

**The Resource Exchange Case Management Agency (CMA)  
Community Advisory Committee (CAC) Meeting Minutes**

May 1, 2026  
0900-1100

The purpose the Community Advisory Committee Meeting is to provide an opportunity for local and regional input regarding CMA operations, which helps us build a stronger case management system in our region.

**Committee Members:**

<b>Name</b>	<b>Lived Experience</b>	<b>Agency and Affiliation</b>	<b>Attendance (in person/virtual/absent)</b>
Kayleigh Sheble	<input checked="" type="checkbox"/>	Parent/CO Family Voices	Virtual
Jennifer Risdall	<input type="checkbox"/>	Stellar Care	Virtual
Tracy Hiester	<input type="checkbox"/>	Independence Center	Virtual
Christina Butero	<input type="checkbox"/>	The ARC (Pikes Peak)	Virtual
Stephanie Garcia	<input type="checkbox"/>	The ARC (Pueblo)	Absent
David Pump	<input type="checkbox"/>	PDI Pueblo	Virtual
Shelly McCrary	<input checked="" type="checkbox"/>	Member Participant	Virtual
Joanna Fix	<input checked="" type="checkbox"/>	Member Participant	Virtual
Jenna Wolf	<input type="checkbox"/>	C.A.R.E. Inc	Virtual
Bonnie Kniffin	<input type="checkbox"/>	Member Participant	Absent

**Agenda**

**1. Welcome and Overview of Agenda**

- I. Agenda and New Committee Member Introductions
- II. Review of complaint documentation procedures/CAC documentation recommendations

**2. Open Forum – Open Discussion/Questions/Concerns**

**Communication Challenges and Service Coordinator Transitions:**

The CAC team discussed concerns regarding communication gaps, particularly during service coordinator transitions. The committee emphasized the need for timely notifications and improved processes to ensure continuity of care. The discussion included the importance of proactively managing transitions and exploring technical solutions to support consistent communication.

**Fear of Retaliation and Team Culture (from TRE staff members):**

The CAC team discussed concerns about a perceived culture of apprehension among some families and members, where individuals may hesitate to raise concerns due to fear of negative repercussions or loss of services. The committee emphasized the importance of fostering a supportive, transparent, and team-based culture that encourages open communication without fear of retaliation.

**Notification of Case Manager Changes:**

The CAC team discussed recurring concerns regarding the lack of timely notification when service coordinators leave or change, resulting in confusion and service delays. Suggested improvements

included automated notifications and enhanced use of existing systems to ensure members and stakeholders receive prompt updates.

**Communication During Pending Status (during a complaint resolution):**

The CAC team discussed challenges experienced by members when services are paused due to pending prior authorizations or redeterminations. The committee stressed the importance of proactive communication, even when no new information is available, to reduce anxiety and keep families informed.

**Understanding Member Needs:**

The CAC team discussed concerns that insufficient understanding of the daily realities faced by individuals with disabilities and their families can lead to communication challenges and feelings of being misunderstood during TRE assessments (LOCS/DCSC). The committee emphasized the need for empathetic, informed, and person-centered communication practices.

**Action Steps:**

The CAC team discussed the importance of elevating these concerns to leadership, exploring technical solutions to improve notifications and communication, and reinforcing expectations that members should feel safe submitting complaints or concerns without fear of retaliation.

**Input About CMA Operations/ CAC Recommendations –Two of the main topics of CMA operations discussed were TRE’s PAR processing procedures and issues with member Health First Colorado redeterminations initiated and processed at the county department level.**

I. PAR Processing-

**PAR Processing Inefficiencies and Proposed Solutions:**

The CAC team discussed significant inefficiencies and errors within the current Prior Authorization Request (PAR) processing system, including comparisons to practices used by other Case Management Agencies. The discussion included consideration of potential solutions, such as decentralizing PAR submission to service coordinators, and reviewing ongoing pilot efforts to test alternative approaches.

**Current PAR System Issues:**

The CAC team discussed concerns related to prolonged processing timelines, frequent errors, such as mileage band inaccuracies, and resulting financial strain on providers. The committee noted that other CMAs have service coordinators submit PARs directly, which may contribute to faster processing times and improved accuracy.

**Impact on Members and Providers:**

The CAC team discussed how PAR delays and errors have led to service interruptions, delayed provider payments, and temporary suspension of essential services for members. Examples shared highlighted the operational and financial impact on providers and families when corrections require retroactive adjustments over extended periods.

**Pilot Projects and Staffing Considerations:**

The CAC team discussed ongoing pilot initiatives exploring a shift toward service coordinators

managing PAR submissions directly. Considerations included staffing capacity, workload impacts, and the need for sufficient training and oversight to ensure quality, accuracy, and regulatory compliance.

**Legislative and Compliance Factors:**

The CAC team discussed the potential impact of recent proposed legislative changes that may increase CMA financial accountability related to over- or under-utilization of services. The committee noted that these changes could necessitate additional review layers and influence future PAR processing models.

