Colorado CANDO Meeting  
September 13, 2013  
9:00 a.m. – 12:00 p.m.  
Anschutz Medical Campus, Nighthorse Campbell Auditorium  

Agenda  

9:00 – 10:00 a.m. – CoCANDO Meeting  

- CASCADE update (John Miles, Autism Society of Colorado)  
- Insurance/Policy update (Kim Tenure, Autism Society of Colorado)  
- LTSS Support update (Marijo Rymer, ARC of Colorado)  
- Respite Coalition Update (Val Saiz, Respite Coalition)  
  Respite Summits  
  - Oct 2, 2013 – Grand Junction  
  - Oct 10, 2013 – Denver  
  - Nov 8, 2013 – Colorado Springs  
- DD Definition – Neurologic Condition Advice (Corry Robinson, JFK Partners)  
- Gap Analysis update (Corry Robinson, JFK Partners)  
  - See handout with dates of Gap Analysis Community Meetings statewide  

10:00 – 10:15 a.m. - Break  

10:15 a.m. - 12:00 p.m. - Featured Presentation: Update on Educational Identification Policy  

- Overview of Educational Identification of Autism (Melinda Graham)  
- Panel – School District Perspective  
  - Amy Addison – Autism Specialist, Aurora Public Schools  
  - Bob Barrows – Special Education, Jeffco  
  - Marietta Sears – Director of Special Education, District RE-5J, Johnstown-Milliken  
  - Tanya Skalecki – Executive Director, Student Services, Mesa 51 School District  
  - Kerry Whitmore – Director, Pikes Peak BOCES  

- JFK Update on Educational Identification work in Colorado (Susan Hepburn)
Respite in Colorado

Colorado Respite Coalition

What is Respite?
Respite is temporary relief for family caregivers who are caring for individuals of any age with disabilities, and/or chronic or terminal illnesses. It allows short term relief for primary caregivers to attend to their own and other family member’s health, social, or emotional needs. Respite is an important component of a continuum of family support that serves as a preventative strategy strengthening families and allowing them to continue providing care at home.

The Colorado Respite Coalition (CRC) is an allied group of families, respite providers, and community partners working towards increasing respite options for Colorado families.

The CRC has no funding mechanism, but has had consistent family caregiver facilitation since 2004. A small 2009 grant from the Colorado Department of Public Health & Environment thru Family Voices allowed for creation of the current web site (www.coloradorespitecoalition.org). Support from JFK Partners & the Health Care Program for Children with Special Needs (HCP) has provided funding for the facilitators to attend yearly national Respite Conferences. Facilitators are paid for part-time respite efforts from HCP, however many hours are volunteered. The CRC facilitators are very grateful for this community support.

Mission: To expand quality respite options for all Colorado families.

Objectives:
1) Identify and coordinate existing respite resources
2) Establish a lifespan respite program infrastructure
3) Increase the availability of trained respite workers and volunteers
4) Increase awareness about respite services

Activities of the Colorado Respite Coalition:
- Serve as a state wide resource for information that communities, organizations, and families can access for their respite needs.
- Maintain a web site devoted to respite resources
- Provide a forum for sharing of information and knowledge between groups who have respite programs and those who wish to initiate new programs.
- Support the training of professionals and volunteers who want to provide respite.
- Raise the aware of lawmakers about the importance of respite, as well as the severe lack of respite in Colorado, and advocate for state designated funding for respite services.

Examples of Colorado families who are in need of respite:
- Single parent with 2 children with special needs; no family support; who needs to have a medical procedure requiring a hospital stay for several days.
- Husband in his 70’s caring for his wife with Alzheimer’s and an adult son with severe developmental disabilities.
- Military family with one parent deployed, and other parent caring for an aging parent with severe MS, and 2 children who is stressed to the max with financial burdens, etc.
- Family with 4 foster children with varying special needs; Mom has been in a car accident and cannot care for children on consistent basis; Dad’s out of state brother just committed suicide and he needs to go to the funeral.
- Family who has 2 children with varying degrees of Autism and Mom has mental health issues.

**Colorado Respite Coalition Co-Facilitators:**
Val Saiz, LCSW  Janis De Baca, BS  
saizhm@comcast.net  jdebacahcp@aol.com  
303-619-1437  720-231-5268

**Website:** [www.coloradorespitecoalition.org](http://www.coloradorespitecoalition.org). The site provides information regarding lifespan (all ages, all disabilities and chronic or terminal illness) respite needs. The primary goal is to provide a comprehensive state wide Respite Locator to assist families & the community find respite providers in their area.

