



## **Person-First Language, Supported Employment, Community Centered Boards, & Waivers for Individuals with Intellectual and Developmental Disabilities**

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### **Introduction**

Working with individuals with intellectual and developmental disabilities, it is important to know the proper verbiage to use, as well as the proper definitions for the more common intellectual and developmental disabilities. In addition, it is helpful to know the different waivers that Pikes Peak Respite Services works with, and the services that are covered under each waiver (each waiver is through Medicaid). In this training, we will also cover Community Centered Boards, their purpose, and the specific Community Centered Boards that Pikes Peak Respite Services works with.

Intellectual Disabilities (ID) are characterized by impairments in general mental abilities as well as in adaptive functioning across conceptual, social, and practical domains that occur during the developmental period. ID is a specific type of developmental disability, a larger category that more broadly addresses conditions in which there may be impairments across domains such as physical, language, learning, and behavior (Crnic et al., 2017). Essentially, “Intellectual Disability” is more of an umbrella term that covers a wide variety of more specific disabilities. It can, however, be a diagnosis in and of itself. In fact, many individuals who are diagnosed with Autism are also diagnosed with an Intellectual Disability. While overall intellectual functioning in individuals with autism can fall in the average to superior range, approximately 50–70 % of individuals with autism spectrum disorders (ASD) are also diagnosed with an intellectual disability (ID), and it is estimated that up to 40 % of individuals with autism experience ID in the severe to profound range (Walton & Ingersoll, 2013).

While many individuals who are diagnosed with Autism are diagnosed with an Intellectual Disability, not many individuals who are diagnosed with ID also have Autism. Estimates of the number of individuals with ID who also have ASD are extremely varied, with some studies showing that as few as 4 % of individuals with ID also have ASD and others finding that as many as 40 % of individuals with ID also have ASD (Walton & Ingersoll, 2013). It is important to not get these two diagnoses confused and remember that they do not always come as a “package deal.”

Autism is one of the “main” developmental disabilities, and one of the main diagnoses that we provide services for. Services for individuals with autism may be available through the healthcare, early intervention, developmental disability (DD), special education, and/or mental health system, depending on the state. Many of these systems rely on the definition of autism codified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* by the American Psychiatric Association (APA) as part of the basis for eligibility decisions. As currently defined in the field and in the DSM-5, autism spectrum disorder (ASD) is a developmental disability characterized by impairments in two core areas: (1) social communication/social interaction and (2) restricted, repetitive patterns of behavior, interests, or activities. Individuals with ASD who have intellectual functioning and language abilities within the average range (which frequently has been used to deem such individuals as not qualifying for DD services) may still be unable to hold a job or participate in, and benefit from, a general education school setting without assistance (Williams et al., 2017). Autism, however, is not the only developmental disability that we provide services for, the below table lists and defines some of the other more common developmental disabilities.

Type of Developmental Disability	Description	Signs and Symptoms
Autism (GARD, 2021)	Autism spectrum disorder (ASD) is a condition that affects the development of social and communication skills. It includes features of four conditions which were once thought to be separate syndromes - autistic disorder, Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorder.	Signs and symptoms often become apparent in the first 2-3 years of life and vary significantly from person to person. Common symptoms shared by people with ASD include restrictive and repetitive behaviors, social impairment, and communication difficulties.
Cerebral Palsy (GARD, 2021)	Signs and symptoms generally appear during infancy or early childhood and vary based on the type of cerebral palsy (spastic cerebral palsy, dyskinetic cerebral palsy, ataxic cerebral palsy, and mixed cerebral palsy), the severity of the condition and which area(s) of the brain are affected. Cerebral palsy is caused by abnormal brain development or damage to the developing brain.	Common features include a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); walking with one foot or leg dragging; walking on the toes, a crouched gait, or a "scissored" gait; and muscle tone that is either too stiff or too floppy.
Down Syndrome (GARD, 2021)	Down syndrome is a chromosome disorder associated with intellectual disability, a characteristic facial appearance, with small nose and an upward slant to the eyes, and low muscle tone in infancy. The degree of intellectual disability varies from mild to moderate.	Individuals with Down Syndrome may develop the following medical problems (1) congenital hypothyroidism; (2) hearing loss; (3) congenital heart defects; (4) seizures; (5) vision disorders; (6) decreased muscle tone.
Fragile X Syndrome (GARD, 2021)	Fragile X syndrome is a genetic condition involving changes in part of the X chromosome. This condition causes a range of developmental problems including learning disabilities and	Features may include anxiety; attention deficit disorder (ADD); features of autism spectrum disorders that affect communication and social interaction; and seizures. Most males and some

