



Adult Program Improvement Advisory Committee (PIAC) MEETING MINUTES

DATE: August 12, 2025

LOCATION: Hybrid

TIME: 4:00PM – 6:00PM

Name	Organization	Present	COA Staff Present
Amy Albrecht	Intermountain Health	v	Becky Selig
Annie Bacci	TGTHR		Dave Aragon
Ashleigh Phillips	CommonSpirit Health	v	Casey Thomas
Carolyn Hall	Heartland Mental Health, CO Mental Wellness Network	v	Shawnette Gillespie
Cassie Williams	Denver Department of Public Health & Environment	v	Dawn Gissendanner
Chantal Holt	Health First Colorado Caregiver	x	Nancy Viera
Denise Hosier	WellPower	x	Joy Twesigye
Helen Pattou	International Rescue Committee	x	Claire Peters
Hiba Muhtar	Health First Colorado Member	x	Stephanie Glover
Jamie Rodriguez	Adams County Public Health	v	
Judy Shlay	Public Health Institute at Denver Health		
Laura Brayer-Don	Arapahoe County Public Health	v	
Laura Ciancone	Douglas County - DHS	v	
Lyssa Towl	Vivent Health	x	
Mary Henneck	Health First Colorado Caregiver	x	
Michael Chism	Mile High Psychiatry	v	Other Guests
Miriam Garcia	Para ti Mujer		
Rachel Henderson	Health First Colorado Member	x	
Robert Conkey	Health First Colorado Member	x	
Ross Miller	SafeSide Recovery	V (brief)	
Sarah Holt	Health First Colorado Member	x	
Sharon Miller	Health First Colorado Caregiver	v	

(x) - In Person attendee; (v) – Virtual attendee

Agenda Items	
Welcome, Intros	
Hopes for the Group	<p>Becky Selig, Senior Community Engagement Liaison</p> <p><u>Summary of responses:</u> As a group, we hope to learn from one another and from the communities we serve, sharing insights from clients, providers, and those with lived experience. We want to collaborate across organizations to strengthen care coordination, improve communication, and bring more community voices to the table. Together, we aim to focus on actionable steps that create meaningful change—improving systems, advancing patient care, and ensuring Medicaid and Colorado Access remain sustainable and responsive. We value honest</p>

	sharing, listening, and incorporating multiple perspectives so that our collective work can demonstrate real impact for members, caregivers, and the broader community.
Group Norms. Charter Review and Executive Committee Selection	<p>Becky Selig, Senior Community Engagement Liaison</p> <ul style="list-style-type: none"> • Presentation of suggested group norms for PIAC members to vote on and invitation for PIAC members to add additional norms <p>Suggested group norms:</p> <ul style="list-style-type: none"> • Stay solution-oriented: Raise challenges thoughtfully and work together on constructive next steps. (91%) • Honor lived experience as expertise: Community members' experiences are as valuable as professional credentials. (78%) • Speak plainly, avoid jargon: Use accessible language so everyone can follow and contribute. (74%) • Step up, step back: If you speak often, make room for others. If you're quiet, challenge yourself to share. (70%) • Acknowledge power dynamics: Be aware of differences in roles, access, and authority—create space for underrepresented voices. (61%) • Be present and engaged: Limit distractions. Mute when not speaking and have your camera on when in virtual meetings. (52%) <p>What is missing from the previous list of norms that you would like to add?</p> <ul style="list-style-type: none"> • Respectfully challenge assumptions. Approach with curiosity. • Everyone has experience and information in one way or another - treat each other as if you have something to learn from everyone • Respect everyone and assume good intentions. We are all here to try to help. • Suggestion for the group to set an intention about being present and limiting distractions to be productive together
Population Health Assessment: Know Thy Member	<p>Claire Peters, Director of Population Health</p> <ul style="list-style-type: none"> • Colorado Access will be doing an annual Population Health Assessment (assessment of member health and social needs). Will help us design programs and services and evaluate outcomes. • Discussion questions: <ul style="list-style-type: none"> ○ What would the PIAC like to understand better? ○ Types of health conditions ○ How to capture members lived experiences? ○ How to best keep the PIAC informed about assessment findings and strategy updates? <p>Questions</p> <ul style="list-style-type: none"> • Q: Will you be incentivizing hospitals to help screen individuals who are not Medicaid members for eligibility / help folks enroll? <ul style="list-style-type: none"> ○ A: Colorado Access is training community-based organizations who are out in the community in spaces we aren't able to reach as well. Over the past 9 months we have trained 10 organizations who have health promoters, promotores, and promotoras to help with enrollment questions. We will continue to do this – right now we have been doing this training in Spanish and English but can expand to other languages if needed. ○ A: Federally Qualified Health Centers (FQHC's) can also do some assessments for eligibility.

