Jefferson County "Campaign to Help" Mill Levy

Based upon the request of citizens, the Colorado Legislature created Community Centered Boards (CCBs) in 1964 to provide, coordinate and oversee locally based services for people with developmental disabilities. Prior to that year, most services were provided in state-run regionally centered institutions, such as the State Regional Center in Wheat Ridge. The legislation creating CCBs envisioned a community collaborative approach to serving this vulnerable population. From the earliest days, various local, county and state entities worked together to provide desperately needed services. County government has long been integrally involved in the complicated fashioning of disparate funding streams and multiple service agencies. This involvement has led to easier access to information and coordinated services closer to families and their local community.

The enabling CCB legislation encouraged local fiscal support for these services. The Colorado statute allowed up to ½ mill of local property tax to be collected for developmental and habilitative services. County Commissioners across the state had the power to determine annual fiscal allocations. In Jefferson County, our commissioners provided increasing support until 1990, when the full ½ mill level was achieved. The original ½ mill was used primarily for general administrative structure and to enhance poorly funded state and local programs. Recognizing the great need for services to grow, the County Commissioners encouraged DDRC, then called Jefferson County Community Center for the Mentally Retarded, to work to amend the state law to allow a higher local tax base. The DDRC Board concurred and, with the assistance of Jefferson County Senator Bonnie Allison and Representative Norma Anderson, the law was revised to allow a full mill of local tax support.

The County Commissioners planned to implement the new higher cap when Colorado's funding mechanisms were forever altered in 1992 by a new amendment to the Colorado Constitution, commonly called TABOR or the Taxpayer's Bill of Rights. A key component of this referendum was that citizens must directly vote to approve tax increases of any sort.

The DDRC community responded to the challenge and in 1994 hastily created a campaign to ask voters to raise taxes by the additional ½ mill. Voters rejected the proposal. However, inspired by direct voter communication, DDRC launched a multi-year community education effort, followed by a referendum campaign in 2003. The effort was named the *Campaign to Help* and was dramatically successful. The initiative allowed increased support for DD services within the parameters established in the Colorado Care and Treatment of the Developmentally Disabled Act.

DDRC has always taken seriously its responsibility to be excellent stewards of this additional public community support. Required reporting has always been provided, and all DDRC funds are subject to an annual financial statement audit by an independent certified public accounting firm. These audits are published on the DDRC website.

Allocation of assigned resources is determined each year by the DDRC Board of Directors in public meetings. The DDRC Board is made up of a caring and extremely knowledgeable group of business and civic leaders, many of whom have family members who receive services. This highly informed group is led by a president who serves as the designee of the Jefferson County Commissioners. Under his leadership, and with regular opportunities for public input, the Board takes on the challenging task of budgeting limited dollars against unlimited needs. To the Board's credit, not a single local complaint has been raised concerning their choice of allocation decisions. Most of the

new funding was allocated based upon funding direction first set through public input derived from an original wide range of public meetings. This input consisted of four community forums, three Consumer Council/People First direct consumer meetings, focus group feedback, widely distributed feedback request forms, an Arc in Jefferson County presentation, web site requested feedback, Board of Directors committee meetings, public testimony and a strategic planning effort.

Since the first passage of the referendum, DDRC has provided a user-friendly guide detailing how dollars were allocated. These guides have been updated periodically and are made available to any citizen. Similar guides have been available in neighboring counties that have also passed mill levies. In 2009, citizen advocates highly praised the reporting format used by the CCB which serves Denver County. It has been described as a model presentation format.

DDRC sought permission from Denver Options, its author, to use their format and language. We are very grateful that they granted us permission to use their approach.

The following report represents our effort to present similar data. We believe we have largely captured the Denver Options' methodology; however, some differences necessarily exist as each agency has unique demographics, priorities and accounting formats.

