



**Meeting Minutes  
 Children’s Disability Advisory Committee  
 Department of Health Care Policy and Financing**

Colorado Department of Public Health and Environment  
 4300 Cherry Creek Drive South, C-1-A Room Located in building C  
 Denver, CO 80246

*Note: Participants need to sign-in at the CDPHE front desk in Building A in order to receive a badge for access to Building C.*

September 12, 2018  
 10:00 a.m. to 12:00 p.m.  
**PHONE: 720-279-0026**  
**PIN: 308112**

**Introductions**

<b>In the Room</b>		<b>On the Phone/Webinar</b>	
<b>Person</b>	<b>Agency</b>	<b>Person</b>	<b>Agency</b>
Christy Blakely	Parent Advocate	Lisa Franklin	Parent to Parent
Chris Russell	Aviana Healthcare	Cat Dickerson	NMCS
Lindsay Westlund	HCPF	Ana Bordallo	HCPF
Nina Snyder	HCPF	Eric Stricca	HCPF
Candace Bailey	HCPF	Beverly Hirsekorn	HCPF
Brigitta Hebden	CCDC	Patricia Fulton	Arc of JeffCo
Heather Peters	Advocacy Denver	Erica Walczak	Jefferson County
Ellen Graber-McCrae	Developmental Pathways	Tom Rose	Family Voices
Tiffani Domokos	Developmental Pathways	Jody Litwin	RMHS
Andrea Simpson	RMHS	Karli Cheatham	HCPF
		Carol Meredith	Arc
		Erica Walczak	JeffCo
		Ryan Zeiger	PASCO
		Alicia Maestas	



## Agenda Items

### 1. Meeting Purpose

The purpose of this meeting is to share current issues in children's services.

### 2. New Business

#### a. Transitional Medicaid: Ana Bordallo

Ana Bordallo introduced herself as the lead eligibility policy specialist for the Modified Adjusted Gross Income (MAGI) program, which includes Child Health Plan Plus (CHP+). To be eligible for Transitional Medicaid, parents must have been enrolled in the parent and caretaker relative category. To be eligible for the parent and caretaker relative category the total household income needs to be below 68% of the federal poverty level, and they need to have a dependent child living in the home.

If a parent or caretaker is no longer eligible due to a new job, or their hours increase at work which makes them over income for the parent/caretaker relative category, the individual will be evaluated to determine if they're eligible for Transitional Medicaid. The three criteria for transitional Medicaid are:

- Parents would have to be enrolled in the parent/caretaker relative category for at least three months out of 6 months.
- A one parent/caretaker relative would need to be employed in household.
- The household must include a dependent child.

Transitional Medicaid includes twelve (12) months of coverage. The coverage starts the month after the parent/caretaker relative category ends.

For children, it works a little differently as to how they roll into Transitional Medicaid. For children, enrolled in the Medicaid or Child Health Plan Plus program they are eligible to receive continuous eligibility until the end of their redetermination period. At redetermination, children will roll into Transitional Medicaid if they are not eligible for any other Medical Assistance program. Parents must be enrolled in Transitional Medicaid at the time the child is eligible for Transitional Medicaid. If a child rolls into Transitional Medicaid they will receive coverage for the remaining months of a parent's or caretaker's Transitional Medical period.

Lindsay Westlund asked if there were any questions. Lindsay also said people can also enter chat questions on the webinar.

Carol Meredith wanted to clarify that parents can be enrolled in Transitional Medicaid if they are in category for three months. Ana Bordallo answered that in order for parents



to be eligible for Transitional Medicaid, they have to be enrolled in the parent/caretaker relative category first.

Carol Meredith clarified that this meeting is more concerned about children's eligibility. For children, they will either be in continuous eligibility or their parents must be eligible for Transitional Medicaid.

Christy Blakely asked if family income is considered for children. Ana Bordallo answered For children who have met all eligibility criteria and who remain eligible due to continuous eligibility there is not an income check until the end of 12 months for parents. Children will be placed in continuous eligibility first, and then transitional Medicaid is a last resort.

Ana Bordallo acknowledged the process is confusing. Continuous eligibility is always something children will receive first. If the child is not eligible for anything else, the child will roll into Transitional Medicaid.

