Adult-Focused Member Advisory Council (MAC) DRAFT Minutes

Date: July 15, 2026
Time: 2:00 p.m. – 3:30 p.m.
Location:
Colorado Access, 4643 South Ulster Street, Denver, CO 80237
7th Floor, Pikes Peak Board Room

Shared Resources for Meeting

- Slides
- Charter, Minutes, Action Item Tracker
- Feedback Form

Meeting purpose:

- Learned about behavioral health service changes and HCPF's care coordination evaluation.
- Shared input on member communication and care coordination improvements.

Next meeting: September 16, 2026

Meeting Attendees

MAC Members
Visitor: Tamara Keeney. **Colorado Access Staff:** Amber Pace, Kelly Shanahan, and Cristina Bejarano.

Recap

The Adult Member Advisory Council (MAC) met in person for the first time this calendar year. Members had time to connect and share a meal before the meeting began. Members attending virtually had to leave the meeting because of technical difficulties. The meeting included a presentation from Tamara Keeney, Research and Innovation Section Manager at the Colorado Department of Health Care Policy & Financing (HCPF), on the ACC 3.0 Care Coordination Evaluation. Amber Pace, Senior Director of Behavioral Health Services at Colorado Access, also presented changes to B3 Behavioral Health Services. Members who were present shared feedback about their care coordination experiences and provided guidance on how to improve communication about the B3 Behavioral Health Services changes.

Action Items

Item	Owner	Status	CLEF	Due Date
Distribute draft minutes and meeting follow-up.	Cristina Bejarano	In progress	No	7/21/2026
Share care coordination feedback with the Senior Director of Care Coordination. Follow up on member concerns and related processes improvement by the end of the month.	Jamie Zajac	In progress	Yes	7/31/2026
MAC members provided feedback on the B3 communication letter to help improve member communication. This consultation informed the ACC 3.0 Operations Meeting. Based on concerns raised during the MAC meeting and Colorado Access' review of potential impacts, ACC 3.0 Operations members decided not to send member letters at this time. Members were notified of the decision when the minutes were shared.	Amber Pace	Complete	Yes	7/21/2026

Caring Heart Award: Provide a timeline and plan to relaunch the award program, including strategies to improve outreach and promotion. The topic will be covered during the September 16, 2026, meeting.	Kelly Shanahan, Cristina Bejarano	In progress	No	10/20/2026
MAC members were asked to complete the post-meeting survey.	MAC members	2 members completed	No	7/23/2026
MAC members: Consider and suggest new member candidates, especially to address missing perspectives (e.g., children/youth, disability) and replace inactive or departing members.	MAC members	Ongoing	No	Ongoing

Agenda and Notes

Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
Transition and Agenda Setting	*Connect and Inform* Members finished gathering food, settled in, and reviewed the agenda. Meeting started late due to technical difficulties with sound system. Virtual members were dismissed.
ACC 3.0 Care Coordination Evaluation by Tamara Keeney, Research and Innovation Section Manager at the Colorado Department of Health Care Policy & Financing (HCPF)	*Inform and Consult* Members were **informed** about the ACC 3.0 Care Coordination Evaluation and its purpose. Members were **consulted** on their care coordination experiences to help inform future improvements. When members were asked about their knowledge of care coordination services and how to access them, they shared that: 1. They were often not aware that care coordination services existed. 2. It was easy to confuse RAE care coordination services with case managers from other organizations or other parts of the Medicaid system. Members noted that some parts of the system may have acted as gatekeepers and may not have told members about RAE care coordination services. 3. Managing expectations about what care coordination could and could not do was critical. Without clear information, members may have had unrealistic expectations and may have had a negative experience if care coordination did not meet those expectations. Setting reasonable expectations was important for a successful and positive experience. When members were asked, "What experiences, good or bad, with care coordination would you like to share?" members shared the following: 1. Members described mixed experiences with care coordination. Some experiences were positive, while others were negative or inconsistent. 2. Staff transitions created challenges. When care coordination staff changed, Colorado Access may have lost connection with the member. 3. Care coordination provided by providers, such as Denver Health, sometimes created confusion. Members may not have known whether Colorado Access or the provider was responsible when follow-up did not happen. 4. Members expressed concern that care coordination services may have been shrinking.

	1. Individual feedback was shared about attribution and access to care. Member believed that Colorado Access did not know the patient-to-provider ratio in the region. For people with complex medical needs, a lower ratio was needed because long wait times for appointments were unacceptable, and seeing different mid-level providers at each clinic visit may not have been an appropriate solution. 2. Colorado Access' provider search tool may not be up to date, especially for primary care medical providers and specialists who accepted Medicaid outside of large provider systems. Members asked what access looked like across the rest of the network for members who did not want to use large institutional providers. 3. At the state level, members recommended that Colorado Access champion more comprehensive funding for public insurance programs and the public health infrastructure needed to serve a growing population.
Changes to B3 Behavioral Health Services by Amber Pace, Senior Director of Behavioral Health Services at Colorado Access	*Inform and Consult* Members were **informed** about planned changes to Medicaid 1915 B3 Behavioral Health Services and the reasons for those changes. Members were **consulted** on how best to communicate these updates to members. Members were asked questions to help guide Colorado Access' next communication steps. When asked whether they would have wanted to be informed about the changes even if they did not use B3 services, several members said no. They explained that if the information did not apply, it may have added to the amount of information members already received and created confusion. Several members felt it would have been reasonable to send the notice to anyone who had used B3 services in the last six months. One member disagreed and said the notice should have been sent to everyone because some members may not have used these services yet but may have needed them in the future. That member asked how members would have known about the hard cap otherwise. When asked, **"**If you receive these services, what is the best way to learn about this cap?" members said that one communication method would only have reached part of the population, so a multi-pronged communication approach was needed. Members recommended hard copy mail and text messages. Members also recommended flyers in provider offices where these services are offered. Members discussed the importance of making sure provider office staff were aware of the changes, not only doctors. Colorado Access' provider communication strategy was just as important as member communication. Members asked whether provider offices could also have general Colorado Access materials and branding available. Members asked whether an announcement could have appeared when members signed in to a member portal, similar to electronic health record portals such as MyChart. *Note: Colorado Access did not currently have a member portal for Medicaid members, but information may have been able to be posted on the website.*

	Members said the change should have been explained in plain language to avoid confusion. For example, “four units per day” should have been clearly explained as 15 minutes per unit. Members recommended explaining who Colorado Access is and adding a line in the letter that describes Colorado Access’ role. Members noted that people often do not know the difference between Colorado Access and the state or how Colorado Access relates to Medicaid. Members recommended avoiding the term “fiscal year” or explaining it clearly. They also recommended using the actual effective dates, including month and year. Members recommended clearly stating that there was a hard cap on these specific services, while also explaining that Colorado Access would work with members to find other covered services based on their needs. Members noted that Colorado Access may not have known exactly what providers billed for, which made it difficult to know exactly who would have been impacted. Based on the concerns raised and Colorado Access’ review of the potential impacts, Colorado Access decided not to send member letters at that time. Communications about these changes could create confusion, unnecessary concern, or misunderstanding among members, especially because the topic is complex and may not apply to many members. Colorado Access appreciates MAC members’ partnership in helping consider the member experience and ensuring the approach remained thoughtful, clear, and member-centered.
Session Reflection	*Collaborate* - Two members completed the meeting survey. There was overall agreement with the meeting purpose and success. Technical difficulties and directions to the building were identified as challenging areas which ate valuable time.