

## COMMUNITY LIVING QUALITY IMPROVEMENT COMMITTEE APPLICATION

To Whom It May Concern:

The Colorado Department of Health Care Policy & Financing (HCPF) is developing a committee focused on quality improvement: the Community Living Quality Improvement Committee (CLQIC). HCPF oversees and operates Colorado Medicaid, Child Health Plan Plus (CHP+) and other health care programs for Coloradans.

Per executive order, in 2012, the Community Living Advisory Group (CLAG) was formed in the Long Term Services and Supports (LTSS) delivery system. The CLAG identified the lack of mechanisms to determine what entails quality of life and how to measure quality of life from the perspective of those utilizing services. For additional information about the work of the CLAG reference the [Final Recommendations Report](#).

The CLQIC will meet on a monthly basis at a regularly scheduled time. The committee is interested in membership inclusive of persons with lived experiences, caregivers, providers and related stakeholders of the following child and adult populations:

- Older Adults
- Intellectual or Developmental Disabilities
- Cognitive Disabilities
- Physical Disabilities
- Mental Health Disabilities
- Behavioral Disabilities
- Substance Use Disorders

If you are interested in serving on the CLQIC, please fill out the application below. Return the completed application to HCPF staff person Heidi Walling at [Heidi.Walling@state.co.us](mailto:Heidi.Walling@state.co.us) by **November 27, 2015**.

Please forward this email to any other individuals you believe might be interested in serving on this committee.

If you have any additional questions, comments or feedback, contact Heidi Walling by email [Heidi.Walling@state.co.us](mailto:Heidi.Walling@state.co.us) or by phone, 303-866-3243.

Thank you in advance for your time and consideration.



**Department of Health Care Policy and Financing's  
Community Living Quality Improvement Committee (CLQIC) Application**

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip code \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

**What is the best way to contact you?**

Mobile phone \_\_\_\_\_ Text Message (check box):   
Home phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ U.S. postal mail \_\_\_\_\_  
Other (including leaving a message at an organization or facility) \_\_\_\_\_

**Age:** 16-21 \_\_\_ 22-30 \_\_\_ 31-45 \_\_\_ 46-65 \_\_\_ 65 and over \_\_\_

**Gender:** \_\_\_\_\_ **Racial/ethnic background (optional):** \_\_\_\_\_

**Do you receive Medicaid services (yes/no)?** \_\_\_\_\_

**Does a family member receive Medicaid services (yes/no)?** \_\_\_\_\_

**Long Term Care Program Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home and Community Based Services Program Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization(s) you represent (if any):** \_\_\_\_\_

**Provider type, if applicable:** \_\_\_\_\_

**Region of Colorado you represent:** \_\_\_\_\_

*(Application continues on next page)*

**PERSONAL EXPERIENCE**

**Based on the list below what is most important to you and why?** *(Feel free to expound on an additional page)*

- Health care
- Quality of life
- Person-centered and Person Development Services
- Research
- Programs and services
- Legislation/policy
- Other

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**What related technical and/or life experience, skills or education would you bring to the committee?**

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**Have you ever served on a community and/or advocacy committee or similar group? If so, which one(s) and what did you like or dislike about the experience?** \_\_\_\_\_

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**Please identify the individual(s) you best represent:**

- \_\_\_\_\_ Older Adults
- \_\_\_\_\_ Intellectual or Developmental Disabilities
- \_\_\_\_\_ Cognitive Disabilities
- \_\_\_\_\_ Physical Disabilities
- \_\_\_\_\_ Mental Health Disabilities
- \_\_\_\_\_ Behavioral Disabilities
- \_\_\_\_\_ Substance Use Disorders
- \_\_\_\_\_ Other \_\_\_\_\_

**Please describe your personal and/or organizational interests in serving on CLQIC:** \_\_\_\_\_

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**Suggestions, concerns and/or comments you would like to offer:** \_\_\_\_\_

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Application Deadline: November 27, 2015***

***Thank you for your time and interest.***

Please send application to Heidi Walling at [Heidi.Walling@state.co.us](mailto:Heidi.Walling@state.co.us)