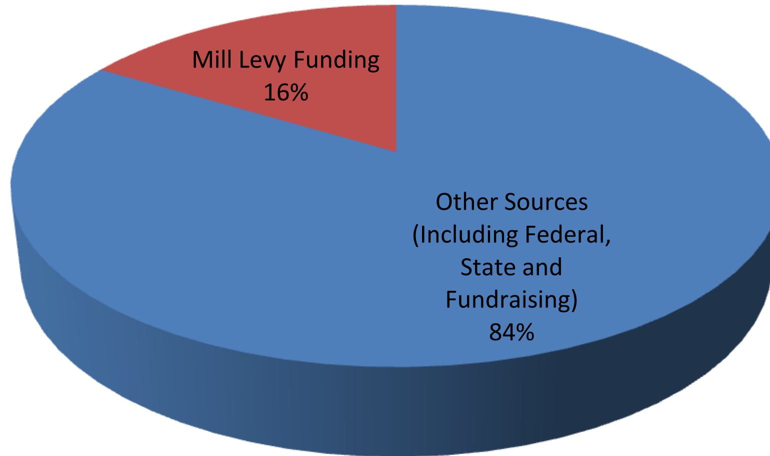
Developmental Disabilities Resource Center
Report on Developmental Disability Services
Supported by Mill Levy Funding

July 1, 2008 through June 30, 2009

The following report provides a breakdown of the cost of services provided to adults, children and families, in Jefferson County, with developmental disabilities for the period of July 1, 2008 through June 30, 2009. The report details the expenditure of $7,584,653 mill levy funding used for the services and supports that were delivered to individuals and their families. Section I of the report presents the detail of expenditures and services for adults and Section II of the report presents the detail of expenditures and services for children and families with developmental disabilities. Graph A illustrates the percentage of services funded by mill levy dollars and other sources, including federal, state and fundraising.

Section III offers additional background related to how services are funded and the nature of expenditures of developmental disability services for both adult and children and family services. It provides a clear breakdown of the cost of services by funder, type of service and on a per person basis. The reader is provided with comparative information in cost of services paid by all funders combined, a per person cost based on using all funders combined and a per person cost for services using mill levy funding only.

Graph A: Mill Levy Funding Versus Other Sources



I. Adult Services (Mill levy expenditure of $6,381,943)

Adult Services includes Comprehensive, Supported Living Services, and Case Management Services for individuals 18 years and older. The total cost to serve the adult population of individuals with developmental disabilities in Jefferson County for the year was approximately $41.1 million. Of the total cost, $34.7 million was generated through DDRC's contract with the state, that includes both federal and state funds, and through fundraising. Mill levy funding provided $6,381,943 for Adult Services that constitutes approximately 16% of the total funding for the year. Table 1 summarizes the average cost for the year to serve individuals in the adult population.

Table 1. Mean Cost of Adult Services: Annual average per individual

Source	***Cost***	***Percentage***
By all Sources (Federal, State, County, Fundraising)	$40,908	100%
All Sources without County	$34,558	84%
County (mill levy)	$6,350	16%

Adults who receive services and supports from DDRC through mill levy funding are required to be residents of Jefferson County. They must meet the Colorado eligibility criteria for developmental disability services as defined in statute and rule. A developmental disability is a disability that is manifested before the person reaches twenty-two (22) years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a

person with mental retardation. An impairment of general intellectual functioning means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional.

"Adaptive behavior similar to that of a person with mental retardation" means that the person has overall adaptive behavior which is two or more standard deviations below the mean in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person's living environment, and administered and clinically determined by a qualified professional. These adaptive behavior limitations are a direct result of, or are significantly influenced by, the person's substantial intellectual deficits and may not be attributable to only a physical or sensory impairment or mental illness.

"Substantial intellectual deficits" means an intellectual quotient that is between 71 and 75 assuming a scale with a mean of 100 and a standard deviation of 15, as measured by an instrument, which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional.

There were 1,347 adults enrolled throughout the reporting period (see Table 2). The calculations in this report are based on a census of 1,005 which is the fulltime equivalent of individuals in services. Hospitalizations, absences due to illness or other reasons impact these numbers as DDRC does not receive state or federal revenue during the days that individuals are absent from program, although DDRC still incurs fixed costs.

Table 2. Number of Adults by Service Enrollment (n=1,347)

Service	***Number***
Group Residential	230
Host Home, PCA, Own Home	318
Supported Living Services	431
Wait List	368
Total	1,347

DDRC has the following number of individuals receiving services from DDRC with 56% having reached the age of 18 or older. (See Table 3A for further detail on age range percentages and Table 3B for various ethnic backgrounds.) Approximately 58% of adults receiving services are male and 42% female.

