO INDIVIDUALS WITH DISABILITIES

Dispute Resolution Procedure

POLICY

In any service system there will be disagreements and complaints. Each person has a right to have such disagreements taken seriously and dealt with in a consistent, fair and timely manner. The following procedures will be used in order to comply with requirements set forth in section 16.322 of the Department of Human Services Rules, 2 CCR 503-1, regarding resolution of disputes.

DISPUTE RESOLUTION PROCEDURE

If you use the Dispute Resolution Procedure, you will not be coerced, intimidated, threatened, or retaliated against for having a dispute. It will not negatively affect future services and, if enrolled, you will continue to receive services during the dispute.

WHEN YOU CAN USE THE DISPUTE RESOLUTION PROCEDURE:

1. **You can use the Dispute Resolution Procedure if you are receiving any of the following developmental disabilities services:**
    a. State Funded Supported Living Services Program ("State SLS")
    b. Family Support Services Program ("FSSP").

    AND

    The action that has been or will be taken is one of the following:
    a. A decision that your services or supports are to be terminated.
    b. A decision to provide, modify, reduce, or deny the services or supports set forth in your service plan.

2. **You can also use the Dispute Resolution Procedure if you are on the wait list for one or more of the following developmental disabilities services:**
    a. State Funded Supported Living Services Program ("State SLS")
    b. Family Support Services Program ("FSSP").

    AND

    The action that has been or will be taken is one of the following:
    a. A decision that you are to be terminated from the wait list for reasons other than eligibility. (For example, no contact, moved out of state, moved out of service area)

Developmental Pathways
DEDICATED TO INDIVIDUALS WITH DISABILITIES

STEPS OF THE DISPUTE RESOLUTION PROCEEDURE

1. Step 1: Informal Review

Generally, you should receive a written notice 15 calendar days prior to the proposed action being taken. That notice, or letter, gives an effective date. You or your representative need to contact the Case Manager, in writing, no later than the effective date indicating you dispute the proposed action.

The Case Manager will set up a meeting with you and the person responsible for the decision with which you disagree. The meeting will be held within 15 calendar days of the time you make the contact.

The informal review is your opportunity to talk directly to the person responsible for the decision to express your disagreement, present additional information and see if the matter can be resolved. The informal review can be done either in person or by phone.

You will receive written notification of the agency's decision within 15 calendar days of the conclusion of the informal review.

If the decision does not work out to your satisfaction and you still disagree, you may request a formal review. The Case Manager can help set up a formal review.

The informal review may be waived, or bypassed, when both you and Developmental Pathways agree to do so. When that occurs, the process moves forward to Step 2.

2. Step 2: Formal Review

Within 15 calendar days of receipt of written notification of the agency decision from the informal review, you must send a letter to the Chief Executive Officer of Developmental Pathways, Inc., 325 Inverness Drive South, Englewood, CO 80112, saying what you disagree with and that you want a formal review. When the letter is received by Developmental Pathways, the Case Manager will help schedule a formal review with you and the Chief Executive Officer or someone the Chief Executive Officer chooses who is not involved in your complaint.

It is important that the formal review take place as soon as possible. Developmental Pathways will set a date and time which is no longer than 20 calendar days after receiving your letter, unless you and the agency both agree on a later date.

You may have someone with you at that meeting, including your authorized representative, counsel, or others who you want to help you. You and your representatives will be given a notice in writing about the date, time, and location of the formal review, at least 10 calendar days prior to the meeting. You are entitled to receive copies of agency documents relevant to your dispute upon your request.

At formal review:

What is said at this meeting will be tape recorded or written down.

The party responsible for the decision will explain the reason(s) for it; you may present evidence, and question the opposing position.

After this review:

The Chief Executive Officer or designee will provide a formal written decision to you within 15 calendar days of the end of the formal review meeting. This letter will tell you the reasons for the decision.

If you disagree with the decision, you may appeal to the Colorado Department of Human Services.

