



Case Management Agency Quarterly Meeting Summary

Imagine! 1665 Coal Creek Drive, Lafayette, CO 80026

Pounds Room

February 6, 2020

9:00 a.m. – 4:00 p.m.

I. Introductions

A. Attendance

B. Update on department changes; vacancies and new positions

II. Combined Case Management Agency

A. CHCBS – recently released memos [OM 19-060](#) [OM 19-049](#) – Karli Altman

- Memo OM 19-060 is regarding HCBS CES and CHCBS. Its purpose is to provide direction to CMAs, eQHealth, and how they are scoring those eligibility criteria
- Memo OM 19-049 clarifies the difference between targeting criteria and eligibility
- If you have questions, please contact Lindsay.Westlund@state.co.us or Karli.Altman@state.co.us
- Working to get more consistency in terms of assessments
- Will have desk side references coming out in the next couple months from vendor in terms of expectations when submitting applications. Nothing is changing, this is just further guidance.
- Do expect there to be a high level of description in terms of ADLs for these waivers to create a clear picture of what the child's needs are. Without this in-depth description, nurse reviewers have a hard time understanding the level of care that is needed for that application.

B. Working with eQHealth – CES, CHCBS, CDASS, IHSS – Karli Altman

- Particularly for CDASS and IHSS, we often hear that follow up is requested, but there is no follow through with this.
- Often, it is hard for the reviewer to understand what was changed on the application
- We have had several issues across programs across all these services losing their services/having a gap in services

i. Questions:

- **Do you know when long term home health is going to move to eQHealth?** We have an ITN process happening right now for the UR/UM contract, which LTHH is included in. We will not transition LTHH until we have a transition for that
- **Regarding memo, when a child doesn't meet targeting criteria, how do we approach this in the BUS? Do we click the radio button in the BUS? What do we do about a CSR when there isn't a review needed?** This would be the same process of finding someone functionally ineligible. You can also have this reviewed by a third party. If you feel like the member does not meet the targeting criteria, still submit it to see if the third party agrees with eligibility.

- **For the 803, we mark that they are ineligible, and then the case management organization must go the court?** The CMA would go on to represent the department, but eQhealth can also go to defend their decision. If there are strong feelings that the child meets targeting criteria, then it might be helpful to speak to the vendor and explain why you feel like they are eligible.

C. Intake & Referral service – Karli Altman

- We want to be clear that it is not appropriate to **not** assess someone if they want an assessment. Even if the CM does not feel like the individual is eligible for the waiver, if the individual wants a functional needs assessment to be completed, it must be completed. The same goes for any financial information, we must leave that determination up to the county. We would rather have people assessed and denied than miss people who were eligible and did not get screened. Especially in our children's waivers, we understand that it can be a cumbersome process, it is still the case management agencies responsibility to complete whichever assessment the family would like to be assessed for. We have had feedback that members feel discouraged to apply for waivers from case managers.

i. Questions:

- **There is no payment structure for completing CHCBS intake. Has there been discussions for a payment methodology?** We are working across the board to change payment methodologies, but currently there is no specific payment to conduct the initial assessment. We recognize that this is an issue, and something that has been brought up in numerous conversations regarding rates.
- **What if the person is requesting a new assessment within days of the denial?** I would encourage the case management agency to try and help the family understand the appeal process. If there is additional information that they have come up with in the new days, such as documentation, then go ahead and do the assessment. If nothing has changed, it would be most helpful to explain the process to them in terms of appeals. Hopefully, this will help them be more educated regarding the process and will appeal through the ALJ process
- **What is CHCBS?** Children's Home and Community-Based Services Waiver.
- **Is there a specific contact at eQHealth to discuss/provide additional info when targeting criteria has been denied to avoid unnecessary appeals?** The eQHealth Customer Service Line 1-800-801-9355. All callers with questions regarding waiver services will be routed to the waiver team. Calls are answered by an RN Reviewer usually within 4 hours. Please use the customer service line to contact the RN reviewer rather than calling the reviewer directly. While we are happy to speak with you, this process allows the reviewer a more productive workflow, assures that you speak with the appropriate RN Reviewer and allows the reviewer to investigate any concerns and be more prepared for the conversation. Sharing with the customer service representative any specific questions will support the conversation as well.
- **Does the intake still need to be signed by the individual at initial assessment?** The referral page is to show us that someone has contacted for an assessment. This information should be on record. I have heard that some agencies print out their page to get signed, and others have been directed not to sign the document. We have not figured out where from the department where

direction came to not sign the page. How do people feel in the room? **Response from room:** We think guidance was accidentally deleted in regs. [Multiple people on chat say they still get it signed]. **Karli:** we would like to continue this discussion, but will table until the end of the day