Table 3A. Adult Services by Age Group (n=56%)

Age Range	***Percent***
18-19	4
20-29	16
30-39	11
40-49	13
50-59	8
Over 60	4

Table 3B. Individuals Enrolled in Services by Ethnicity (n=100%)

Ethnicity	***Percent***
American Indian/Alaskan	.59
Asian/Pacific Island	2.17
African American	1.77
Hispanic	13.60
Caucasian	67.66
Undeclared	14.21

Table 4 highlights the secondary and other tertiary diagnoses for the individuals who received Adult Services through the reporting period. The number of conditions exceeds the number of persons served because individuals may have more than one corresponding condition.

Table 4. Secondary & Other Tertiary Diagnoses for Adult Individuals with a Primary Clinical Diagnosis of Mental Retardation

Diagnosis	***Number***
Seizure Disorder	326
Cerebral Palsy	192
Fragile X Syndrome	15
Down Syndrome	136
Visual Impairment/Blind	80
Brain Injury	33
Speech Impairment/Non-verbal	268
Hearing Deficit/Deaf	70
Autism	72
Non-ambulatory	144
ADD	44
Maladaptive Behavior	195
Mental Illness	287
Other	271

During the fiscal year ending June 30, 2009 there were 548 individuals enrolled in Comprehensive Services. “Comprehensive” refers to residential services, adult day services or supports and transportation activities as specified in the Individualized Plan. Included are a number of different types of residential settings, which provide an array of training, learning, experiential and support activities provided in residential living alternatives designed to meet individual needs. Additionally, adult day services provide opportunities for individuals to experience and actively participate in valued roles in the community. These services and supports enable individuals to access and participate in typical community activities such as work, recreation, and senior citizen activities. Finally, transportation activities refer to “Home to Day Program transportation” services relevant to an individual’s work schedule as specified in the Individualized Plan. For these purposes “work schedule” is defined broadly to include adult and retirement activities such as education, training, community integration and employment.

The adult Supported Living Services Program (SLS) had an enrollment 431 of individuals. SLS is an opportunity to support individuals with developmental disabilities based on the needs and preferences of the individual. Key concepts of Supported Living Services (SLS) include individual choice, involvement and the availability of supports to assist individuals to access and participate in typical activities and functions of community life. Supported Living Services can provide supports to an adult in the family home and adults living in their own homes. Supported Living Services, unlike traditional 24-hour supervision models, offers an array of supports to choose from to assist individuals in being as independent as possible. SLS is designed to use a variety of natural non-paid supports and generic community services, available to all individuals who qualify, augmenting the paid supports provided. Supported Living is not able to provide all of the supports a person necessarily needs but is able to assist and supplement some of those needs.

The types of allowed support services that are provided in SLS are identified in Table 5. This table reflects twelve months of services by the number of individuals receiving the specified service. Some individuals may have received more than one service.

Table 5. Type of Service: Individuals Receiving Specified Services

Type of Service	*Number of Individuals*	*Percent of Total Served*
Personal Assistance	382	37
Day Habilitation	258	25
Supported Employment	73	7
Professional Services	28	2
Transportation	121	12
Dental/Vision/Hearing	152	15
Environmental Engineering	20	2
Total	**1,034**	**100**

Adult Case Management services are designed to support individual and family choice by working together to maximize opportunities, resources and community involvement. Resource Coordination is a service of Developmental Disabilities Resource Center that assists individuals and families with eligibility determination and assessment, individual plan development, information and referral, assistance in applying for Medicaid Waivers and monitoring of services and supports. On a full-time basis, 1,005 adult individuals received active case management services during a twelve-month period. Approximately 219 referrals were received for the reporting period. Many more individuals contacted DDRC and were provided support in finding other resources.

Table 6. Number of Referrals: Ages 3 and Up

Fiscal Year	*Referrals*
2007-2008	241
2008-2009	219

A Resource Coordinator is assigned to each person requesting service. The Resource Coordinator's role is to provide assistance as needed to individuals and families to identify desired outcomes and the resources needed for those outcomes. Resource Coordinators strive to maximize support options in the individual's natural community. Through information, education and advocacy, Resource Coordination partners with families and individuals to safeguard rights and assure due process. Choice of a Resource Coordinator is welcomed and available upon request.