Policy & Emerging Updates	<p>Stephanie Glover, Director of Policy, Advocacy, & Research</p> <ul style="list-style-type: none"> • Review of new federal health care law (OBBA) and what it means for Medicaid • Update on COA activities and where we go from here <p>Questions</p> <ul style="list-style-type: none"> · Q: Clarification on conflicting information about Planned Parenthood (PPRM) funding <ul style="list-style-type: none"> ○ A: Current (today) status is PPRM can see Medicaid patients · Q: I thought I heard that wouldn't impact buy-in members? <ul style="list-style-type: none"> ○ A: this is used to fund the buy-in as well as CHP+ population – we don't know how the state will make changes to account for these changes · Q: How do you keep track of how they're going to define immigrant eligibility? <ul style="list-style-type: none"> ○ A: It is laid out pretty clearly in the law, state won't have a lot of discretion. This takes already specific, limited immigration status list and makes it even narrower · Q: You mentioned a 10 year plan, but there's an election in 4 years <ul style="list-style-type: none"> ○ A: You'd need to see changes in multiple branches of government in order to see major changes to these measures – we might see delays. ○ A: Once systems are gone, it will be very hard to rebuild them
Current Colorado Access Priorities and Survey of Interest	<p>Becky Selig, Senior Community Engagement Liaison</p> <ul style="list-style-type: none"> • Overview of priority feedback invitations for the year and opportunity for PIAC members to express interest <p>Future Priority Feedback Ideas:</p> <ul style="list-style-type: none"> • Digital Engagement Roadmap <ul style="list-style-type: none"> ○ 64.3% Very Interested ○ 28.6% Somewhat Interested ○ 7.1% Not Interested • Language Services Program <ul style="list-style-type: none"> ○ 50% Very Interested ○ 28.6% Somewhat Interested ○ 21.4% Not Interested • Attribution (Member Assignment) <ul style="list-style-type: none"> ○ 64.3% Very Interested ○ 35.7% Somewhat Interested <p>Other Suggestions:</p> <ul style="list-style-type: none"> • Talking to providers about the changes to Medicaid coming, to prevent providers from getting anxious / dropping Medicaid members • Care management, alignment with LPHA and hospital Community Needs Assessments and Plans • How we can help other providers understand what's going on with Medicaid so that they don't just drop or stop taking Medicaid patients • Improving attribution accuracy is our agency's largest concern at this time. • How we will be serving all the different marginalized communities. What can be done to get providers that specialize in the medical care. • Member Engagement in terms of educating people on how the system works and how to navigate the system. Focus on improving the system by encouraging innovation and efficiency . • The future of whole genome sequencing/genetic testing and its impact on preventative care, pharmacological care, and generally new thinking around gene-based care • Ensuring that all communities can access their medical insurance.

	<ul style="list-style-type: none"> • There is seemingly a shortage of mental health providers who accept Medicaid. Is there a way to ease minds of more providers/ providers information that may encourage more providers to accept to alleviate the shortage? • Communication with members, particularly those who are homeless without addresses
Wrap-up, Comments, and Questions	Questions <ul style="list-style-type: none"> • Q: how are you going to help members stay on top of renewal with the redetermination changes <ul style="list-style-type: none"> o A: having the dates on member profiles so when folks call in that date will be mentioned o F/U: do you use other means of communication other than mail? <ul style="list-style-type: none"> ♣ Phone calls, text, IBR calls, etc.

Meeting Adjourned at 6:00 pm

Next PIAC Meeting: November 11, 2025, virtual