3. Step 3: Appeal To The Director Of The Colorado Department Of Human Services

You or your representative must request, in writing, a review of your dispute by the Director of the Colorado Department of Human Services. This needs to be done within 15 working days of the receipt of the formal written CCB decision. Your Case Manager can help make the arrangements. Please provide copies of your appeal to the Director of the Colorado Department of Human Services to your Case Manager.

Resources to assist you in resolving disputes that you have with Developmental Pathways include the following advocacy agencies: ARC/Arapahoe-Douglas County (303-220-9228), ARC of Aurora (720-213-1420) or The Legal Center for People with Disabilities and Older People (303-722-0300).

When a Program Approved Service Agency, and not the Community Centered Board, makes a decision that you disagree with, you or your authorized representative will use the written procedures of that service agency rather than these procedures.

POLICY

In any service system, there will be disagreements and complaints. Each person has a right to have such disagreements taken seriously and dealt with in a consistent, fair, and timely manner. The following procedures will be used in order to comply with requirements set forth in 10 CCR 2505-10 Section 8.605 regarding the Grievance/Complaint Process.

COMPLAINT PROCESS

You will not be forced to do anything, be intimidated or threatened, and no one will retaliate, or 'get back at you' if you use this Complaint Process. And, disagreeing will not negatively affect your services.

HOW TO USE THE COMPLAINT PROCESS

If you disagree with certain things Developmental Pathways, Inc., does or wants you to do, or treats you in a way you don't like, you have a right to complain about it. Developmental Pathways, a Community Centered Board (CCB), will work with you to try to solve the problem.

- If your complaint is about Comprehensive Care Services, Early Intervention, Family Support, Community Employment Services, Continuum of Colorado, or a service provider, you will follow their complaint process rather than this one.

STEPS TO TAKE

Step 1:

Tell the person who is part of your complaint what is wrong. You can tell them in person, on the phone, or you or someone else can write it down and give it to them. You can do this yourself, or you can ask for help from your legal guardian or authorized representative. The person should address the problem within 3 working days, if they can.

Step 2:

If you are still not satisfied, submit your complaint in writing to your Case Manager, or, if the complaint is about your Case Manger, submit your complaint in writing to the Program Manager. You can write it down, or have someone write it for you. Within 10 working days, a meeting will be scheduled. You will then have a meeting with the person who is part of your complaint and the Manager or his/her designee.

- At this meeting, you may have someone with you, including your authorized representative or others, to assist you in presenting your complaint.
- What is discussed and decided at the meeting will be put in writing, and you will get a written decision within 10 working days of your meeting.

Step 3:

If you are not satisfied with that decision, you can submit your complain in writing to the Chief Executive Officer of Developmental Pathways, Inc., 325 Inverness Drive South, Englewood, CO, 80012, within 7 calendar days after receipt of the written decision. The Chief Executive Officer, or designee, will review the problem within 10 working days and schedule a meeting with you and the other people involved. The Chief Executive Officer or designee will make a final decision and will send it to you in writing within 10 working days of the meeting. This is the last step of the complaint process and the decision becomes final.

POLICY

An individual may have the right to a Medicaid Appeal Rights (also known as the right to a Medicaid Fair Hearing) before a State Administrative Law Judge. The following procedures will be used in order to comply with section 8.057 of the Medicaid Rules.

MEDICAID APPEAL RIGHTS

When you have the right to a Medicaid Appeal Rights, you should receive a notice entitled, "Long Term Care Waiver Program – Notice of Action." This notice will give you information regarding the action that has been proposed or has been taken, how to request a hearing before an administrative law judge, timeframes for making your appeal, and a form for making a written request for such a hearing. In addition, you have the right to request a Medicaid Appeal Rights under the following circumstances:

WHEN YOU MAY BE ABLE TO REQUEST A MEDICAID APPEAL RIGHTS

1. **You may request a Medicaid Appeal Rights if you are receiving any of the following developmental disabilities services:**
    a. Developmental Disabilities Home and Community Based Services Medicaid Waiver ("DD Medicaid waiver")
    b. Supported Living Services Home and Community Based Services Medicaid Waiver ("SLS Medicaid waiver")
    c. Children's Extensive Support Home and Community Based Services Medicaid Waiver ("CES Medicaid waiver ")

    <u>AND</u>

    The action that has been or will be taken is one of the following:
    d. A termination from Medicaid Waiver services
    e. A denial or reduction of Medicaid Waiver covered services.
    f. A decision regarding changes in the type or amount of services.