One challenge in the provision of case management/resource coordination and the development of the service plan is the issue of spoken language. DDRC facilitates all meetings and provides written reports to individuals and their families in their preferred primary language. While DDRC has case management staff members who are bilingual, there are occasions when an individual or family speaks a language that is not known. On these occasions, DDRC will contract with a professional translation service. DDRC also uses Language Line that provides immediate access to a wide range of languages.

DDRC developed a Behavior Health Team with mill levy funds responding to feedback that such services are a priority for many individuals with developmental disabilities and an unmet need in the DDRC community. The team consists of a part-time contract psychiatrist, RN/Case Manager, and two Board Certified Master level behavior analysts. This team provides clinical assessment, behavior intervention services and psychiatric evaluation, consultation, medication management and monitoring. These services are available to all Jefferson County consumers regardless of age, wait list status, funding category or service agency. The one exception to this is that the psychiatrist does not provide services to children under 13 years of age since he is not a child psychiatrist. During fiscal year, 2008-2009 DDRC's behavior health team provided an average of 380 hours in such services per month. Individuals who have a covered diagnosis through mental health services are referred to the Jefferson Center for Mental Health. Foothills Behavior Health Organization/Value Options does contract with DDRC as a behavior health provider for some individuals who meet the Medicaid covered diagnoses criteria but are determined to best get their needs met through the DDRC behavior health team. Most of the individuals served do not have a Medicaid covered mental health diagnoses but benefit from behavior health interventions. The overall goal is to move each individual toward as much independence and community integration as possible.

Table 7. Information Specific to Psychiatric Services is as Follow: Incidence of Individuals in Active Service with Mental Retardation and Mental Illness by Diagnosis Category/Disorder

Disorder	Incidence
Pervasive Developmental Disorders	87
Major Depressive Disorder	110
Bipolar Disorders Type	266
Attention Deficit and Disruptive Behavior	174
Communication Disorders	11
Reactive Attachment Disorder	7
Mental Retardation	247
Schizophrenia	15
Psychotic Disorders	41
Anxiety Disorders	82
Personality Disorders	6

Information specific to behavior analysts intervention services for FY 2008-09 is as follows: Average caseload for the two behavior analysts per month is 41 individuals, average length of treatment days is 125, average time spent waiting for such services was 122 days. Participants ranged from 2 to 66 years of age with more concentration with the population under 21 years of age. Target behaviors included tantrums, social skills, stealing, running away, screaming, elopement, inappropriate sexual behaviors, phobias, sleep disturbance, compulsions, hoarding, incontinence, mouthing, Pica, potty training, rectal digging, refusing to eat, skin picking, anxiety, withdrawal, attachment issues, cutting hair, disrobing, disruptive, eating, fainting, fecal smearing, grabbing, isolating, pacing, perseverating, separation anxiety, suicidal ideation, teasing, toileting and touching. Services are provided in a variety of settings including the family home, community, school, day program, work, daycare, host homes, apartment, group home, and nursing home. Types of developmental disability diagnoses include: Autism, Down Syndrome, Mental Retardation (MR), Global Delays, Cri-du-Chat, Brain Injury, Angelman Syndrome, Cerebral Palsy, Fragile X Syndrome, Speech Delay, Tuberous Sclerosis, Asperger Syndrome, Bardet-Biedl Syndrome, Hydrocephalus, Kleinfelter Syndrome, Prader-Willi Syndrome, Rett Syndrome, Pervasive Developmental Disorder (PDD), Sjorren-Larrson Syndrome, Smith-Magenis Syndrome, Torellis-Carey Syndrome, Trisomy 4P and Wolf Syndrome. Some individuals also have a mental health diagnosis including Attention Deficit Hyperactivity Disorder (ADHD), Anxiety, Depression, Obsessive Compulsive Disorder (OCD), Bipolar Disorder, Mood Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder (PTSD), Impulse Control Disorder, Adjustment Disorder, Attachment Disorder, Atypical Psychosis, Dementia, Schizophrenia, and Tourette Syndrome.