D. CBMS iC Mismatch – Karli Altman

- Open the floor for anyone who has questions regarding CBMS inter-change mismatch. Karli sent out an email last week with members who were impacted and instructions of what to do for those individuals affected. Our intention in identifying these cases is to identify their eligibility, and make sure that there isn't an issue with their eligibility moving forward.

E. CBMS Migration to Sales Force and impact on iC / general iC updates – Joanne Svenningsen

- **CBMS Transformation**
 - The larger Counties are still experiencing delays, most notably Jeffco, Weld, Adams, and Denver.
 - If HCBS members are in danger of losing services, and SEP/CCB management has not been able to connect with a supervisor, please escalate to HCPF, Joanne Svenningsen
- **Bridge updates**
 - DXC is working on a recorded "intro to the Bridge" training.
 - Agencies made Joanne aware of issues logging in to the Bridge and Joanne asked that screenshots be sent.
 - Agencies are getting a "Page not found" error message as early as 10AM, regularly around noon, and later in the day.
 - The issue is being reported by several agencies and seemed to start when the Claim Tab was made available.
 - **Update from after meeting:** Further issues logging in should be sent directly to Bob Ordonio at ordonio@dx.com.
 - The Department is aware that there are issues with viewing line items on the PPA and will be sending a communication shortly.
 - **Update from after meeting:**
 - **Following communication sent February 14, 2020 by DXC:**
 - The Line Item tab under the PPA Information panel initially displays within the current view of a Pre-Prior Authorization (PPA); however, upon return to the PPA Information panel or after searching for a new PPA, the Line Item tab disappears.
 - The Department and DXC Technology (DXC) are working to resolve the issue. An interim solution has been documented in the [Keeping a Line Item Tab Opened Bridge Quick Guide](#) available under the Bridge Training Documents drop-down on the [Bridge Updates web page](#).
- The Department is working on getting trainings planned.

F. Waiver Amendment and Public Comment – Julie Masters

- Department Public Noticing is starting on February 6, 2020 and will go through March 6, 2020 seven amendments (BI, CES, CHCBS, CHRP, CMHS, EBD, SLS) and two renewals (CLLI, SCI). www.colorado.gov/hcpf/hcbs-waiver-transition

G. QIS Results, CAP due dates and required TA webinars – Emily Kelley

- QIS Results and CAPs posted to SharePoint sites and email to CMAs 1/17 and 1/20. DUE DATE 2/7.
- Scheduled for 2/25 10-12 and 2/26 1-3, required if you have a CAP.

i. Questions:

- **Why not do the technical assistance before the QIS responses?** Because we already provided technical assistance last year.
- **Did you say all case managers are required to attend the training?** Just all AGENCIES not all case managers. Email Emily.Kelley@state.co.us with any further questions.

H. Critical Incident Reports [FAQ](#) and updated timeline for follow up – Michael Pasillas and Lauren Stanislaw**i. Questions:**

- **Will the follow up discuss how we can get support in terms of CIR timing for case management agencies? There is an issue with the time not being long enough for turnaround.** The Department is committed to the health and welfare of waiver participants and ensuring the Critical Incident Reporting process and follow up activities are completed timely. The case manager must complete a CIR in the BUS within 24 hours of notification. All case management follow up to a CIR must be entered into the BUS CIRs Follow Up field to allow the reviewing agency, Telligen, to clearly identify that follow up action has occurred. The Department will be providing additional clarification regarding follow up requirements and timelines through a webinar and Operational Memo.
- **Is there a way that we can indicate that this CIR needs a longer follow up due to being more complicated: APS involvement, Law enforcement involvement, etc. Could we have a checkbox added to indicate that the timeline for CIRs will not be met?** The Department is unable to request additional modifications to the Benefits Utilization System at this time, however the Department is in the process of developing a new Case Management system which will include enhanced capabilities for Critical Incident Reports. The Department will review options as to whether a check box or a similar feature is available in the new case management system.
- **Many times, APS and/or law enforcement won't give us the results of their investigation, so it is difficult to complete a follow up for CIR.** The Department is aware that the results of investigations by Adult Protection Services (APS) and law enforcement are often not provided to case managers. Please note that allegations of abuse, neglect and exploitation do not require the case manager to have full investigation results to complete a CIR in the BUS. The case manager must document in the CIR or CIR Follow Up fields any referrals made to law enforcement and Adult Protective Service agencies as required by mandatory reporting requirements.