	cognitive impairment. It is the most common form of inherited intellectual disability in males and a significant cause of intellectual disability in females.	females with fragile X syndrome have characteristic physical features that become more apparent with age. These features may include a long and narrow face; large ears; a prominent jaw and forehead; unusually flexible fingers; flat feet; and in males, enlarged testicles (macroorchidism) after puberty.
Spina Bifida (GARD, 2021)	Spina bifida is a type of neural tube defect in which the neural tube (the structure in an embryo that becomes the brain and spinal cord) does not completely close during development in the womb. This may result in part of the spinal cord sticking out through an opening in the spine, leading to permanent nerve damage. Babies born with spina bifida often have a fluid-filled sac, covered by skin, on their back.	The signs and symptoms of spina bifida can range from mild to severe, depending on the location and extent of spinal cord involvement. Possible symptoms include a loss of feeling below the level of the opening, weakness or paralysis of the feet or legs, problems with bladder and bowel control, hydrocephalus, and learning problems.
Tourette Syndrome (GARD, 2021)	<p>Tourette syndrome is a complex neurological disorder that is characterized by repetitive, sudden, uncontrolled (involuntary) movements and sounds (vocalizations) called tics. It is estimated that about 1% of the population has Tourette syndrome.</p> <p>The early symptoms of Tourette syndrome are almost always noticed first in childhood, with the average onset between the ages of 3 and 9 years. Although the symptoms of Tourette syndrome vary from person to person and range from very mild to severe, the majority of cases fall into the mild category. The repetitive, stereotyped, involuntary movements and vocalizations called tics are classified as either simple or complex.</p>	<p>Some of the more common simple tics include (1) eye blinking and other eye movements; (2) facial grimacing; (3) shoulder shrugging; (3) head or shoulder jerking; (4) repetitive throat-clearing; (5) sniffing/snorting (6) grunting; (7) barking sounds.</p> <p>Complex motor tics might include (1) facial grimacing combined with a head twist and a shoulder shrug; (2) sniffing or touching objects; (3) hopping; (4) jumping; (5) bending; or (6) twisting. Perhaps the most dramatic and disabling tics include motor movements that result in self-harm such as punching oneself in the face or vocal tics including coprolalia (uttering swear words) or echolalia (repeating the words or phrases of others).</p>
22q11.2 Deletion Syndrome (Velocardiofacial Syndrome) (GARD, 2021)	22q11.2 deletion syndrome is a disorder that involves many different areas of the body and can vary greatly in severity among people with the condition. Signs and symptoms may include cleft palate, heart defects, recurrent infections, unique facial characteristics, feeding problems, kidney abnormalities, hypoparathyroidism, thrombocytopenia, scoliosis, hearing loss, developmental delay, and learning disabilities. People with this condition are also more likely to develop certain autoimmune disorders and personality disorders.	The signs and symptoms of 22q11.2 deletion syndrome vary greatly from person to person, even among affected people in the same family. The most common symptoms include (1) Heart Defects (74% of individuals); (2) Abnormalities with the Development of the Palate (69% of individuals); (3) Characteristic Facial Features (elongated face, almond shaped eyes, wide nose, and small ears); (4) Learning Difficulties (70-90% of individuals); (5) Immune System Problems (77% of Individuals). Developmental delay, intellectual disability, and learning differences are

		also common in individuals with 22q11.2 deletion syndrome. Individuals may also have an autism spectrum disorders. Psychiatric illness, attention deficit disorder, anxiety, repetitive behaviors, and difficulty with social interactions are also common.
Fetal Alcohol Spectrum Disorders (CDC, 2021)	Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. Different FASD diagnoses are based on particular symptoms and include: Fetal Alcohol Syndrome (FAS) FAS represents the most involved end of the FASD spectrum. People with FAS have central nervous system (CNS) problems, minor facial features, and growth problems. People with FAS can have problems with learning, memory, attention span, communication, vision, or hearing. They might have a mix of these problems. People with FAS often have a hard time in school and trouble getting along with others.	A person with FASDs might have (1) low body weight; (2) poor coordination; (3) hyperactive behavior; (4) difficulty with attention; (5) poor memory; (6) difficulty in school (especially with math); (7) learning disabilities; (8) speech and language delays; (9) intellectual disability or low IQ; (10) poor reasoning and judgement skills; (11) sleep and sucking problems as a baby; (12) vision or hearing problems; (13) problems with the heart, kidneys, or bones; (14) shorter-than-average height; (15) small head size; (16) abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum).

## Person-First Language

Person-first language is the structural form in which a noun referring to a person or persons (e.g. person, people, individual, adults, or children) precedes a phrase referring to a disability (e.g. person with a disability, people with blindness, individual with intellectual disabilities, adults with dyslexia, and children with autism). Person-first language contrasts with identity-first language; in identity-first language, the disability, serving as an adjective, precedes the personhood-noun (e.g. disabled person, blind people, intellectually disabled individual, dyslexic adults, and autistic children) (Gernsbacher, 2017).

The American Psychological Association (APA) advocates the use of person-first language (e.g., people with disabilities) to refer to individuals with disabilities in daily discourse and to reduce bias in psychological writing (Dunn & Andrews, 2015). Language is very important when working with individuals with disabilities, as certain verbiage could dehumanize the individual by focusing too much on their “impairment”.