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**Colorado Respite Care Project**

In August 2011 a Lifespan Respite grant was awarded to Colorado for the purpose of improving the delivery and quality of respite care offered in Colorado. Federal funding from the Administration on Aging was awarded in the approximate amount of $66,000 per year, for three years.

**Project goal:**
The primary goal of this project is to establish a statewide, coordinated system to meet the respite care needs of Colorado’s family caregivers of individuals with special needs regardless of age, income, race, ethnicity, situation or disability.

**Objectives:**
1) Identify and coordinate existing respite resources  
2) Establish a lifespan respite program infrastructure  
3) Increase the availability of trained respite workers and volunteers  
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**Agencies & community partners involved:**
- Colorado Respite Coalition (290 members comprised of respite providers and family caregivers)  
- Colorado Department of Human Services, State Unit on Aging (CDHS-SUA)  
- Colorado Department of Healthcare Policy and Financing (HCPF).  
- Easter Seals Colorado (Serving individuals with all disabilities and chronic illnesses)  
- Chronic Care Collaborative (group of 29 chronic disease organizations)

**Primary Contact:**
Meghan Baskett,  Project Manager, Colorado Respite Care Project  
mbasket@eastersealscolorado.org  Messages: 720-354-0845
Colorado Respite Coalition Summits

We invite you to join fellow stakeholders to learn more about respite efforts in Colorado and help develop a respite infrastructure for your community.

GRAND JUNCTION
October 2, 2013
8:30 a.m. – 3:30 p.m.
Community Services Building
510 29 1/2 Road
Grand Junction, CO 81504

DENVER
October 10, 2013
8:30 a.m. – 3:30 p.m.
St. Cajetan’s Chapel
1190 9th St. Denver, CO 80204

COLORADO SPRINGS
November 8, 2013
8:30 a.m. – 3:30 p.m.
Pikes Peak Area Council on Government
14 S. Chestnut Street
Colorado Springs, CO 80905

Contact Meghan Baskett (mbaskett@eastersealscolorado.org) for more information about the Respite Summits.
Role of a Licensed Medical Professional in The Determination of a Developmental Disability

The determination of a developmental disability in Colorado is the responsibility of the Community Centered Board as mandated in state statute (CRS 27-10.5-106). The determination is based on evaluation information that demonstrates a person has either a significant intellectual impairment or a significant adaptive behavior impairment which is manifested prior to age twenty-two. These evaluations can be completed by a number of different qualified disciplines. Per statute, in either situation (intellectual or adaptive) the condition must be, “… attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.”

The presence of an intellectual impairment automatically qualifies as being attributable to a neurological condition. When considering the cause of an adaptive behavior impairment, an evaluation of adaptive skill alone is not sufficient. The impairment must be attributable to a neurological condition. In order to establish this relationship, the assistance of a Licensed Medical Professional is required. Consultation by a neurologist is not required.

EXISTING NEUROLOGICAL CONDITIONS

A. If a person has a specific diagnosis of mental retardation/intellectual disability or related conditions which, per statute, include cerebral palsy, epilepsy or autism, then the requirement for a neurological condition is met.

B. Additionally, any other diagnosable neurological disorder listed by the National Institutes of Neurological Disorders and Stroke (NINDS), meets the requirement for a neurological disorder. The listing can be found at: http://www.ninds.nih.gov/disorders/disorder_index.htm

C. There are many instances in which no neurological cause can be identified using current testing procedures, and such idiopathic conditions can invite different theories about what is occurring. If a person does not have a specific neurological diagnosis, then, according to the Colorado Department of Human Services, Division for Developmental Disabilities rules ¹ (see endnote), a Licensed Medical Professional, practicing within the scope of his/her license, can provide a written statement affirming that the adaptive behavior impairment is the result of an undiagnosed neurological condition. Consultation and opinion provided by a neurologist is not required.

HOW TO SUPPORT A FINDING OF A SUSPECTED NEUROLOGICAL CONDITION

A. A Licensed Medical Professional may provide a written statement that a neurological condition is present as long as there is a documented effort to determine a diagnosis and the available assessment information reasonably supports a conclusion that a neurological impairment is present.

