CRISIS AND COMMUNITY RESOURCE ACCESS MANUAL

VER 7/26/2021 [KG]

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Overview

The purpose of the Crisis and Community Resource Access Manual is to provide the case manager, individual in services, and team with information on resources that an individual can access to support a spectrum of needs across various systems and programs. While the manual is targeted to individuals with intellectual and developmental disabilities (IDD), many of these resources are available others without IDD such as caregivers. Some resources are specific to Medicaid while others can be accessed through community programs or private insurance. These resources are primarily intended to help address current crisis situations or developing crisis situations; however, this manual also intends to spread knowledge about the resources available throughout the community to support individuals in having meaningful lives. As with any resource, the individual will need to be an active participant and willing to seek support. Please note that Developmental Pathways staff are not experts in programs outside of the specific programs managed by our agency and that you will need to outreach the points of contacts for the resources/programs you are seeking for additional information.

How to Use the Manual

The Crisis and Community Resource Access Manual is meant to be used as a digital document instead of a printed document. It is recommended that when sharing this document with outside parties to share the document via attachment in an email.

- The manual is housed in SharePoint in the Case Management Documents library in the Crisis/Emergency Resources subfolder (Link).
- The manual is organized into sections based on the type of resource being accessed.
- There are several ways to navigate through the manual beyond scrolling to the section needed:
    - In the Table of Contents at the beginning of the manual, hold the Control key and then click on the section you want to jump to in the manual.
    - There are hyperlinks throughout the document to cross-reference portions of the manual as well as hyperlinks to other websites for additional information. Hold the Control key and then click on the hyperlink to be directed to the identified section or website.
    - You can also hold the Control key and then press the F key to search for specific words or phrases within the manual.
- If you have questions or need additional support to help an individual/team with a need, reach out to the people below (in order):
    1. Your Senior Case Manager or Assistant Program Manager
    2. Your Program Manager
    3. Program Lead – Crisis Navigation
    4. Your Associate Director

When changes are made to the manual, the version month and year will be updated on the first page of the manual in the bottom left corner. Staff should always access the most recent version of this manual in SharePoint. Staff are encouraged to save a link to the manual for ease of access to the most updated version.

If you discover an error in the manual or would like to suggest an addition, please email Kelly Graf (Program Lead – Crisis Navigation).

Resource Reference Charts

Below are some of the most common crisis situations with recommended resources to focus on first.

Mental Health Crisis	
Child	**Adult**
Emergency - 911 Crisis Services RAE Care Coordinator Mental Health Supports – ATU, Day Treatment, Residential Treatment Momentum Program CYMTHA Creative Solutions CHRP Waiver	Emergency - 911 Crisis Services RAE Care Coordinator Mental Health Supports – ATU, Inpatient Complex Service Solutions Momentum Program

Behavioral Crisis	
Child	**Adult**
Emergency - 911 Crisis Services Pediatric Behavioral Therapy Emergency Respite CHRP Waiver Residential Treatment Creative Solutions	Emergency - 911 Crisis Services Behavior Therapy Emergency Respite Community Support Team Regional Center

Homeless or Risk of Homelessness	
Child	**Adult**
Emergency Homeless Resources Financial Resources Housing Resources Child Protection Services	Emergency Homeless Resources Financial Resources Housing Resources Atlantis Community EBD, CMHS, or BI Waiver

Loss/Incapacitation of Caregiver	
Child	**Adult**
Emergency Homeless Resources Emergency Respite CHRP Waiver Child Protection Services	Emergency Homeless Resources EBD, CMHS, or BI Waiver SLS Waiver or DD Waiver Emergency Respite

Emergency Homeless Resources

If an individual or family with minor children are homeless or are at imminent risk of becoming homeless, there are multiple resources to consider and explore. For individuals enrolled on a waiver, the contingency plan of the service plan should also be reviewed to determine the plan developed for when a caregiver can no longer provide care. Below are resources, organized by hierarchy, to help address a homelessness or at-risk of homelessness situation.

Natural Supports

Family or friends of the individual should be considered and contacted for short-term support, and potentially long-term support. If the individual is involved in other community organizations or faith-based organizations, see if there is an acquaintance that would willing to provide a place for the individual to stay.

The case manager will help coordinate the provision of services in the home of the natural support.

Motel

A motel can provide a temporary and safe place for an individual or family to stay.

1. Clarify if the individual has work income or social security income to pay for a motel.
2. Natural supports may be willing to help fund the cost of a motel if the individual is unable.
3. Some of our county of human service offices will offer motel vouchers for individuals/families that meet their eligibility requirements.
    a. Individuals can use the United Way Locate Services website and select homeless motel vouchers to find programs in their area.
    b. From there an individual can read the eligibility requirements and/or will be directed to the county of human services website for additional information on that motel voucher program.
4. If there is an active mistreatment situation or active department of human services case, then Child Protection Services (CPS) or Adult Protection Services (APS) may provide temporary funding of a motel through protection service funds. Connect with the assigned CPS or APS case worker to determine availability.
5. The case manager will help coordinate provision of services in a motel setting.
6. Please see Housing & Homeless Resources for additional resources.

Emergency Shelters

There are emergency shelters for individuals and for families who are experiencing homelessness who do not have natural supports and are unable to fund a motel. United Way has a comprehensive emergency shelter lookup tool on their website. This lookup tool would also be a resource for individuals experiencing domestic violence who need to find a domestic violence shelter for safety.

1. On the Housing & Shelter Resources section of the United Way Locate Services page you can select the type of emergency shelter you are seeking such as homeless drop in centers, motel vouchers, youth shelters, and domestic violence shelters.
2. After making your resource selection, you will be directed to a map with applicable results. You can further organize the search results by distance from the individual's location by entering a zip code or address.
3. Availability and shelter capacity are indicated under more details for the shelter resource. Some emergency shelter programs will also offer motel vouchers when temperatures are below freezing, and these will populate in the results list during the winter months. Please note motel vouchers are first come, first serve.
4. Clicking on each shelter in the results list will provide further details including the intake process, type of population served, services offered at the shelter, contact information, and location.

   Note: There are very few shelters that can accept pets which we know is a barrier to those with pets. Work with the individual to identify natural supports that could possibly care for the animal in the interim. Furthermore, connecting the individual with homeless organizations can help the individual access pet related resources such as free or reduced cost boarding while the individual participates in the homeless program. Please see Housing & Homeless Resources.
5. The case manager will help coordinate provision of services in a shelter setting.
6. Please see Housing & Homeless Resources for additional resources.

Emergency Respite

Emergency respite in a respite provider's home should be utilized in situations in which the individual is homeless and requires access to 24/7 support, there is loss/incapacitation of the caregiver and the individual requires access to 24/7 support, or the caregiver is in urgent need of a break. In these situations, there are no natural supports or other resources available to provide care.

Homeless Adults:

If an adult individual has no natural supports and needs more support and supervision than can be provided in a homeless shelter or motel, then seeking emergency respite with a respite provider is likely necessary.

1. Please note that the individual will need to consent to residing in an emergency respite placement.
   a. If the individual refuses emergency respite and the team does not believe the individual has the ability to make informed decisions, then the team should seek a capacity or cognitive evaluation by a medical professional, hospital, or psychologist to determine if the individual needs a court appointed guardian for decision making. In this situation, it could be appropriate to contact Adult Protection Services (APS) to report an at-risk adult if the adult is significantly self-neglecting their self. See APS Section.
   b. If the individual refuses respite and has decision making capacity, then we need to respect that individual's decision and offer information on any other resources the individual is interested in receiving.

2. Funding for emergency respite needs to be discussed with the case manager. Most often an individual is accessing Community Outreach funds or HCBS waiver funds for respite services.
    a. Case managers should reference the Emergency Shelter & Respite How-to Guide for additional instructional information and tips on accessing emergency shelter and respite services.
    b. If the individual is homeless in Denver County, the individual can access Denver Mill Levy funding if there is not another way to fund emergency respite services. Your case manager will assist you with making the request.
        i. Denver Mill Levy Services
        ii. Mill Levy Request Form
3. Long-term support needs to be addressed through natural supports and/or a HCBS Waiver. Please see CCB Programs and SEP Programs for information on Medicaid waivers.

Homeless Children:

If a minor child and the child's family are facing homelessness, and there is a significant risk to that child staying in a motel or shelter with the family (for example the child has specialized medical needs requiring a highly sanitized environment) and there are no other living options, then it could be appropriate to seek emergency respite for the specific minor child in a respite provider's home for the short-term.

1. Funding for emergency respite needs to be discussed with the case manager. Most often an individual is accessing Community Outreach funds or HCBS waiver funds for respite services.
    a. Case managers should reference the Emergency Shelter & Respite How-to Guide for additional instructional information and tips on accessing emergency shelter and respite services.
    b. If the family is homeless in Denver County, the individual can access Denver Mill Levy funding if there is not another way to fund emergency respite services. Your case manager will assist you with making the request.
        i. Denver Mill Levy Services
        ii. Mill Levy Request Form
2. Please see the Housing & Homeless Resources section for programs to help families navigate homelessness.
3. If homelessness cannot be resolved through community resources, it may be appropriate to discuss eligibility for the CHRP Waiver for a child with intensive behavioral or medical support needs that places the child at-risk.

Loss of Caregiver:

If a child or adult in services requiring access to 24/7 care needs emergency respite services due loss/incapacitation of the caregiver or the caregiver needs an urgent break and there are no available natural supports, then seeking emergency respite with a respite provider is likely necessary.

1. Funding for emergency respite needs to be discussed with the case manager. Most often an individual is accessing Community Outreach funds or HCBS waiver funds for respite services.

   a. Case managers should reference the Emergency Shelter & Respite How-to Guide for additional instructional information and tips on accessing emergency shelter and respite services.
2. Long-term support needs to be addressed through natural supports and/or a HCBS Waiver. Please see CCB Programs and SEP Programs for information on Medicaid waivers. It may be appropriate to discuss eligibility for the CHRP Waiver for a child with intensive behavioral or medical support needs that places the child at-risk.

For emergency respite related to a mental health or behavioral escalation/crisis, please see Crisis Services.

Crisis Resources

There are specific procedures and resources for crisis situations such as behavioral crisis, mental health crisis, and abuse/mistreatment. Directions, contact information, and tips are provided in the below sections for how to address these types of situations.

Emergency – Life Threatening

If the situation is life threatening, 911 needs to be called. We understand that caregivers and families may feel nervous about involving the police or concerned that the individual could be harmed during a police response; however, the individual needs help and we also need to help ensure the safety of caregivers and community members.

When calling 911:

1. Request that a crisis intervention team (CIT) officer respond if available (please note that not all police departments have this program).
2. Explain the condition(s) the individual has and how the individual may not be able to respond to police directions.
3. Proactive Tip: Ahead of time, the caregiver can contact their local police department to flag their address as having an individual with a disability residing there as well as to request adding notes and information to their address file about the individual, their condition, their behaviors, the best way to approach the individual, and things to avoid when approaching the individual. The amount of information that can be entered depends on the software that your police department uses.

Working with first responders:

1. When police respond, their goal is community safety and to reduce the use of force. They will first try asking, then telling, and will use force as a last resort for safety.
    a. This is also why it is important to provide information to the 911 dispatcher on tips for working with the individual which the dispatcher can relay in the notes to the responding officers. However, please note that the officers may not be able to safely follow all your tips.
2. If the individual remains agitated or a danger to self/others, request transportation and evaluation at a hospital to rule out mental health or physical conditions that may be causing the unsafe reaction in the individual.
    a. Paramedics may need to use physical restraint or chemical restraint (administering a medication intended to calm/sedate the individual) for the safety of the individual and paramedic staff.
3. If the individual is diagnosed with both an intellectual disability and a mental health condition, the following hospitals are better equipped to work with dually diagnosed individuals if the individual requires inpatient psychiatric treatment: Children's Hospital, Denver Health, and Porter Adventist.
    a. Proactive tip: Please note that hospitals are not equipped to treat behavior related conditions, so the individual and their team should work proactively to engage with behavior services through private insurance, Medicaid, or through the waiver (if applicable). See Behavior Services Section.