To assure that service provision adheres to state and Medicaid standards, rules and regulations, DDRC's Customer Relations/Quality Assurance staff engage in monitoring and investigations in addition to onsite monitoring. Over 7300 incident reports were reviewed during the year to determine appropriate follow-up for health and safety and to look for possible need for preventative measures. DDRC investigates allegations of abuse and neglect of individuals with developmental disabilities. When there is a determination of abuse or suspicion of a crime, the police department of jurisdiction is notified. Furthermore, Child Protection or Adult Protection is notified when indicated. Reports are submitted to the Colorado Department of Health for health issues or violations that occur in group homes. The Colorado Department of Human Services, Division for Developmental Disabilities is notified of all serious incidents and reports of deaths. The independent Human Rights Committee reviews all investigations.

Table 8. Quality Assurance Monitoring and Investigations:

Type	***Number***
Pre-move Site Visits (ensuring residential settings are safe and appropriate)	38
Technical Assistance to New and Current Service Agencies	250 hours
Individual Site Monitoring Visits	155
Pre-move Site Monitoring Visits	37
Day Program File Reviews	19
Residential Agency Reviews	26
Investigations (approximately 10 hours per investigation)	91
Review of Incident Reports (Separate Reports)	7300

DDRC has a Human Rights Committee (HRC) which is comprised of independent third-party review experts and family members who volunteer to meet once a month for approximately 5 hours to review investigations, psychotropic medication usage, and rights restrictions and suspensions and safety control plans. An average of 25 reviews take place each month for the protection of rights for individuals receiving services. See Table 9.

Table 9. Focus of Human Rights Committee

Type	***Number***
Review for Use of Psychotropic Medications	528
Review for Suspension of Rights	145
Review for Restrictive Procedures	19
Review for Safety Control Procedures	24
Follow-up Reviews	31
Final Reviews and Referrals to HRC	22
Investigations and Inquires	46
Incident Reports	24

Mill levy funds support the development and implementation of training programs and technical assistance to improve knowledge, skills and abilities of employees of DDRC-based service agencies and DDRC staff, contractors and volunteers to ensure quality services and best practices. During the year, an aggregate attendance of over 500 participants advanced their knowledge and skills in such topics as:

Behavioral Intervention
Individualized Service Plans
Autism
Traumatic Brain Injury
Legal Rights
Supported Employment
Aging Issues
Safety Care
Confidentiality and HIPAA
Abuse/Neglect/Exploitation/Mistreatment
Emergency Disaster Preparedness
Epilepsy
ISSP Development and Tracking
Working with Families
Restrictive Procedures
Positive Behavioral Supports
Adult, Infant, Child CPR
Mental Health Diagnoses
Medication Administration
Advanced Directives
Assistive Technology
Driving
G-tube Care
Developmental Disabilities
Diversity
Incident Reporting
Pharmacology
First Aid

In addition, DDRC has provided many training sessions to over 550 consumers and families including:

Home Ownership
Understanding Guardianship
Building Positive Behavior
Grief Classes
Anger Management
How to stand up for one's self
Self-determination and Advocacy
Special Needs Trusts
Aging and the DD Population
Social Skills Training
How to get along with co-workers

DDRC also hosts web conferences on best practices in nonprofit management and fundraising for about 300 participants.

Community Access/STEP Program – Two community access coordinators work with individuals living in group homes to access the community. It is believed that individuals living in group homes are not always able to go into the community individually due to the staff ratios in group homes. These individuals often need one-on-one support to integrate into their neighborhood and events. There were 44 individuals served in this program and they participated in such activities as assessing barriers to community involvement, identifying community resources, education around reasons to get involved in the community and planning for community involvement along with transportation as needed. This can include classes, Special Olympics and many other individualized community experiences.

Self-determination Services – The DDRC Self-advocacy Coordinator, with support from the Associate Executive Director and CFO, served 60 individuals using the Self-determination Initiative to reach individualized and unique goals. Some examples are video résumés, assisting with securing interviews and jobs, attending classes at Red Rocks Community College, starting a small business, purchasing technology that allows for more safety and independence, and weight loss and exercising programs for individuals with health/nutrition issues.

