Meeting Minutes

LTSS Work Group — Steering Committee, July 2026

Date: Thursday, July 16, 2026
Time: 9am-11am

ATTENDANCE

Steering Committee Members Present		
Amy Becerra	Chief Strategy Officer	Rocky Mountain Human Services
Amelia McKeon	Executive Director	Colorado Office of Public Guardianship
Bonnie Silva	Director	Office of Community Living, HCPF
David Keller	MD, FAAP. Co-Chair, Legislative/Policy Committee	American Academy of Pediatrics-Colorado Chapter
Elizabeth Moran	Executive Director	The Arc of Colorado
Ellen Jensby	Senior Director, Public Policy and Operations	Alliance Colorado
Jarett Hughes	President and CEO	Leverage Colorado
Sarah Grazier	Executive Director	Colorado Developmental Disabilities Council
Megan Bowser	Executive Director	Family Voices Colorado
Julie Reiskin*	Co-Executive Director	Colorado Cross-Disability Coalition (CCDC)
Hillary Jorgensen*	Co-Executive Director	Colorado Cross-Disability Coalition (CCDC)
Emily Eelman*	Independent Consultant	Juniper Peak Consulting
Stephanie Ziegler*	Consultant	Equalliance
Katharine Ferguson	Independent Consultant	Family Caregiver, REVEL Board Member, Public-Interest Consultant
Kelly Erb Zager	Director of Policy & Advocacy	Colorado Rural Health Association
Facilitation Team		
Berrick Abramson	President	Confluence Policy & Strategy Group
Carrie Steele	Senior Partner	Confluence Policy & Strategy Group

**Indicates LTSS Work Group core administrative team member in addition to steering committee member.*

MEETING PURPOSE AND GOALS

This was the first work session of the LTSS Work Group Steering Committee, building on the June 16 orientation and member survey to formally adopt the Work Group bylaws and discuss subcommittee topics.

Goals

- Adopt bylaws and establish group operating norms
- Share and discuss member survey findings regarding scope
- Align on the first two subcommittees and begin scoping their work

SUMMARY

1. Welcome, Housekeeping, Level-Set, and Bylaws

Berrick Abramson opened with housekeeping and an overview of meeting goals. Bylaws were reviewed and questions from members were welcomed. Key provisions include group membership size, a quorum set at two-thirds of members, and votes on official actions requiring two-thirds of voting members present. The group discussed a standing channel for written feedback as well as opportunity for public comment. The bylaws were moved, seconded, and adopted by unanimous vote of members present.

2. Survey Findings

The facilitator presented findings from the member survey, with 15 responses received. Four themes emerged across nearly all responses: workforce shortages affecting every population, geography, and service type; the case management system in crisis, still reverberating from the case management redesign and PHE unwind; fiscal pressure on a system built on waiver structures more than 40 years old, without a clear view of total cost of care at the individual level; and system complexity and access gaps, including assessment tools that do not reflect real-world need and service plans that cannot always be implemented.

The presentation named six cross-cutting lenses the core team recommended applying to all subcommittee work: rural and geographic access; trust and transparency; population-specific awareness for all distinct populations including but not limited to IDD, children with complex medical needs, and aging adults and caregivers; federal policy constraints; accountability and implementation; and a scope boundary noting that this Work Group focuses on system structure and design, not specific reimbursement rates.

3. Subcommittee Options and Discussion

The core team proposed four subcommittees: Workforce and Direct Care Capacity; Case Management and Care Coordination; System Sustainability and Total Cost of Care; and System Design and Access. The plan is to launch the first two in August, running through approximately early January, with the second two to follow. Subcommittees would define the problem and desired end state in a first phase, and the

Steering Committee would then deliberate on implementation approach and monitoring measures. Cross-cutting guiding principles for all subcommittees include person-centered framing, sustainability as a primary goal, geographic inclusivity, the full age continuum, designing for outliers, and accountability and transparency.