B. A Licensed Medical Professional should consider the qualitative nature of the available assessment information in order to determine if the information “reasonably” supports a conclusion that the causality of the impairment is related to an undiagnosed neurological condition.
condition. This can only be determined through professional judgment and in consideration of the severity of the impairment of adaptive behavior.

It is important to note that the criteria for significant adaptive behavior impairment means an overall adaptive behavior composite or equivalent score that 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). Per state rule, the effects of mental illness or physical or sensory impairment must be ruled out as a sole contributing factor to the limitations to adaptive behavior.

C. Neurological conditions are those affecting the brain, spinal cord, nerves or muscles.

D. If a neurologic condition is suspected but a specific diagnosis cannot be assigned, the Current Procedural Terminology (CPT) code for non-specific neurological conditions may be used:

ICD-9-CM Diagnosis Code 349.9 Unspecified disorders of nervous system.

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i Colorado Department of Human Services, Division for Developmental Disabilities Rules

16.420 DETERMINATION OF DEVELOPMENTAL DISABILITY

I. All information and assessments used to determine a developmental disability shall be current so as to accurately represent the applicant’s abilities at the time of determination.

3. An established neurological condition shall be documented as follows:
   a. A diagnosed neurological condition shall be determined by a licensed medical professional practicing within the scope of his/her license; or,
   b. If a specific diagnosis is not possible, a written statement from a licensed medical professional, practicing within the scope of his/her license, or a licensed psychologist may be used as long as there is a documented effort to determine a diagnosis and the available assessment information reasonably supports a conclusion that a neurological impairment is present.

4. The effects of mental illness or physical or sensory impairment must be considered to determine the extent to which such impairments are the sole contributing factor to the impairment of general intellectual functioning or limitations to adaptive behavior.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Address</th>
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<tbody>
<tr>
<td>Thursday, August 29</td>
<td>9 am - 1 pm</td>
<td>Fort Collins/Boulder/Adams County/Greeley/Lafayette</td>
<td>John M. Taylor Conference Center 1665 Coal Creek, Lafayette, CO Use East side doors</td>
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<tr>
<td>Thursday, September 12</td>
<td>8:00 - 12:00</td>
<td>Denver</td>
<td>Daniel's Fund 101 Monroe Street Denver CO</td>
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<td>Friday, September 20</td>
<td>8:30 - 12:30 p.m.</td>
<td>Lakewood</td>
<td>DDRC 11177 West 8th Avenue Lakewood, Colorado 80215</td>
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<tr>
<td>Wednesday, September 25</td>
<td>11 a.m. - 3 p.m.</td>
<td>Arapahoe/Douglas Counties and Aurora</td>
<td>Aurora Mental Health Center, Leversee Building 1290 Chambers Road, Aurora, CO</td>
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<tr>
<td>Thursday, October 3</td>
<td>9 a.m. - 1 p.m.</td>
<td>Pueblo</td>
<td>Colorado Bluesky Ent. Infant Toddler Center 2003 Northmoor Terrace, Pueblo, CO</td>
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<tr>
<td>Friday, October 4</td>
<td>10 a.m. - 2 p.m.</td>
<td>Northeastern CO/Sterling</td>
<td>Centennial Mental Health Center 211 W. Main St., Sterling, CO</td>
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<tr>
<td>Wednesday, October 16</td>
<td>12 p.m. - 4 p.m.</td>
<td>CO Springs</td>
<td>The Resource Exchange 418 S. Weber Street Colorado Springs, CO East building (café entrance), Admin conference/training room</td>
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<tr>
<td>Friday, October 18</td>
<td>9 a.m. - 1pm</td>
<td>San Luis Valley - Alamosa</td>
<td>SLV Community Mental Health Center 8745 County Rd 9 S Alamosa, CO 81101 East building (café entrance), Admin conference/training room</td>
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<tr>
<td>Tuesday, October 22</td>
<td>10 a.m. - 2 p.m.</td>
<td>Steamboat/Glenwood Springs</td>
<td>US Bank Community Conference Room 1901 Grand Ave Glenwood Springs, CO 81601</td>
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<tr>
<td>Thursday, October 24</td>
<td>8 a.m. - 12 p.m.</td>
<td>Durango</td>
<td>Conference Room at the Columbine Building 281 Sawyer Drive, Durango, CO</td>
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