



Youth Focused PIAC Agenda

Date: September 8, 2026

Time: 4:00 – 6:00 pm

Location: Virtual (Zoom)

Next Meeting: December 11, 2026 (Zoom)

Meeting Attendees

Name	Affiliation	Present
Carolyn Anello	Project Worthmore	
Courtney Lawlor	Mile High Behavioral Healthcare	
Devin Myers	Entrust Health	
Erin Denovan	Health First Colorado Caregiver	v
Judy Shlay	Public Health Institute at Denver Health	
Kirsten Anderson	Aurora Mental Health & Recovery	v
Kristin Soderberg	Health First Colorado Caregiver	v
Lanae Dailey	Children's Hospital Colorado	
Lori Spurgeon	Health First Colorado Caregiver	
Megan Bowser	Health First Colorado Caregiver; Executive Director for Family Voices Colorado	v
Michelle Roy	Wellpower	v
Mordy Cukier	Kiwi Kids ABA	
Nikki Brooker	You Are Not Alone (YANA)	
Wendy Nading	Arapahoe County Public Health	v
Whitney Gustin Connor	Kids First Colorado	v

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

Other Guests:

Colorado Access Staff: Becky Selig, Dave Aragon, Lauren Brassfield, Bridget Anshus, Amanda Berger, McKayla Morton, Tyannah Reed, Stacy Stapp

Quick Recap

Participants discussed opportunities to strengthen care coordination, improve maternal and child health outcomes, and address emerging policy changes affecting children and families. Members provided feedback on reducing duplication in care coordination, improving communication among providers, simplifying referral and release processes, and making it easier for families to navigate services. The committee also reviewed postpartum care quality improvement efforts, offering recommendations for culturally responsive outreach, support for teen parents, and stronger connections between families and care coordinators. Finally, members received updates on policy issues including Cover All Coloradans, gender-affirming care, and Medicaid work requirements, and shared concerns about access to services, provider guidance, and the potential impacts of coverage changes on children and families.

Agenda and Notes

Time	Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
4:00 (20 min)	Welcome & Connection	<i>Connect</i>
4:20 (35 min)	Care Coordination: Coordinate, Don't Duplicate Amanda Berger. Senior Manager of Care Coordination, Colorado Access McKayla Morton, Manager of care Coordination	<i>Consult</i> Summary - The goal of care coordination is to connect the people already supporting a member or family—not add more people or meetings—and align everyone around one shared plan. - Interdisciplinary team meetings, creative solutions calls, and staffings may include the member and family, care coordinators, case management agencies, providers, hospital teams, schools, child welfare, and other community partners. - These meetings are intended to clarify the shared goal, identify existing work, assign ownership, prevent duplication, complete warm handoffs, and escalate barriers when needed. - Colorado Access described efforts to close referral loops through FindHelp, support condition and medication management, and maintain one care coordinator for siblings when possible. - The Colorado System of Care uses enhanced high-fidelity wraparound for youth with complex behavioral health needs. The wraparound facilitator serves as the lead while Colorado Access remains involved during services and for at least six months after closure. Questions and Answers - Q: How does the release-of-information process work when multiple partners need to participate? A: Colorado Access still requires a separate release for each partner and cannot use a single multiparty release. DocuSign is available, and staff may assist with obtaining signatures in person when electronic access is a barrier. - Q: Is there a directory showing care coordination teams, areas of focus, and practices with in-house care coordination? A: Participants confirmed that pediatric practices may serve as Care Coordination Partners through delegated care coordination. The request for a detailed directory of programs, contacts, and participating practices was acknowledged for follow-up. - Q: How should a provider connect a member who may need care coordination?

		A: Providers may use the Colorado Access phone number or electronic referral form. Colorado Access will connect the member to the appropriate internal team or Care Coordination Partner and report back to the referring party to close the loop. Feedback Received • Members asked care coordinators to communicate directly with one another so that families are not required to serve as the intermediary. • Members requested clearer explanations of what to expect at each stage, summaries of interactions, real-time specialty care access, and streamlined processes. • A directory of care coordinators by area of focus, plus practices with embedded care coordination and specific entry points, would help providers and families navigate services. • Participants highlighted the need to help families track multiple specialists, follow-up timelines, and scheduling lead times. • One participant described the burden of obtaining multiple releases as a barrier to convening a cross-system team. • Additional feedback included scaling reimbursement to the level of work required and expanding capacity where a single local nurse coordinator cannot meet community demand.
4:55 (25 min)	Pay for Performance Metrics and Interventions Tyannah Reed, Senior Quality Improvement Consultant, Colorado Access	<i>Consult</i> Summary • The Pay for Performance program rewards achievement of state-defined quality thresholds, including preventive screenings, immunizations, transitions of care, prenatal and postpartum care, and Department of Corrections measures. • The current intervention focuses on postpartum care because prenatal performance is stronger. A dashboard identifies members who delivered but have not yet completed a postpartum visit. • Bilingual English/Spanish mailers provide reminders and education, with a QR code explaining the importance of postpartum care. • The overall postpartum visit rate was reported at approximately 81%; the rate was about 10 percentage points lower for members under age 18 and approximately 79% for members under age 20. Questions and Answers • Q: How might Family Connects affect completion of the six-week postpartum visit?