2. **You may request a Medicaid Appeal Rights if you are applying for any of the following developmental disabilities services or are on the wait list for developmental disabilities services:**
    a. Developmental Disabilities Home and Community Based Services Medicaid Waiver ("DD Medicaid waiver")
    b. Supported Living Services Home and Community Based Services Medicaid Waiver ("SLS Medicaid waiver")
    c. Children's Extensive Support Home and Community Based Services Medicaid Waiver ("CES Medicaid waiver")
    d. Family Support Services Program ("FSSP")

AND

The action that has been or will be taken is one of the following:

e. An application for services is denied or is not acted upon with reasonable promptness
f. A denial of eligibility for developmental disabilities services
g. A termination from the wait list for reasons of eligibility
h. For programs a, b, and c; a termination from the wait list for any reason

At the hearing, you will have the right to bring evidence and present witness testimony. You can represent yourself at the hearing, or have an attorney, friend, or other spokesperson represent you.

POLICY

An individual may have the right to a Medicaid Fair Hearing before a State Administrative Law Judge. The following procedures will be used in order to comply with section 8.057 of the Medicaid Rules.

MEDICAID FAIR HEARING

When you have the right to a Medicaid Fair Hearing, you should receive a notice entitled, "Long Term Care Waiver Program – Notice of Action." This notice will give you information regarding the action that has been proposed or has been taken, how to request a hearing before an administrative law judge, timeframes for making your appeal, and a form for making a written request for such a hearing. In addition, you have the right to request a Medicaid Fair Hearing under the following circumstances:

WHEN YOU MAY BE ABLE TO REQUEST A MEDICAID FAIR HEARING

1. **You may request a Medicaid Fair Hearing if you are receiving any of the following developmental disabilities services:**
    a. Developmental Disabilities Home and Community Based Services Medicaid Waiver ("DD Medicaid waiver")
    b. Supported Living Services Home and Community Based Services Medicaid Waiver ("SLS Medicaid waiver")
    c. Children's Extensive Support Home and Community Based Services Medicaid Waiver ("CES Medicaid waiver")

    AND

    The action that has been or will be taken is one of the following:
    d. A termination from Medicaid Waiver services
    e. A denial or reduction of Medicaid waiver covered services.
    f. A decision regarding changes in the type or amount of services.

2. **You may request a Medicaid Fair Hearing if you are applying for any of the following developmental disabilities services or are on the wait list for developmental disabilities services:**
    a. Developmental Disabilities Home and Community Based Services Medicaid Waiver ("DD Medicaid waiver")
    b. Supported Living Services Home and Community Based Services Medicaid Waiver ("SLS Medicaid waiver")
    c. Children's Extensive Support Home and Community Based Services Medicaid Waiver ("CES Medicaid waiver")
    d. Family Support Services Program ("FSSP").

AND

The action that has been or will be taken is one of the following:

e. An application for services is denied or is not acted upon with reasonable promptness
f. A denial of eligibility for developmental disabilities services
g. A termination from the wait list for reasons of eligibility
h. For programs a, b, and c; a termination from the wait list for any reason

At the hearing, you will have the right to bring evidence and present witness testimony. You can represent yourself at the hearing, or have an attorney, friend, or other spokesperson represent you.