I. CDASS Rate Increase – Katie McGuire

- CDASS rate increase effective 1/1/20 update to inform few hundred still not completed and approved in FMS portals.

- If you know and have a list of your members, please compile in one excel spreadsheet and email Matt.dotson@pcgus.com and CC me on it. Recommended that you send info encrypted and then send an un-encrypted email to follow up.
- i. **Questions:**
 - **If you know the names, can you send us the list?** Katie is requesting a report that will show that. Some of them she knows have gone out in the past, but not in the past week or two.
 - **If we have an agency that feels they have not gotten this info; can they reach out?** Please reach out to Katherine.McGuire@state.co.us

J. PASRR training and stakeholder engagement – Obi Agomoh

i. Questions:

- **Some nursing homes are saying they don't get their PASSRs back for months (from Central Mountain OLTC)** Discussing with eQHealth ways to shorten the delays and meet the rewired times for level 1 reviews and level 2 reviews. You should not be waiting for longer than two weeks. If it takes longer than this, please reach out to Obi.Agomoh@state.co.us
- **SNFs don't understand how to access portal appropriately. The request is for additional portal training.** eQHealth has posted webinars on their website. There is no scheduled face-to face training yet. More information on training will be made available as I receive them.
- **The agency that submits authorization is the only agency able to access the authorization?** That is correct.
- **When are more trainings in the works?** Since the end of August, eQHealth has offered 26 group webinars for PASRR providers with a total of 1560 registrants and 914 attendees. The eQHealth PASRR page can be accessed at: www.coloradopar.com/ProviderEducationTraining/PASRR.aspx

K. Aerial Update – Lauren Swenson

- There is a detailed breakdown of the pilot phases on the Department's website: www.colorado.gov/hcpf/colorados-ltss-assessment-and-support-plan
- Data Collection for Phase 1 is complete-the Level of Care pilot and the NF, HLOC & Reliability Pilot. The Department is now working to do the following:
 - Finalize the Nursing Facility-LOC thresholds for adults using the new assessment items
 - Establish a Nursing Facility-LOC criteria for children
- Pilot Phase 2: Testing the full comprehensive A/SP Process is underway. This phase was initially slated to begin in October, but due to the automation not meeting the needs of the pilot, this phase was delayed until January.
- In Phase Two we will be testing the full comprehensive assessment and support planning process within Care and Case Management (previously referred to as CarePlanner 360), the Aerial solution that will be used for roll-out.
- In January, the Department's contractor overseeing the pilot, HCBS Strategies, conducted trainings with case managers participating in the pilot.
- The first occurred January 7-10, 2020 at three locations across the state. This was a full day of training on the comprehensive assessment (LOC screen, 11 modules) and the functionality of Care and Case Management.

- The second training occurred last week (January 27-31), again at three locations across the state, this time on the Support Planning process.
- The purpose of the Comprehensive Assessment Pilot and the Support Plan Pilot is to:
 - Allow case managers to become comfortable with the new process
 - Gather feedback on the workflow, assessment and support plan items as well as the automation
- The Comprehensive Assessment and Support Plan pilots will inform what items are kept, modified or removed from the assessment and support planning process. These updates will be made in Aerial and the case managers will then participate in the Time Survey pilot using the final assessment and support planning process
- The Department has a stakeholder workgroup, to provide input on the work being conducted during the pilot.
 - Next meeting will occur on March 4, 2020 from 1-4 pm and March 5, 2020 from 9 am - 12 pm. (these are open to the public, and we reserve time for public comment at the end of each meeting. Please attend by phone due to limited space.)

During this meeting we will discuss: Changes to the assessment and support plan

- Aerial implementation is scheduled to start July 1, 2021. The Department is working on finalizing the contract amendment with DXC to complete all case management functions outside of the A/SP.
- i. **Questions:**
 - **Is here a plan to test out the algorithm for the funding for the rates for the new assessment that will replace to SIS assessment?** Optimist has been selected for the contractor for this. They will identify a new methodology for new allocation.