Carol Meredith shared that she was having this discussion at the Children Steering Committee with behavioral health. In the scenario where a child has been hospitalized for 30 days, they are eligible on their own as a household of one with Social Security Income (SSI.)

Ana Bordallo agreed that once children are no longer eligible for SSI, they would start to receive continuous eligibility under the MAGI - child category. Eric Stricca clarified MAGI Is for families with children who do not have disabilities. The non-MAGI categories are for children with disabilities who qualify for waivers. They are separate categories.

Some discussion followed on the Child Mental Health Treatment Act, which is not a Medicaid program. Eric Stricca reminded the meeting that the topic for today was Medicaid eligibility.

Carol Meredith said it just shows how complicated it gets when you have a complicated kid. Erica Walczak asked if there are any situations where a child would not have a full year of Transitional Medicaid.

Ana Bordallo answered there will be times when a child will not have a full year of coverage under Transitional Medicaid because when they roll to Transitional Medicaid they will receive coverage remainder of the parent's Transitional Medicaid.

Erica Walczak shared that as a Children's Home and Community-Based Services (CHCBS) case manager, she was told she could process children for a waiver while



children are on Transitional Medicaid. They would be redetermined as a household. The system automatically redetermines them at the end of the term.

**b. Medicaid Eligibility: Eric Stricca**

Eric Stricca said children can be looked at that under SSI or the 300% special income category, but they can't qualify under transitional Medicaid. The Department's system will look at them under the different categories. Then they can get access to the waiver. Transitional Medicaid doesn't exclude them from qualifying for other services.

Ana Bordallo shared that a person on transitional Medicaid can choose to withdraw, but the Department needs a written statement. Ana wanted to clarify that people can withdraw.

Eric Stricca asked if members need to supply a written statement, or if it can through case managers. Ana Bordallo answered the Department would need a written statement from the parent indicating they no longer want the child on transitional Medicaid. The statement can be submitted through the county or the case manager.

Lindsay Westlund clarified that case managers can start the process for getting on the CHCBS waiver while they're on transitional Medicaid, but members would have to ask to be removed from transitional Medicaid.

Christy Blakely shared her metaphor that a child enters the house of Medicaid. They're in a different room for Children with Life-Limiting Illness (CLLI) or Children's Extensive Support (CES) waiver. Eric Stricca suggested a better metaphor is that a child is in the Medicaid neighborhood. And a member can go in the MAGI house or the non-MAGI house.

Chris Russell asked if CHP+ is one of the options considered when continuous eligibility ends and there's a determination made. Ana Bordallo answered that CHP+ is one of the options. If the household reports changes, such an increase in income, the Department would look at them to see if they're eligible for CHP+. They can remain in continuous eligibility with CHP+.

Chris Russell asked if there is something that lists this eligibility criteria on the HCPF website. Ana Bordallo said the website does not have anything specific to what she went over. However, the Department can look into putting something together.

Eric Stricca said there is something on the HCPF website, not Health First Colorado. There a few things that are missing. It doesn't provide a flowchart. It could be too complicated as a visual.



Lindsay Westlund requested that Eric Stricca send her the link so she can send that out to the group. He agreed to do so. [www.colorado.gov/hcpf/program-list](http://www.colorado.gov/hcpf/program-list)

Christy Blakely said it feels like there's less access points for children because they have to be considered with the family's income. Eric Stricca said the family income is considered if the child going through MAGI. If they're going through the waivers, only the child's income is considered. However, by and large, it is correct that the parent's income will be looked at for benefits.

Eric Stricca also wanted to clear up some confusion about continuous eligibility and transitional Medicaid. Children are continuously eligible for an entire year, or until their next redetermination, so it depends on the date of their redetermination.

Christy Blakely offered that this group could create a family-friendly flowchart. Eric Stricca said he would be happy to review that. He just wants to make sure the terminology is correct because it can be misleading or confusing if it's incorrect.

Chris Russell asked if the provider portal always shows the member the correct dates for when the eligibility ends. Eric Stricca said he doesn't know because he doesn't have access to the provider portal. The information generated from CBMS. By and large, the member is just going to see that category that they're eligible for at that moment.

Christy Blakely asked the room if there were any other questions for Ana and Eric. No questions. Thank you, we appreciate your time and all your information.

Lindsay Westlund asked people to introduce themselves if they just joined the meeting, in the phone and in the room.