COLORADO
Department of Health Care Policy & Financing

Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Community Centered Board (CCB)

View a list of all Community Centered Boards online - www.colorado.gov/hcpf/community-centered-boards

Community Centered Board Information	
Community Centered Board: Select one	
Address:	
Phone:	Fax:
Website:	

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Home Phone:	Cell Phone:	Work Phone/Other:
Email Address:		
Preferred Method of Communication:		Marital Status:
Primary Language:	Ethnicity:	
Person Making Referral:	Current Living Arrangements:	

Primary Contact(s) Information *(complete all that apply)*		
Primary Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Additional Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Guardian Information		
Is there a Court Appointed Guardian? ☐ Yes ☐ No		
Guardian Name:	Relationship to Applicant:	

Financial and Medical Benefits Information *(complete all that apply)*		
SSN:	Medicaid State ID:	Medicare ID:
Supplemental Security Income (SSI) Amount:		

Financial and Medical Benefits Information *(complete all that apply)*
Social Security Income (SSDI) Amount:
Other Benefits *(e.g. HCBS-EBD, Children's HCBS, Trusts, etc.):*
Private Medical Insurance:

School Information	
Please list schools beginning with most recent attended:	
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No

Medical Information	
List medical and health needs:	
Name of Medical Provider/Medical Facility:	
Address:	Phone:
Name of Medical Provider/Medical Facility:	
Address:	Phone:

Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

Acknowledgements and Signatures

I understand this application is intended to solely determine whether I meet criteria for a Developmental Disability as defined by Colorado Revised Statutes C.R.S. 25.5-10-202.

I understand pursuant to 10 CCR 2505-10 Section 8.607.2 a determination of developmental disability does not constitute a determination of eligibility for services or supports. Eligibility for Health First Colorado (Colorado's Medicaid Program) funded programs specific to persons with developmental disabilities shall be determined pursuant to 10 CCR 2505-10.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. a copy of the Confidentiality/Privacy Notice
2. a copy of the Dispute Resolution procedure
3. a copy of the Grievance procedure,
4. a copy of my rights under Colorado Revised Statutes
5. a copy of the current Colorado Developmental Disability Definition

_____ I understand that I have (90) calendar days from the date of submission of my completed application, to submit the necessary documents and information needed to make this determination of a Developmental Disability.
Initial

_____ I understand that I have the right to request a ninety (90) calendar day extension if necessary.
Initial

Applicant Signature: *(if 18 or older)* Typed/Handwritten Signature: Or Electronic Signature:	Date:
Parent/Guardian Signature: Typed/Handwritten Signature: Or Electronic Signature:	Date:
Authorized Representative Signature: Typed/Handwritten Signature: Or Electronic Signature:	Date:

For CCB Completion Only

Developmental Disabilities Professional receiving the request:

Name:	Title:

Date completed and signed request received by CCB (Request Date):

Date all documents needed for determination received (Determination Date):

Needed Documents for Determining a Developmental Disability

Any information that documents a disability is needed to make a determination. Examples of the kinds of documents needed that would provide this information are: intellectual functioning assessments, psychological evaluations, medical examinations, mental health assessments and adaptive behavior assessments.

1a. Types of Possible Documentation of an Intellectual Impairment:

- Intelligence/IQ testing, using instruments that are comparable to a Wechsler or Stanford-Binet,

OR

1b. Types of Possible Documentation of Adaptive Behavior Impairments:

- Adaptive Behavior testing, using instruments that are comparable to a Vineland-II

2. Types of Possible Documentation of Neurological Condition:

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical examinations/Records
- Professional Medical Information Page

3. Types of Possible Documentation for ruling out physical or sensory impairments or mental illness as sole contributors to a disability:

- School assessments and records
- Records of specialized service provision
- Medical evaluations
- Therapy assessments and provision
- Mental health services and assessments
- Psychiatric or psychological evaluations
- Hospitalizations
- Medication history
- Therapy evaluations

This request form should be completed with assistance from your local Community Centered Board (CCB)

View a list of all Community Centered Boards online - www.colorado.gov/hcpf/community-centered-boards

