Dental Health Care Program for Low-Income Seniors

Awarded Grantees FY2023-24

Chandra Vital - State Programs Section Manager Veronica Irizarry - SDP Program Coordinator Alondra Yanez - State Programs Administrative Assistant Taryn Graf - State Programs Work Lead

Grantee Website https://hcpf.colorado.gov/colorado-dental-health-care-program-low-incom e-seniors-0



Senior Dental Program

- Important Dates
- •Eligibility
- •Medicare Savings Programs
- •Billing
- Annual Report
- •Audits
- •Colorado Indigent Care Program (CICP) and Hospital Discounted Care (HDC)



Important Dates

- Fiscal Year (FY) 2023-24 grant start date is July 1, 2023
 - No procedures from FY 2022-23 may be billed past the June 2023 invoice with one exception
 - If a Client's procedure was billed to Medicare and the Grantee did not receive the statement back in time for the June invoice to bill the remaining amount to the Department
 - If this should happen, the date of service (DOS) should be used on the FY 2023-24 invoices and all paperwork should be uploaded into SharePoint with the invoice. This includes the paperwork showing when Medicare was billed and what Medicare paid



Important Dates Continued

- Invoices are due by the 15th of the following month, unless the 15th falls on a weekend or if the Department is closed, and it is then due the first prior workday.
- FY 2022-23 annual report is due to the Department BY September 1, 2023
 - The Department's annual report is due to the General Assembly by November 1, 2023



Eligibility

- Must be 60 years of age or over
 - Can maintain a picture ID in the Client's file showing proof of their age
 - If the Client is 60 through 64 and they fall within the 138% Federal Poverty Guidelines (FPG), they must have a denial letter from Health First Colorado showing they don't qualify.
 - The following reasons cannot be used for the denial:
 - Did not apply for medical assistance;
 - Does not want medical assistance any longer; or
 - Did not submit requested documents



Eligibility Continued

- Income must be at or below 250% of the current FPG
- Client must not qualify or currently have Health First Colorado or Old Age Pension Medical
 - The web portal MUST be checked on all Clients
 - There must be a print screen of what the web portal shows in the Client's file
 - It is suggested that the web portal is checked for each visit



CICP or HDC Cards

- If a Client has an UNEXPIRED Colorado Indigent Care Program (CICP) and/or Hospital Discounted care (HDC) card, the Client automatically qualifies for the Senior Dental Program as long as they are 60 or over
- Ensure a copy of the *unexpired* CICP card is in the Client's file for auditing purposes.



CICP/HDC Cards

Colorado Indigent Care Program (NOT Insurance) Name:	The following household members are covered under the FPL on the front of this card. (Those eligible for Health First CO are not listed) Name:SSN:
Rate: 0 Copay Cap: \$0	Name: SSN:
County Code: SSN:	
County Code:SSN:	Name:SSN:
Begin Date:End Date:	Name:SSN:
	Name:SSN:
	Name:SSN:
Technician's Signature Phone	Show this card any time you visit a CICP Provider
CICP Copays Due	CICP Copays Due
Ambulatory Surgery	Prescriptions
Inpatient	Laboratory
Hospital Physician	Basic Radiology & Imaging
Emergency Room	High-Level Radiology & Imaging
Emergency Transportation	
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5	Name:
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(NOT Insurance) Name: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code:	Name: Name: Name: Name: Name: Name: Show this card any time you visit a hospital CICP Copays Due Prescriptions
(NOT Insurance) Name: Rate: O CICP Copay Cap: N/A HDC Phys.: N/A County Code: Begin Date: Technician's Signature CICP Copays Due Ambulatory Surgery Inpatient	Name: Name: Name: Name: Name: Name: Name: Name: Show this card any time you visit a hospital CICP Copays Due Prescriptions Laboratory
(NOT Insurance) Name: Rate: O CICP Copay Cap: N/A HDC Phys.: N/A County Code: Begin Date: Technician's Signature CICP Copays Due Ambulatory Surgery Inpatient	Name: Name: Name: Name: Name: Name: Name: Name: Show this card any time you visit a hospital CICP Copays Due Prescriptions Laboratory
(NOT Insurance) Name: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code:	Name: Name: Name: Name: Name: Name: Name: Show this card any time you visit a hospital CICP Copays Due Prescriptions
(NOT Insurance) Name: Rate: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code: Begin Date: End Date: Technician's Signature Phone CICP Copays Due Ambulatory Surgery Inpatient Hospital Physician Emergency Room	Name: Name: Name: Name: Name: Name: Name: Show this card any time you visit a hospital CICP Copays Due Prescriptions Laboratory Basic Radiology & Imaging High-Level Radiology & Imaging
(NOT Insurance) Name: Rate: O CICP Copay Cap: N/A HDC Phys.: N/A County Code: Begin Date: Technician's Signature Phone CICP Copays Due Ambulatory Surgery Inpatient Hospital Physician Emergency Room Emergency Transportation	Name:
(NOT Insurance) Name: Rate: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code: Begin Date:End Date: Technician's Signature Phone CICP Copays Due Ambulatory Surgery Inpatient Hospital Physician Emergency Transportation Outpatient Hospital	Name:
(NOT Insurance) Name: Rate: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code: Begin Date:End Date: Technician's Signature Phone CICP Copays Due Ambulatory Surgery Inpatient Hospital Physician Emergency Room Emergency Transportation	Name:



Federally Qualified Health Center (FQHC) Cards

- FQHCs screen patients that are at or below 200% FPG
- These patients would also qualify for the SDP as long as they have an ID showing they are 60 or over



Lawful Presence

- Senate Bill (SB) 21-199 removed the requirement for individuals to prove lawful presence in the US to be eligible for state programs effective July 1, 2022.
- Seniors must still be a resident of Colorado to be eligible for the Senior Dental Program



Other Health Programs That Qualify for the SDP

Medicare Savings Programs (MSP)	Description of Programs	FPG	Eligible for the SDP
Specified Low-Income Medicare Beneficiary Program (SLMB)	State pays percentage of premium of Part B.	120%	Yes
Qualified Individual Program (QI1)	Does not qualify for any Medicaid program: state pays Part B premium.	120%-135%	Yes
Qualified Medicare Beneficiary Program (QMB)	State pays for Part A and B premiums and Medicare deductibles, coinsurance, and copays	100%	Yes
Qualified Disabled and Working Individual (QDWI)	State pays for Medicare Part A premium.	\$2,450 Individual income & \$3,306 Married	No
*Medicare/Medicaid – QMB (Dual Eligible)	65 years or older, or disabled, status under Social Security or Railroad Retirement assistance with Medicare premiums and out of pocket Medicaid expenses.	100%	No



Medicare Advantage Plans Programs (MAPs)

- If the Client has a MAP, a copy of their MAP card should be put into the Client's file.
- If the dental insurance is through the Client's MAP they still qualify for the SDP.
- If the Client has *extra* dental insurance purchased through a supplemental they do not qualify for the SDP.



Billing MAPs

- If the Grantee can bill the current MAP insurance they must do so
 - The insurance company must be billed prior to billing the SDP
- If the Grantee does not have a current contract with that specific insurance company they do not have to bill and can bill the SDP.



Billing MAPs Continued

- If the Grantee "farms" out the dental work and the Qualified Provider can bill the current MAP insurance company they must do so before the SDP is billed
- If the Qualified Provider is not able to bill the current MAP insurance company they do not need to bill and can bill the SDP.



Reasonable Screening for Income

- The Client's income must be at or below 250% of the most current FPG
- Grantees can use their current income screening forms
- Ensure copies of the documents you use for proof of income are in the Client's file for auditing purposes



Self Declaring Income

- Clients may self-declare their income
 - CAUTION some Clients use this as a way to get on the program when they don't qualify
 - Have the Client sign a statement indicating what they make and are aware that any false information is considered fraud and is subject to full repayment of services if found they don't qualify for the program



Questions?