Some joking ensued about cinnamon rolls at the meeting. The pastries were purchased from Manna Bakery in Littleton and were not homemade as promised at the last meeting.

Christy Blakely shared that she can be a phone call with the family, and the family knows if they have Medicaid or don't have Medicaid. They don't know anything beyond that.

Brigitta Hebden said she doesn't feel like the problem is knowing whether you're on it or not. Instead, the problem is that the standards for getting on the waivers are so arbitrary. Brigitta was denied services and had to go through a four-month appeal. Her child has the IQ of a two- to four-year-old, but he's ambulatory and verbal. Brigitta's son got denied the first time. Brigitta's neighbor, who's a native Spanish speaker, has an 11-year-old who is non-verbal. Brigitta asked her neighbor if she was getting waiver services for her son. The neighbor tried to apply for Medicaid for the county and was



denied. So Brigitta connected her neighbor with the county Community-Centered Board (CCB,) and the neighbor had a hard time getting a call back. Brigitta said it was ridiculous.

Carol Meredith agreed the process is ridiculous. Carol suggested a flowchart would be helpful for eligibility. Brigitta Hebden agreed that a flowchart would help matters.

Chris Russell shared that she has had families that receive a 12-day written notice from the county. There's no way a child has continuous eligibility with that time. The computer doesn't help. It's exceedingly much harder than it used to be. Chris Russell also said she wasn't aware it was 12 months from when the parent's eligibility ends. Chris clarified that she doesn't have access to the parent's information.

Christy Blakely offered another metaphor of a Medicaid pinball machine, where the chutes are either MAGI or non-MAGI.

Candace Bailey said that right now, she's running into who she can volunteer to do the flowchart. She is down four staff people right now. She is here because she wants to be here for the cinnamon rolls. She offers to think about how to do a flowchart and get back to the meeting.

Chris Russell continued that the majority of the clients she has are on MAGI Medicaid one way or the other, even though the child is disabled. They were on it before they had a child. The computer doesn't know a child is disabled.

Eric Stricca said that even if someone's disabled, they need to be determined disabled, either through SSI or the state. Once that determination is done, CMBS knows to look at that. Until that's in there, it's always supposed to look at MAGI.

Candace Bailey also emphasized that the Department does not know if an individual has a disability without the determination. There's two sides to that coin.

Chris Russell shared that she sees a lot of people being put on CHP+ because they don't know there's a disability is involved.

Eric Stricca asked what services a child receives when a child is on MAGI. Chris Russell said home health services. Eric Stricca said that CHP+ would be the only one that doesn't come with those home health services. Eric also said there is kind of a gray area with what kinds of outreach are available. The system is going to tell you what you're eligible for or what you're not eligible for. Christy Blakely agreed that he was correct.

Brigitta Hebden said that the family she spoke to got denied for Medicaid, but no one told them to reapply for disability.



Ryan Zeiger asked if people can see if children on transitional Medicaid in the eligibility portal. Chris Russell answered it's code H3 for transitional Medicaid, but you can't see the parents.

**c. Conflict Free Case Management (CFCM): Brittani Trujillo**

Brittani Trujillo introduced herself and said she is glad to be here to give an update on Conflict Free Case Management. The Department is still in process of implementing HB 18-288. The Department received business continuity plans from all CCBs, which were due on July 1. The Department is analyzing each of the plans to make sure they are thorough. The Department has until June 2019 to review the plans.

The Department been looking at a vendor for that third-party entity to help with choice of case management for individuals in the three Intellectual and Developmental Disabilities (IDD) waivers. The Department will begin a stakeholder process as well when someone wants to select a different agency.

The Department has also have been working with stakeholders over the last fiscal year. There's a lot of stakeholder engagement. For example, what do case managers and agencies do when they are eligible for that service? The Department anticipates the first reading at the Medical Services Board (MSB) in October.

The Department also submitted waiver amendments for the three IDD waivers. There are some areas where there are not enough agencies to have choice. The effective date is August 2018. Those are the three or four big pieces of what's been underway in the last. The Department also will have a community impact survey going out. Be on the lookout for that communication and stakeholder meetings coming up later this year. Any questions?