Please fill out and return to DP

Authorization for Release and Exchange of Information

Individual name: _____

Date of Birth: _____ **SSN**: _____ **and/or Medicaid ID**: _____

The following organizations/providers are hereby authorized to release, exchange, and share oral and written protected health information (PHI) with each other regarding the Individual named above:

Developmental Pathways, Inc. and:

- Physicians involved in my care.
- HCBS Providers involved in my care.
- Home Health Providers involved in my care.
- Therapists involved in my care
- Hospitals and related facilities involved in my care.
- Others (as listed here): _____

Information to be released, exchanged, and shared:

- Health information including but not limited to diagnosis, treatment , history, master file records, billing records; treatment notes; service and related plans, and information pertaining to home and community based services (HCBS) and supports

- Other (as described here):_____

Purpose(s) or need for which the information is to be used and disclosed:

- Coordination/Continuity of Care
- Case Management
- Assessment
- Benefits Coordination/Acquisition
- Disability Determination
- Program Compliance
- Other (as listed here):_____

I understand that HIV/AIDS related information and/or records, psychotherapy notes, genetic testing information or notes, sickle cell anemia related information and/or records and drug/alcohol diagnosis, and treatment and referral information will not be released without a separate release specifically authorizing such release signed by you.

I understand that I make revoke this Authorization at any time by giving written notice to Developmental Pathways, except to the extent that Developmental Pathways has already taken action on this request. This Authorization will expire on _____ (MM/DD/YYYY), or, if left blank, one year from the date of my signature (whichever event comes first). I release Developmental Pathways from all liability for disclosing the requested information.

Authorization: I understand that authorizing the disclosure of this information is voluntary. This Authorization may be used and re-used to obtain information learned and records prepared after the date this release was signed as long as this Authorization remains valid. I understand that when information is released, it carries with it the potential for unauthorized re-disclosure and it may no longer be protected by federal confidentiality rules such as HIPAA.

Authorization for Release and Exchange of Information

A copy or facsimile of this Authorization may be used with the same effectiveness as the original.

Individual or Person Authorized to Sign for Individual: _____

If not the individual, please indicate how authorized to sign:

☐ Guardian ☐ Parent (individual is a minor) ☐ Other: _____

Signature: _____Date: _____

Please fill out and return to DP

Individual Name: _____ **Date of Birth**: _____

Summary of Notice of Privacy Practices

Developmental Pathways (DP) Notice of Privacy Practices for Protected Health Information (the "Notice") contains important information about your privacy rights. DP recognizes that the Notice is lengthy and detailed. You still should read the entire document carefully. **Note**: Our privacy policy was revised 9/2013

This summary highlights some of the important points in the Notice. However, this summary is not a substitute for the Notice.

- The Notice applies to information about your health care and payment for your health care created or received by, or on behalf of, DP.
- The Notice explains how DP will use and disclose your health information without your written permission.
- The Notice explains how you can exercise certain rights. These rights include the right to access your health information, the right to amend your health information and the right to receive an accounting of when and why DP has disclosed your health information to others.
- The Notice explains how you can file a complaint, either with DP or with the federal government, if you believe DP has violated the policies and procedures stated in the Notice.
- The Notice provides contact information for the person who can answer your questions or respond to your complaints about DP's use and disclosure of your health information.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received DP's Notice of Privacy Practices for Protected Health Information.

Name of individual or personal representative (please print):_____

Signature: _____ Date: _____

Encryption Opt-Out

To safeguard your protected health information and ensure confidentiality, Developmental Pathways encrypts external electronic communication which contains your confidential information. This practice is designed to provide an extra level of security for your personal information; specifically, it requires the recipient to use a password to access the message. Developmental Pathways recognizes that individuals or their personal representatives may choose not to receive encrypted emails for a variety of reasons. In order to opt-out of this requirement, DP must receive written notification. The release below is intended to serve as that notification.

☐ I would like Developmental Pathways to continue to send electronic communications ***encrypted***.