COLORADO Department of Health Care Policy & Financing

Billing

- Invoices are due by the 15th of the following month, unless it falls on a weekend or holiday and it is then due the previous workday
- The SDP will pay no more than Max Program Payment
- It is up to the Grantee if a co-payment will be charged
- Covered procedures must be provided before billing the SDP
- It is up to the Grantee if they will bill the 7% administrative fee



Billing Continued

- All Grantees must bill the insurance of the MAP if they have the ability to do so PRIOR to billing the SDP
- If the Grantee sends the Clients to other providers, and those providers have the ability to bill the insurance of the MAP, they must do so PRIOR to the Grantee billing the SDP



Billing Across Fiscal Years

- If you forgot to put a procedure on a June invoice and realize it in the next fiscal year, you CANNOT bill for that procedure unless it is part of a MAP
- It is important that every Grantee gets all procedures on the June invoice to receive payment in that fiscal year



MAP Billing Crossing Fiscal Years

• If a Grantee bills an insurance in FY 2022-23 and finds out in FY 2023-24 that it didn't pay the full procedure amount, the Grantee may bill the SDP

When the procedure is billed on the invoice for a previous FY procedure, the Grantee must also upload into SharePoint the billing to the insurance showing when it was billed and showing the response from the insurance company



Excel Workbook

- The SDP will only accept the billing on the Excel worksheet and it must be uploaded through SharePoint
- If a new employee starts the Grantee must contact Alondra at <u>Alondra.YanezSanchez@state.co.us</u> to obtain access
- If there is an employee that has left, the Grantee can also let Alondra know of the access that needs to be removed



Monthly Invoices

- If the monthly invoices are not fully filled out they will be rejected and you will be asked to fill in the missing information and resubmit
- If there is incorrect information or duplicate information on procedures entered, the procedures will be removed from the invoice and the Grantee will be notified and the new invoice amount will be given



Immediate Dentures

- All Clients that receive immediate dentures must be given the Informed Consent for Immediate Denture Form
- It must be signed by both the Client and the dentist and be kept in the Client's file
- Clients that receive immediate dentures are automatically selected for an audit



Questions?



COLORADO Department of Health Care Policy & Financing

SDP Annual Report

- A SDP Annual Report must be submitted every fiscal year by September 1st
- The report must be in the format specified by the Department and will include information for the July 1st through June 30th grant period
- A large amount of information needed for the report will be retrieved from the monthly invoices submitted by the Grantees
- The Department will contact Grantees to let them know what other information will be required for the annual report



Questions?



COLORADO Department of Health Care Policy & Financing

Audits

- Audits and spot-audits will be performed at random times throughout the year, the Department will randomly select Client files for each Grantee
- Clients that receive immediate dentures are automatically added to the audit list
- All files selected will be reviewed to ensure they were not part of Health First Colorado during the time of service



Audit Elements

Items the Department looks for include, but are not limited to:

- Billing
- Proof of age
- Submitting invoices prior to the procedures being completed
- Client Co-payments
- Accurate Client information (DOB/middle initials)
- Signed Immediate Dentures form, if applicable



Corrective Action Plans

Grantees with findings will be issued a Corrective Action Plan (CAP) and required to submit the following:

- Signed CAP form addressing the findings and how the internal controls will be changed to avoid these errors
- A check to the Department repaying all incorrect billed procedures, if applicable



Client Documents Review

- Unexpired CICP/HDC card
- Proof of age (ID, Passport, SNAP card, etc)
- HCPF web portal verification document
- MAP cards
- Proof of Income
- Grantee ledger with billed procedures
- *The Department approval email/form (for undocumented Clients)



Web Portal

• The Department web portal verification form. All other web portal eligibility forms will not be accepted for FY 22-23.

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Specified Low-income Medi	care Beneficiary					
Other Insurance Detail I	nformation					
		Delucat	v Notice			R05.00.