Working with the hospital:

1. The caregiver needs to travel to the hospital or be readily available via phone to provide collateral information to the hospital staff.
    a. Tip: Caregivers should give their contact information to paramedics to pass onto the hospital. This can be particularly helpful if the individual has decided they don't want paramedics sharing information with the caregiver and later at the hospital the individual consents to the hospital contacting their caregiver, but the individual does not readily know the caregiver's contact information.
    b. Tip: Provide the name of your case management agency (Developmental Pathways) and the name and contact information of your case manager so that your case manager can follow-up on the next business day to help address the individual's service needs.
    c. Tip: If the individual is receiving services on the HCBS-DD waiver, provide the name of the residential agency as well as the on-call contact information for that residential agency.
2. If the individual is having a mental health crisis, the caregiver needs to explain how the presentation of behavior and symptoms are beyond baseline for the individual's mental health condition.
3. If the individual is having a behavior related crisis, the caregiver needs to explain triggers for the behavior and the best strategies that help redirect behavior or calm the individual.
    a. Please note that hospitals are not equipped to treat behavior related conditions beyond providing medication for a calming/sedation effect. This is a known gap in the systems of care. Caregivers should immediately start working with their regional organization care coordinator and/or their waiver case manager (Developmental Pathways) to access behavior services to start treating challenging/dangerous behavior. See Behavior Services Section.
4. The hospital will evaluate if the individual meets M1 hold criteria to be involuntarily held for treatment. To meet criteria, the individual needs to appear to have a mental illness, and due to the mental illness,

appears to be an imminent danger to self or others, or appears to be gravely disabled due to mental illness.

a. Please see Emergency Mental Health Holds for additional information.
b. Please note that if the individual is experiencing a behavior related crisis and not a crisis related to mental illness, then the M1 hold criteria would not apply.

5. If the individual does not meet M1 hold criteria, then the hospital will proceed with releasing the individual.
    a. The caregiver is encouraged to speak with the hospital about a discharge plan and referrals for services that may support the individual.
    b. The caregiver will need to pick-up the individual from the hospital at discharge or make arrangements for emergency respite if the caregiver is unable to safely care for the individual. See emergency respite section for possible options.
    c. If emergency respite is unable to be readily located and a motel would be insufficient due to health/safety concerns, the caregiver and/or case manager should provide documentation to the hospital to show that the individual is an at-risk adult (documentation of cognitive functioning, supervision levels, medical conditions, and behaviors).
        i. Daily updates should be provided to the hospital regarding progress to locate respite/placement.
        ii. Additional services, such as behavior services and mental health services, should be coordinated that would allow the individual to transition back to the caregiver's home.
6. For individuals that are frequently in crisis and accessing the hospital, and have:
    a. Medicaid - It is highly recommended that the individual/guardian request a care coordinator with the regional entity for support in navigating complex mental/behavioral health needs. Please see Regional Accountable Entity (RAE) section for more information.
    b. Private Insurance – It is highly recommended the individual/guardian speak with their insurance representative to see if the insurance carrier provides care coordination of complex mental/behavioral health needs. If the individual accesses a mental health center, the mental health center can provide support with coordinating mental health related services. It is also suggested for children and youth under age 21 to contact their local CYMHTA Liaison to see about additional support.

Working with your case manager:

1. Within 24 hours of the incident, the caregiver/individual needs to leave a voicemail or send an email to your case manager informing him/her of the emergency trip to the hospital with details on what happened and which hospital was accessed.
    a. This allows your case manager to follow-up on the next business day to help identify other resources and services to support the individual.
    b. Your case manager is also responsible for ensuring that critical incidents are reported for individuals enrolled in a Medicaid Waiver program by either the service provider (if applicable) or by the case manager via speaking with the caregiver/individual.
    c. Ask your case manager for a copy of the Critical Incident Reporting Criteria and Process if you misplaced your copy from your last service plan meeting (Medicaid Wavier Programs).

Crisis Services

Colorado Crisis Services

The state of Colorado offers crisis services via phone, text, online chat, and walk-in centers. Crisis services should be utilized if an individual is in crisis, but it is not a life-threatening situation. It is recommended for crisis services to be accessed when an individual is showing early signs of an escalation.

1. Call 1-844-493-8255 to be connected with a trained crisis counselor.
    a. Hotline counselors have access to over two hundred languages via telephonic translation services.
    b. You can also request for the mobile crisis unit to come to the home to complete a mental health evaluation.
2. Text "TALK" to 38255 to connect with a trained crisis counselor.
3. Crisis counselors are available via online chat from 4pm to 12 am daily at Chat Online.
4. Crisis supports can be accessed at crisis walk-in centers where an individual will receive a clinical evaluation as well as resource information and referrals.
    a. Staff have access to over two hundred languages via telephonic translation services.
    b. Crisis Stabilization Unit: Many crisis walk-in centers also have a crisis stabilization unit onsite which offers a safe, voluntary place for the individuals experiencing a mental health crisis to stay (typically 1 – 3 days) while developing a treatment plan. Please note the crisis stabilization unit is completely voluntary and it would not be appropriate for someone that needs physical support or significant support to complete daily living skills. Please see Crisis Stabilization Unit for more information.
    c. Below is a list of Denver Metro Area crisis walk-in locations. Please see the Colorado Crisis Services website for additional locations across the state.

Crisis Walk-In Centers	
Aurora Walk-in Crisis Services - Anschutz Medical Campus 2206 Victor Street Aurora, CO 80045 * 8am-11pm	Wheat Ridge Walk-In Crisis Services 4643 Wadsworth Blvd. Wheat Ridge, CO 80033
Littleton Walk-In Crisis Services 6509 S. Santa Fe Drive Littleton, CO 80120	Boulder Walk-in Crisis Services 3180 Airport Road Boulder, CO 80301
Denver Walk-In Crisis Services 4353 E. Colfax Avenue Denver, CO 80220	

For individuals requiring a higher level of care than respite but do not require inpatient hospitalization (911 is not needed), please see Crisis Stabilization Units (CSUs). The Colorado Crisis Line or the Crisis Walk-in Center may refer you to a CSU for more support.

Family Resource Pavilion

Open 24 hours a day to youth and families, the Family Resource Pavilion supports youth facing challenges including school and behavioral issues, family conflict, drug use, juvenile court involvement, and more. Various community providers and partners are located on site providing a comprehensive network of support services. Services available include: outpatient counseling, day treatment, residential treatment services, and respite. The Juvenile Assessment Center (JAC) also has an office onsite providing assessment and referral to supportive services to mitigate risk of juvenile justice system involvement.

For **emergency respite**, the Family Resource Pavilion (FRP) provides short term respite care in their Shiloh House Respite program. They can provide support to youth ages 8 to 17 with mild cognitive disability who can physically complete most daily living tasks. FRP is unable to support youth who have skilled care medical needs. FRP cannot support youth who are actively homicidal or suicidal – youth with these needs should contact the Colorado Crisis Line or Crisis Walk-in Center.

- Prior to accessing respite, the parent or guardian must contact the Family Resource Pavilion at 720-213-1400 for a phone screening to determine if they can provide care and if there is an open bed.
- Prior to accessing respite, the goal of immediate return home to a parent or guardian must be reasonably achievable. Placement will not be longer than 7 days.
- Prior to accessing respite, the parent/guardian needs to obtain physician's orders from the prescribing doctor so that FRP can administer medications during respite.
- The parent/guardian must be available and willing to participate in the programming at FRP with their child (planning, staff meetings, treatment options).
- If a child is still in respite within the first 2 business days of placement, the parent/guardian will participate in a staffing with FRP to discuss services and discharge planning. Your case manager and other service providers are highly encouraged to also attend.
- The Family Resource Pavilion is located at 9700 E Easter Lane, Centennial, CO 80112.

Non-Emergency Police

Welfare Check:

If you have concerns about someone's safety, you can call the non-emergency department in the individual's city of residence (see chart below) to request a welfare check.

Some examples of when to request a welfare check:

- The individual has made suicidal or concerning statements.
- You notice suspicious activity at the individual's home.
- Your normally see/talk to the individual regularly and suddenly no one has heard from the individual or can reach the individual.
- You have genuine concern for the individual's wellbeing.

Steps:

1. The police will go out to the individual's residence to check on them.

2. The individual can refuse the police entry and the police cannot enter unless there are exigent circumstances (i.e. reason to believe there is danger or crime being committed).
3. The police will contact the caller to report the outcome of the welfare check; however, if you have not heard back in 24 hours, call the non-emergency police number to request an update.

Child Mistreatment:

If you suspect abuse of a child, see the Child Protection Services section below. If the situation is life threatening, call 911.

Adult Mistreatment:

If you suspect an at-risk adult is being abused, neglected, or exploited call the non-emergency number for the police department of where the suspected or alleged incident occurred, which is not always the individual's residence (see chart below). If the situation is life threatening, call 911.

- For information on the at-risk adult definition and mistreatment definitions please see Adult Protection. For clarification on mandated reporting please see Mandatory Reporting.
- Case Managers can also reference the Mistreatment Definitions.

1. Individuals calling should be prepared to provide as much identifying information as possible.
2. The reporter should provide collateral information about the individual such as ability to make decisions, ability to comprehend information, communication skills, ability to complete daily care tasks, and risk(s) to the individual.
3. Case managers calling should have the individual's electronic file open and COSMO open in order to provide requested information.
4. Obtain the case number or reference number for the call.
5. Clarify if this police department sends their police reports to Adult Protection Services (APS). If not, you are encouraged to make a second call to report the mistreatment to Adult Protection Services (APS). See the Adult Protection Services section for specific steps.
6. Within 24 hours of the incident, the caregiver/individual needs to leave a voicemail or send an email to the case manager informing him/her of the call to police for mistreatment/abuse.

a. This allows your case manager to follow-up on the next business day to help identify other resources and services to support the individual.
b. Your case manager is also responsible for ensuring that critical incidents are reported for individuals enrolled in a Medicaid Waiver program by either the service provider (if applicable) or by the case manager via speaking with the caregiver/individual.
c. Ask your case manager for a copy of the Critical Incident Reporting Criteria and Process if you misplaced your copy from your last service plan meeting (Medicaid Wavier Programs & State SLS program).

Non-Emergency Police Phone Numbers	
Arvada 720-898-6900	Golden 303-384-8045
Aurora 303-627-3100	Greenwood Village 303-773-2525

Boulder 303-441-3333	Lakewood 303-987-7111
Brighton 303-288-1535	Littleton 303-794-1551
Broomfield 303-438-6400	Lone Tree 303-339-8150
Castle Rock 303-663-6100	Louisville 303-441-4444
Centennial 303-795-4711	Morrison 303-697-4810 or 303-277-0211
City of Edgewater 303-235-0500	Northglenn 303-450-8892
Commerce City 303-288-1535	Parker 303-841-9800
Denver 720-913-2000	Sheridan 303-762-2211
Englewood 303-761-7410	Thornton 720-977-5150
Federal Heights 303-428-8538	Westminster 303-658-4360
Glendale 303-759-1511	Wheat Ridge 303-237-2220

Child Protection Services

If you suspect a child is being abused, neglected, or exploited call the Child Protective Services referral line at **1-844-264-5437**. If the child is in a life-threatening situation, call 911 immediately.