Beatrice A. Wright argued that the emphasis should be placed on the person, who must always come before his or her disability. Person-first language (e.g., person with a disability)—literally emphasizing persons rather than impairments—was believed to preserve disabled people’s humanity while promoting their individuality. It is especially important that you do not refer to anyone with a disability in monolithic terms (e.g., a tetraplegic, a diabetic, an autistic), because doing so effectively objectifies the person by focusing only on the impairment. Such objectifying language promotes essentialism, where people are viewed primarily in terms of their disabilities (Dunn & Andrews, 2015).

## Community Centered Boards (CCB)

Colorado's community-centered boards have been a single point of entry, one-stop-shopping model of managed care service delivery to people with developmental disabilities for more than three (now five – in 2021) decades. Through well-developed resource coordination, people with disabilities and their families are carefully matched with service and support providers. Intake, referral, resource coordination, other forms of case management, quality assurance, cost utilization review, and outcome monitoring are the boards' responsibility (Hall, 1996).

The Community Centered Boards that Pikes Peak Respite Services work with at this time are (1) The Resource Exchange; (2) Rocky Mountain Human Services; (3) Developmental Pathways; (4) North Metro Community Services; (5) Imagine! and; (5) Bluesky Enterprises. These organizations are not specifically Community Centered Boards, and all offer a variety of other services. Case Management Services assist a person in accessing necessary services and supports to meet his or her needs. Services include intake, eligibility determination, service plan development, arrangement for services, delivery of services, service and support coordination, monitoring, any safeguards necessary to prevent conflict of interest between case management and direct service provision, and termination and discharge from services. Community Centered Boards (CCBs), in partnership with private service providers, are responsible for managing and delivering services to individuals with developmental disabilities and their families throughout the state of Colorado. Currently there are 20 Community Centered Boards who serve approximately 11,000 (almost 96% of the state's developmentally disabled population) and their families in every county across the state (COCAF, 2021)

### El Paso/ Park / Teller

The Resource Exchange  
6385 Corporate Drive, Suite 301  
Colorado Springs, CO 80919  
719-380-1100

### Arapahoe / Douglas / City of Aurora

Developmental Pathways  
325 Inverness Drive South  
Englewood, CO 80112  
303-360-6600

### Denver

Rocky Mountain Human Services  
9900 E Iliff Avenue  
Denver, CO 80231  
303-636-5600

### Adams

North Metro Community Services  
1185 W. 124<sup>th</sup> Ave.  
Westminster, CO 80234  
303-252-7199 or 303-457-1001

Boulder / Broomfield

Imagine!

1400 Dixon Avenue

Lafayette, CO 80026

303-665-7789

Pueblo

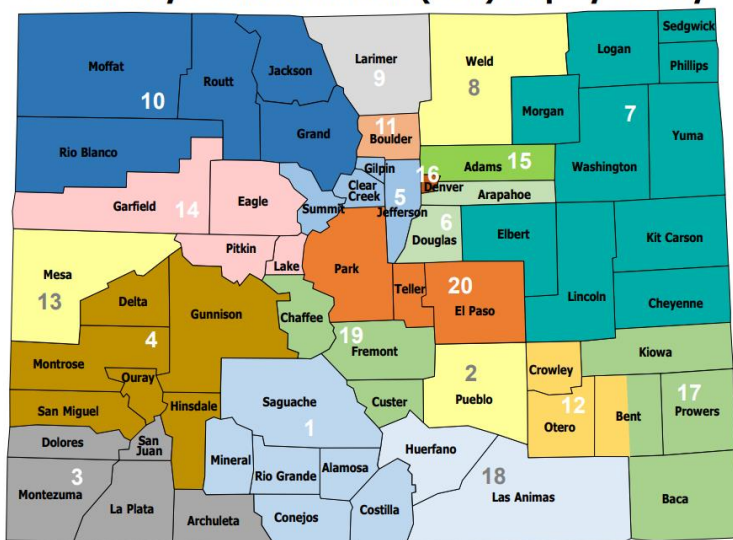
Colorado Bluesky Enterprises

115 West 2<sup>nd</sup> Street

Pueblo, CO 81003

719-546-0572

### Community Centered Boards (CCB) Map by County



 COLORADO  
Department of Health Care  
Policy & Financing

July 2020

#	CCB Name	Counties Served
1	Blue Peaks Developmental Services	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache
2	Colorado Bluesky Enterprises	Pueblo
3	Community Connections, Inc.	Archuleta, Dolores, La Plata, Montezuma, San Juan
4	Community Options, Inc.	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel
5	Developmental Disabilities Resource Center	Clear Creek, Gilpin, Jefferson, Summit
6	Developmental Pathways	Arapahoe, Douglas
7	Eastern Colorado Services	Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
8	Envision	Weld
9	Foothills Gateway	Larimer
10	Horizons Specialized Services	Grand, Jackson, Moffat, Rio Blanco, Routt
11	Imagine!	Boulder, Broomfield
12	Inspiration Field	Bent, Crowley, Otero
13	Mesa Developmental Services (Strive)	Mesa
14	Mountain Valley Developmental Services	Eagle, Garfield, Lake, Pitkin
15	North Metro Community Services, Inc.	Adams
16	Rocky Mountain Human Services	Denver
17	Southeastern Developmental Services	Baca, Bent, Kiowa, Prowers
18	Southern Colorado Developmental Disabilities Services	Huerfano, Las Animas
19	Starpoint	Chaffee, Custer, Fremont
20	The Resource Exchange (TRE)	El Paso, Teller, Park