L. Rates Structure Updates

- A Department Operational Memo regarding SEP Rates is expected to be released sometime between middle to end of February
- The Department has been meeting with SEPs independently to discuss upcoming rates and provide comment and review of SEP agency projections for upcoming Fiscal Year
 - Likewise, at each SEPs request, Yasmin Gardner and Daniel Krug are happy to meet to discuss detailed nuances regarding rates
- The Department has answered the CCB Informal RFI questions submitted, which is currently in the Departments eClearance process. The Department will send the responses out as soon as possible

III. Single Entry Points

A. OCC Memo - [IM 19-069](#) – Karli Altman (Cassandra.Keller@state.co.us)

i. Questions:

- **They are submitted late due to many variables, but not that they are just not getting them done. This may be the reason for the delay.** We realize there are many reasons for delays and that the delays are often out of control from the member, but sometimes we there is no indication as to why the

delay is/an indication of what the struggles were. To avoid this, please note everything in the BUS in terms of delays.

- **OCC for what?** OCC for adult waivers

B. PACE Educational Materials – Karli Altman (Winter.Roberts@state.co.us)

- There is a multiway disconnect among PACE providers, SEPs, and PACE participants about the PACE program.
- The Department's PACE Unit plans to develop educational materials about the PACE program for SEPs and potential enrollees of the program.
- The Department will collaborate with PACE providers to develop the materials.
- By statute, PACE providers shall provide training to SEP case managers (in counties with a PACE program).
- The target completion date is by the end of 2020.

C. Transportation [OM 20-005](#) – Kathleen Homan

i. Questions:

- **We are finding that our local NMT provider is picking up multiple clients and charging each for a one-way trip or they are charging the extra rider with an escort fee, but they are not escorts they are recipients/ Can you please provide some direction on how we should handle this? Having a bus option in Mesa County would be very helpful.** If the members have NMT in their PAR, providers can bill each member a single trip. Members should not be charged an escort fee. The State is interested in expanding public transit reimbursement across Colorado, but we do not have a timeline for this option. In these specific cases, please reach out to Kathleen (Kathleen.Homan@state.co.us) directly for support or questions.

D. Open discussion

i. Questions:

- **What is being done to address the county backlog in terms of addressing long term care applications?** Jennifer VanCleave from the department: We are aware of the issue and looking into solutions. There is also work being done to have supervisors at the county help with this issue. There are other counties trying to update their system to make this go faster. We are still honoring when assessments are submitted. At a state level, we are starting focus groups with counties, SMEs, etc. to update the system and make it easier to use. Josh Montoya can answer more questions related to this Joshua.Montoya@state.co.us. Questions can also go to the Medicaid policy eligibility inbox for general eligibility requirements Medicaid.Eligibility@state.co.us
- **When will people be able to access PEAKPRO?** Joshua.Montoya@state.co.us our County Liaison, will be providing additional information at our next case management quarterly meeting.
- **The changes around automatic enrollment for adults with disabilities (BUY IN). Automatic enrollment for people in a waiver, and when they hit a threshold they go into buy-in. There is a lot of confusion related to this. Families are concerned about losing eligibility. What are the next steps?** We can take this back to the department to get more clarification. Jen VanCleave also mentioned that we don't determine someone for one type of medical assistance, they get determined for every type and filtered to a category

depending on their eligibility. There will also be a buy-in training.

Beverly.Hirse Korn@state.co.us or the Medicaid Eligibility inbox would be who to contact for this information. Someone from our eligibility department at HCPF will come to speak at the next CMD meeting.

- **Request for who does what at the department** There is a document for our division, but this is limited to our case management division. The benefits division also has another one that is out of date, but we will ask for it to be updated. If you are unsure of who to address a question to, please send it to Victor or Karli.
- **Are we still required to offer IFA surveys at every client contact?** We asked case managers to inform/remind people about the survey on a periodic basis (not necessarily every single client contact). However, if the person isn't interested and the case manager feels like it's becoming badgering, they are free to note that in the file + stop bringing it up -- we don't want to bother people, just make sure everyone who has something to tell us is aware of this path. Feel free to email Leah.Pogoriler@state.co.us

IV. Community Centered Boards

A. Home modification rule change and DOH oversight and TA-Diane Byrne

- [Process guidance](#)
- Billing/PAR updates
- There's also a [provider bulletin article](#), since the CCBs still act as provider sometimes, it might help.

