

The Expansion of DP's Programming FY23 to FY25

Before CMA & EI Expansions



After CMA & New EI Contracts

Individuals & Families Referred to DP (CMA)

3,000+
annually

250-300
monthly



14,000+
annually

1,200-1,500
monthly

Individuals & Families Served by DP

11,000+
annually

~8,800
point in time



~24,000
last 12 months

~15,000
point in time

Total Programs Supported

LTC CMA: 7
Early Intervention: 1
CO WL (Local): 1

9



22

LTC CMA: 18
Early Intervention: 3
CO WL (Local): 1

Average Caseload Size (CMA)

42-50



63

Caseload Composition (CMA)

Complex but focused

- 100% I/DD programming
- Across all ages
- Supporting both state-general funded and waiver-funded programs
- Consistent caseload composition



Superlatively Complex

- I/DD, aging, mental health, and physical/medical disability programs
- Across all ages
- Additionally, supporting Non-HCBS and HCBS programming
- Increased caseload changes

Total DP Staff

275+



600+

Total Agency Revenues

\$52.4 Million

54.3% State & Medicaid
39.4% Mill Levy
3.6% Investment
2.3% Other Programs
0.2% Public Support
0.2% Other

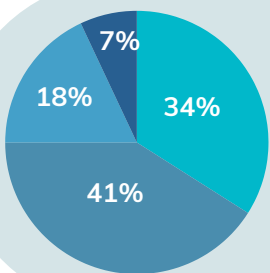


\$73 Million*

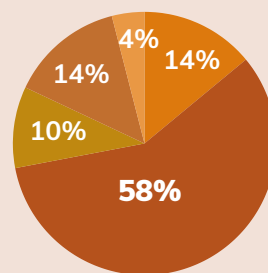
65.3% State & Medicaid
32.6% Mill Levy
1.9% Other
0.2% Public Support

*Based on Projected Budgets

Individuals Served by Program



- Early Intervention
- HCBS Waiver Case Management
- Community Outreach Waitlist
- State General Funded Programs



- Early Intervention
- HCBS Waiver Case Management
- Community Outreach Waitlist
- Non-HCBS Programs
- State General Funded Programs

CMA Programmatic System Changes

- Legacy systems such as BUS and DDWeb
- Systems independent from each other
- Simpler data flows
- Internal controls and reporting available



- New / in-development systems such as CCM and PeakPro
- Increased systems interconnectedness
- Multifaceted operational & data workflows