In addition to the direct services and case management provided to adults, an average of 368 individuals per month received waitlist case management. Waitlist case management includes the development of an annual Individual Plan and the assistance with emergency situations for individuals waiting for Comprehensive and Supported Living Services. Staff members field calls and provide information about community resources. When a crisis is encountered, case managers work with the Division for Developmental Disabilities to access emergency resources. In addition to those 368 individuals that received waitlist case management, an average of 637 adults received some level of services but was waiting for additional types of services.

Colorado ranking ranges between 44th and 48th in the country in its expenditures for services to individuals with developmental disabilities. Consequently, to provide Jefferson County residents with all of the adult developmental disability services and supports they need, a minimum of $15,000,000 of additional annual funding would be required.

II. Services for Children and Families (Mill levy expenditure of $1,202,710)

Children and Family Services include Early Intervention, Family Support, Children's Extensive Support and Case Management Services for individuals under the age of 18. The total cost to serve the population of children with developmental delays and disabilities and their families in Jefferson County for the year was approximately $5.27 million. Of the total cost, $4.07 million was generated through DDRC's contract with the state, that includes both federal and state funds, and through fundraising. Mill levy funding provided $1,202,710 in Children and Family Services. This constitutes 23% of the total funding for these services. Table 10A summarizes the average cost for the year to serve children and their families. Table 10B indicates that 44% of the individuals receiving services through DDRC are children from birth to age 18.

Table 10A. Mean Cost of Children & Family Services: Annual Average per Child/Family (n=1,075)

Source	Cost	Percentage
By all Sources (Federal, State, County, Fundraising	$4,904	100%
All Sources without County	$3,785	77%
County (Mill Levy)	$1,119	23%

Table 10B. Children in Services by Age Group (n=44%)

Age Range	Percentage
Birth to 4	25
05-09	9
10-14	6
15-17	4

Early Intervention services offers educational and therapeutic supports to children birth to three with developmental delays or disabilities. These services are designed to enhance the capacity of families to support their child's well being, development, learning and full participation in their communities. Services are coordinated by a Resource Coordinator to address desired functional outcomes and are provided in the everyday routines and activities of the families. DDRC's Early Intervention program provides services to an average of 398 infants and toddlers per month.

Research has shown that children who receive early intervention services are more likely to need fewer services as adults, if any at all. Within the current structure, the state of Colorado funds only a portion of the children served in Jefferson County. DDRC's Early Intervention program provides services to an average of 398 infants and toddlers per month although we are paid by the state for only 164. Under the Individuals with Disabilities Education Act (IDEA) we are not allowed to have a waiting list for children birth – 3, so every eligible child must receive services. Research also shows that children birth – 3 respond best to intervention when it occurs in their natural environment and within everyday routines and activities. Accordingly, under IDEA, we are required to provide services in the child's natural environment, which is the home for most families. Table 11 highlights early intervention services by location and number of hours of services provided during the quarter.

Table 11. Early Intervention Services: Hours of Service & Location

Early Intervention Hours of Services	Center-based	Community-based	Home-based	Total
Total Hours	35	34	3,395	3,464
Percent	1%	1%	98%	100%

A child can receive EI services under the age of three if he or she is significantly delayed in one or more of the following areas: communication, adaptive behavior, social-emotional, motor, sensory, or cognition.

Because of the importance of identification of children at such a young age, DDRC works with all of its community partners regarding public awareness. This helps to ensure that children are referred at an early age and that referral sources are aware of early intervention services that are available. The expansion and maintenance of referral networks throughout the county is critical to reach all diverse populations. Toward this end, DDRC distributes informational materials and sponsors or participates

in forums to reach Jefferson County families, childcare providers, and health-related professionals. Individuals in the community need to be informed and educated about developmental delays and disabilities and how to apply for services. Table 12 summarizes the material distribution activities for community outreach for children and family services.

Table 12. Referral and Placement

Type	***Units of Material***
Mail Contact	3,090
Hand-delivered Materials	1,000
Community Events	12

Table 13*. Number of Children Ages 0-3 Referred Per Month:*

Month	***Number of Referrals***	
July 2008	60	
August	78	
September	77	
October	75	
November	55	
December	59	
January 2009	87	
February	82	
March	78	
April	79	
May	63	
June	66	
Total	859	Average of 72 per month

Services to children by gender are disproportionate with 37% for female children and 63% for male children. Similar to national trends, there has been a rising incidence of children with autism in DDRC services.