1. Individuals calling should be prepared to provide as much identifying information as possible.
    a. Case managers calling should have the individual's electronic file open and COSMO open in order to provide requested information.
2. Obtain the case number or reference number for the call.
3. For more information:
    a. On mandatory reporting and confidentiality, please see CO4Kids FAQs.
4. On what happens afterwards, please see What Happens After You Call.
5. Within 24 hours of the incident, the caregiver/individual needs to leave a voicemail or send an email to the case manager informing him/her of the call to child protection for mistreatment/abuse.
    a. This allows your case manager to follow-up on the next business day to help identify other resources and services to support the individual.
    b. Your case manager is also responsible for ensuring that critical incidents are reported for individuals enrolled in a Medicaid Waiver program by either the service provider (if applicable) or by the case manager via speaking with the caregiver/individual.
    c. Ask your case manager for a copy of the Critical Incident Reporting Criteria and Process if you misplaced your copy from your last service plan meeting (Medicaid Wavier Programs & State SLS program).

Adult Protection Services

If you suspect an at-risk adult is being abused, neglected, or exploited you must contact the police department first (see Non-Emergency Police section).

If you suspect an at-risk adult is significantly self-neglecting their self, you will contact Adult Protective Services (APS) directly, not police (as self-neglect is not a crime).

1. Please note that an at-risk adult has the right to make lifestyle choices that others feel are objectionable or even dangerous. Choice of lifestyle, by itself, is not indication of self-neglect.
2. Individuals calling should be prepared to provide as much identifying information as possible.
3. The reporter needs to include information about the individual's ability to make decisions, ability to comprehend information, communication skills, ability to complete daily care tasks, and risk(s) to the individual.
    a. Case managers calling should have the individual's electronic file open and COSMO open in order to provide requested information.
4. Obtain the case number or reference number for the call.
5. For additional information on abuse definitions, self-neglect, making a report, APS responsibilities, and APS limitations, please see About Adult Protection Services webpage.
7. Within 24 hours of the incident, the caregiver/individual needs to leave a voicemail or send an email to the case manager informing him/her of the call to adult protection for self-neglect.
    a. This allows your case manager to follow-up on the next business day to help identify other resources and services to support the individual.
    b. Your case manager is also responsible for ensuring that critical incidents are reported for individuals enrolled in a Medicaid Waiver program by either the service provider (if applicable) or by the case manager via speaking with the caregiver/individual.
    c. Ask your case manager for a copy of the Critical Incident Reporting Criteria and Process if you misplaced your copy from your last service plan meeting (Medicaid Wavier Programs & State SLS program).

Adult Protection Services (APS) Referral Lines	
Arapahoe County APS: 303-636-1750	Douglas County APS: 303-663-6270
Adams County APS: 303-523-2057	Denver County APS: 720-944-2994
Jefferson County APS: 303-271-4673	
For a list of all APS referral lines in Colorado by county, click here.	

Case Management Supports & Service Programs

For individuals accessing Medicaid or state funded programs, there is a case manager or care coordinator that is available (or can be requested) to assist the individual in accessing the services and supports the individual needs. Below are the three types of case management entities that could be involved based on the individual's needs and eligibility for various Medicaid and state funded programs.

Regional Accountable Entity (RAE) & Care Coordination

For individuals who have Medicaid, they belong to a regional organization (regional accountable entity; RAE) that helps make sure they are receiving the healthcare and services they need. Their regional organization can help them understand and manage their physical and behavioral health benefits, help connect them to providers, and help connect them with additional resources. In summary, the regional organization can provide case management support for their Medicaid State Plan benefits.

How to find out the individual's regional organization:

The individual is assigned a regional organization based on the county in which they access their primary care services (county of their primary physician) not their county of residence.

1. Caregivers, to find out the individual's regional organization and to make changes to the regional organization, please see Health First Colorado Regional Organizations and FAQs. For individuals newly enrolled into Medicaid, the regional organization will be listed on their Medicaid enrollment letter.
2. Case managers (for individuals enrolled on a waiver), you can review the assigned regional organization in the BUS under the Case Management Tab or in the interchange. Please see the Referral Manual for instructions. For more information on collaboration between the regional organization and CCB, please reference the RAE and CCB/CMA Collaboration presentation.

How to receive care coordination support:

If the individual has complicated medical or behavioral health needs or the individual is having trouble getting the health care they need, their primary care provider and regional organization will help them get the care coordination they need. The individual or caregiver can contact the regional organization to request a care coordinator to help them.

1. Colorado Access is the regional organization for Arapahoe, Douglas, Adams, Denver, and Elbert Counties. To request care coordination for behavioral and/or physical health benefits, please see their website or contact them at:
    a. Denver County: 855-384-7926
    b. All other counties: 855-267-2095
2. The individual or court appointed legal guardian will need to sign a release of information for each member of your team that will need to help coordinate with your regional care coordinator for the individual's spectrum of service needs.
    a. For Colorado Access, ask your case manager to send you a release of information and for your case manager to complete a request for a regional organization care coordinator. Case managers should reference the Referral Manual for instructions.

3. For a list of all of the other regional organizations and the counties they cover please see Health First Colorado Regional Organizations.

Community Centered Board (CCB) & Service Programs

A Community Centered Board (CCB) is a nonprofit organization contracted with the Department of Healthcare Policy, and Financing (HCPF) which supports access to long-term services and supports through Medicaid waivers for Home and Community Based Services (HCBS) for individuals with intellectual and development disabilities (For individuals with other types of disabilities needing services, please see the SEP section). Home and Community Based Services (HCBS) were created as an alternative to institutional care. In summary, your CCB determines eligibility for certain HCBS Medicaid waiver programs and provides case management services through waiver service and support coordination. There are different CCBs for different geographic regions. Developmental Pathways is the CCB for Arapahoe County, Douglas County, and the City of Aurora (which includes a portion of Adams County). Please see What is a CCB for more in-depth information.

The core functions of your CCB and case management agency are:

1. Determining if the individual meets the target criteria of the waiver the individual is applying for via the disability determination (one time process), professional medical information page (PMIP; annually), and any other specific targeting criteria of that waiver (see links to each wavier below for specific criteria).
2. Determining if the individual meets level of care for a HCBS waiver program via the 100.2 assessment.
3. Enrollment into the HCBS Medicaid waiver program that is the best fit for the individual's needs.
4. Developing an annual service plan and coordinating services to meet the needs identified in the 100.2 assessment.
5. Completing quarterly monitoring visits to assess service delivery, service satisfaction, and safety.

HCBS Medicaid Waivers managed by the CCB:

- HCBS- Children's Extensive Services (CES) Waiver
- HCBS- Children's Habilitation residential Program Waiver (CHRP)
- HCBS- Support Living Services (SLS) Waiver
- HCBS- Developmental Disability (DD) Waiver – Extensive waitlist and emergency enrollment requires ruling out all other HCBS waivers, natural supports, and community resources. Ask your case manager for a copy of the Emergency Enrollment Request Process.

  Please note that you can only be enrolled in one HCBS waiver program at a time. For a comprehensive list of programs for individuals with a disability please see Programs for Individuals with Physical or Developmental Disabilities.

- State Supported Living Services (SLS) Program – A state funded program for individuals with an intellectual or developmental disability designed to provide supports to an individual to remain in their community. An individual enrolled in the State-SLS program must access all benefits available through Medicaid State Plan and the HCBS Waiver (if the individual qualifies for HCBS) prior to accessing services

under the State-SLS Program. See State SLS Program for additional information on the eligibility criteria and types of services.

Eligibility: To determine if you are eligible for HCBS Medicaid waivers managed by Developmental Pathways or to determine if you are eligible for the State SLS program, please follow our intake process. If you are already enrolled in one of these waivers or programs and want more information about another waiver, please speak with your case manager. Overall, in order to be eligible the individual must be diagnosed with an intellectual or developmental disability, have qualifying IQ or Adaptive Behavior Testing scores, and the disability must have occurred prior to age 22.

HCBS Waiver Guides:

Child

- Transitioning from child to adult waivers
- Waiver Flowchart Children
- Waiver Comparison Chart Children
- Waiver Program Descriptions

Adult

- Waiver Flowchart Adult
- Waiver Comparison Chart Adult
- Waiver Program Descriptions

Other CCB programs:

- Early Intervention Program – A state program that serves families who have birth through two years of age (until the child's 3rd birthday) with a delay in development and/or qualifying disability diagnosis. The program provides developmental supports and services to the infant/toddler to improve the child's ability to develop and learn. Once enrolled, a service coordinator will organize in-home or community-based services. For in-depth information on the early intervention program in Colorado please review Steps 1-4 of Early Intervention Colorado.

- Family Support Services Program (FSSP) – A state funded program that provides individualized support to families who are caring for a family member with an intellectual or developmental disability/delay in the home. There is currently a waitlist for FSSP and individuals will complete a Most-In-Need (MIN) assessment to determine their waitlist status. Once enrolled, the FSSP case manager will complete an assessment and an annual support plan as well as help coordinate services.
  - See Family Support Services Program at DP for additional information.
  - Individuals who are enrolled in a HCBS waiver program are not eligible for FSSP.
  - For questions call 303-858-2255

Developmental Pathways specific programs:

- Community Outreach Program – Program that provides support to individual with an intellectual or developmental disability/delay who are waiting for state or federally funded services (such as a HCBS waiver program).
  - See Community Outreach Program for additional information.
  - Individuals who are enrolled in a HCBS waiver program are not eligible.
  - For questions call 303-858-2255.

For more in-depth information on community centered boards (CCBs), including a list of CCBs across the state, please see Community Centered Boards and Community Centered Boards Fact Sheet.

Single Entry Point (SEP) Agency & Service Programs

A Single Entry Point (SEP) is a nonprofit organization contracted with the Department of Healthcare Policy, and Financing (HCPF) which supports access to long-term services and supports through Medicaid waivers for Home and Community Based Services (HCBS) for individuals with disabilities impacting their daily living skills such a physical disability or severe mental health condition. Home and Community Based Services (HCBS) were created as an alternative to institutional care. In summary, the SEP determines eligibility for certain HCBS Medicaid Waiver programs and provides case management services through waiver service and support coordination. There are different SEPs for different geographic regions. Rocky Mountain Human Services (RMHS) is the SEP for Arapahoe County, Douglas County, Adams County, Denver County, and Elbert County. Please see What is a SEP for mor in-depth information.

The core functions of the SEP agency are:

1. Determining if the individual meets the target criteria of the waiver the individual is applying for via specific targeting criteria of that waiver (see links to each wavier below for specific criteria).
2. Determining if the individual meets level of care for a HCBS waiver program via the 100.2 assessment.
3. Enrollment into the HCBS Medicaid waiver program that is the best fit for the individual's needs.
4. Developing an annual service plan and coordinating services to meet the needs identified in the 100.2 assessment.
5. Completing biannual or quarterly monitoring visits (based on which waiver program) to assess service delivery, service satisfaction, and safety.

HCBS Medicaid Waivers managed by the SEP:

- HCBS- Brain Injury (BI) Waiver
- HCBS- Children with Life Limiting Illness (CLLI) Waiver
- HCBS- Children's Home and Community Based Services (CHCBS) Waiver
- HCBS- Community Mental Health Supports (CMHS) Waiver
- HCBS- Elderly, Blind, and Disabled (EBD) Waiver
- HCBS- Spinal Cord Injury (SCI) Waiver

Please note that you can only be enrolled in one HCBS waiver program at a time. For a comprehensive list of programs for individuals with a disability please see Programs for Individuals with Physical or Developmental Disabilities.

HCBS Waiver Guides:

Child

- Transitioning from child to adult waivers
- Waiver Flowchart Children
- Waiver Comparison Chart Children
- Waiver Program Descriptions

Adult

- Waiver Flowchart Adult
- Waiver Comparison Chart Adult
- Waiver Program Descriptions

To connect with the SEP for your region:

On 7/1/20, Rocky Mountain Human Services (RMHS) became the new SEP for residents in Arapahoe County, Douglas County, Adams County, Denver County, and Elbert County.

- Please see RMHS Single Entry Point (SEP) for more information and the online referral form
- Phone: 844-790-7647
- Your assigned case manager can assist you with the online referral to RMHS at your request. Case managers should reference the Referral Manual.