COLORADO Department of Health Care Policy & Financing

HDC/CICP Cards and IDs

Unexpired CICP or HCD (Hospital Discounted Care) card. The Client automatically qualifies for the Senior Dental Program if they are 60 and over.
 Photo ID to verify age



Colorado Indigent Care Progran Name:	(NOT Insurance) under the	household members are covered FPL on the front of this card. ole for Heath First CO are not listed) SSN:				
Rate: 0 Copay Ca		SSN:				
County Code:SSN:	Name:	SSN:				
Begin Date: End	Date: Name:	SSN:				
	Name:	SSN:				
	Name:	SSN:				
Technician's Signature	Phone Show this ca	rd any time you visit a CICP Provider				
CICP Copays	Due	CICP Copays Due				
Ambulatory Surgery		Prescriptions				
Inpatient		Laboratory				
Hospital Physician		Radiology & Imaging				
Emergency Room	High-Level	High-Level Radiology & Imaging				
Emergency Transportation						
Outpatient Hospital						





COLORADO Department of Health Care Policy & Financing

Insurance Cards

- Medicare Card (*if applicable*)
- Medical Advantage Plan (MAP) cards
- MAP Fee schedule (if available)



DEN1	 Dental Medicare Network						
Deductible		\$0					
Annual M	1aximum	\$1,000					
Waiting	Periods	None					
	Description of Benefit	Frequency/Limitations In Network* N					
Exam				- 8 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
D0120	Periodic oral evaluation - established patient	Two procedure codes per colendar year	100%	0%			
Additional		coloridar year					
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three	100%	0%			
D0180	Comprehensive periodontal evaluation - new or established patient	calendar years	100%	0%			
D0220	Introoral - periopical first rodiographic image	. One procedure code from .	100%	0%			
D0230	Introoral - periapical each additional radiographic image	this group per calendar year	100%	0%			
D0240	Introoral - occlusal radiographic image		100%	0%			
	n and panoramic x-rays						
D0210	Introoral - complete series of radiographic images	One procedure code from this group every five	100%	0%			
D0330	Panoramic radiographic image	calendar years	100%	0%			
Bitewing							
D0270	Bitewing - single radiographic image	One procedure code from	100%	0%			
D0272	Bitewings - two radiographic images	this group per colendar	100%	0%			
D0273	Bitewings - three radiographic images	vear	100%	0%			
D0274	Bitewings - four radiographic images		100%	0%			
	is (cleaning)						
D1110	Prophylaxis Adult (Remaval of plaque, colculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per colendar year	100%	0%			
Anesthesi	a						
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered codes	100%	0%			



Income Documentation

Social Security award letter or Bank Statement
Signed Client self-declared income form

	NEFICIARY'S NAME: ar Social Security benefit will increase by 1.3% in 2021 because of a rise in th	
livit ren	If your security behavior with intercase by 1.59 in 2021 because of a rise in the ng. You can use this letter as proof of your benefit amount if you need to apply i, or energy assistance. You can also use it to apply first bank loans or for othe ep this letter with your important financial records.	ly for food
He	ow Much You Will Get	
Yo	ur monthly benefit before deductions	\$1,220.5
De	eductions:	
Ma 20	edicare Medical Insurance (If you did not have Medicare as of November 19, 20 or if someone else pays your premium, we show \$0.00)	\$148.50
Ma 20	edicare Prescription Drug Plan (We will notify you if the amount changes in 21. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.	S. Federal tax withholding	\$0.00
Vo wi	luntary Federal tax withholding (If you did not elect voluntary tax thholding as of November 19, 2020, we show \$0.00)	\$0.00
	ter we take any other deductions, you will receive e payment you are due for December 2020 on or about January 13, 2021.	\$1,072.00
Ple The If y wel 1-8 If y the	s information above shows your monthly benefit amount before and after ded ass remember, we will pay you in the month following the month for which it Pressure J Department requires Pecken I benefit yayments to be made electro on still receive a paper check, please wist the Department of the Transary's forming the transmoster of the transmoster of the Transary's forming the transmoster of the transmoster of the Transary's of inter a transmoster of the transmoster of the transmoster of a transmoster of the transmoster of the transmoster of the use of the transmoster of the transmoster of the transmoster of the outling to the transmoster of the transmoster of the transmoster of the transmoster of the transmoster of the transmoster of the date you receive this letter. The frametast and ensine transmost for the appendix transmoster of the transmoster of the transmoster of the transmoster of transmoster of the transm	is due. mically. Go Direct at
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COLORADO Department of Health Care Policy & Financing