Christy Blakely said that Brittani's report helps to understand what's happening specific to Conflict Free Case Management. It seems like there are a lot of folks not having access to services. It seems crazy for all these families to open Program Approved Service Agencies (PASAs) for just their own kid. Christy Blakely asked if there any comments on Conflict Free Case Management and how it's impacting contracting.

Brittani Trujillo answered the Department needs information. The Department plans to gather it through the community impact survey mentioned earlier. A lot of questions in there are about access to services. The survey is getting out in the next couple of weeks, that's going to give the Department data. The Department has a lot of providers in the HCBS community in general. Brittani's team will work closely with Candace Bailey and others in that Department to see who is not serving the IDD waivers. The Department definitely doesn't want to create an access issue.



Lindsay Westlund promised to send that survey out to the group once it's available.

Brigitta Hebden said she has friend who has a provider agency in Iowa, where Brigitta used to live. Brigitta's friend is considering expanding into Colorado. Brigitta asked if there is any guidance from the State of Colorado. In Elizabeth, if it doesn't involve a horse, it's kind of hard to find information.

Christy Blakely answered that there are resources available. Christy said the community impact survey will come up with a whole lot of barriers, meaning deserts of service, but the answers will only be as good as the questions.

Brittani Trujillo said after the Department receives the initial survey results, the Department will have additional stakeholder engagement. Brittani likes to think she can think of everything, but she knows she can't.

Christy Blakely asked if there were any questions. No questions. Candace Bailey thanked Brittani Trujillo for her time.

**d. Rule Revision Presentations: Lindsay Westlund**

Lindsay Westlund said that Kathleen Homan is not available today, so she will fill in for Kathleen. The Department will be making some revisions to the CLLI waiver. Kathleen is working on language adding facility respite providers to CLII. The Department does have some providers who are willing to provide facility-based respite. Kathleen is going to preview that rule on Friday, and it will be taken to Medical Services Board in October.

Candace Bailey clarified that the language change is a couple of words. Respite can be provided in home, in community or in a facility. This is all good exciting stuff. This is another option.

Christy Blakely said she will have an update on Easter Seals respite, which she will share later.

Lindsay Westlund said the Department is welcoming feedback on the CLII change. Send Lindsay an email at [lindsay.westlund@state.co.us](mailto:lindsay.westlund@state.co.us).

Lindsay Westlund continued for the CES waiver rule, it needs quite a bit of work. There are language changes because the waiver uses outdated language, and the Department has to clean up that rule. The revision the Department is talking about is removing behavioral services, vision services and personal care. Services are available through State Plan. Lindsay anticipates needing a lot of feedback from this group, so the Department will have to figure out some other engagement opportunities as the Department dives deeper into that rule.



Christy Blakely asked if there were any questions on CLLI or CES. There is an online question being typed.

Brigitta Hebden asked what rule revision Lindsay Westlund was talking about. She doesn't know what Lindsay is talking about.

Christy Blakely explained the waivers come to us as a bill with funds attached. The bill gets passed, and then they make it into a rule. Centers for Medicare and Medicaid Services (CMS) is a party to that. That rule is the contract with the state on what that waiver is going to look like. The rule is approved by the Medical Services Board. The rule is written by HCPF staff. There's a whole lot of steps.

Candace Bailey added that there are multiple components here. It's highly confusing. What Christy is talking about is Department regulations. That's the nitty gritty of how it's run and what's allowable. In addition to that, the Department also has a waiver contract with the federal government. The contract lasts for five years. The Department is working on that process to renew that contract with CMS. The federal government funds 50% of the Department's services. The Department is held to that contract. If the Department goes outside of that, CMS can demand money back. The waiver tends to be broad language. The Department narrows it down when writing the rule.

Brigitta Hebden asked why the stakeholder meetings start out with what cannot change. Candace Bailey explained in order to make changes, the Department needs money from the General Assembly. The Department needs money for the waiver services. If the Department is looking at making a significant change, the Department has to seek additional funding for those changes.

Candace Bailey continued that because the Department is a state entity, everything must go through the State Assembly. It's a very long process. The Department does everything at a minimum of eighteen (18) months in advance. Candace said the Department is not only allowed to make changes per the renewal cycle. The Department can do an amendment to that contract if it's outside of the five-year cycle. For example, the Children's Habilitation Residential Program (CHRP) waiver has money, so the Department is making some changes with that waiver.