Please see Single Entry Point Agencies for a list of SEPs by county.

Medicaid Resources

Medicaid is a public health insurance for individuals who qualify. Health First Colorado is the name of Colorado's Medicaid Program. In Colorado, our Medicaid program is administered by the Department of Healthcare Policy &

Financing (HCPF). There are three distinct levels of Medicaid Benefits based on an individual meeting specific targeting criteria and financial criteria: 1. State Plan (Regular Medicaid); 2. Long-Term Care Medicaid; and 3. Home and Community Based Service (HCBS) Waivers.

How to Apply: Please see Health First Colorado for more information.

- For additional assistance to apply for Medicaid, please contact AMES for application support.
- You can also request a copy of our Guide for Health First Colorado Long Term Care Medicaid and Social Security from your case manager.

Income too high to qualify for Medicaid?: See if you qualify for the Medicaid buy-in program to access Medicaid benefits with a monthly premium determined on a sliding scale.

- Buy-in Program for Children with Disabilities
- Buy-in Program for Working Adults with Disabilities

Medicaid Benefits: Please see Benefits & Services for a comprehensive list of all State Plan and Long Term Care Medicaid benefits.

HCBS Waiver: Please see Long-Term Services and Supports Programs for additional information on Home and Community Based Service (HCBS) Waivers.

Dual Insurance: Please note that if an individual has private insurance and Medicaid, that private insurance must be accessed first with Medicaid as secondary. Medicaid may cover costs of a service not fully covered (or not covered at all) by private insurance if the service is a Medicaid benefit, the provider is a Medicaid provider, and the service is medically necessary.

In the next few sections, some of the Medicaid benefits and services have been expanded upon to highlight the most frequently accessed Medicaid benefits to address complex and/or crisis situations.

Medical Supports & Transportation

Difficulty finding a Medicaid provider? -- To find a Medicaid approved doctor or specialist, please use the Find A Doctor Tool.

Medicaid Nurse Advice Line: The Nurse Advice Line, 1-800-283-3221, gives Medicaid Members around-the-clock access (24/7) to medical information and advice from a registered nurse. Advice is available in both English and Spanish.

- Use the advice line, 1-800-283-3221, for help with:
  - Determining when you should go to urgent care
  - Help with medical conditions such as diabetes or asthma
  - Note - If it's a medical emergency, call 911.

Transportation to Medicaid Services: Medicaid benefits include non-emergent medical transportation (NEMT) which provides transportation to and from a Medicaid non-emergency medical appointment or Medicaid service when a member has no other means of transportation. This includes mileage

reimbursement for a caregiver providing transport. NEMT can only be utilized for Medicaid State Plan/Health First Colorado services – such as medical appointments, going to physical therapy, and going to a mental health appointment. To determine if the provider or service location is an approved Medicaid provider (Health First Colorado Provider) you can utilize the Find A Doctor Tool. If the provider is listed, then NEMT can be used to transport the individual to that provider for an appointment/service. The type and level of transportation is dependent on what the individual needs and will be the least costly available transportation to safely meet the individual's transportation need. Transportation ranges from bus tokens to wheelchair van to ambulance and more.

- Please see Non-Emergent Medical Transportation (NEMT) to learn more about this benefit.
- To schedule transportation, make a specialized transportation request, or get started with the mileage reimbursement program the individual/caregiver will work with the Medicaid contracted NEMT organizer, IntelliRide. Please see IntelliRide for more information and please see IntelliRide FAQs.
- Important note: NEMT is a separate transportation benefit than the transportation services offered on some Home and Community Based (HCBS) Waiver services. For individuals that need transportation in order to access (HCBS) Waiver services, the individual must access non-medical transportation through the waiver

Skilled Care Services: Medical care provided by a licensed health professional.

- Home Health Services: Includes treatment of an illness, injury, or disability, which may include mental illness. Services can include skilled nursing, certified nurse aide (CNA) services, physical therapy, occupation therapy, and speech/language pathology services. There are two types of home health services: Acute Home Health (60 days or less) and Long-Term Home Health.
    1. For more information please see Home Health Program.
    2. Talk to your primary care physician about getting a referral for home health services.
    3. Use the Find A Doctor Tool to locate a provider.
    4. If you are having difficulty finding a provider, contact your regional entity for care coordination support.
    5. Please note that some HCBS waiver services may be duplicative of certified nurse aide (CNA) services thus some long-term CNA services may be denied as the support is provided through a HCBS waiver service (i.e. DD waiver Residential services; CHRP Habilitation services).

- Private Duty Nursing: For individuals with a complex medical need and/or unstable medication condition whose skilled care needs exceed intermittent care (covered under home health services) and require individual and continuous skilled care nursing services. The individual's condition generally requires four or more continuous hours of skilled nursing care. For example, individuals with respiratory care dependency and/or continuous tube feedings may qualify.
    1. Please see 8.540 Private Duty Nursing Services for eligibility information.
    2. Talk to your primary care physician about getting a referral for home health and private duty nursing services.

3. Use the Find A Doctor Tool to locate a provider by searching for home health providers. Please note that not all home health providers are able to provide private duty nursing.
4. If you are having difficulty finding a provider, contact your regional entity for care coordination support.

Personal Care Services

For Medicaid members birth through 20 years old, personal care services provide in-home, non-medical support with daily living activities such as hygiene, medication reminders, meal preparation, mobility, dressing, and toileting tasks. There is a wide range of personal care support needs. This benefit can assist the individual with completing a task or reminding/cueing someone to complete a task. For individuals who also have skilled care needs, please note that skilled care supports are provided through home health services and that individuals can receive both un-skilled personal care and home health services to meet their spectrum of needs.

For more information and to find a provider please see:

- Pediatric Personal Care Services
- Personal Care FAQs
- Personal Care Provider List

For adults (age 21 and older) who need personal care services, please note that many HCBS Waivers provide access to personal care services. Please see Program for Individuals with Physical or Developmental Disabilities or speak with your case manager to receive more information on HCBS waivers. The State SLS Program also provides personal care services for adults.

Another resource: Atlantis Community Inc provides free independent living skills building.

Behavior Supports

Pediatric Behavioral Therapy: For Medicaid members birth through 20 years old to provide evaluation and treatment to help change maladaptive behaviors. To be eligible, the youth needs: 1. to be diagnosed with a condition for which behavioral therapy services are therapeutically appropriate; 2. the youth is unable to adequately participate in home, school, or community activities due to the behavior; and 3. the youth presents as a safety risk to self or others.

- For in-depth information on eligibility criteria please see Behavioral Therapy Criteria.
- Talk to your primary care physician to help determine if pediatric behavioral therapy services are medically necessary for the youth.
- To find a provider, please see the Pediatric Behavioral Therapies Provider List.
- Pediatric Behavioral Therapy is funded under the EPSDT benefit of Medicaid. As long as the youth has Medicaid and is 20 years or younger, EPSDT is available to the youth.
- Please note that there is not a limit to the hours of individual and group pediatric behavioral services. The provider will determine the hours of service medically necessary to treat the youth in the treatment plan that is submitted to Medicaid for authorization.

- If a 2:1 staffing ratio is necessary in order for the behavior provider to safely provide services to the youth, the behavior provider can indicate the medical necessity of the 2:1 staffing ratio in the treatment plan developed and submit a prior authorization request for this level of service provision.

Behavior Therapy: Available service on the HCBS-SLS Waiver and HCBS-DD Waiver for individuals age 21 years and older which provides evaluation and treatment to address maladaptive behaviors through: behavioral plan assessment, behavioral consultation, individual/group behavior counseling, and behavioral line staff services. Behavior therapy is also available to adults in the State SLS program.

- Speak with your case manager to receive more information on behavior services for adults in these programs.
- You can also see HCBS- Support Living Services (SLS) Waiver and HCBS- Developmental Disability (DD) Waiver and State SLS for more information about this service.
- Your case manager can assist you in finding a behavior therapy provider through sending a referral for waiver behavior services.

Mental Health & Substance Abuse Resources

Below are many programs and resources that are not directly specific to whether an individual has Medicaid. For example, children who do not qualify for Medicaid can access some alternative mental health programs or receive the same services through private insurance. Substance abuse treatment is available through Medicaid as well as through most private insurances.

Mental Health Supports

Finding a Community Mental Health Center: Please see Colorado LADDERS – Mental Health and select "Community Mental health Center" under the Mental Health Settings to search for a mental health center near you. The most commonly access mental health centers in the Denver Metro area are included below. You can also visit Find Behavioral Health Help and navigate to Community Mental Health Centers to identify a mental health center for your geographic area and access additional information.

Mental health centers in the Denver metro area:

- Aurora Mental Health – Multiple Aurora city locations
    - Specialized Programs:
        - Aurora Center for Life Skills (adults with I/DD)
        - Intercept Center (children with I/DD)
- AllHealth Network - South Denver Metro locations

- Community Reach Center – North Denver Metro locations
- Mental Health Center of Denver – Denver City locations
- Jefferson Center for Mental Health – West Denver Metro locations

Medicaid Mental Health Benefits Summary * *Check with your private insurance carrier to clarify covered mental health services	

• Case Management/Care Coordination
• Outpatient
  ○ Mental Health Assessment
  ○ Individual counseling
  ○ Family counseling
  ○ Group counseling
  ○ Psychiatry
  ○ Medication management
  ○ Intensive Outpatient Treatment Program
  ○ Drop-in Centers (adults)
  ○ In-home therapy services (children)
  ○ Day Treatment services (children)
	• Inpatient
	  ○ Residential Treatment Center (children)
	  ○ Partial Hospitalization Program
	  ○ Inpatient Hospitalization
	• Emergency/Crisis Services
	  ○ Acute Treatment Unit
	  ○ Crisis Stabilization Unit (voluntary)
	• Substance Use
	  ○ Assessment
	  ○ Outpatient Treatment
	  ○ Inpatient Treatment

Emergency Mental Health: If it is a life-threatening emergency, call 911. You can also contact the Crisis Support Line at 1-844-493-8255 for support. Please see the Crisis Resources section for detailed information on emergency mental health supports.

Involuntary Commitment for Mental Health Treatment: Adults have a choice to participate in mental health services or refuse. However, there are times when the individual's refusal places them in grave danger, and it is necessary for the individual to be involuntarily committed for mental health treatment through a legal court process. A court appointed guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the individual. Thus, it must be accomplished through a court order. Please see the Involuntary Mental Health Treatment System for in-depth information on the process. In most cases, the involuntary commitment will start with a M1 Hold for 72 hours, and the mental health facility or hospital can request an extension on the involuntary commitment through the court for additional treatment. For additional information and support, Medicaid members should speak with their regional organization care coordinator.

Medication Administration: If an individual is taking medications for their mental health and the individual needs assistance with medication administration, there are a few provider options available. A medication reminder box can be set-up by home health (the reminder box can also be locked to prevent purposeful/accidental overdose). If the individual needs more support than a reminder box, home health can physically administer the medications directly to the individual. Alternatively, some medications can be provided by a monthly injectable and the

individual can go once a month to their mental health center for the medication injection. Please see Home Health for more information.

Peer Specialist Support Program: A Peer Specialist is a person who has been there and has lived through the experience of a mental illness. A Peer Specialist has been trained and provides support through listening, mentoring, action plans, and stress management. A Peer Specialist can provide support in-person or via phone and can be requested through your mental health center. If assistance is needed to find a provider, contact your regional organization care coordinator.

Drop-in Center: Drop-In Centers are programs operated by mental health centers that are run in partnership between professionals and those who have experienced a mental illness. This program is only available for adults. The drop-in center programs include educational opportunities, vocational services, social opportunities, support groups, peer counseling, and recreational activities. Programs vary by center and there are 3 primary drop-in centers for the Denver Metro Area. Individuals should contact their mental health center to learn more about the drop-in center programs or to inquire if their mental health center operates a similar program.