(CDHCPF, 2020)

- The Resource Exchange (TRE) [About Us \(tre.org\)](https://tre.org)
  - It is our honor and privilege to serve nearly 9,000 infants, children, teenagers, adults, and seniors in El Paso, Pueblo, Teller and Park counties. The Resource Exchange (TRE) serves nearly 9,000 infants, children, teenagers, adults, and seniors in El Paso, Pueblo, Teller, and Park counties. Advocating for independence and inclusion, TRE partners with children and adults who have a variety of disabilities, delays, mental health or long-term care needs. We do this using a person-centered approach in coordinating care, promoting choices, and collaborating with community partners.
  - TRE has relationships with over 200 community partners to which we refer our families. Our partners join with TRE to increase opportunities for the people we serve.
- Rocky Mountain Human Services [RMHS | Denver | Human Services \(rmhumanservices.org\)](https://rmhumanservices.org)
  - We utilize our human services expertise to improve the health, self-sufficiency and overall quality of life for individuals. Our expertise includes long term care, assessment and evaluation, case management, clinical therapies, residential support, resource coordination, early intervention and housing stability.



- Founded in 1992, Rocky Mountain Human Services is a nonprofit organization that empowers people with the resources they need to thrive, and to live the lives they envision in their communities of choice.
- With a staff of nearly 500 talented and dedicated employees, we support more than 15,000 Colorado residents through case management and direct service programs.
- Developmental Pathways [About Us | Developmental Pathways | Mission, Vision, Guiding Principles \(dpcolo.org\)](#)
  - Developmental Pathways is a 501(c)(3) nonprofit agency serving individuals with developmental disabilities/delays and their families. We are also one of Colorado's Community Centered Boards (CCB) connecting people to federal, state, county, and private funding in Arapahoe County, Douglas County, and the City of Aurora. We passionately believe inclusion is for everyone and offer services through Home and Community Based Medicaid Waiver programs, locally funded programs, and partnerships with other community organizations.
  - Support offered in one's own home and community exemplifies the principle that full inclusion and participation in community life is attainable for everyone.
  - Developmental Pathways helps support you and your loved one by providing intake, eligibility enrollment, and case management, all with a person-centered focus. Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy. Your Case Manager/Coordinator will be your primary contact, connecting you to resources, helping you navigate state rules and regulations, and negotiating positive outcomes.
- North Metro Community Services [About Us | North Metro Community Services \(nmetro.org\)](#)
  - North Metro is one of 20 Community Centered Boards serving people with developmental disabilities in Colorado. North Metro serves as the single point of entry for services to eligible people in Adams County (not including the city of Aurora).
  - Funding for services is provided by the State of Colorado and the Federal government through Medicaid Waivers. Services are available in two categories for adults. Comprehensive Services provide an out-of-the-home living arrangement, medical care, transportation, day, and employment services based on each individual's level of need. Support Services provide a choice of activities and supports within a specific level of funding for each person. Other support services are available for children – Early Intervention, Children's Extensive Support Services, and Family Support.
  - North Metro is a community partner with other organizations that provide care and services for persons who meet eligibility requirements. Adams County Social Services, Community Reach, our County Commissioners, School Districts, and the Adams County Housing Authority help extend services by working with and

supporting North Metro. In addition, a variety of Service Agencies are available to consumers through the Community Centered Board for Adams County.