B. Dental Changes – Kathleen Homan

- The Department is interested in aligning Basic/Preventative dental services with the State Fiscal year instead of each member's service plan year. Please send your questions/concerns to Kathleen by close of business 2/29/2020. If necessary, we can set up phone calls to discuss.
- i. **Questions:**
 - **The trickiest thing for case manager doing IDD management is that the spending is having to be managed by CCBs and dental changes are a part of that spending. How do we make this easier for CMAs to manage services across various funding sources?** It is easier to go through Dataquest. Please email Kathleen.Homan@state.co.us for any follow up questions

C. CCB Oversight of Bus Passes – Kathleen Homan

- i. **Questions:**
 - **Is there any thought to expanding transportation benefits beyond the metro area?** That was one of our hopes for the budget this year, but it did not move forward. We are looking into other options.

D. Youth Day TA – Kathleen Homan

- Youth Day will go-live this spring. Stay tuned for an operational memo and potential training in March or April.

E. Negotiated Level 7 – Victor Robertson

- Have seen a significant increase in level 7 requests
- We do not have set rules or details on what someone should meet to be considered a level 7.
- The burden of proof is back on the requestor: all needs met, all needs that are not met, etc. The more details, the more it helps.
- If there are tools that your agency uses to determine a level 7, please send them to Victor
- i. **Questions:**
 - **Are we still submitting the budget for this request?** This is up to the agency, but we prefer that the budget come with the request. There is no set rule, and we can work on putting out set guidance in terms of this.
 - **Could we start to work towards a standardized best practice for this?** We have discussed this with Bonnie and have asked that the rate team get involved in this process to standardize and formalize the rates for these different levels.
 - SIS is supposed to be done upon enrollment. If members have a gap in enrollment, the CMs need to review the sis for accuracy and then communicate to the department that those two need to be connected.
 - Risk factors: if you are adding or taking away these factors, make sure that you hit the recalculate button in the bridge.
 - **If we reduce someone's risk factors, do we send them an 803?** If it is SLS, yes. But if it is DD, then no. It is not appealable for the DD waiver

F. IRSS/3 Bed Process Change – Kara Masteller

- i. **Questions:**
 - **If the 4th person is a family member, is that person a part of the count?** State statute 25.5-10-202 defines an IRSS setting as having no more than three individuals receiving services or supports in the home. Statute's definition of "services and supports" is inclusive of any waiver service being provided in the home. So, to say, if a PASA approves a setting where there are four individuals in the home, receiving services of any kind, that setting is at risk for being considered an unlicensed congregate setting. Further information on this can be provided by CDPHE.
 - When there are family members receiving services and supports (no matter the waiver) it will need to be thoroughly evaluated by the PASA and through the service planning process as we need to ensure providers have the capacity to care for all participants in the home. So, adding a fourth participant would be a capacity conversation that the PASA, individual, CM, and relevant parties would need to have in depth regarding safety and ability to serve all individuals in the home. During these conversations the potential for licensing requirements through CDPHE must be considered if having four participants in one residence is a step they choose to take.
 - **What would be the departments word on if a CCB has a policy in place to have a pasa notify them if there is a 3rd person added to the host home?** Colorado Regulation, [8.609.7.A.d.](#) states that the PASA and case management agency of each participant in the setting must be involved in the coordination of placement of each participant. Case management agencies are

expected to be involved so policies on how to best be involved are appropriate and up to the discretion of each CCB.