Drop-in Centers		
Center Point – AllHealth Network 2200 W Berry Avenue Littleton, CO 80120 303-730-8858	Community Connections – Aurora Mental Health 12455 East Mississippi Ave, Ste 104 Aurora, CO 80012 303-361-8200	Rainbow Center – Community Reach Center 690 West 84th Avenue Thornton, CO 80260 303-451-4288

Crisis Stabilization Unit (CSU) - Adult: A residential, unlocked facility with clinical care for individuals struggling to manage their psychiatric conditions and who are not at high risk of harming themselves or others. Individuals can stay up to 5 days and receive intensive therapy, medication assessment, and case management support. A CSU may also include mindfulness activities and therapeutic groups such as art and yoga. Individuals must be referred from a crisis walk-in center or hospital to be admitted to the CSU. Please note that the CSU provides voluntary care for adults and an adult individual can decide to leave. For additional information please speak with your regional organization care coordinator, private insurance carrier, or mental health center.

- If an adult requires a higher level of care than a CSU can provide, the adult will be referred to an Acute Stabilization Unit (ASU) or inpatient psychiatric setting (see below).

Crisis Stabilization Unit (CSU) – Child/Youth: A residential facility with care for children/youth ages 5 and older experiencing a self-identified crisis or struggling to manage their psychiatric condition who are not at high risk of harming themselves or others. The child/youth can stay for up to 5 days for a break or stabilization. Children who access a crisis walk-in center that need stabilization will be directed to a CSU that serves children. For additional information please speak with your regional organization care coordinator, private insurance carrier, or mental health center.

- Jefferson Hills has a 24/7 walk-in CSU for children located at 421 Zang Street, Lakewood, CO 80228. The parent/guardian can call the admission line at 303-996-3859 to determine ability to serve and if there is an open bed.
- If a child requires a higher level of care than a CSU can provide, the child will be referred to an Acute Stabilization Unit (ASU) or inpatient psychiatric setting (see below).

Acute Treatment Unit (ATU): A treatment facility for those in need of short-term, acute psychiatric care due to a psychiatric or mental health crisis. Individuals accessing an ATU were put on a M1 Hold by a crisis walk-in center, mental health professional, or hospital. The ATU provides residential treatment at a level of care higher than a Crisis Stabilization Unit and not as intense as an inpatient psychiatric hospital. Individuals typically stay 7 days – 30 days. An ATU provides psychiatric evaluation, medication evaluation & management, 24/7 nursing care, therapeutic groups, counseling, peer support, and crisis management. Individuals are typically referred from a crisis walk-in center or hospital. For additional information please speak with your regional organization care coordinator, private insurance carrier, or mental health center.

- There are also ATUs providers for children which provide short-term more intensive stabilization for typically 5 days – 30 days. Children who access a crisis walk-in center and need to be on a M1 Hold will be directed to an ATU.
- If you would like to search for an ATU please see Colorado LADDERS – Mental Health and enter your zip code to filter to providers in your area. Use the advanced filters list under "Mental Health Settings" to filter to acute stabilization unit. Remember to change the fee filter at the bottom left to Medicaid or private insurance if that is the form of payment being used. Your regional organization care coordinator (Medicaid) can assist you with finding a provider.

Inpatient Psychiatric Hospitalization: A treatment facility for children or adults with severe mental illness requiring intensive care. Individuals typically stay for less than 30 days and treatment goals focus on stabilizing symptoms while developing a continuing treatment plan so that the individual can receive needed care in a less intensive setting. Please see Psychiatric Services In Hospitals Benefit for more information for Medicaid members. For individuals with private insurance and not Medicaid, please connect with your private insurance carrier. Adult individuals who are struggling to improve are may be referred by a mental health treatment facility/hospital to the Colorado Mental Health Institute at Fort Logan. Children and adults are typically referred to inpatient hospitalization from a hospital or from an ATU if not improving in the ATU.

Day Treatment Program: A treatment program for children who have significant emotional and behavioral needs, cannot be safely provided education services in a school setting, and need more intensive treatment than outpatient treatment. Children attend 5 days a week during the daytime for therapeutic and educational services. Therapy includes individual, family, and group therapy in accordance with the child's needs. Prior authorization from Medicaid is required. Recommendation from a medical or mental health professional is typically needed to document medical necessity for this service. One intent of this service is to support the child in returning to a public-school setting. For additional information please speak with your regional organization care coordinator, private insurance carrier, or mental health provider.

- If you would like to search for a day treatment center please see Colorado LADDERS – Mental Health and enter your zip code to filter to providers in your area. Use the advanced filters list under "Mental Health Settings" to filter to day treatment. Remember to change the fee filter at the bottom left to Medicaid or private insurance if that is the form of payment being used. Your regional organization care coordinator (Medicaid) can assist you with finding a provider.

Residential Treatment Center: A treatment program for children who have a significant emotional and behavioral needs who require more intensive treatment than can be provided through day treatment and outpatient treatment services. The child resides at the residential treatment center and receives therapeutic and educational services. Treatment includes diagnostic assessment, psychiatric and mental health services, medication evaluation, and safety planning. Education services and recreation activities are provided. Treatment can be provided short-term (30 days or less) or long-term based on the child's medically assessed needs. Please note that the majority of residential treatment centers in Colorado specialize in mental illness and may not be able to serve an individual with IDD and lower cognitive functioning. Often many children with IDD currently need to seek out-of-state residential treatment center providers for their treatment needs. For additional information please speak with your regional organization care coordinator, private insurance carrier, or mental health provider. Please see Psychiatric Residential Treatment Facilities for more information.

Overall process for accessing residential treatment center services:

Medicaid members should work with their regional organization care coordinator throughout this entire process. The care coordinator will be able to answer questions and explain this process in greater detail. Individuals with only private insurance will need to contact their insurance carrier to speak with an insurance representative.

1. The medical/mental health provider sends a request to private insurance (if child has private insurance) or to the regional entity that oversees Medicaid mental health benefits (if the child only has Medicaid) indicating that residential treatment is medically necessary. Please note that Colorado Access is the regional entity for our catchment area.
   - If additional documentation of medical necessity is needed, the parent can may request a level of care assessment from the CYMTHA Liaison (see Parents/Guardians section of CYMTHA) to determine the level of care and type of services that are recommended by the clinical reviewer. Alternatively, a mental health or medical provider seeing the child can provide any assessment and/or recommendations for treatment.
2. Please note that if the child also has private insurance, that the private insurance company will first review the request for residential treatment center services and determine if it is a service that is covered by that child's private insurance plan as well as if criteria for medical necessity has been met.
   - If private insurance provides no coverage of residential treatment services, then the child can proceed with requesting the service through Medicaid. It will be necessary to provide documentation to Medicaid that private insurance does not cover the service (a denial issued by the private insurance) as Medicaid is the payor of last resort.
   - If private insurance does provide coverage, then the private insurance will be the primary insurance utilized and private insurance must approve or deny the request for services. Medicaid will be the secondary insurance. Please note that Medicaid can cover costs of service beyond what private insurance covers if the provider is Medicaid approved and if the service is covered by Medicaid.
3. For Medicaid only members, Colorado Access (regional entity) reviews the request and reaches one of three outcomes:
   - The request meets medical necessity and the child has a covered mental health diagnosis. Prior authorization is granted.
   - The request meets medical necessity and the child does not have a covered mental health diagnosis. Denial is generated due to "not a covered diagnosis" as the regional entity can only approve services for mental health needs.

- The request does not meet medical necessity. Denial is generated.

4. If residential services are medically necessary but Colorado Access issued a denial for "not a covered diagnosis" then the following option is available to request that the service be covered by Medicaid for individuals with IDD or other non-mental health conditions requiring treatment:
   - EPSDT is a benefit for children and young adults until age 21.
   - EPSDT is required by Federal Medicaid to cover medically necessary services that are not listed as a benefit under the state's Medicaid plan.
   - There is an exceptions process by which the medical provider and the residential treatment facility can request that residential treatment services be covered under EPSDT funding. The provider will complete the EPSDT Request for Coverage Form located under the EPSDT Exceptions, Forms, and Processes. Questions should be directed to your regional organization care coordinator.
5. The school district will also need be involved in the discussions and coordination of residential treatment services as the school district will need to make arrangements to pay for the education costs at the residential treatment center. Please note that insurance/Medicaid would be authorizing coverage of the cost of treatment received at a residential treatment center.
6. Finding a residential treatment care provider:
   - To find a residential treatment center you can search using Colorado LADDERS – Mental Health and enter your zip code to filter to providers in your area. Use the advanced filters list under "Mental Health Settings" to filter to residential treatment. Remember to change the fee filter at the bottom left of the page to Medicaid or private insurance if that is the form of payment being used.
   - However, your regional organization care coordinator (or private insurance representative) will be assisting you in searching for residential treatment centers.

Provider Specific Resources for Dual-Diagnosis:

- Behavior Resources & Adaptive Needs in the Community and Home (BRANCH) – Therapy treatment program for children with Autism Spectrum Disorder and mental health diagnosis operated by Tennyson Center for Children. The program provides behavioral interventions for 6-20 hours per week for 6-12 months depending on the child's needs. Caregivers are taught intervention to increase sustained stability. Prescription/referral from the child's primary care physician or other medical provider is needed to obtain service authorization. Medicaid approved provider. Call 303-433-1232 for more information.

Child & Youth Mental Health Treatment Act (CYMHTA)

The Children and Youth Mental Health Treatment Act (CYMHTA) supports families to access mental health treatment services for their child or youth. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance. If your child does not qualify for Medicaid and a mental health service is not available through private insurance or is not fully covered, then this program may be appropriate for your child's situation. If the child has Medicaid, then the child is not eligible for CYMTHA funding, but could access a level of care assessment from CYMTHA.

Please note that CYMTHA only provides funding for Colorado based services and not out of state services. Parents/legal guardians are responsible for 7% of the total cost of treatment services provided under CYMTHA.

Please review the "For Parents/Guardians" section of the CYMHTA website for additional information and how to request CYMTHA through your CYMHTA Liaison.

Mental Health Transition Programs

Momentum Program: Primarily supports the transition of children and adults from inpatient mental health institutes, hospital, or other care settings to community living who have barriers to discharge. The care team assess needs and goals as well as create plans to support a successful transition. If necessary funding can be requested to support that transition when other programs or resources (such as Medicaid mental health services and Medicaid HCBS Waivers) are unavailable to address. However, the Momentum Program can also be utilized for youth who are struggling with behavioral health and are at risk of out of home placement. Funding can be utilized to stabilize the individual or assist the individual in accessing services. Please see Momentum Program for information on eligibility and referrals.

Transition Specialist Program: Supports the transition of children and adults from behavioral health settings (72-hour hold or mental health certification) and substance use treatment settings to community living. The transition specialists identify needs, goals, and help access resources. Please see Transition Specialist Program for information on eligibility and referrals.

Substance Abuse

To find substance abuse treatment and detox centers: Please see Colorado LADDERS – Substance Use and enter your zip code to filter to providers in your area. Use the advanced filters list to indicate specific substance use treatment services or to find detoxification centers. Remember to change the fee filter at the bottom left to Medicaid if that is the form of payment being used.

- Clinically Managed Detox Centers that Accept Medicaid:
  - Denver CARES Detoxification & Rehab – Operated by Denver Health
  - East Metro Detox and Recovery Services Center – Operated by Aurora Mental Health in Aurora
  - Center for Detox Treatment – Operated by Community Reach Center in Westminster
- Outpatient Substance Abuse Treatment Providers:
  - UC Health Outpatient Psychiatry
  - Denver Health Adolescent Substance Abuse Treatment
  - Aurora Mental Health Substance Recovery and Detox Services – Aurora area
  - AllHealth Network Substance Use Services – South Denver Metro area
  - Community Reach Center for Detox Treatment – North Denver Metro area
  - Mental Health Center of Denver – City of Denver area

- Jefferson Center for Mental Health – West Denver Metro area

- For a list of all substance abuse treatment providers, see Colorado LADDERS – Substance Use. Enter your zip code to filter to providers in your area. Use the advanced filters list under "Services" to filter to the type of treatment being sought. Remember to change the fee filter at the bottom left to Medicaid or private insurance if that is the form of payment being used. Medicaid members can contact their regional organization care coordinator if more assistance is needed.

