Adult Focused PIAC Meeting Minutes

Date: May 12, 2026
Time: 4:00pm – 6:00pm
Location: Hybrid
Facilitator and recorder: Becky Selig
Presentation Slides:
Next meeting: August 11, 2026 (Hybrid)

Meeting Attendees

Name	Affiliation	Present
Amy Albrecht	Intermountain Health	
Annie Bacci	TGTHR	v
Ashleigh Phillips	CommonSpirit Health	v
Carolyn Hall	Solari, Heartland Mental Health, Colorado Mental Wellness Network	v
Cassie Williams	Denver Department of Public Health & Environment	x
Chantal Holt	Health First Colorado Caregiver	v
Denise Hosier	WellPower	v
Hiba Muhtar	Health First Colorado Member	
Jamie Rodriguez	Adams County Public Health	v
Judy Shlay	Public Health Institute at Denver Health	
Laura Brayer-Don	Arapahoe County Public Health	x
Laura Ciancone	Douglas County - DHS	
Lyssa Towl	Vivent Health	
Mary Henneck	Health First Colorado Caregiver	x
Miriam Garcia	Para ti Mujer	
Rachel Henderson	Health First Colorado Member	v
Robert Conkey	Health First Colorado Member	x
Sarah Holt	Health First Colorado Member	v

(x) - In Person attendee; (v) – Virtual attendee; (partial) – Only partially attended the meeting

Other Guests: Tom Franchi, Erin Sears
Colorado Access Staff: Becky Selig, Dave Aragon, Lauren Brassfield, Carrie Jones, Robert Franklin, Jessica Smith, Claire Peters Cristina Bejarano

Quick Recap

This PIAC meeting brought together community members, partners, and Colorado Access staff to build connection and gather input on key priorities. The group reviewed updates from the 2026 Colorado legislative session and discussed upcoming HR1-related Medicaid changes, including expansion work requirements and six-month renewals, with an emphasis on proactive outreach and keeping member contact information current. Colorado Access shared findings from the Population Health Assessment and invited feedback on incorporating community stories and reducing duplicative screening, particularly across behavioral health and social needs systems. The meeting also featured an overview of the ACC Health Neighborhood framework and Colorado Access examples across collaboration, public health integration, specialty access, and health-related social needs, with participants identifying care coordination and specialty access as ongoing areas of interest for future PIAC discussions.

Agenda and Notes

Time	Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
4:00	**Welcome, Intros**	*Connect*
4:20	**Policy & Emerging Issues Update** Carrie Jones, Colorado Access	*Inform* Recapped the 2026 Colorado session, shaped by a >$1B budget shortfall and cost-sustainability focus on Medicaid. • Colorado Access tracked ~50 bills; took positions on 11; testified 3 times; and built new coalitions. • Key bills discussed included immunization access (SB 26-32, passed), gender-affirming care restrictions (HB 26-1087, stopped), direct primary care in Medicaid (HB 26-1096, stopped), and Medicaid updates tied to HR1 (HB 26-1235, pending signature). • Outlined off-season focus: maintain relationships, refine agenda, and prepare for federal HR1 changes. • Shared HR1 implementation snapshot: expansion work requirements and six-month renewals beginning in 2027, with state/partner communications forthcoming. Questions (and Answers) • Q: Will LTSS (long-term services & supports) members be included in HR1 work requirements or six-month renewals? A: No. Work requirements and six-month renewals apply to the Medicaid expansion population; LTSS members are excluded. Within expansion, individuals with disabilities are exempt from work requirements.

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		• Q: Will LTSS members receive work-requirement notices? A: Not expected (not in the affected population), though notices for expansion members will be sent broadly. • Q: Why is it hard to provide clarity now? A: Federal guidance is still pending (expected in June/late June); state toolkits and materials will be shared as guidance becomes available. • Q: What is the most proactive step organizations can take now? A: Encourage members to update contact information/addresses so notices and instructions reach them.
4:45	**Population Health Assessment**: **Feedback, Findings and Future Planning** Claire Peters, Director of Population Health, Colorado Access	*Consult* Explained the Population Health Assessment and how it guides priorities using health, social needs, and demographic data. • Noted prior PIAC input shaped the 2025 focus (behavioral health, barriers to care, disparities, and high-risk groups). • Key findings: anxiety and SUD were top conditions (Medicaid); anxiety/depression and asthma were top for CHP; co-occurring conditions were common; and behavioral health readmissions point to needed transition supports. • Previewed 2026 focus: members with co-occurring conditions and behavioral health transitions of care, with more year-over-year trending. • Requested ideas to incorporate qualitative "community stories" earlier and throughout the next assessment (targeting September completion). Questions (and Answers) • Q: Has mental health been a top condition prior to 2025, or is this new? A: It has been among the top conditions for some time; not a new shift in 2025. • Q: Can Colorado Access work with BHA/BHASOs to share data and reduce duplicate member questioning? A: Colorado Access has routine conversations with partners; additional details to be confirmed with clinical leadership (Amber Pace noted as key contact). • Q: Are social needs screening data (food/housing/transportation/utilities/safety) being shared to prevent duplication? A: Yes—work underway to receive social needs screening data starting as soon as summer (initially through partners