- Most importantly, North Metro provides strong advocacy for people with developmental disabilities. We are committed to protection of human rights, respectful relationships, and individualized care.
- Imagine! [Imagine! Is \(imaginecolorado.org\)](http://imaginecolorado.org)
  - Imagine! provides services designed to incorporate people with developmental, cognitive, and physical challenges into the fabric of their communities. Services include educational and therapeutic services, job training and placement, recreation and leisure activities, opportunities for community living, behavioral health services, technology solutions, and support for families.
  - Imagine! is a private, not-for-profit community-centered board (CCB) in Colorado. A CCB is a local area's single point of entry into local, state, and federally funded programs for people with developmental disabilities in a community. Imagine! is currently one of 20 CCBs in Colorado.
  - Imagine! was established in 1963 by a group of parents determined to see that their children with developmental disabilities had the opportunity to participate in their community.
  - We continue to use that original goal as the basis for our mission. We believe in the potential of all. We believe that people with developmental disabilities have much to offer and providing the tools and supports that allow them to show what they have to offer benefits us all.
- Colorado BlueSky Enterprises [About Us \(coloradobluesky.org\)](http://coloradobluesky.org)
  - Colorado Bluesky Enterprises (CBE) is one of 20 Community Centered Boards (CCB) in Colorado providing services to persons with Intellectual & Developmental Disabilities. The CCB system was created by House Bill 121 which was approved by the Legislature before they adjourned on April 7, 1963. From this legislation CBE was created on March 24, 1964 with Articles of Incorporation being approved by the Secretary of State of Colorado.
  - The agency's first name was "Pueblo County Interagency and Citizens Council for the Seriously Handicapped and the Mentally Retarded". In 1974 the name was changed to "Pueblo County Board for Developmental Disabilities, Inc.", and in 1975 it was changed again to "Upper Arkansas Regional Board for Developmental Disabilities, Inc." because the agency became a Regional Board serving counties west of Pueblo County. However, in 1977 the name changed back to "Pueblo County Board for Developmental Disabilities, Inc." because the agency discontinued providing services in Cañon City & Salida. In 1998 the agency changed its name to "Colorado Bluesky Enterprises, Inc." with the intent to rid itself of the stigma of a "labeled" agency in respect for the persons we support.



## Waivers / Services



It is time to dive into the crazy world of Medicaid (it is a void, so get ready). Pikes Peak Respite Services is a Non-Medical (Class B) Program Approved Service Agency. A Program Approved Service Agency (PASA) is an agency that has been approved to provide direct community-based services to individuals with intellectual or developmental disabilities approved for Medicaid waiver services. PASAs may

provide approved services through the Home and Community-Based Services for people with intellectual and developmental disabilities (HCBS-DD,) Home and Community Based Services Supported Living Services (HCBS-SLS), and Home and Community Based Services, Children's Extensive Services (HCBS-CES). [Program Approved Service Agency \(PASA\) | Department of Public Health & Environment \(colorado.gov\)](http://www.colorado.gov)

Our HCA-Class B License adds to our PASA certification two critical additional authorizations. The approval to provide care for those on the Elderly, Blind and Disabled waiver (HCBS-EBD), and also enables us to provide "Hands-on" "unskilled" services to all persons we serve under the HCBS waivers listed above.

PASA's and HCAs are approved to provide direct HCBS services from the Colorado Department of Healthcare Policy and Finance (HCPF) through the Colorado Department of Public Health and Environment (CDPHE). In short, CDPHE does most of leg work to ensure all PASA and HCA candidates are prepared (and recommended) for certification and/or licensure, then HCPF approves or denies the agency for certification and/or licensure.

Confusing? We think so too. To make matters more confusing PASA's can also provide different services depending on if they hold an HCA-Class A or B Licensure. Pikes Peak Respite Services provides "home care" instead of "home health care" because we are a (Non-Medical) HCA-Class B licensed PASA. PASA's holding a (medical) HCA-Class A licensure can provide "skilled" personal care and medical services by licensed or certified health care practitioners, such as certified nursing assistants, nurses, and doctors. Non-Medical (or Class B) agencies provide "unskilled" personal care services that assist with activities of daily living, such as bathing, dressing, toileting and, in some cases, housekeeping.

Pikes Peak Respite Services currently works with eight different Medicaid Waivers for Individuals with Intellectual and Developmental Disabilities (1) Children's Extensive Support Waiver (CES); Supported Living Services Waiver (SLS); (3) Children's Habilitation Residential Program Waiver (CHRP); (4) Developmental Disabilities Waiver (DD); (5) Spinal Cord Injury Waiver (SCI); (6) Elderly, Blind, and Disabled Waiver (EBD); (7) Brain Injury Waiver (BI) and; (8) Community Mental Health Supports Waiver (CMHS).

