



## Children & Youth Focused PIAC Meeting Minutes

**Date:** March 10, 2026

**Time:** 4:00pm – 6:00pm

**Location:** Virtual

**Facilitator and recorder:** Becky Selig

**Presentation Slides:**

**Next meeting:** June 9, 2026 (Hybrid)

### Meeting Attendees

Name	Member or Caregiver	Present
Carolyn Anello	Project Worthmore	
Courtney Lawlor	Mile High Behavioral Healthcare	v
Devin Myers	Entrust Health	v
Erin Denovan	Health First Colorado Caregiver	v
Judy Shlay	Public Health Institute at Denver Health	
Kirsten Anderson	Aurora Mental Health & Recovery	
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)	v
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:** Heather Schenkel (DentaQuest)

**Colorado Access Staff:** Becky Selig, Dave Aragon, Lauren Brassfield, Carrie Jones, Shawnette Gillespie, Shelley Cooper

### Quick Recap

The Children and Youth Focused PIAC meeting included member introductions and a spring-themed icebreaker, followed by adoption of the updated PIAC charter. Colorado Access staff shared key updates, including 2026 policy priorities and legislative activity related to immunization access, gender-affirming care, and primary care

access; an overview of Medicaid member attribution changes under Accountable Care Phase 3 and discussion of barriers to connecting children and families to primary care; and a presentation on Health First Colorado dental benefits, member supports, and oral health education. PIAC members and guests provided thoughtful feedback throughout, particularly around access challenges for medically complex children, care navigation, youth privacy, and preventive care, reinforcing the importance of continued collaboration and community input.

**Agenda and Notes**

Time	Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
4:00	Welcome, Intros	<i>Connect</i>
4:20	Charter for Children & Youth PIAC	<i>Consult</i>  PIAC Charter was reviewed and accepted.
4:30	Policy and Emerging Issues Update  Carrie Jones, Policy Analyst	<i>Inform &amp; Consult</i>  Carrie provided 2026 policy context and recent Colorado Access bill positions.  <b>Policy Environment</b> <ul style="list-style-type: none"> <li>• Colorado faces an \$800M current-year and \$1B next-year budget shortfall; Medicaid makes up ~⅓ of the state budget.</li> <li>• New federal healthcare requirements (July) place further strain on state decisions.</li> </ul> <b>Colorado Access Policy Priorities</b> <ul style="list-style-type: none"> <li>• Protect access to health coverage</li> <li>• Promote Medicaid sustainability</li> <li>• Support whole-person care</li> <li>• Reduce harm to members when inevitable cost-cutting occurs</li> </ul> <b>Legislative Updates</b> <ul style="list-style-type: none"> <li>• SB26-032 Promoting Immunization Access (SUPPORT) <ul style="list-style-type: none"> <li>○ Preserves Medicaid/CHIP vaccine coverage if federal ACIP guidance becomes unreliable.</li> <li>○ Allows state to use multiple trusted orgs: ACIP, AAFP, AAP.</li> <li>○ Focus: Prevent sudden loss of vaccine access for children.</li> <li>○ Emphasized: The bill does not change vaccine mandates—only access.</li> </ul> </li> <li>• HB26-1087: Safeguard Minors from Sex-Altering Interventions (OPPOSE)</li> </ul>