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		such as AllHealth), with the goal of expanding to additional entities. • Q: Is mental health prevalence high because access to services is difficult? A: The claims-based assessment cannot determine causality; national data suggests claims may under-represent true prevalence. • Q: Will future assessments include data sources beyond claims? • A: Near-term assessments rely primarily on claims; future plans include health appraisals and using member experience survey data as an additional source. • Q: Clarification on "behavioral health readmissions" finding? • A: Readmissions represent a higher proportion of inpatient admissions; focus is on improving transitions back into the community.
5:10	**Health Neighborhood Collaboration** Tom Franchi, ACC Program Specialist, HCPF Becky Selig, Senior Community Engagement Liaison, Colorado Access Dave Aragon, Principal Community Engagement Consultant, Colorado Access	*Consult* Tom Franchi (HCPF/ACC) described the Health Neighborhood framework in ACC contracts: promote member well-being (physical, behavioral, social), create diverse networks, and leverage RAEs' community relationships to produce local impact. • Reviewed high-level components/buckets (examples discussed): cross-RAE & community collaboration; statewide/advisory alignment; specialty care & access; public health integration; health-related social needs & equity; housing insecurity/permanent supportive housing. • Explained that Health Neighborhood reporting is a key deliverable; HCPF uses it to monitor activity and impact across regions. • Clarified evolution: present in earlier ACC phases, with increased emphasis in Phase 3 on health-related social needs and equity supports. Colorado Access team shared regional examples and invited PIAC members to identify topics of interest for deeper future presentations: • Cross-RAE/community collaboration: PIAC and other advisory councils; Hospital Transformation Program updates; behavioral health care transitions initiatives.

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		• Statewide/advisory alignment: participation in Colorado Social Health Information Exchange (COSHIE); data-sharing efforts and advisory feedback loops. • Specialty care & access: telehealth partnerships; focus on specialty access (e.g., dermatology, endocrinology, neurology); discussion of E-Consult as a tool to extend specialty expertise. • Public health integration: projects with local public health agencies, including a pilot supporting Medicaid-eligible individuals exiting Adams County jail with HRSN and care coordination; newborn home visits/postpartum care incentives; joint "Stay Connected, Stay Covered" outreach; SNAP/WIC enrollment support. • HRSN & equity: community investment; closed-loop referral pilot and planned rollout of FindHelp integration; culturally responsive behavioral health initiatives; alignment with partners already using FindHelp. Questions (and Answers) • Q: Has the Health Neighborhood concept existed across ACC phases, or is it new? A: Present in Phase 2 and evolved; Phase 3 includes more explicit contract emphasis on health-related social needs. • Q: How are state partners like CDHS/DOLA/education included? A: Not exhaustive list in slides; participants recommended broader inclusion (schools, state agencies, etc.) as key partners for a complete "neighborhood." • Q: Where do immunology/autoimmune specialty needs, genetics/genetic testing, and emerging AI-enabled tools fit? A: Team noted these as important specialty-access questions and planned to follow up on where they align within Health Neighborhood priorities and access strategies. • Q: Are E-Consults helping address limited specialist availability? A: Yes; described as a provider-to-provider support tool that can reduce unnecessary travel and speed guidance when in-person specialty access is limited. • Q: What is FindHelp, who can use it, and how will Colorado Access use it? A: FindHelp is a public-facing resource directory; organizations can adopt paid features for closed-loop

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		referrals/integrations. Colorado Access plans a branded instance and integration for care coordination (anticipated August go-live), with a "trusted partner" approach to support closed-loop confirmation. • Q: Details on the Adams County jail re-entry pilot? A: Project supports individuals exiting Adams County jail (distinct from DOC release work) with care coordination and HRSN connections; planned go-live end of month (as stated in meeting).
5:50	Questions and Wrap-Up	Take a quick survey that provides staff with feedback about this meeting.
6:00pm	Adjourn	