- Procedure ledger (must include service date, procedure codes, tooth #'s, surfaces, quadrants, amounts and co-payments)
- Records should match what has been billed to the Department

Date	Name	Surface	Tooth	Check #	Code	٠	Description	N	R	D	M	П
03/09/2022					D0120		Periodic oral evaluation	_		-	-	1
03/09/2022	1	1			D0274		Ritewings-four films					
03/09/2022					D0603		Caries risk assessment - High					
03/09/2022	1	hore and			Paymen		Credit Card Payment -Thank You					
03/14/2022		MO	17		D2392		Resin composite-2s, posterior					
03/14/2022	I				Payme		Credit Card Payment -Thank Y.,.					
03/15/2022		OD	21		D2392		Resin composite-2s, posterior					
		100			Paymen		Credit Card Payment -Thank Y.					
03/30/2022		IDE	23		D2332		Resin-three surfaces, anterior					
	1	1			Payme		Cash Payment - Thank You					
04/06/2022		OD	5		D2392		Resin composite-2s, posterior					
04/06/2022	1	MO	4		D2392		Resin composite-2s, posterior					
04/06/2022					Payme		Cash Payment - Thank You					
04/07/2022	1	OD	4		D2392		Resin composite-2s, posterior					
04/07/2022					Payme		Cash Payment - Thank You					
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04/14/2022					D4910		Periodontal maintenance					
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* 11/18/2021	15	Protective Restoration		0.00			
* 11/18/2021	10	Limited oral evaluation					
* 11/18/2021		Intraoral-periapical-1st film					
* 11/18/2021		Diabetes High Risk		0.00			
11/18/2021		INACTIVE Senior Dental Adjustment		0,00	-20.00		
* 11/18/2021		INACTIVE Senior Dental Adjustment			-5.00		
* 11/18/2021		Axia Credit Card Processing			-20.00		
* 11/30/2021		Perio Charting		0.00			
* 11/30/2021		No Tobacco Use		0.00			
* 11/30/2021		FMX intraoral-complete series					
* 11/30/2021		Comp oral eval-new/estab pat					
		INACTIVE Senior Dental Adjustment			-76.00		
* 11/30/2021		INACTIVE Serior Dental Adjustment			-13.00		
* 11/30/2021		Carles Risk Assessment - High		0.00			
* 11/30/2021		Oral hygiene instruction		0.00			
* 12/08/2021		Oral hygiene instruction		0.00			
* 12/08/2021		Untreated decay		0.00			
* 12/08/2021		Prophylaxis-adult		10000			
* 12/08/2021		No Tobacco Use		0.00			
* 12/08/2021		Caries Risk Assessment - High		0.00			
* 12/08/2021	26	INACTIVE Senior Dental Adjustment Resin-two surfaces, anterior			-12.00		
* 12/23/2021	20	VISA/MC Payment -Thank You			-20.00		
* 12/23/2021	29	Amalgam-2 surf, perm-primary			-20.00		
12/23/2021	29	INACTIVE Serior Dental Adjustment			-155.00		
* 12/23/2021		INACTIVE Senior Dental Adjustment			-120.80		
* 12/23/2021		SDP PAYMENT Ck# 2201957688			-283.00		
* 12/29/2021		No Tobacco Use		0.00	1203.00		
* 12/29/2021	3	Resin composite-3s. posterior		0.00			
* 12/29/2021	8	Resin-two surfaces, anterior					
12/29/2021	9	Resin-one surface, anterior					
* 12/29/2021		INACTIVE Senior Dental Adjustment			-152.00		
* 12/29/2021		INACTIVE Senior Dental Adjustment			-138.00		
* 12/29/2021		Axia Credit Card Processing			-30.00		
* 01/31/2022		SDP PAYMENT Ck#1251980858			-804.20		
* 02/10/2022	3	Prep Crown		0.00			
* 02/15/2022		Senior Dental Adjustment			-206.00		
* 02/25/2022	3	Crown-porc/ceram substr					
* 02/25/2022		Senior Dental Adjustment			-340.00		
* 03/25/2022		SDP PAYMENT Ck# 3222015811			-730.00		
* 05/18/2022		Outside Check Payment Ck# 3021			-40.00		
01/10/2023		No Tobacco Use		0.00			
01/10/2023 01/10/2023		Oral hygiene instruction Periodic oral evaluation		0.00			
01/10/2023		Periodic onal evaluation Perio Charting		0.00			
01/10/2023		Carles Risk Assessment- Moderate		0.00			
01/10/2023		Bitewings- four films		.1			
01/10/2023		Senior Dental Adjustment			-10.00		
01/10/2023		Serior Dental Adjustment			-13.00		
01/22/2023		Ins Payment - Senior Dental Program SDP		0.00	-13.00		
01/30/2023		Oral hygiene instruction		0.00			
01/30/2023		SDOH-		0.00			
01/30/2023		Untreated decay		100			
01/30/2023		Prophylaxis-adult					
01/30/2023		No Tobacco Use					
01/30/2023		Carles Risk Assessment - High		0.00			
01/30/2023		Senior Dental Adjustment			-15.00		