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		<ul style="list-style-type: none"> <li>o State bill attempted to criminalize gender-affirming care including mental health therapy and counseling for minors.</li> <li>o Colorado Access strongly opposed; bill ultimately died.</li> <li>o Federal concerns remain: <ul style="list-style-type: none"> <li>☐ Two CMS proposed rules threaten to restrict Medicaid reimbursement for gender-affirming services.</li> <li>☐ Potentially bar hospitals from participating in Medicare/Medicaid if they serve minors with gender-affirming care.</li> </ul> </li> <li>o Colorado Access submitted formal opposition during public comment.</li> <li>• HB26-1096: Colorado Medicaid Access to Primary Care Services (OPPOSE) <ul style="list-style-type: none"> <li>o Concerns include: <ul style="list-style-type: none"> <li>☐ Erodes Medicaid consumer protections</li> <li>☐ Loss of care-coordination and quality monitoring</li> <li>☐ Risk of providers leaving Medicaid network in favor of higher subscription revenue</li> <li>☐ Reduced access for low-income members</li> <li>☐ Colorado Access forming a multi-organization opposition coalition.</li> </ul> </li> </ul> </li> </ul>
4:50	<p>Member Attribution</p> <p>Luci Hunter, Colorado Access</p>	<p><i>Consult</i></p> <p><b>Attribution changes under Accountable Care Program Phase III</b></p> <ul style="list-style-type: none"> <li>• Geographic and family-based attribution removed.</li> <li>• Members now assigned only based on actual primary care claims.</li> <li>• Quarterly re-attribution (monthly for 0–1 year olds).</li> <li>• 72% of members currently connected to a medical home (primary care visit last 18 months).</li> </ul> <p>Pilot Project</p> <ul style="list-style-type: none"> <li>• Colorado Access care managers pilot “warm referral” calls to clinics, ensuring members leave with an appointment— not just a provider list.</li> </ul> <p><b>Discussion &amp; Questions from Committee Members</b></p>

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		<p>Q: How do brand-new Medicaid members get assigned if they have no claims? A: They default to RAE assignment until claims data appears.</p> <p>Q: What about children who see many specialists but few PCPs? A: Specialty visits don't count for attribution—acknowledged as a gap.</p> <p>Q: Why did many children inadvertently get moved to managed care (e.g., Denver Health, Rocky Mountain Prime)? A: Attribution system issues during Phase 3 rollout; concerns will be brought back to leadership.</p> <p><b>Additional Discussion Themes</b></p> <ul style="list-style-type: none"> <li>• Families often seek help through ER, urgent care, Google, social media—not provider directories.</li> <li>• Barriers: Capacity, wait times, Medicaid acceptance, language access, lack of clear guidance.</li> <li>• Fear of data sharing—especially among immigrant families—is increasingly reducing clinic attendance.</li> </ul>
5:20	Beyond the Brush: Improving Dental Health and Your Coverage	<p><i>Inform &amp; Consult</i></p> <p><b>Key Points Presented</b></p> <ul style="list-style-type: none"> <li>• No out-of-pocket cost for covered dental services.</li> <li>• Member portal offers ID cards, benefits, claim history, provider search.</li> <li>• Interpreter services required by law.</li> <li>• “Find a Dentist” tool uses filters (language, hours, specialty).</li> <li>• Orthodontics for children covered if medically necessary up to age 21.</li> <li>• EPSDT allows extra cleanings and additional medically necessary treatments.</li> <li>• Adult IDD waiver includes: <ul style="list-style-type: none"> <li>o Extra \$2,000 preventive services</li> <li>o 4 cleanings/year</li> <li>o Implant coverage</li> </ul> </li> </ul> <p><b>Member Support Programs</b></p> <ul style="list-style-type: none"> <li>• Smiling Stork (pregnancy oral health education)</li> <li>• Healthy Beginnings (early childhood oral care)</li> </ul>

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		<ul style="list-style-type: none"> <li>• Broken Appointment Program (outreach to re-schedule missed visits)</li> </ul> <p><b>Oral Health Education Highlights</b></p> <ul style="list-style-type: none"> <li>• Water flosser most effective</li> <li>• Brush at night if only brushing once</li> <li>• Electric toothbrush &gt; manual</li> <li>• Gingivitis reversible; gum disease not</li> <li>• Avoid brushing right after vomiting</li> <li>• Carbs break down into sugars</li> <li>• Cheese/crunchy vegetables help neutralize acidity</li> </ul>
5:50	Questions and Wrap-Up	
6:00pm	Adjourn	