Family Support provides an array of supportive services to the person with a developmental disability and his or her family when the person remains within the family home, thereby preventing or delaying the need for out-of-home placement, which is unwanted by the person or the family. Family Support Services provides funding to 798 families in their role as primary caregivers for a family member with a developmental disability living in the family's home. Table 14 illustrates services by type and percentages.

Table 14. Type of Family Support Services

Service	Percent
Respite	30
Professional Services	24
Home Modifications, Assistive Technology and Supplies	12
Transportation	4
Medical & Dental	14
Parents & Siblings Education and Supports	5
Other Individual Services	11
Total	100

III. Cost Breakdown and Cost Methodology for Developmental Disability Services

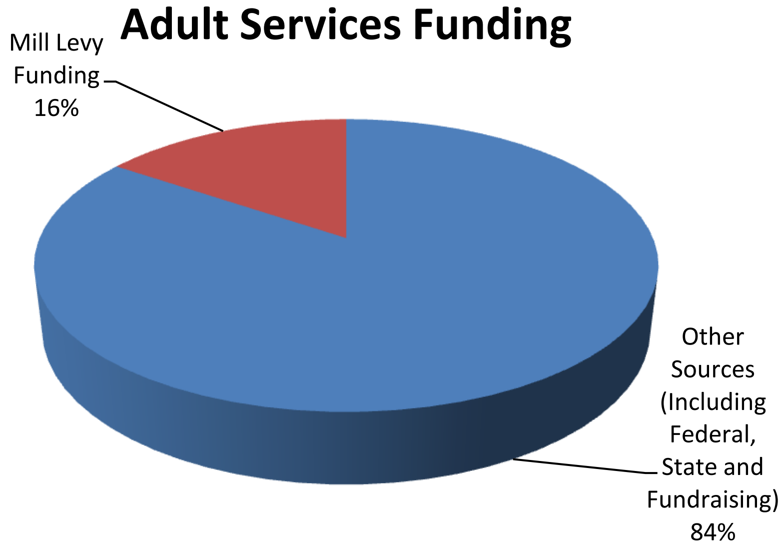
Over 2400 children, families and adults are served by DDRC. DDRC provides services to children and adults and to families. While some individuals need personal care for eating, dressing, bathing and toileting, others may need monitoring of oxygen or g-tube feeding, while others may have behavioral issues, psychological conditions or medical or mobility issues. Many individuals need help with transportation, help with cooking, money management, job placement, and assistance in accessing general services in the community. However, each service area has a financial ceiling based on funding and the support needs identified in the individuals Service Plan. The state's Division for Developmental Disabilities and Health Care Policy & Financing establishes the rates and expenditure ceilings for Medicaid services. Medicaid rates can only be adjusted by an amendment to the service plan by the case manager, which is then submitted to the Division for Developmental Disabilities. For adjustment to rates to be requested, case managers include an analysis demonstrating that the individual requires an increase in services based on life changes. State staff review and determine whether the request meets criteria for a funding change.

DDRC follows the rate setting levels established by the state. Medicaid services have mandated rates established by the state. In those instances, DDRC is required to use the state-imposed rate structure as a maximum rate per service.

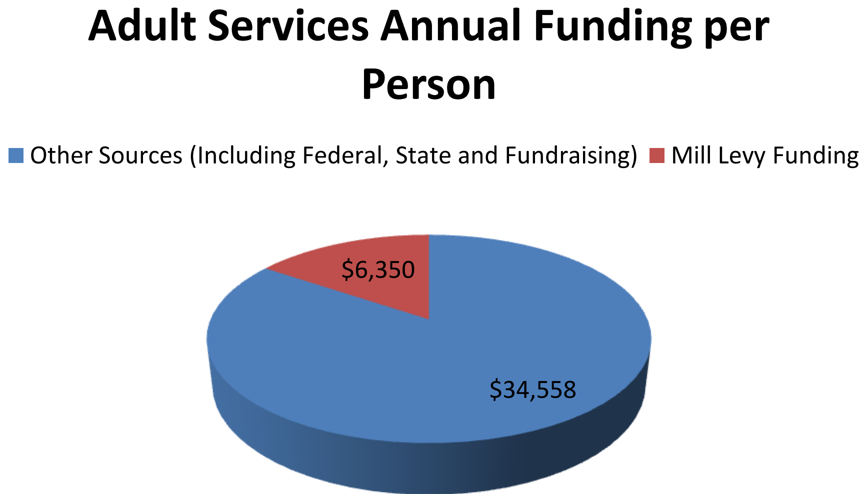
In order to manage cost decisions, an expenditure methodology based on tiers is used to track average and projected costs. The tiers are established by the state and are based on the assessment of support needs of the individual including behavioral health issues, medical needs, level of mental and cognitive capacity, among other clinical factors listed in Tables 4 and 7, in addition to ongoing individualized risk assessments.