Involuntary commitment for drug or alcohol treatment: Adults have the choice to engage in substance abuse. However, there are times when the substance abuse places the individual in grave danger, and it is necessary for the individual be involuntarily committed for substance abuse treatment through a legal court process. Please see the Involuntary Commitment Process through the Office of Behavioral Health. This process would be appropriate for individuals who are an alcoholic or a drug abuser, dangerous to self and/or others, and/or incapacitated, and whom refuse voluntary treatment. There is an emergency involuntary commitment process which can allow for the individual to be held up to 5 days while the court process for commitment is pursed. Please see the Statues section, Emergency Commitment, Involuntary Commitment, and FAQs sections for more in-depth information. For additional information and support, Medicaid members should speak with their regional organization care coordinator.

Complex Case Consultation Resources

In addition to receiving consultation support from your case management agency, there are additional resources available to support you and the team with complex or difficult situations requiring consultation and brainstorming at a broader level.

Creative Solutions – Children with Medicaid

Creative Solutions is available through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid benefit for children. The Creative Solutions process was developed to aid in managing tough cases and to bring all relevant parties to the same conversation. The Creative Solutions meeting is facilitated by Healthcare Policy and Financing (HCPF) and includes participants across all systems involved in that child's life including

family, school, medical providers, mental health providers, and service providers, etc. Participants come together to brainstorm solutions to complex situations. Prior to requesting a Creative Solutions Meeting, the team of systems involved in the child's life should coordinate and collaborate first to try and resolve the complicated situation among the team members. The team should also involve a regional organization care coordinator to assist with medical and/or behavioral health related care coordination needs. If after those steps are taken the team determines that more assistance is needed from HCPF to navigate a complex situation, a request for EPSDT care consultation (creative solutions) meeting will be completed. While anyone on the team can make a request for Creative Solutions, in order to start the process, the child will need to have a regional organization care coordinator involved.

Most often, a child's case manager or medical provider will complete the request for a Creative Solutions Meeting. For individuals supported by Developmental Pathways:

1. Your case manager will work with you and the team to complete the Creative Solutions – EPSDT Care Consultation Request Form. It will be very helpful to your case manager to receive email addresses for everyone that needs to be invited.
2. Your case manager will work with Kelly Graf (Program Manager of Crisis Management) to ensure the request is completed and the request will be sent to HCPF.
3. HCPF will schedule a 1-hour phone conference with all participants and HCPF will facilitate the meeting. HCPF will try to accommodate the schedules of participants; however, some flexibility from the team will likely be needed. The legal custodian/parent of the child will need to be present on the call.
4. Creative Solutions conference calls typically occur weekly in the beginning so that team members can provide updates on tasks and can readily address any new barriers. Overtime the calls may be scheduled farther out as the complex situation is being addressed.

Complex Service Solutions – Adults with Medicaid

The Complex Service Solutions process was developed to address community placement issues for adult Medicaid members. The Complex Service Solutions meeting is facilitated by Healthcare Policy and Financing (HCPF) on a monthly basis (4th Tuesday of the month) with a team of resource experts. Participants across all systems involved in that adult's life including family, school transition program, medical providers, mental health providers, and service providers, etc. are also invited. Participants come together to brainstorm solutions to complex situations. Prior to requesting a Complex Service Solutions meeting, the team of systems involved in the adult's life should coordinate and collaborate first to try and resolve the complicated situation among the team members. The team should also involve a regional organization care coordinator to assist with medical and/or behavioral health related care coordination needs. If the team determines that more assistance is needed from HCPF to navigate a complex placement situation, a request for Complex Service Solutions meeting will be completed.

Most often, an adult's case manager or medical provider will complete the request for a Complex Service Solutions meeting. For individuals supported by Developmental Pathways:

1. Your case manager will work with you and the team to complete the Complex Service Solutions referral packet. It will be very helpful to your case manager to receive email addresses for everyone that needs to be invited.
2. Your case manager will work with Kelly Graf (Crisis Program Lead) to ensure the request is completed and the request will be sent to HCPF.
3. HCPF will notify Developmental Pathways of the next monthly review phone conference call date. Since the Complex Service Solutions meeting is only provided monthly, team's will need to be flexible with their availability.
4. HCPF will facilitate the meeting and provide advice and resources to the team.

Community Support Team – Adults with IDD

The Community Support Team (CST) was created to be an additional support for adult individuals with intellectual and developmental disabilities (IDD) who are struggling to be safely served in the community. CST members are comprised of regional center interdisciplinary team staff who are selected to participate in an individual's CST meeting based on their skill/expertise related to that individual's situation. Most often a social worker, a behavior therapist, and/or a psychologist will participate in these meetings. The individual must have a developmental disability determination completed by the CCB. Prior to requesting CST, the team of systems involved in the adult's life should coordinate and collaborate first to try and resolve the complicated situation.

Please note that:

- CST does not provide services or direct care, only consultation.
- CST is not an effective resource for an individual whose primary/sole need is access to mental health stabilization or substance abuse detoxification. Teams should first work with the regional organization care coordinator to access mental health treatment or substance abuse treatment.

For individuals supported by Developmental Pathways:

1. Your case manager will complete a referral to request CST and may request additional information or documentation from team members in order to complete that referral. Case managers please refence the CST Referral How-To.
2. CST receives a comprehensive packet of documents from your case management record as well as a detailed referral letter explaining the current situation and concerns.
3. A CST meeting is scheduled, and CST works with the case manager, provider, family, individual, and other team members to recommend solutions and/or strategies to address those concerns.
4. CST will write an action plan with recommendations and submit it to the team within the week following the CST meeting.
5. It is the responsibility of the individual's team members to review the action plan and to implement the recommendations.

6. CST will follow-up for at least 90 days or until the individual is more stable in the community. Providing feedback and updates to CST is very helpful to determine what is effective and to identify barriers.

IDD Behavior Stabilization Programs

When an individual cannot be safely served in a community setting with Medicaid benefits and Home and Community Based Services, there are treatment programs and institution level of care programs to address the needs of those individuals. Please note that these resources are specific for adults. For children with IDD who need treatment and stabilization, please see residential treatment center.

Intermediate Care Facility (ICF) for IDD

An Intermediate Care Facility (ICF) is a Medicaid residential facility that provides habilitative, therapeutic, and specialized support services to adult individuals with intellectual and developmental disabilities. This is an institution level of care placement. Please note that the current ICF programs in Colorado focus on being integrated in their communities. Current ICF providers in Colorado are operated as group homes with the majority located in neighborhoods. There are two current ICF providers in Colorado: Regional Centers and Bethesda Lutheran Communities ICF (See ICF Directory for a complete listing). There are a number of state and federal requirements that must be met before an individual can be placed into an ICF including a physician's attestation that ICF level of care is necessary and a plan of care from the individual's physician.

Providers:

- The Regional Centers operate ICF programs in Grand Junction and in Wheat Ridge. The regional centers specialize in treatment and stabilization of intensive behaviors.
- Bethesda Lutheran Communities ICF operates ICFs located on the western side of Denver Metro (Littleton/Englewood/Centennial). Bethesda's ICF program specializes in individuals with intense physical, cognition, and/or medical related needs. Bethesda is further developing their behavior program; however, individuals who are not redirectable or individuals that engage in intensive aggression would not be good fits for Bethesda's program.

General Program Information:

- Home and Community Based Services (HCBS) are Medicaid waivers that were developed to keep individuals in their communities and to decrease the need for institutionalization. The individual/team will need to explore and rule out Long-Term Services and Support Programs and the HCBS-DD Waiver prior to ICF admission.
- The individual (or court appointed guardian) must consent to treatment in an ICF.
- ICFs are not locked facilities. Safety is maintained through increased staffing ratios and supervision.
- If an individual elopes and cannot be safely redirected back to the ICF group home, police will be called to assist.
- If an individual engages in a behavioral escalation that cannot be safely managed in the ICF group home by ICF staff and the behavior therapist, then paramedics and police will be contacted for assistance, and the individual may be taken to the hospital for evaluation and stabilization.
- The individual has access to participate in a day program operated by the ICF. Some ICF programs offer additional programs such as supervised work programs.
- The individual's mental health, behavioral health, and medical health services will be met by ICF professionals, ICF contracted providers, and/or community providers. For example, the ICF provider may maintain registered nurses on staff; however, the individual receives mental health services from a community mental health center. It is the ICF provider's responsibility to ensure the comprehensive needs of the individual are met.
- Note: If the individual's primary need for an ICF is substance abuse or mental health, the ICFs are not equipped to provide initial stabilization for these needs. The individual should be referred to involuntary substance abuse treatment or mental health stabilization first.
    - If ICF level of treatment is believed to still be needed after substance treatment or mental health stabilization, then work with the team of professionals involved to coordinate treatment referral and transition.

More Information:

- Please see Intermediate Care Facility- State and Intermediate Care Facility - Federal for additional state and federal information on ICFs.
- Please see Regional Centers for specific information about this provider's programs and admission process.

Admission Referral:

- If you believe an individual needs to be referred for ICF admission please speak with your case manager or contact your local community centered board (CCB). Information specific to the regional center admission process is located in Regional Centers.

Regional Centers – Adults with IDD

The regional centers provide residential, habilitation, and behavior services to adults with intellectual and developmental disabilities who have intensive needs. The regional centers are overseen by the Division of Regional Center Operations (DRCO) which is a division of the Colorado Department of Human Services (CDHS). The regional center programs are funded through Medicaid. Please see Regional Centers – CDHS for general information.

Treatment programs:

1. Short-term treatment and stabilization – Individuals are admitted whose needs cannot be safely met in the community. Once the individual stabilizes, the individual is transitioned to a less restrictive environment such as on a HCBS Medicaid Wavier.
2. Intensive Treatment Program – Specialized program for individuals with problematic sexual behavior whose needs cannot be safely met in the community. Once the individual stabilizes, the individual is transitioned to a less restrictive environment such as on a HCBS Medicaid Wavier. This program is only available at Wheat Ridge Regional Center in their Kipling Village set of group homes.

Levels of Care: The regional centers are licensed to provide two different levels of care based on which regional center and the level of need of the individual – Intermediate Care Facility (ICF) and DD Waiver Residential - Group Home. Please note, while the regional centers operate group homes on the DD waiver, they are only for short-term treatment and stabilization. There are limited differences in the services and care provided in ICF and DD Waiver regional center placements. Please see the quick comparison chart below.

Regional Center Quick Comparison Chart	
ICF Regional Center Placement	**DD Regional Center Placement**
Residential Services	Residential Services
Behavior Services	Behavior Services
Day Program/Work Program – onsite & community	Day Program/Work Program – onsite & community
24/7 nursing	Nurse staff available
Medical & Dental clinic	Accessed through community provider
Psychiatrist - contracted	Contracted psychiatrist or community psychiatrist
Psychologist & therapy groups	Accessed through community provider
OT, PT, & Speech	Accessed through community provider if applicable
Case Management provided by regional center	Case Management provided by CCB

Note: If the individual's primary need for stabilization is substance abuse or mental health, the regional centers are not equipped to provide initial stabilization for these needs. The individual should be referred to involuntary substance abuse treatment or mental health stabilization first. If regional center treatment is believed to still be needed after substance treatment or mental health stabilization, then work with the team of professionals involved to coordinate treatment referral and transition.

Regional Centers: Whenever possible, an individual is placed in the regional center that is geographically in the closet proximity to the individual's community. However, if a regional center is at capacity and does not have open beds, then placement at another regional center is sought.