☐ I hereby grant Developmental Pathways permission to send electronic communication ***unencrypted***. This permission applies to me, my team, and my providers, as appropriate.

Name of individual or personal representative (please print):_____

Signature: _____ Date: _____

☐ Individual ☐ Guardian ☐ Parent ☐ Authorized Representative

Please fill out and return to DP

Statement of Review: State Funded Individuals

DISPUTE RESOLUTION PROCESS

I, and/or my parents (for a minor), guardians, and/or authorized representative have received a written summary of the Dispute Resolution Process. I/we have also received an oral description of the process, and it was explained to my satisfaction and in a manner that was easily understood. I/we were also informed orally and in writing of the mediation option.
Comments: _____

_____ _____
Individual Date

_____ _____
Parent/Guardian/Authorized Representative Date

COMPLAINT PROCESS

I, and/or my parents (for a minor), guardians, and/or authorized representative have received a written summary of the Complaint Process. I/we have also received an oral description of the process, and it was explained to my satisfaction and in a manner that was easily understood.
Comments: _____

_____ _____
Individual Date

_____ _____
Parent/Guardian/Authorized Representative Date

Contact your Case Manager for support/assistance in the event of a disagreement or complaint.

_____ _____
Case Manager Date

Please fill out and return to DP

Statement of Review: Waiver Individuals

MEDICAID APPEAL RIGHTS

I, and/or my parents (for a minor), guardians, and/or authorized representative have received a written summary of the process for requesting a Medicaid Appeal. I/we have also received an oral description of the process, and it was explained to my satisfaction and in a manner that was easily understood.

Comments: _____

_____ _____

Individual Date

_____ _____

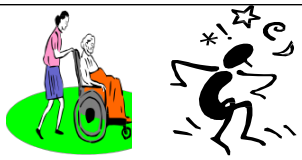
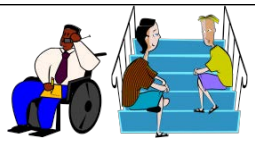
Parent/Guardian/Authorized Representative Date

Please fill out and return to DP

Developmental Pathways
DEDICATED TO INDIVIDUALS WITH DISABILITIES

Individual Name:_____ **DOB:** _____

C.R.S. 25.5-10 delineates the following specific legal rights in sections 218-231:

Legal rights and responsibilities guaranteed to all other persons C.R.S. 25.5-10-218	Have an Individualized Plan; participate in making your plan; choose your providers C.R.S. 25.5-10-219	Medical services and treatment C.R.S. 25.5-10-220
 Be treated humanely; not to be abused; complain if you get hurt; complain if you don't get services C.R.S. 25.5-10-221	Religious belief, practice, and worship C.R.S. 25.5-10-222	 Communications and visits including: private conversations; friends & visitors; send & receive personal mail C.R.S. 25.5-10-223
Fair employment practices (such as fair pay for work) C.R.S. 25.5-10-224	Register and vote C.R.S. 25.5-10-225	Review your records; expect confidentiality C.R.S. 25.5-10-226
Personal property (and a place to put your things) C.R.S. 25.5-10-227	Influence policy: participate in conversations about rules & services C.R.S. 25.5-10-228	Notification: be given notice if a right is suspended C.R.S. 25.5-10-229
Be free from discrimination C.R.S. 25.5-10-230	Sterilization: choose what happens to your body C.R.S. 25.5-10-231	

HOW TO EXERCISE YOUR RIGHTS: You have the same human and civil rights as every other U.S. citizen. These rights should be limited or changed only to the extent necessary to be helpful to you, and then only with "due process". Due process includes your Individualized Plan (Service Plan), the Packet Review Committee, the Human Rights Committee, and/or legal process. If you would like assistance in exercising your rights, you can select a friend, a family member, a staff person, a Case Manager, the Arc, or any other person to support you.

INDIVIDUAL	DATE	GUARDIAN	DATE
CASE MANAGER	DATE		

Revised: 8/2015