

STATE OF COLORADO

John W. Hickenlooper, Governor
Karin McGowan
Interim Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

MEMORANDUM

To: Home Care Providers and Consumers of Home Care Services

From: Elaine McManis, Program Manager, Primary Care and Community Based Programs

The Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment is currently accepting applications for Home Care Advisory Committee Members.

Per statutory requirements, Home Care Advisory Committee members serve on a voluntary basis and are appointed by the Executive Director of the Colorado Department of Public Health and Environment. This committee represents providers and consumers of skilled home health services, personal care services, members of the disabled community who are home care consumers, seniors or representatives of seniors who are home care consumers, providers of Medicaid services, providers of in-home support services, and is represented by employees of the Department of Health Care Policy and Financing and Human Services.

The Home Care Advisory Committee members meet to review and discuss the rules that govern the licensing of home care agencies in the State of Colorado and make recommendations to both the Colorado Department of Public Health and Environment and the State Board of Health. Currently, the meetings are held once each month for two hours.

If you are interested in serving as a committee member, please complete the application included with this notice and fax or mail it to:

Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South – A2
Denver, CO 80246
ATTENTION: Elaine McManis
Fax: 303-753-6214

APPLICATION TO SERVE AS A HOME CARE ADVISORY COMMITTEE MEMBER

Name: _____

Telephone Number: _____ Email: _____

Professional credentials (if applicable): _____

Type of home care services utilized: Medical Non-Medical Both

Names of associations, organizations or groups you hold membership with:

If you would like to be appointed as an alternate committee member (consumers who serve as alternates are scheduled for committee meetings on an as-needed basis) please checkmark below:

Yes, I would prefer to be an alternate committee member

Please attach a statement about your experience with home care and why you would like to participate as a committee member.

Mail or Fax your completed application to:

Elaine McManis, Program Manager
Primary Care and Community Based Programs
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, CO 80246-1530
elaine.mcmanis@state.co.us | [303-692-2886](tel:303-692-2886)