Additionally, individuals with the most intensive needs typically need the level of care provided in an ICF regional center setting, and level of care will determine placement.

- Wheat Ridge Regional Center – Operates ICF short-term treatment program as well as the Intensive Treatment Program for individual with problematic sexual behavior. While Wheat Ridge is the main location, there are additional group homes operated by Wheat Ridge Regional Center in Arvada, Lakewood, Denver, and Golden.
- Grand Junction Regional Center – Operates an ICF short-term treatment program as well as a short-term DD waiver group home treatment program. Group home locations are in Grand Junction.
- Pueblo Regional Center – Operates a short-term DD waiver group home treatment program. Group home locations are in Pueblo West.

Safety & Security: The regional centers are not locked facilities. Safety and security are maintained through a behavior support plan and:

- Staff supervision: Minimum staffing ratios are 1:3 with staffing enhancements (additional staff) being added based on the needs of the individual. For example, an individual may need 1:1 staffing initially upon placement in the regional center. Line of sight supervision is provided in the community and if necessary, in the common areas of the home.
- Elopement Protocol: Staff will follow the individual if appropriate/safe to do so and staff will try to talk the individual into returning to the regional center. If the individual is aggressing or following increases risk, then the police would be called to assist.
- Imposition of Legal Disability (ILD): Court order which removes the individual's right to chose place of abode (residence). All regional center admissions require that an ILD is sought. If the police locate the individual during an elopement, the ILD requires that the police bring the individual back to the regional center.
- Restrictive procedures (rights modifications): Implemented as necessary.
- Environmental: Group homes have alarmed exits and awake supervision overnight. Some group homes have a Wander Guard System. The most secure group homes at Kipling Village in Wheat Ridge has a perimeter wall with locking gate and bars on the windows (however if an individual can climb a wall, then the individual will be able to elope).

Admission Process Overview:

1. The case manager and the interdisciplinary team (IDT) should hold IDT meetings to discuss community options that could help an individual stabilize including accessing mental health services, behavior services, and increasing supervision and/or staffing ratios.
    a. Requesting a support level review for a higher support level to accommodate an increase in needs should be considered. For individuals on the DD wavier, consider if a support level 7 request would provide the necessary level of supports.
    b. For individuals on the SLS waiver struggling to be maintained on the SLS wavier, also consider if another HCBS waiver can address the individual's needs.
    c. The team should also request consultation with the Community Support Team (CST) for additional ideas and recommendations.

   d. The team will need to identify a contingency plan as the regional center admission process averages 3-4 weeks if there is an open bed available and potentially up to a few months if waiting for an open bed.

2. Documentation that community level services are insufficient to safely serve the individual and/or all community level placement/service options have been exhausted. This includes:
   a. Looking for HCBS-DD waiver residential providers both locally and statewide for placement.
   b. Making attempts to stabilize the individual (see step 1) and documenting in IDT notes or in supporting documentation.
   c. Supporting documentation from residential service provider, mental health provider, behavior provider, medical provider, etc. – incident reports, behavior tracking, assessments, provider notes.
3. The case manager will send the team a copy of the Division for Regional Center Operations' Admission Policy so that the team understands the standard and emergency admission criteria for the regional centers.
4. Your case manager will complete a request for regional center admission with support and consultation from the case manager's program manager and the Program Lead of Crisis Navigation.
   a. Supporting documentation from the individual's case file will be submitted with the letter requesting regional center admission.
5. The Division of Regional Center Operations reviews the request for regional center admission and determines if admission criteria is met.
   a. For individuals ages 18 -21 please ensure that the primary caregiver has informed the school district that regional center admission is being pursued. The school district needs to be involved for all current and future meetings to discuss how to address educational services while the individual is receiving treatment and stabilization in the regional center.
6. If approved for regional center admission, Developmental Pathways will complete the request for an Imposition of Legal Disability (ILD) with the court in the individual's current county of residence. The ILD is a court order that removes the individual's right to chose place of abode (residence).
   a. The individual will be appointed an attorney and the individual has a right to contest the ILD.
   b. If the individual has a court appointed guardian, the individual still has the right to contest the ILD.
   c. If an ILD is contested, then a court hearing will be scheduled before a magistrate/judge.
   d. Please note that under emergency admission for the regional center, the individual can be placed at the regional center ahead of the resolution of the ILD.
7. A Pre-Admission Meeting will be held with the regional center to discuss the transition from community services into regional center services. Topics covered include:
   a. The best way to inform the individual of the upcoming regional center admission
   b. Transportation to the regional center – via PASA, family member, NEMT (taxi, ambulance, etc.), or sheriff transport
   c. Personal items and money of the individual
   d. Medication orders and medication scripts
   e. Services the individual will participate in

f. Addressing continuance of education services with the school district (for individuals ages 18-21)
g. Anticipated admission date

Community Resources

There are county and community-based resources and financial assistance for housing, rental assistance, utility assistance, and a variety of other assistance related supports. Individuals should begin seeking and applying for assistance programs at the first sign that this type of support will be needed.

Financial, Food, & Utility Resources

Department of Human Services (DHS): DHS offers a multitude of benefit and assistance programs based on county of residence. For example, your local DHS office may provide rental assistance, utility assistance, emergency motel fees, and/or burial costs. DHS operates a program called Colorado Works (Temporary Assistance for Needy Families, TANF) which provides temporary cash assistance and services to low-income families. If you are experiencing some financial hardship, please contact your local DHS office to determine what assistance benefit programs are available to you or the individual you are caring for. Overall, the "General Assistance" website section of your local DHS office contains information on assistance benefits programs in that county.

Arapahoe County	Douglas County
Adams County	Denver County
Jefferson County	

Supplemental Nutrition Assistance Program (SNAP): SNAP is a food assistance program (formerly known as food stamps) that provides food assistance benefits to help low-income households purchase food. To learn more about eligibility and how to apply, please see SNAP.

Low-Income Energy Assistance Program (LEAP): LEAP is a program operated during the winter in Colorado (November – April) to provide assistance with heating costs. While LEAP is not intended to pay the entire cost of home heating, the program aims to help alleviate some of the cost burden with heating a home during the colder months. LEAP benefits can also include repair or replacement of a home's primary heating system. Eligibility is based on gross monthly income; please see LEAP Program Eligibility to determine if your income is qualifying. To learn more about the program, how to apply, and FAQs, please see LEAP.

State SLS Program: For adults determined to have an intellectual disability, that adult may be able to access temporary hardship through this program for assistance with utilities, food, and/or pest infestation abatement. Please see State SLS to learn more and speak with your case manager. If you do not have a case manager, please see our intake process to get started.

United Way: Offers a comprehensive search tool for resources and assistance programs across the state including county programs, charity operated programs, and non-profit programs. Please go to United Way Service Locator and select the type of category corresponding to what resources you need, or select from the categories below.

Types of assistance available:

Housing & Shelter Rent assistance, mortgage assistance, shelters, housing resources	Employment Workforce centers, Job preparation	Youth with Special Needs Expense assistance	Legal Juvenile resources, legal resources, victim services
Food Assistance Food pantries, SNAP, Delivered meals	Tax Assistance	Pregnant & New Parents Child care, education, helplines	Immigrants & Refugees Classes, support services, language resources
Crisis & Emergency Domestic Violence, Abuse, Mental Health Crisis	Health Services Expense assistance, health programs	Child Care & Education Citizenship, second language, transition services for disabilities	COVID-19 Testing, Vaccinations, CDC, State Orders
Basic Needs & Financial Rent, clothing, ID Documents, Transportation, Financial help	Mental Health & Addiction Counseling, support groups	Aging & Disability Senior housing, care resources, transport	

Housing & Homeless Resources

If an individual is at-risk of homelessness or is currently facing homelessness, the following programs can assist the individual in working towards permanent housing. However, if the individual is not able to live independently, needs access to 24/7 daily care, and would qualify for Medicaid, please see SEP Programs and CCB Programs to identify potential Medicaid waiver programs to address the need for 24/7 care which can be provided in a care home or facility.

Case managers – Please review the Navigating Homelessness and Service Connections Training for additional information to support an individual who is currently homeless.

General housing resources:

- Colorado Coalition for the Homeless - Housing, Healthcare, Assistance with Public Benefit Applications, Employment Services, Childcare, Service Referrals, and much more.
- Family Promise of Greater Denver - Prevention Support, Shelter, Life Skills Classes, Case, and much more.
- Family Tree

- Beyond Home
- Family Homestead
- IDDEAS – For individuals who are homeless and accessing shelters in Denver County, they would be considered a Denver County resident and can qualify for Denver's Mill Levy Services program.
    - Denver Mill Levy Services
    - Mill Levy Request Form

Affordable housing resources for individuals with disabilities:

- Personal Affordable Living (PAL)
- The Elisabetta
- Mercy Housing
- Trail Head Community – In process of being built. Check their website for updates.
- Colorado Housing Authorities – Individuals are recommended to apply for waitlists for low-income housing and HUD programs with multiple housing authorities in counties the individual would be willing to reside in – for example, the individual can apply to more than one HUD program with other counties. Low-income housing generally targets rent on a sliding scale based on income and waitlists are generally open multiple times during the year with individual apartment complexes. Whereas HUD provides government subsidized housing (government pays portion of the rent) and waitlists are very extensive and often only open up once a year with little notice.

Advocacy & Skill Building Resources

The Arc Colorado: Promotes and protects the rights of people with intellectual and developmental disabilities. There are 15 local chapters of the Arc which provide advocacy services as well as information and referral services, public policy support, and community education. An Arc advocate collaborates with the individual, helps the individual's voice/wishes be heard, and helps the individual understand their rights, options, and possible solutions to their needs. Please see Arc Colorado for general information about Arc.

- Please see Find Your Local Chapter to identify your Arc. The two most common Arc Chapter's for our catchment area are:
    - Arc of Aurora
    - Arc of Arapahoe & Douglas

- To request an Arc advocate the individual (or court appointed guardian) will need to contact their local Arc chapter to request an advocate.

Atlantis Community Inc: Supports people with disabilities to take control over their own lives by providing a variety of consumer-direct services at no charge to the individual. Atlantis supports individuals with a variety of disabilities including physical disabilities, mental health disabilities, and cognitive disabilities. Please see Atlantis Community for more information.

- Advocacy – Support with applying, appealing, and/or recertifying for programs such as SSI and food stamps as well as support with housing advocacy (problems with landlord, accessibility, etc.). Check out their advocacy website for more information.
- Referrals – Providing information and networking to connect people with the programs and services they need in the community. Check out their resources website.
- Peer Support – Bringing people with disabilities and their non-disabled peers together to share, teach, and support each other. Currently Atlantis is offering two monthly support groups. Check out their peer support website and contact them for more information.
- Independent Living Skills – Supports individuals with acquiring the skills they need in order to live outside of an institutional setting such as learning how to cook, managing a budget, or reading comprehension skills. They also provide financial management services. Please see their independent living skills website to learn more about the weekly group sessions and how to get started with living skills and/or financial management.
- Transition Services – Provided to individuals living in nursing homes or regional centers to help them transition back to a community setting. Please review their transition services website for additional information.

Jail/Court Information

Jail: If an individual is arrested and is believed to be in jail, you can confirm that information by using the inmate look-up tool offered by most county jails. The individual will be taken to the jail in the county in which the crime occurred. Please note that the inmate look-up is only applicable if the individual is still in jail. Once the individual leaves jail, the inmate record will no longer be available. The inmate look-up will provide details on the charges and bond information for the individual being held in the jail.

Arapahoe County Jail Inmate Look-up Douglas County Jail Inmate Look-up Adams County Jail Inmate Look-up	Denver County Jail Inmate Look-up Jefferson County Jail Inmate Look-up

Inmate Bonding: A bond is a formal agreement where the person agrees to appear in court and abide by any additional bond requirements (such as travel restrictions, no-contact orders, or refraining from alcohol, if appropriate for the nature of the charges). The purpose of a bond is to motivate the person to comply with the bond conditions and attend court hearings. In many cases a judge will set bond for people who go to jail which allows them to get out of jail during the criminal process. For more information on Bonds please see Colorado Judicial Branch Bonds. Non-compliance with the bond or bond conditions will likely result in the individual being arrested.