The group reached consensus that case manager workforce issues belong in the Case Management and Care Coordination subcommittee, where they can be addressed alongside the structural questions about the system. Members confirmed that discussions of rate methodology as a design constraint are appropriate, though rate-by-rate advocacy is outside scope. Several members raised a preference for an agile approach, with faster overlap between subcommittee phases and a stronger orientation toward future-state design rather than cataloguing current problems.

4. Subcommittee 1 — Workforce and Direct Care Capacity

The group discussed the scope and membership needs for this subcommittee. In-scope areas include direct support professional shortage; family caregiver sustainability and the blurring of family and professional caregiver roles; pay equity between paid professional and family caregivers providing equivalent services; emergency and backup care availability; rural and frontier workforce access as a distinct design challenge; and workforce data. Members added several considerations, including caregiver safety and quality assurance, alignment between service categories and the workforce delivering them, the opportunity to simplify credentialing across service types, and the value of connecting the subcommittee's work to broader state workforce development efforts through the HB 1317 Transition Advisory Committee.

For membership, the group identified a range of perspectives including family caregivers of children and adults from rural and urban areas, individuals with disabilities, siblings and extended family members in caregiving roles, young people early in caregiving careers, people from the traditional direct care workforce, rural community representation across distinct geographic regions, provider agencies, both employed and contracted workers, adults with IDD, representation across service access models including PASA and CDASS, and a state workforce development perspective. Target membership is 9 to 15 members.

5. Subcommittee 2 — Case Management and Care Coordination

The group discussed the scope and membership needs for this subcommittee. In-scope areas include role clarity and accountability among CMAs, PASAs, RAEs, and county eligibility offices; functional eligibility determination processes and criteria; utilization management and authorization practices; care coordination and system navigation; the lasting effects of the PHE unwind and Case Management Redesign; oversight and transparency; and the experience of families and individuals navigating the system. Case manager and care coordinator workforce conditions are also in scope, following the earlier consensus to move them from Subcommittee 1.

Members emphasized that the subcommittee should address case management and care coordination as integrated functions, with PASAs explicitly included in the scope questions. A member offered a framing that received broad agreement: that dissatisfaction with the case management system has persisted across different eras,

and that the subcommittee should ask not only what is wrong but what structurally would make case management effective. For membership, the group identified a need for perspectives from each system bucket, including RAEs, county eligibility offices, county CMAs, and rural CMAs, as well as frontline case managers and care coordinators. A single RAE voice was described as insufficient. Target membership is 9 to 15, likely to exceed that given system complexity.

6. Additional Subcommittees (Subject to Refinement)

Subcommittee 3: System Sustainability and Total Cost of Care
Covers total cost of care analysis, waiver modernization, eligibility criteria redesign, and long-term fiscal sustainability of the LTSS system.

Subcommittee 4: System Design and Access
Covers waiver structure and siloing, assessment tools, service eligibility alignment (including financial eligibility), benefit package design, self-direction models, and population-specific design questions, information flow and system navigation.

7. Next Steps

Members received a Google Form link for nominating individuals or applying directly for subcommittee membership. Nominations and applications close Friday, July 25. The core leadership team will crosswalk nominees and applicants against the perspectives identified by the Steering Committee, propose membership lists, and share proposed rosters with members for flag or concerns via individual contact.

UPCOMING MEETINGS

The LTSS Work Group Steering Committee meets monthly on the third Thursday of each month from 9:00 to 11:00 AM MST. The next meeting is Thursday, August 20, 2026. Subcommittee meeting dates will be determined as membership is confirmed.

For meeting information, agendas, and materials, visit ltssworkgroup.org/meetings. Meetings are open to the public for observation. The LTSS Work Group is committed to hosting meetings that are inclusive and fully accessible. To request accommodations, contact carrie@confluencepsg.com or call 303-910-6169.

These minutes were prepared by Confluence Policy and Strategy Group and are intended to be a high-level overview. Questions or comments can be sent to Carrie Steele, Senior Partner, Confluence PSG — carrie@confluencepsg.com.