		A: The impact is still being assessed. Home visits may increase comfort and access, particularly when delivered by a trusted provider, and a pilot is using Family Connects visits to encourage postpartum follow-up. - Q: How can postpartum services, needs, and resources be streamlined through one point person? A: The Pay for Performance team is exploring collaboration with Care Coordination, including warm handoffs and an automated phone system that can connect interested members to a care coordinator. Feedback Received - Families often prioritize the infant after birth and may put the postpartum parent's needs last; participants recommended continuing dyad-based care after delivery. - Messaging should clearly explain whether postpartum visits are covered, how benefits may change after delivery, and where the parent and infant should receive care. - Outreach should acknowledge fear among immigrant communities and use trusted, culturally responsive messengers and nonjudgmental language. - Preventive care may be unfamiliar to some families; education should explain the value of attending even when no symptoms are present. - Breastfeeding and infant-feeding support may be a meaningful entry point for encouraging postpartum care. - One postcard is unlikely to change behavior; outreach should be repeated, coordinated, and delivered through multiple channels. - Teen parents may experience mental health concerns, stress, overwhelm, and limited support systems. Effective outreach locations may include WIC, schools, clinics, and community partners.
5:20 (25 min)	Policy & Emerging Issues Bridget Anshus, Health Policy Analyst, Colorado Access	<i>Inform & Consult</i> Summary - Cover All Coloradans: The program launched in January 2025 for pregnant/postpartum individuals and children under age 19 regardless of immigration status. Recent legislation introduced an annual dental cap for children, removal from the Accountable Care Collaborative, a shift in behavioral health payment, restrictions on new long-term services and supports, and a 25,000-child enrollment cap. The enrollment and dental caps took effect July 1; most remaining changes are expected January 1, 2027. - Gender-affirming care: The presentation described a federal rule affecting Medicaid and CHIP payment for certain youth services, continued coverage of counseling and therapy, a six-month tapering window for hormone therapy, related litigation, and Colorado Proposition 135. The policy team

will continue monitoring implementation and legal developments.

- Medicaid work requirements: Federal rules were finalized July 31. Colorado Access submitted comments citing risks of coverage loss and administrative burden and requested broader medical-frailty exclusions, longer self-attestation, and clearer managed-care responsibilities. State implementation details remain under development.

Questions and Answers

- Q: How should providers identify and serve Cover All Coloradans members without collecting immigration status?
A: Detailed state guidance had not yet been issued. The concern has been raised by Colorado Access and advocacy partners, and further implementation guidance is expected before January 1, 2027.
- Q: Will the provider portal identify Cover All Coloradans members differently after they are removed from Colorado Access attribution?
A: The portal changes were not yet known. The policy team agreed to keep raising the issue and seek clarification.
- Q: What is the financial impact to Colorado Access when members are removed from the Accountable Care Collaborative?
A: Administrative payments will be reduced. The presenter estimated an impact of several million dollars but agreed to verify the fiscal-note amount.
- Q: How might work requirements affect children if their parents lose coverage?
A: Children are not expected to be directly subject to the requirements, which primarily apply to adults ages 19–64. However, no forecasting was available on indirect family impacts.
- Q: Could children losing other coverage be moved into Cover All Coloradans and accelerate the enrollment cap?
A: Eligible children could enroll if families know about the program, potentially causing the cap to be reached sooner through enrollment or expenditures.

Feedback Received

- Providers need timely, practical guidance for identifying affected members and understanding which services remain available.
- Portal visibility is essential because providers currently rely on eligibility and attribution information to guide care.
- Members expressed concern about the indirect effect on children when parents lose coverage.
- Ongoing communication will be important as federal litigation, state rules, and implementation timelines evolve.

5:45 (5 min)	Question & Wrap-up	
5:50	Adjourn	

Shared Resources for Meeting

- [Care Coordination Referral Form](#); Care Coordination Phone Number: 866-833-5717
- [Feedback Form](#)