Waiver	Who Qualifies?	Benefits and Services = PPRS Service
Children's Extensive Support Waiver (CES)	<p>Children in this program:</p> <ul style="list-style-type: none"> <li>-Are less than eighteen years of age</li> <li>-Have been determined to have a developmental disability which includes developmental delay if under five (5) years of age.</li> <li>-Live in the family home.</li> <li>-Demonstrate a medical or behavioral condition that is so intense that almost constant line of sight supervision is required to keep the child and others safe.</li> <li>-Are determined to meet the Federal Security Administrations Definition of disability</li> </ul>	<ul style="list-style-type: none"> <li>-Adaptive Therapeutic Recreational Equipment and Fees</li> <li>-Assistive Technology</li> <li>-Community Connector</li> <li>-Home Accessibility Adaptations</li> <li>-Homemaker Services</li> <li>-Parent Education</li> <li>-Professional Services (Hippo Therapy, Massage Therapy, Movement Therapy)</li> <li>-Respite Care</li> <li>Specialized Medical Equipment and Supplies</li> <li>-Vehicle Adaptations</li> <li>-Youth Day Services</li> </ul>
Supported Living Services Waiver (SLS)	<ul style="list-style-type: none"> <li>-Individuals must be determined by a Community Centered Board (CCB) to have a developmental disability.</li> <li>-Individuals must be 18 years or older</li> <li>-Your income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month</li> <li>-For a single person, their countable resources must be less than \$2,000 and for a couple it must be less than \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>-Assistive Technology</li> <li>-Behavioral Services</li> <li>-Buy-In for Working Adults with Disabilities</li> <li>-Consumer Directed Attendant Support Services</li> <li>-Day Habilitation Services (Specialized Habilitation, Supported Community Connections)</li> <li>-Dental Services</li> <li>-Health Maintenance Activities</li> <li>-Home Delivered Meals</li> <li>-Home Modifications</li> <li>-Homemaker Services</li> <li>-Life Skills Training</li> <li>-Mentorship</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Personal Care Services</li> <li>-Personal Emergency Response System</li> <li>-Prevocational Services</li> <li>-Professional Services</li> <li>-Respite Services</li> <li>-Specialized Medical Equipment and Supplies</li> <li>-Supported Employment</li> <li>-Transition Set Up</li> <li>-Vehicle Modifications</li> <li>-Vision Services</li> </ul>
Children's Habilitation Residential Program Waiver (CHRP)	<ul style="list-style-type: none"> <li>-Child is aged 0-20 years old.</li> <li>-Child has an intellectual or developmental disability or developmental delay if under age five (5) and has intensive behavioral or medical support needs that put them at risk or in need of out-of-home placement.</li> </ul>	<ul style="list-style-type: none"> <li>-Community Connector Services</li> <li>-Habilitation Services: Residential 24-Hour Support</li> <li>-Professional Therapy (Hippotherapy, Massage Therapy, Movement Therapy)</li> <li>-Respite Services</li> <li>-Intensive Support Services/Transition Support Services (Wraparound Facilitator &amp; Wraparound Plan, Prevention/Monitoring, Child &amp; Youth Mentorship)</li> </ul>

Developmental Disabilities Waiver (DD)	<ul style="list-style-type: none"> <li>-Must be determined to have a developmental disability</li> <li>-Must be 18 years or older</li> <li>-Must require access to services and supports 24 hours a day</li> <li>-Income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month.</li> <li>-For a single person, countable resources must be less than \$2,000.</li> <li>-For a couple, countable resources must be less than \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>-Behavioral Services</li> <li>-Day Habilitation Services (Specialized Habilitation, Supported Community Connections)</li> <li>-Dental Services</li> <li>-Home Delivered Meals</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Prevocational Services</li> <li>-Residential Habilitation Services (24-hour individual or group)</li> <li>-Specialized Medical Equipment and Supplies</li> <li>-Supported Employment</li> <li>-Transition Set Up</li> <li>-Vision Services</li> </ul>
Spinal Cord Injury Waiver (SCI)	<ul style="list-style-type: none"> <li>-Be 18 years of age or older</li> <li>-Have a diagnosis of a spinal cord injury</li> <li>-Have been determined to have a significant functional impairment</li> <li>-Have been determined to be financially eligible</li> <li>-Reside in one of the following Denver Metro Area counties (Adams, Arapahoe, Denver, Douglas, Jefferson)</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Services</li> <li>-Buy-In for Working Adults with Disabilities</li> <li>-Complementary and Integrative Health Services</li> <li>-Consumer Directed Attendant Support Services</li> <li>-Home Delivered Meals</li> <li>-Home Modification</li> <li>-Homemaker Services</li> <li>-In-Home Support Services</li> <li>-Life Skills Training</li> <li>-Medication Reminder</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Personal Care</li> <li>-Personal Emergency Response Systems</li> <li>-Respite Care</li> <li>-Transition Set Up</li> </ul>
Elderly, Blind, and Disabled Waiver (EBD)	<ul style="list-style-type: none"> <li>-Must be 18 years or older</li> <li>- If between the ages of 18 and 64, must be blind or have a physical disability, or have a diagnosis of HIV or AIDS.</li> <li>-If 65 and older, must have been determined to have a significant functional impairment.</li> <li>-Income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month.</li> <li>-For a single person, countable resources must be less than \$2,000.</li> <li>-For a couple, countable resources must be less than \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Services</li> <li>-Alternative Care Facilities</li> <li>-Buy-In for Working Adults with Disabilities</li> <li>-Consumer Directed Attendant Support Services</li> <li>-Electronic Monitoring</li> <li>-Home Delivered Meals</li> <li>-Home Modifications</li> <li>-Homemaker Services</li> <li>-In-Home Support Services</li> <li>-Life Skills Training</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Personal Care</li> <li>-Respite Care</li> <li>-Transition Set Up</li> </ul>
	<ul style="list-style-type: none"> <li>-Must be 16 years or older</li> <li>-Must have a brain injury</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Services</li> <li>-Behavioral Management and Education</li> </ul>