Erica Walczak said she has lots of families that are approved for 24-hour private-duty nursing (PDN,) but want the CES waiver instead. Candace Bailey said that is something that Lindsay and she are looking into further. The first piece to work on is the CES application because it is so messy. This is another one that the Department will be looking at because it's in our purview. The Department has to figure out exactly where it came from because it's unclear if it's in rule or not.



Chris Russell answered that if there is 24 hours of nursing, then all the time is engaged. Candace Bailey said those are all pieces that need looking into further. Carol Meredith asked how the budget authority get switched around. It seems like the Department should be able to make changes because of the yearly budget. For example, CES used to include additional services.

Candace Bailey said the Department's budget is not that simple. Candace said she would be happy to get a much more detailed answer from budget staff. The Department is not allocated \$20 per program. Instead, the Department is allocated money based on the utilization of services. If the service is removed, there is no utilization. It doesn't quite work on you have "x amount of money to spend on this waiver." If the Department overspends, the Department must go back to the Joint Budget Committee and receive additional funding. Waiver plan money comes out of the same line item as the state plan funding. It gets very complicated. Candace reiterated that she would be happy to ask for a written response from budget.

Carol Meredith said she would like to understand it. The CES waiver has changed dramatically in the last five years, in the number of services that are available for that waiver. Carol said the overnight thing is just stupid. She admitted it was a good idea when she thought of it 20 years ago, but now she's changed my mind. Stakeholders don't have a clear path to understand what can be asked for in changes.

Candace Bailey said she would get together with Josh Block, the budget division director, to come and present at this meeting. Or she can gather more information and present. Does that sound okay?

Carol Meredith agreed that would be helpful. She thanked Candace Bailey for the idea.

Candace Bailey answered it would be helpful for us all to understand the budgeting process better. For example, where the Department is allowed to make changes, and that kind of stuff.

Brigitta Hebden asked why the Department asks for stakeholder involvement on what can be changed. Candace Bailey answered there are some things that can change. If the Department has outdated language, or if the Department can have policy changes that don't cost additional dollars, it can be changed. The Department always want ideas on what can be changed. Although the Department might not be able to change it now, but the Department can change it in the future. The Department does want stakeholder input. Candace said this meeting has some of the most creative thinkers she's ever met.

Christy Blakely said she is going to speed this group ahead to the CES application. Gina Robinson is on jury duty and will not be here for the Behavioral Therapies Update.



Lindsay Westlund contributed that Andrew Gabor from the Office of Behavioral Health will be available next month. Some discussion followed about the logistics of having non-English speakers attend the meeting. Christy Blakely also reminded attendees that speakers were also wanted to talk about the County experience. That's where we are going with the non-English speaking suggestion.

Carol Meredith shared that Easter Seals has changed its respite model significantly. They got a few surprises in money and licensing. Hayley House will do a trial of four weekends for Children with Life Limiting Illness. For six (6) kids, they're running at a \$320,000 deficit per weekend with CES. CLLI can't be billed until the language changes. They're committed to Developmental Pathways for one weekend a month for a year, and they're sending high behavioral health children. The board is looking at four weekends trial to see if it's doable, meeting the cost out of Hayley House funds. Easter Seals is planning:

1. First weekend - One overnight
2. Second weekend – Day program, no overnights
3. Third weekend – Developmental Pathways
4. Fourth weekend - Off

Candace Bailey inquired if any of this change once the CLLI language waiver changes. Christy Blakely said the issue is that Hayley House requires a 24-hour nurse because of licensing requirements. So it's the costs that are higher. Hayley House is working with agencies. There is not enough respite in the state, and Christy thinks it's because of the costs. But still we're talking Saturday morning to Sunday morning.

Brigitta Hebden shared that she tried to get an overnight respite provider through PASCO, but they don't do it. Christy Blakely said PASCO only does 10 hours because it's break-even at that point. After that point, they lose money.

**e. CES application: Lindsay Westlund and Candace Bailey**

Candace Bailey shared that the CES application has been around for a very long time. She has heard from so many families what a huge burden this application is for getting on the waiver. She asked meeting attendees if there any part of this that is useful information. Not everything is bad.