G. DD Determinations: diagnoses, mental health component – Karli Altman

- The Department has been approached by a group of advocates/stakeholders from the community who feel that there are significant discrepancies in how Developmental Disability Determinations are completed across the state and that individuals with brain injuries and co occurring mental health diagnosis are inappropriately being denied.

i. Questions:

- **Were these denials that had gone through an appeal?** Individuals in the group did not need to end up appealing the decision, but feel like it is an issue across the state
- **People feel that if they went to a different part of the state, they might get different qualifications. We have also gotten doctors saying they just get “cognitive disability” on PMIP, but it is hard to determine what that means.** It is okay to go back to the doctor and ask for more language in order to better determine what level of care the individual needs.
- **Not a question, but more a comment that it might be helpful to have a decision tree to better understand what people qualify for.** In the unofficial manual that we have been referring to, there were some decision trees. There were also a couple in the training. We can follow up with further resources if there is still a need.
- **Several CCBs have outdated letters related to DD Determination that are provided to the community with a denial or application. Any letter or communication that goes out to the community should cite the most up to date regulations and use corresponding language. Please make sure your documents are updated.**

H. CES Application: Word Version – Karli Altman (Lindsay.Westlund@sate.co.us)

- www.colorado.gov/hcpf/long-term-services-and-supports-case-management-tools
The application is under “Other Forms”

I. Waiting List Management Stakeholder Engagement – Karli Altman

- 4 opportunities for stakeholders to provide input on proposed changes to the waiting list management for the HCBS-DD waiver.

J. ICF Admission Review Process – Mary Mangelsen

- [The Admission Review Process \(HCPF OM 19-051\)](#)

i. Questions:

- **Is the expectation that we follow this new process and once the utilization review has processed information do we go through the DRC process as well?** As stated in the OM 19-051, the ICF/IID is to be contacted first so they can determine if they can provide services for the person. Once the ICF/IID (either a Regional Center or Bethesda) accepts the individual THEN the admission checklist documents are sent to the SURC for review. There is no reason for the SURC to review the documentation unless and until a provider has

accepted/stated they can provide the level of care needed for the individual. Once the SURC has reviewed they will notify the CCB of the determination.

K. Diane Byrne-Wipes and other incontinence items

- [HCPF incontinence guidance](#)

L. Open discussion

ii. Questions:

- **Does anyone have a Spanish SIS assessor?** From Imagine: Yes, please reach out and let them know. Also reach out to Lori Darrington
- **In terms of the complaint's deliverable, we were told we don't need to submit complaints regarding pasas. We were told we are only supposed to include case management agencies. Is this the same for everyone else?** Yes, the contract language did change from one year to the next. Victor's understanding is that the only complaints can be against your agency or for state funded programs in that complaint log.
- **Got email regarding CBMS mismatch... What about people who are in ei, or family support be notified?** There is a master list of all the individuals affected by this. We have been working very closely with our RAEs to case manage this. All individuals impacted were sent a letter.
- **With the changes in RFPs, how are agencies getting the word out that they have ability in their agency?** The rule for the RFP states that the Support Level shall not be included unless it is approved by the individual. This means, if your agency is struggling to find a provider for an individual because the Support Level is not listed, you may need to request permission from them to include the support level in the RFP request.
- **Are you sending the responses out statewide?** Providers will not write back to responses...specifically for respite.
 - **Karli: Do you find people are not wanting to give you permission?** We just found out that we can ask for that permission, so we will let you know if this changes responses to RFPs. The person does have to approve and give you permission to share this information *Inspiration knows of providers who have openings, and said CMAs can reach out if they want referrals*
- **Note: *please send out RFPs with out identifiable information so they can be sent out without encryption***
- **We are spending about half as much as they were last year in terms of FSSP requiring that there needs to be receipts for items. Is everyone else experiencing this as well?**
 - North Metro has always required receipts but have not noticed a drop.
 - Imagine has always required receipts. They use an app to get receipts. They send in receipts yearly and that helps them be able to track.
- **Is anyone planning to host LRA (investigations) training?** The department funded this three years ago, we could talk about trying to do this again in the future, but right now we do not have any plans to do this. Is there a need?
 - **RMHS:** there was one at the end of last calendar year... Can send out that contact information **TRE:** if there are enough folks needing that training, they can set it up and host it.

- **What kind of documentation do you need when you accept a child transitioning from another agency? Answer:** CCBs should request all available documentation from the previous CCB in order to establish a complete record for the individual. At the very least, the DD Determination Decision from should be on file.
- **Joanne spoke earlier about the Trails/Bridge issues. We have worked with the CCM help desk before and this time I sent them to Joanne, but is there more that we can do every time this happens?** In terms of BUS issues, go ahead and email Joanne.Svenningsen@state.co.us or CBMS mismatch

Adjourn

Next Meeting: May 7, 2020 hosted by The Resource Exchange, Colorado Springs