Brain Injury Waiver (BI)	<ul style="list-style-type: none"> <li>-Brain injury occurred before 65<sup>th</sup> birthday</li> <li>-Diagnosis must fit within certain categories.</li> <li>-Income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month.</li> <li>-For a single person, countable resources must be less than \$2,000.</li> <li>-For a couple, countable resources must be less than \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>-Buy-In for Working Adults with Disabilities</li> <li>-Consumer Directed Attendant Support Services</li> <li>-Day Treatment</li> <li>-Home Delivered Meals</li> <li>-Home Modification</li> <li>-Independent Living Skills Training</li> <li>-Medication Reminder</li> <li>-Mental Health Counseling</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Personal Care</li> <li>-Personal Emergency Response System</li> <li>-Respite Care</li> <li>-Specialized Equipment and Supplies</li> <li>-Substance Abuse Counselling</li> <li>-Supported Living Program</li> <li>-Transition Set Up</li> <li>-Transitional Living Program</li> </ul>
Community Mental Health Supports Waiver (CMHS)	<ul style="list-style-type: none"> <li>-18 years of age or older with a severe and persistent mental health need</li> <li>-Currently has or at any time during the past year leading up to assessment has a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified with the Diagnostic and Statistical Manual of Mental Disorders.</li> <li>-Has a disorder that is episodic, recurrent, or has persistent features, but may vary in terms of severity and disabling effects</li> <li>-Has resulted in functional impairment which substantially interferes with or limits one or more major activities</li> <li>-Income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month.</li> <li>-For a single person, countable resources must be less than \$2,000.</li> <li>-For a couple, countable resources must be less than \$3,000</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Services</li> <li>-Alternative Care Facilities</li> <li>-Buy-In for Working Adults with Disabilities</li> <li>-Consumer Directed Attendant Support Services</li> <li>-Home Delivered Meals</li> <li>-Home Modifications</li> <li>-Homemaker Services</li> <li>-Life Skills Training</li> <li>-Medication Reminder</li> <li>-Non-Medical Transportation</li> <li>-Peer Mentorship</li> <li>-Personal Care</li> <li>-Personal Emergency Response System</li> <li>-Respite Care</li> <li>-Transition Set Up</li> </ul>

(CDHCPF, 2021)

<b>PPRS Service</b>	<b>Waivers</b>
Homemaker Basic	<ul style="list-style-type: none"> <li>• CES</li> <li>• SLS</li> <li>• SCI</li> <li>• EBD</li> <li>• CMHS</li> </ul>
Homemaker Enhanced	<ul style="list-style-type: none"> <li>• CES</li> <li>• SLS</li> <li>• SCI</li> <li>• EBD</li> <li>• CMHS</li> </ul>
Community Connector	<ul style="list-style-type: none"> <li>• CES</li> <li>• CHRP</li> </ul>
Child and Youth Mentorship	<ul style="list-style-type: none"> <li>• CHRP</li> </ul>
Respite Care	<ul style="list-style-type: none"> <li>• CES</li> <li>• SLS</li> <li>• CHRP</li> <li>• SCI</li> <li>• EBD</li> <li>• BI</li> </ul>
Non-Medical/Personal Care	<ul style="list-style-type: none"> <li>• SLS</li> <li>• SCI</li> <li>• EBD</li> <li>• BI</li> </ul>
Mentorship	<ul style="list-style-type: none"> <li>• SLS</li> </ul>
Supportive Community Connector	<ul style="list-style-type: none"> <li>• SLS</li> <li>• DD</li> </ul>
Wraparound Services	<ul style="list-style-type: none"> <li>• CHRP</li> </ul>
Supportive Employment	<ul style="list-style-type: none"> <li>• SLS</li> <li>• DD</li> </ul>
Host Homes	<ul style="list-style-type: none"> <li>• DD</li> </ul>

## Supportive Employment

One (subjectively) really cool service that Pikes Peak Respite Services offers is Supportive Employment. This service is provided in order to enable waiver participants (SLS & DD, in this case) to gain access to waiver and other community services, activities, and resources, as specified by their service plan. Transportation to and from work is a benefit in conjunction with supported employment services and is offered in addition to medical transportation and transportation services under the state plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. The number of units available for transportation services is 508 units per service plan year or approximately 42 trips per month (PPRS, 2021).

Employment First in Colorado means:

- All people with disabilities have opportunities to work and grow in their careers
- Employment in the general workforce should be the first and preferred option for working age individuals with disabilities, regardless of level of disability, receiving assistance from publicly funded systems
- State and local systems change initiatives result in real jobs for real pay for people with disabilities

In recent years, there has been a strong and consistent focus on supports and services that promote integrated employment for adults with intellectual and developmental disabilities (IDD) in the United States. However, despite research, policy, and practice-based initiatives, researchers continue to find (a) troublingly low rates of integrated employment for adults with IDD and (b) limited change over time in integrated employment outcomes. It is estimated that only 10% of adults with IDD are in paid, integrated employment (Shogren et al., 2020). A number of individuals with intellectual and developmental disabilities are fully capable of maintaining full-time/part-time employment and being employed can offer the benefit of independence and increased confidence. Further, the data continue to support the notion that, for a subset of individuals, the best predictor of integrated employment over time is previous experiences in integrated employment (not facility-based or other employment or non-work activities), suggesting the role of ongoing supported employment and transition services that create and support the maintenance of integrated employment (Shogren et al., 2020).