Candace Bailey's understanding is that there is quite a bit of duplication. Let's start with eliminating the duplication. Lindsay Westlund will guide the meeting through the form. Christy Blakely suggested going page by page, but skipping the introduction page.

Candace Bailey asked if the case manager is filling it out, or if the family is filling it out. Brigitta Hebden shared that she contacted one CCB several years ago, but she was told to go through my CCB in my county. Brigitta got the intake person on the phone, and



the intake worker told Brigitta her son was not qualified. Brigitta called back a year later, and got the same lady on the phone. Brigitta demanded that she come to my house and meet my son. Then the intake person said he qualifies, and she handed me the application.

Candace Bailey said depending on the CCB you go to, the family is either handed the application or the case manager goes through it. Brigitta Hebden said that Developmental Pathways walked her through the whole system. They were so helpful. They were communicative.

Ellen Graber-McCrae shared that getting documentation that is strong enough for the contractor to approve is getting more difficult. The contractor, eQHealth, seems to operate on the premise that families aren't telling the truth unless there's documentation. Carol Meredith said she used to suggest families create videos, but then the families were turned into social services because of those videos.

Candace Bailey said it sounds like some additional training for our contractor is warranted. Chris Russell said the eQHealth contractor doesn't have much respect for families. He's asked that therapists write letters. He won't believe the parents.

Christy Blakely said the form should be filled out by the family, with guidance with the case manager. Chris Russell shared an anecdote about a child who was recently adopted, and doesn't have a social security number (SSN) yet. The child was turned by the case management agency. The form is asking for a SSN, but maybe it should say SSN is not required.

Candace Bailey directed the group to look at daytime interventions on page three. Carol Meredith said that getting the primary-care physician (PCP) to say that the child does this *all* this time is really difficult. It's kind of a flaw in the whole Medicaid program. Doctors don't think that way. Doctors think in terms of diagnoses. Once it's appealed, there's been a lot of appeals with eQHealth changes. Carol ends up writing a letter for the doctor, which is silly.

Lindsay Westlund asked if the issue is the doctor is uncomfortable writing the letter. Carol Meredith replied the issue is the doctor doesn't see constant vocalization, they only see what's presented at the doctor's office. Christy Blakely chimed in with another example. Christy said if there's an issue with meals, the doctor won't see it at the doctor's office.

Chris Russell said she has had parents who have been told by a case manager that they need to allow the child to escape the house so it's documented. And then the parents have an issue with child endangerment. The more the parents are preventing it, the more the parents are at the end of the rope.



Candace Bailey restated the issues with the form to make sure she understood concerns correctly. Candace said the "as evidenced by", and the requirements for providing that evidence, is overburdensome. Candace also restated that the lack of compassion from eQHealth is troublesome. Candace said she and Lindsay will go through this and bring back suggested changes.

Christy Blakely asked if they could continue going through the rest of the form next month. Let's continue this next month. Candace Bailey agreed to bring it back to the meeting with suggested changes. Candace said she would like to get something moving.

Christy Blakely interjected that she would like to add on page 11, the form should ask for sleep conditions. Chris Russell suggested that the Department could also clarify with case managers whether it's appropriate or not to qualify people on the phone.

Ellen Graber-McCrae clarified that case managers can't provide a video directly to eQHealth. The case manager can watch the video and then tell eQHealth, which likes to hear from the case manager rather than the parent. Developmental Pathways tweaks the language as well to make it clear. Ellen suggested the Department also talk to eQHealth about receiving attachments because the contractor has a lot of technological issues.

Candace Bailey pledged to fix it, but said it is going to take some time. Christy Blakely said that it sounds like the fixes are on the right path.

### 3. Future Meeting Topics: Lindsay Westlund

Lindsay Westlund said Dennis Roy, Jr. wanted to bring up there is public comment for CES, CHCBS and CLLI. The comment period is September 15 – October 14, 2018 for waiver amendments. Lindsay will send out information to receive input. To sign up for Department communications, please visit [www.colorado.gov/hcpf/publications](http://www.colorado.gov/hcpf/publications).

### 4. Adjourn

Christy Blakely moved to adjourn the meeting. Thanks to Lindsay Westlund for all the time she spends on the meeting because she is such a delight.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Lindsay Westlund at 303-866-5156 or [lindsay.westlund@state.co.us](mailto:lindsay.westlund@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