- Bond Amount – Determined by state laws and the judge. This could be a cash bond, a Surety Bond (guaranteed via bondsman service) or a Property Bond (equity from real estate). If a bondsman is utilized, a bondsman will charge 10%-15% of the total bond as a fee. The bondsman may also require a co-signer and/or collateral (valuable item, car, etc.) for the bond. By using a bondsman, the bondsman is guaranteeing to the court that the full amount of the bond will be paid to the court if the individual fails to show for the court hearing.
    - If the individual does not show for the court hearing (and there's not a sufficient reason for missing court), then the bond will be forfeited – this means money already paid towards the bond is lost. The judge will also most likely issue an arrest warrant for failure to appear.
    - If a bondsman was used and someone other than the individual (such as a family member or service provider) posted the bond, co-signed, and/or put up collateral for the bond the person posting bail (bond) loses the money already paid. Furthermore, the person posting bail (bond) must pay the full amount of the bond to the bondsman or the bondsman will seek to recover the cost (for example if a car was used as collateral then the bondsman can repossess the car).
- Personal Recognizance – Judge authorizes release without charging a bond amount. If the individual fails to appear for future court hearings, the judge can impose penalty fees and/or could issue an arrest warrant for failure to appear.

Court: If an individual has a criminal charge, you can look up the court docket to verify upcoming court dates and which courthouse. Please see Colorado Docket Search. You can also contact the courthouse to verify if a court hearing is still moving forward or for any courthouse related questions. Please see Courts by County.

- Special note: If the court case is with Denver County for a minor criminal offense, civil case or traffic case, the docket information is found at: Denver County Court Date Search by Name and General Search.

Competency: For individuals charged with a crime, the individual's public defender (attorney) or another court party may request an evaluation of competency due to the individual's mental health or developmental disability. Competency to stand trial refers to the individual's ability to consult with their attorney with a reasonable degree of rational understanding in order to assist in their defense. Competency has nothing to do with the persons' state of mind when he/she allegedly committed a criminal act. Competency is not the same thing as an "insanity plea." Competency refers only to a person's ability to understand what is happening during the criminal proceedings. An assessment is conducted by a professional to determine if the individual is competent to stand trial. An individual

could be found incompetent to stand trial due to the individual not having a rational and factual understanding of the criminal proceedings. Furthermore, the individual could be found incompetent to stand trial but restorable, which means per the assessment, the individual with treatment could become competent to stand trial. Thus, the individual would be ordered to participate in competency restoration services at the Colorado Mental Health Institute in Pueblo (CMHIP), jail-based competency restoration (RISE Program), or outpatient restoration services (located in the community). If the individual is restored to competency, then the criminal case would proceed forward. For in-depth information on competency and the process please see Competency to Stand Trial.

- Bridges Program – A program which provides court liaisons to individuals who are going through competency restoration and competency hearings. The goal of the program is to improve communication and collaboration between the criminal justice and behavioral health systems to help ensure defendants who need mental health services have access to them. The court liaison works directly with the defendants to ensure they receive appropriate evaluation and needed mental health services in the jail or in the community (if on bond release). The Bridges Program aims to address issues with inmates experiencing mental health decline due to lack of mental health services or waiting months for services. The program also focuses on connecting inmates with community services so that they can complete community-based restoration services instead of inpatient restoration services.

Guardianship

A guardian is a person appointed by a court to assist with the personal affairs and make decisions on behalf of an adult who is incapacitated. The incapacitated adult who is under guardianship is referred to as a ward. There are two types of guardianship – Unlimited Guardianship and Limited Guardianship.

- Limited Guardianship – The guardian's authority is limited to specific matters only. For example, the guardian may only have authority over financial and medical decisions, and if that is the case, the individual would make decisions related other matters such as waiver services.
- Unlimited/Unrestricted Guardianship – The guardian has the authority to make all decisions such as medical, financial, and service decisions as well as to authorization obtain records.

If you are unsure what type of guardianship is in place, review the Order Appointing Guardian for Adult or the Letters of Guardianship.

Other guardianship limitations:

- "The Guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the Respondent/Ward pursuant to 15-14-316(4), C.R.S." – If an individual needs one of these

treatments and the individual refuses, then there are separate court processes to request involuntary treatment.

- "The respondent/ward's place of residence shall not be changed from the State of Colorado without an order of the court pursuant to 15-14-315(1)(b), C.R.S." – If an individual will be moving out of state, the guardian will need to ask the court in Colorado for permission to move the individual. It is also highly recommended for the guardian to transfer the guardianship to the state that the individual will be living in. Guardians, please see How to Transfer Guardianship to Another State.

Out of State Guardianship:

If guardianship was obtained in another state and the individual has since moved to Colorado, then the guardian will need to register the out of state guardianship with Colorado OR the guardian will need to transfer guardianship from the other state to Colorado in order for guardianship authority to be recognized in Colorado. Most states have adopted the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act, including Colorado. This provides for the transfer of guardianship cases among the states. Because the court is responsible for monitoring the individual's health and safety, most county court system strongly prefer to transfer the guardianship to the new state of residence so that the local court can take over monitoring the individual.

Registering Out of State Guardianship:

1. Guardians, please follow the Instructions to Register out of State Guardianship
    a. Additional Colorado Judicial Forms Link
2. The guardian can self-file the legal documents with the Colorado county court in the individual's county of residence or the guardian can hire an attorney to complete the process.
3. The guardian will need to provide DP with a copy of the out of state Order Appointing Guardian and a copy of the Colorado Certificate of Registration and Recognition of Guardianship Orders from Other States.

Transferring Guardianship:

1. Guardians, please follow the How to Transfer Guardianship to Colorado.
2. The guardian can self-file the legal documents with the Colorado county court in the individual's county of residence or the guardian can hire an attorney to complete the process.
3. The guardian will need to provide DP with a copy of the Final Order Accepting Guardianship in Colorado from Sending State and a copy of the Colorado Letters of Guardianship.

Responsibilities of the guardian:

The guardian is responsible to make decision only as necessitated by the individual's limitation. The individual should be encouraged to participate in decisions. When making decisions, the guardian

considers the expressed desires and personal values of the individual (or if the individual is unable to express, then the guardian makes decisions based upon the individual's best interest). The guardian is responsible for arranging for and making decisions about care, medical treatment, where the individual lives, or other services (unless guardianship is limited to specific areas). The guardian is also responsible for record keeping and filing the annual Guardian's Report to the court.

The guardian is not financially or legally liable for the individual. The guardian is not required to use the guardian's own money and the guardian is not required to provide physical custody of the individual. The guardian is not liable for the actions and behaviors of the individual, and the guardian is not liable for harm to the individual caused by a caregiver that the guardian selected.

The guardian must keep the court informed of any changes for the individual, particularly travel out of state, moving within state, moving out of state, and any major significant changes. The court in essence must know where the individual is physically present as the court is overseeing the general welfare and safety of the individual.

The guardian must all complete and submit the annual Guardian's Report to the court every year. Not completing the annual report could later result in the court determining you not to be an appropriate guardian. A fillable Word copy of the Guardian's Report can be found on the Colorado Judicial Website here.

For more information, please see the User's Manual for Guardians in Colorado and the FAQs with Guardianship Alliance of Colorado.

How to petition to become a guardian: For information on how to become a guardian, please see the following resources for self-help. Alternatively you can contact an attorney specializing in guardianship to complete the process or Colorado Legal Services. If there is risk of harm to the individual if a guardian is not appointed immediately, you can request emergency guardianship which will grant temporary guardianship for 60 days allowing time to finish the normal guardianship process.

Fees: There are fees associated with the guardianship process. If you do not think you can afford the guardianship court filing fee ($199.00) or you need to set-up a payment plan for the fees please see File without Payment. Please note that there is an additional cost for a court visitor that cannot be waiver. The court visitor cost is $125-200 on average.

Self-Help Guardianship Process:

- Self-Help Court Resources for Adult Guardianship – Includes instructions on how to become a guardian, what forms to file, and how to transfer guardianship between states when moving.
- Self-Help Adult Guardianship Forms – Includes the list of all needed forms.
- Court Self-Help Centers – Contact the county court office for questions about the forms or process.

Ending/Terminating Guardianship: If the individual's condition has changed to the point where the individual no longer needs a guardian , please see Ending a Guardianship for information on how to petition the court to end the guardianship.

Adding or Replacing a Guardian: If the guardian would like to add a co-guardian or successor guardian (to become the guardian if the current guardian becomes incapacitated or passes away), that can be accomplished at any point in time. If the guardian no longer wishes to be the guardian (for a variety of reasons), then the guardian should seek a replacement guardian. The replacement guardian can be another family member or friend of the family, for example. Please see Adding or Replacing a Guardian. If there is absolutely no one to become the replacement guardian, the guardian should check to see if a volunteer guardian is available through Guardianship Alliance of Colorado.

Guardian Passes Away: If the current guardian passes away and there is no successor guardian to be found (natural supports/family should be contacted), then the service agency (residential service provider) or the case manager should notify the county court that the guardian passed away. To determine which court to notify, review the Order Appointing Guardian for Adult to determine which county the guardianship case is with and then contact the court (see Courts by County). Depending on the county court, the court may appoint a guardian ad litem to help research possible successor guardians or the court may close the guardianship case.

No Guardian: If immediate decisions need to be made for an individual who is unable to make decisions and there is no one able/willing to become guardian, it may be necessary to contact Adult Protection Services (APS) to see if APS can provide support with emergency guardianship. Guardianship Alliance of Colorado should also be contacted to see if they have any available volunteer guardians. For individuals residing in Denver County (2nd Judicial District), the state of Colorado is piloting an Office of Public Guardianship which provides a public guardian for individuals in Denver county whom have no one to be their guardian and are unable to pay for a private guardian.

Guardianship Resources:

- User's Manual for Guardians in Colorado
- Guardianship Alliance of Colorado – Guardianship petition classes and FAQs
- Colorado Legal Services – Can assist with the guardianship petition if you meet certain income limits
- Adult Guardianship Forms
- Court Self-Help Centers

Employment Supports

Division of Vocational Rehabilitation (DVR): DVR helps individuals with disabilities (physical, mental health, or cognitive) prepare for and secure employment by providing services based on the individual's employment needs and goals. The DVR counselors work closely with individuals to determine a specific and individualized plan to employment. Eligibility for DVR includes: 1. Having a documented disability; 2. The disability impacts your ability to get a job, keep a job, or advance in your job; and 3. The individual must need DVR services in order to work successfully. After eligibility determination, the individual completes an Individualized Plan for Employment (IPE) with their DVR counselor. Depending on the individual's specific needs, services may include: vocational guidance and counseling, physical and mental restoration services, job related services, specialized services for individuals who are blind or deaf, rehabilitation technology, training services, and supportive services. Once employment is obtained, DVR will keep the individual's case open for at least 90 days to help ensure stability. For more information please see:

- Application and Eligibility
- Application Process and Intake Appointment
- DVR Client Handbook
- Finding a DVR Office Location

Important note: For individuals enrolled in HCBS-SLS waiver, HCBS-DD waiver, or the State SLS Program, your case manager will assist you with the DVR referral process, including submitting your DVR referral. Case managers, please reference the Referral Manual.

For individuals that need consistent and ongoing job support beyond the 90 days of services provided by DVR in order to maintain continued employment (and who also have an intellectual or developmental disability), the HCBS-SLS Waiver, HCBS-DD Waiver, and State SLS Program offer supported employment services. Please see CCB Programs for more information about these service programs.

Drop-in Centers: Many mental health drop-in centers provide vocational related services at their program sites. Please see Drop-in Centers for more information.