RAE1 Pueblo PIAC Meeting Notes October 2026

10/8/2026

9:00am – 11:00am

Location: ARC of Pueblo, 2705 Vinewood Ln., Pueblo, CO

Attendees:
Internal: ReNae Anderson^, Kim Herek^, Nacole Johnson, Angela Nottingham, Jennifer Walterscheid

External: Taylor Lee Aguilar^, Jeanette Algien, Kim Baca, Jessica Blehm, Kayana Casias, Jason Castro^, , JR DeMaria, Bill Edwards^, Tom Franchi, Katie Gomez, Jeremy Hugins^, Christopher Hurst, Jeff Johnson^, Tamara Keeney, Rachel King*, Dakota LaMoureaux, Liana Major, Glory McDaniel^*, Maria Martinez^, Teah Miller, Kira Molina*, Rita Montez, Michelle Munoz, Brent Pike^*, Julie Reiskin^, Pauline Trujillo, Terri Weldon*

*Indicates voting member
^Indicates In person

Organizations: ARC of Pueblo, Center Toward Self Reliance, Colorado Cross Disability Coalition, Crisalida, HCPF, Health Solutions, Pueblo Community Health Center, Pueblo County Public Health, Salut, Solvista Health, Southern Peaks Residential Center, Stepping Stones Pediatrics, Western Health Alliance,

Welcome an Introductions -ReNae Anderson (RMHP)

- Several voting-member positions remain vacant, including 3 Medicaid members, 1 Medicaid family member/caregiver, private primary care provider, private behavioral health provider, nurse/family partner, health alliance, advocacy/community organization, older adult, LGBTQ community
- Medicaid member participation is particularly important, as members provide direct information about community experiences
- Encourages Medicaid advisory council members to serve on the PIAC

RMHP RAE 1 Leadership Update: Kim Herek, RMHP

1. Changes associated with HR.1

   a. Internal group to coordinate work, include relevant staff, track developments
   b. Communications group releasing toolkits and social media materials
   c. Rocky developing a provider-focused landing page, consolidating state information, directing users to resources, i.e. work-requirements screener, frequently asked questions, etc. To be released soon
2. Additional implementation work includes:
   a. Coordinating with state to obtain clearer data about member eligibility
   b. Awaiting final state guidance on timing and responsibilities for member communications, avoiding duplications
   c. Preparing for member specific communications beginning in January
   d. Exploring incorporating state data into care management platform, with care coordinators helping members complete required actions
   e. Continuing routine deliverable submissions, while awaiting final feedback on milestone-two performance indicator
   f. Cautioned to not circulate unofficial HR.1 materials, ensuring they are from HCPF, RMHP or CCDC

NEMT (Non-Emergent Medical Transportation) Update: ReNae Anderson, RMHP

1. Provider Rate Cuts
   a. July 1, 2026, mileage and base rate cut significantly
   b. Many providers have stopped NEMT, while others limit service to critical only
   c. Few wheelchair options
   d. RMHP working on internal team to review and create options
2. MediDrive New State-wide Broker
   a. July 1, 2026, full service in 9 front range counties
   b. January 1, 2027, expand to all 64 counties
   c. Will have full service, including scheduling, mileage reimbursement and out-of-state travel
   d. Members may use app, website or phone to communicate
   e. Meals and lodging is vague, stating reasonable accommodation
   f. Parents of minor children are having to use phone, as app won't allow
   g. Request stakeholder meeting before December, for January transition
   h. Until January, members continue scheduling rides directly with provider
3. Current Concerns
   a. Provider list on HCPF website not accurate

b. Rural communities not classified correctly, including La Plata, Montezuma and Eagle
c. Rural addresses not recognized by system
d. App some accessible issues

KPI Performance Review and Well-Visit Quality Measures: Jennifer Walterscheid, (RMHP)

1. Regional Performance and Primary Care Measures
    a. 2 measures; cervical cancer, colorectal cancer
    b. Explained handout (see handout)

ACC 3.0 Medicaid Evaluation: Tamara Keeney, HCPF

1. Purpose of Evaluation
    a. Three principal aims
        i. Assess progress toward the five ACC goals: access, quality, equity, member and provider experience, and cost management.
        ii. Tell the story of the program using both quantitative claims data and qualitative accounts from members and providers.
        iii. Incorporate member and provider experience more intentionally into program assessment.
    b. Project began July 2025
    c. Evaluating over 7 years, rather than wait until end
    d. Make changes along the way
    e. Communicate frequently with stakeholders, legislatures and state organizations
2. Evaluation framework
    a. connects contract requirements and activities to outputs, outcomes, and longer-term impact.
    b. Outputs include measures such as timely provider payment, provider availability, and care coordination participation.
    c. Outcomes include performance measures, member and provider surveys, and cost trends, showing whether care is shifting from acute settings toward preventive and outpatient care.
3. Goals

   a. The five overarching goals are improving access and quality, reducing disparities, advancing health equity, improving member and provider experience, and managing care in a way that protects coverage, benefits, and provider reimbursement.
4. Research and Current Projects
   a. The phase-three evaluation uses mixed methods in three focus areas: behavioral health, primary care, and care coordination.
   b. Findings are intended to be released throughout the program in concise products rather than one large report at the end.
   c. Initial findings were expected beginning in January, with broader products planned for early 2027
5. (See Handout for details)
6. Regional Feedback
   a. Limited primary care capacity
   b. Departure of primary care provider with nowhere for members to go
   c. Rural distance and lack of transportation
   d. BHA local shortage, due to lack of providers and stigma
   e. Dental and specialty shortages
   f. Long waits for specialty care in other cities
   g. Dual eligible for Medicaid and Medicare barrier
   h. Language availability and cultural competency

Wins and Challenges: ReNae Anderson, RMHP

1. Wins
   a. Chaffee Public Health Expo "Embracing Aging" collaborated with many community organizations
   b. Residential organization pleased with collaboration around Medicaid and RMHP
   c. Appreciates RMHP in person engagement and building stronger collaboration
   d. MediDrive improvement over last NEMT broker
2. Challenges
   a. Concerns around January transition with MediDrive
   b. Changes with Community First and all the waivers
   c. Concerns with the rate cuts, bring less into provider pool
   d. Uncertainty of what to do with family/member with HR.1 eligibility

e. Resource Exchange Lead Time Issue: Explore ways to address and potentially reduce the long lead times (6-9 months) for waivers and community first choice services through the resource exchange in Pueblo. Kim
f. Withdrawal Management Services Communication: Prepare and disseminate information to communities about the upcoming end of withdrawal management services on June 30, 2027, to ensure adequate preparation and awareness, especially in rural and frontier areas. (RMHP)

Next Meeting: 1/14/2027