Disparities for youth with IDD exist in rates of post-school competitive employment. For example, just 27.9% of young adults with significant intellectual disability, autism, and multiple disabilities were employed up to 2 years after leaving high school (Molfenter et al., 2018). This is a major issue for, well, some obvious reasons, and paid work experience during high school stands among the strongest predictors of employment in adult life. Thus, systemic improvement in outcomes require transition services predicated on the knowledge that students with IDD have more positive postschool outcomes when they obtain paid work experience prior to leaving school. (Molfenter et al., 2018) The below table lists a number of ideas that can help individuals with intellectual and developmental disabilities obtain and sustain employment, all of which could greatly increase their overall outcome.

Theme	Example Ideas Generated
School and Transition Services	<ul style="list-style-type: none"> <li>- Career and Technical Education Expansion</li> <li>- Develop Summer Work Programs</li> <li>- School Organized Employment exploration (Job Shares, Job Shadow Days)</li> <li>- Work Study Offered</li> <li>- Service Learning Expansion</li> <li>- Employer Groups that Already Work with Regular Education</li> <li>- Use Available Planning Tools</li> <li>- Students and Family Member Involvement in Transition Planning</li> <li>- Use Community Based Assessment</li> <li>- Increase Engagement with VR</li> <li>- Increase Engagement with Employers</li> </ul>



	<ul style="list-style-type: none"> <li>- Start Discussions about Expected Outcomes Earlier</li> </ul>
Family Engagement	<ul style="list-style-type: none"> <li>- Discussions with Students and Families About Integrated Employment</li> <li>- Assist Families to Understand Connections between Home Activities and Employment</li> <li>- Support for Families to be Involved in Employment Opportunity Networking</li> <li>- Provide Information about Timelines and Expectations Related to Employment</li> <li>- Improve Connections to Key Resources</li> </ul>
Employer and Community Outreach	<ul style="list-style-type: none"> <li>- Set up Business Tours and Include Youth</li> <li>- Invite Youth to Participate in Employer Events</li> <li>- Coordinate Presentations by Youth to Employer Groups</li> <li>- Work with Employers to Set Up Presentations</li> <li>- Create Videos</li> <li>- Seek Media Coverage of Positive Employment Situations</li> <li>- Get to Know Youth and Individuals with Disabilities</li> <li>- Use People First Language</li> <li>- Share Positive Stories</li> <li>- Offer Work Experiences</li> <li>- Promote Participation of Individuals with Disabilities in Schools, Workplaces, Community Activities, Faith, Communities, and So On</li> <li>- Work to Overcome Stereotypes about Disability</li> <li>- Address Lack of Awareness of Supportive Services and Assistive Technology</li> <li>- Expand Transportation Availability and Engage Natural Supports</li> <li>- Find the Right Match for Students with Limited Skills or Lack of Training</li> <li>- Address Concerns about Individual Safety and Business Liability</li> <li>- Expand Service Provider Options</li> </ul>
Call to Action	<ul style="list-style-type: none"> <li>- Share Employment Facts with Employers</li> <li>- Make a Commitment to Network</li> <li>- Be Positive and Showcase Student Skills</li> <li>- Helps Students Create Bios and Visual Resumes</li> <li>- Share Information and Collaborate with DVR and LTC</li> <li>- Use Stories, they are Powerful!</li> <li>- Encourage Self Advocacy</li> <li>- Educate Myself on How to Help</li> <li>- Learn About Employers and the Skills they Need in Employees</li> <li>- Support/Education for Employers to Provide Accommodations</li> <li>- Employ Strategies to Increase Family Involvement</li> </ul>

	<ul style="list-style-type: none"> <li>- Celebrate Successes</li> <li>- Dispel Myths about Costs for Accommodations</li> <li>- Create a Database of Students Bios and Skills for Employers</li> <li>- Create a Ride Share Volunteer Tree</li> <li>- Maintain a Passion about Integrated Employment as the Goal</li> <li>- Develop a Plan to Incorporate Mentoring from Graduates</li> </ul>
Service System Collaboration	<ul style="list-style-type: none"> <li>- Increase Partnerships Between Schools and Service Providers</li> <li>- Use Braided Funding</li> <li>- Offer and Support Summer Work Experiences</li> <li>- Organize Business Tours and Job Shadows</li> <li>- Schools Should Provide VR Information to Students and Families</li> <li>- VR application Process Simplified</li> <li>- Educate Employers</li> <li>- Reduce Use of Jargons and Acronyms</li> <li>- Grow Service Provider Capacity with School and VR Funds</li> </ul>

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