NEADER INFORMATION													
1. Type of Transaction (Mark)													
Distance of Actual De	vues	Represi for Pr	stelemination Pr	eachoristic									
2 Predetermination/Preautho	tation Number				-	POLICYHOLDER SUBSCRIBER INFORMATION (For Insurance Company Named in R3)							
									Land, First, Mr	0014 10	tial, Suffas, A	Address, City, Sta	te. Zo-Code
INSURANCE CONPANY			NFORMATION	•		MEMBE	R, II	4 A					
3 Company/Plan Name, Add	ess, City, State, 2	le Code											
						13. Date of Bot MM/DD			14 Center X ^M	- 14	12.7minute 12345	the Sciencier I	D (55N or 10#
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5. Name of Policyholder/Subs	viber in #4 (Last.	First, Mode Ini	tel, Suffix)			PATIENT IN						1.00	ed For Future
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						20 Name (Las						Code	
0. PlantDroup Number			to Person named										
11. Other Insurance Company			Depende		×								
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						21. Date of Brit	0.000	(**20436	22. Center		23. Patient I	Difficient # (Ass	igned by Denti
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35 Females													
AUTHORIZATIONS					- 1	ANCILLARY							
16. I have been informed of the	treatment plan a	nd peacouted for	es, i agree to be re	esponable to	- 10	lik Place of Treat						Steures (Y or N)	
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Undocumented Clients

- Only qualify for Emergency Medicaid no denial letter is needed. Please note reason why they won't qualify on file.
- If a Client is not on CICP/HDC and cannot provide proof of age due to their documentation having been confiscated, approval by the Department is needed. Send an email/form to Veronica with Client details for approval.



Audits Process Flowchart





Questions?



COLORADO Department of Health Care Policy & Financing

Colorado Indigent Care Program (CICP) and Hospital Discount Care (HDC)

- CICP is a discount program, not insurance
 - https://hcpf.colorado.gov/colorado-indigent-ca re-program
- HDC is a new law that started in September 2022 that provides protections for low-income individuals related to how much they can be charged for hospital services
 https://hcpf.colorado.gov/colorado-hospital-dis counted-care



Contact Info

Veronica Irizarry Senior Dental Program Coordinator <u>Veronica.Irizarry@state.co.us</u>

> Alondra Yanez Sanchez Program Assistant

Alondra.yanezsanchez@state.co.us



Thank you!