Additional cost factors inclusive of the average rate of service include ancillary service costs such as case management, transportation, and durable medical equipment. The following four graphs report average per person costs for adult and children and family services for the period of July 1 – June 30, 2009.

Graph B: Adult Services:

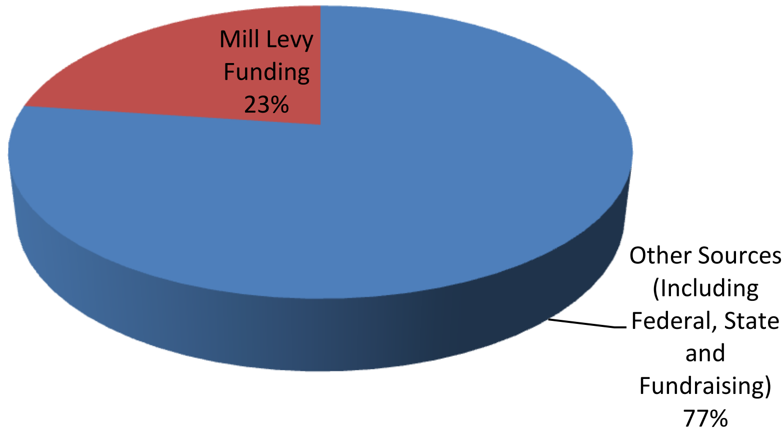


Graph C: Adult Services:



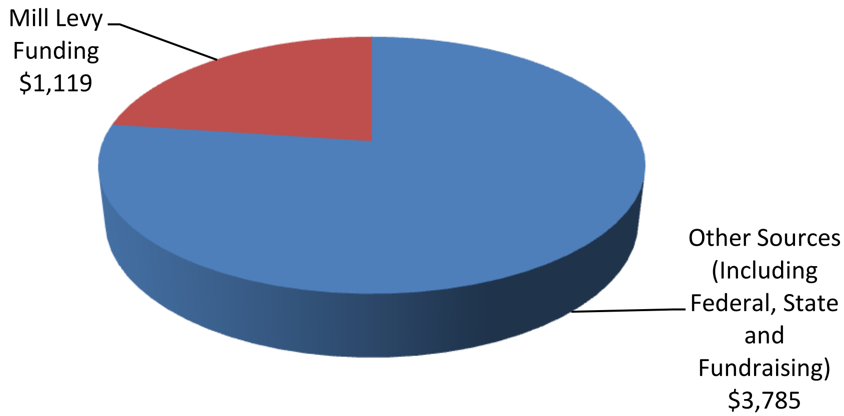
Graph D: Children and Family Services Funding:

Children and Family Services Funding



Graph E: Children and Family Services Funding:

Children and Family Services Annual Funding per Person



Adults and children who receive services in Jefferson County are dispersed throughout the entire county. Table 15 illustrates the heaviest concentrations of services by Zip Code where the number of individuals exceeds 100 per code.

Table 15. Individuals Served by Zip Code

Zip Code	Individuals Served
80004	214
80226	199
80003	160
80228	154
80214	153
80128	144
80127	141
80401	136
80215	129
80033	128
80021	116
80005	115
80232	107
80227	103

IV. Appeals/Grievances/Complaints

DDRC responded to 10 requests to appeal eligibility for developmental disability services and 3 requests to appeal waiver services during the 2008-2009 report year. The majority of these appeals were withdrawn or dismissed.

V. Report Distribution

Hard copies of the annual mill levy report will be provided on request. Additionally, the report can be viewed and downloaded from DDRC's website www.ddrcco.com.

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