

Purpose	Examples
Overall Programming Purpose	<ul style="list-style-type: none"> To assist individuals with I/DD or delays in accessing funds to support unmet or under-met needs related to supporting living a healthy, meaningful, and integrated life while navigating disability diagnoses. These funds are intended to supplement and not supplant other funding sources. To access: Individuals and/or their families should connect with their Case Manager/Service Coordinator to initiate a request Guide for how to access funding can be found here: How to Access Funding (dpcolo.org) If you are a provider working with multiple families, provider-based programming will likely be a better option; please contact us at: CE-Admin@dpcolo.org to learn about funding options.
Getting help connecting to the I/DD system (testing, pre-enrollment supports, etc.)	<ul style="list-style-type: none"> Cost of I/DD and/or delay-related testing to obtain a disability or delay determination to access I/DD supports Pre-enrollment assistance while enrolling into a program or waiver Category(ies): Access and Entry
Supporting Greater Independence and/or Integration in the home or the community	<ul style="list-style-type: none"> Support with vehicle modifications, home modifications, assistive technology, and specialized medical equipment and supplies (as related to health or safety needs) outside available HCBS Waiver funding, Early Intervention, or Family Support Services Program Supports relating to Parent Mentorship and Education, or Recreation classes and camps focused on community integration and independence Supports to help assist with transportation needs such as bus passes, mileage reimbursement to/from medical or therapy appointments Category(ies): Assistive / Adaptive / Sensory Supports and Modifications (non-medical); Community Integration, recreation, greater independence, and well-being; Transportation
Health, safety, medical needs not otherwise met	<ul style="list-style-type: none"> Medical and Dental costs outside of Health First Colorado (Medicaid State Plan) and/or private insurance, and HCBS Waiver funding, Early Intervention, or Family Support Services Program Housing supports due to an emergency or health and safety needs which would support placement continuity / continued community living Category(ies): Medical /Dental ITEMS; Medical/Dental SERVICES; Hardship and housing Supports
Helping to avoid out-of-home placements and/or institutional placements	<ul style="list-style-type: none"> Adult Behavioral services outside of HCBS Waiver funding, Early Intervention, or Family Support Services Program to support high intensity behavioral needs putting placement at risk or supporting serious/emergency health or safety needs Other supportive services directly related to health, safety, medical, or welfare needs Category(ies): Day Programming
Professional Services to address health, safety, medical, or behavior needs not otherwise met	<ul style="list-style-type: none"> Behavioral and individual therapy services Movement therapy, Hippotherapy, or Massage therapy, as defined in the I/DD HCBS Waivers Occupational Therapy, Physical Therapy, and/or Speech Therapy Services that are not covered by Medicaid or private insurance but are required to support I/DD /delay needs. Other professional therapies such as acupuncture, chiropractic care, or feeding therapy, relating to diagnosis Category(ies): Professional and Behavioral Services
Supervision and Respite to ensure health, safety, and placement stability	<ul style="list-style-type: none"> Respite and supervision outside of current HCBS Waiver funding, Early Intervention, or Family Support Services Program, and often in tandem with pursuing other appropriate placement, including respite emergency/non-emergency, respite camps, youth day services, and related services. Category: Respite Services

Funding Allocations:	
Provider Qualifications:	<ul style="list-style-type: none"> For services that would otherwise be funded an I/DD Medicaid Waiver or private insurance; providers must meet the qualifications of approved provider agencies for those supports as outlined in related waivers For professional services, providers must meet the definition above and/or be approved Medicaid providers All vendors, including public and community vendors, may be required to submit a W9 for payment. Exceptions to the above qualifications may be made on a case-by-case basis based on urgency and type of need
Payment:	<ul style="list-style-type: none"> Payment is made to the authorized provider, vendor, contractor, or entity providing the goods/services requested Checks will generally be made payable to the direct providers / vendors but in certain situations, clients and families can be reimbursed for authorized services
Exclusions:	<ul style="list-style-type: none"> Exclusions include but are not limited to: <ol style="list-style-type: none"> 1) Typical homeowner/renter expenses; pools and hot tubs; luxury upgrades; 2) Cable/Satellite TV hookup and maintenance; 3) Phone hookup and maintenance (including cell phones); 4) Pictures/décor/art; 5) Entertainment, travel, typical recreational item/supports; 6) Outdoor furniture/decorative items; 7) Lawn care and related supplies; 8) Car payments, purchases, and/ or typical repairs; 9) Items and supports that are considered experimental in nature; 10) Legal services; 11) Typical education supports/tuition 12) Items and supports that can reasonably be otherwise covered by another resource (such as Medicaid or private insurance) Local funding / Unmet Needs funds will generally not be used to meet typical auxiliary living expenses such as: cable/internet hookup and maintenance, phone hookup and maintenance, costs related to typical homeownership including yard care and maintenance, automobile ownership and maintenance, etc. Generally, supports that can be met through free and/or other funding sources may not be covered. Examples include supports available through schools, through typical CCB/CMA functions, community organizations such as: Arc chapters, Peak Parent Center, El Grupo Vida, Rocky Mountain Down Syndrome Association, etc. Your case manager / service coordinator will help you explore resources and supports to meet any unmet or under-met needs to help ensure local programming is authorized appropriately and sustainably.
Funding Caps:	<ul style="list-style-type: none"> Generally, upper spend limits are determined by the individual's current programming, waitlist status, other funding available, urgency, level of need (such as current Most In Need (MIN) Score or SIS support level), intention of support, etc. Some services or services may have an upper limit available per year per individual such as requests for supports for dollar-for-dollar services within the I/DD menu of supports (such as dental, home mods, assistive technology, and vehicle mods). Funding is case-by-case and based on 1) meeting an appropriate funding category parameter and 2) availability of funds Funding is 1) time-limited; 2) intended to support shorter-term needs; 3) considered a one-time allocation; and 4) must be used to meet the authorized need Services/supports requested must fall within the current fiscal year dates (July 1-June 30)

**Connecting to the I/DD
System**

**Supporting Greater
Independence**

**Health, Safety, and
Medical**

**Avoid Out-of-Home
Placement**

Professional Services

Supervision and Respite