**Consensus on Best Practices:**

The CAC team discussed general agreement that empowering service coordinators to manage PARs directly consistent with practices at other CMAs and may improve efficiency and reduce errors. The committee supported continued pilot testing and evaluation of this approach to inform long-term decision-making.

**II. County department Health First Colorado Redeterminations**

**Medicaid Redetermination and Systemic Barriers:**

The CAC team discussed systemic challenges related to Medicaid redetermination, including communication breakdowns among organizations and families that have resulted in service disruptions. The committee emphasized the need for clearer processes, improved coordination, and escalation pathways to reduce negative impacts on members.

**Service Disruptions Due to Redetermination:**

The CAC team discussed examples in which individuals experienced extended service interruptions due to missed Medicaid redeterminations. Contributing factors included lack of notification to guardians or families and failure to receive or understand required documentation, resulting in prolonged gaps in coverage.

**Inter-Agency Communication Gaps:**

The CAC team discussed confusion regarding responsibility for managing and resolving redetermination issues, noting that inconsistent communication between entities has left families caught between systems and unable to resolve issues without leadership-level intervention.

**Information Access and System Silos:**

The CAC team discussed concerns that critical information related to Medicaid redetermination is siloed across multiple systems, making it difficult for families and staff to track case status, access documentation, or understand next steps. The committee identified this fragmentation as a barrier to timely resolution. The team further expressed the challenges of using the county department's Peak system, increased wait times and county department customer service concerns.

**Proposed Solutions and Education:**

The CAC team discussed potential improvement strategies, including enhancing member and provider education, expanding training for staff involved in redetermination processes, and convening cross-stakeholder discussions to align expectations, workflows, and information sharing.

**Leadership Commitment:**

The CAC team discussed the importance of elevating these systemic concerns to leadership, monitoring legislative and regulatory developments, and supporting recommendations aimed at improving Medicaid redetermination processes, communication, and service continuity.

**3. Review of Complaints (Complaints/Complaint Trend Analysis)**

Due to time constraints and the volume of complaints received, the CAC was unable to review and comment on each individually logged complaint. However, the committee conducted a thorough discussion of overall complaint trends, identified key areas of concern for the CAC, and provided feedback and recommendations for improvement in priority complaint areas. The Team discussed the current quarterly complaint log, emphasizing the need for deeper root cause analysis, improved documentation, and understanding the impact of complaints on services.

**Complaint Volume and Denominator:**

The CAC team discussed the total number of service “touches” to contextualize the 424 complaints received during the quarter. The denominator of 14,361 service touches was noted, resulting in a 2.9% complaint rate for the reporting period.

**Root Cause Documentation:**

The CAC team discussed that while complaints are being resolved (with improved response time and resolution outcomes by TRE staff), underlying root causes such as lack of responsiveness and communication breakdowns are not consistently documented or addressed. The committee emphasized the importance of more robust root cause analysis in future reports.

**Impact on Services and Members:**

The CAC team discussed examples demonstrating how unresolved root causes can lead to significant service disruptions, including missed medical appointments and financial impacts on providers. The committee highlighted the need to track not only complaint resolution but also downstream impacts on members and system partners (How was the member impacted by the complaint?).

**Escalations and Complaint Management Processes:**

The CAC team discussed the role of the newly developed TRE Escalations Team (a former CAC recommendation) in capturing and documenting complaints, as well as ongoing efforts to streamline and automate complaint management processes to improve data accuracy, consistency, and efficiency.

**Suggestions for Improvement:**

The CAC team discussed recommendations including incorporating causation analysis into complaint reporting, improving communication regarding complaint status (more frequent communication to the member throughout the resolution process), and ensuring resolution efforts address both immediate concerns and systemic issues to reduce recurrence.

#### **4. Wrap Up/Next Steps/Agenda Items for next meeting**

##### **TRE Board of Director Reporting, Meeting Scheduling, and Organizational Updates:**

The CAC team discussed planning for the next board report and upcoming committee activities, including options for report format, presentation approach, and timing. The discussion also included organizational updates related to internal restructuring efforts.

##### **TRE Board of Director Report Planning:**

The CAC team discussed scheduling the next board report for July, with flexibility in format, including in-person, virtual, or written options. The committee discussed forming a work group to support development of the presentation, with the goal of submitting materials by the end of June.

##### **TRE CAC Meeting Scheduling:**

The CAC team discussed scheduling the next committee meeting for July 24, 2026 with the group deciding to meet virtually. The committee noted the importance of timely distribution of meeting invitations and agendas.

##### **Organizational Update:**

The CAC team requested updates on the organizational restructuring that was initially discussed during the previous quarter's meeting with TRE's Chief Executive Officer. It was communicated that updates will be provided to the committee on a regular basis, with a more comprehensive progress update anticipated during the July meeting, following finalization of the restructuring and completion of internal communication within TRE.

##### **Upcoming Policy Review:**

The CAC team discussed plans for reviewing select organizational policies as they are finalized, with the committee providing advisory input and recommendations beginning in July 2026. As TRE finalizes several organizational policies and procedures, select policies will be brought to the committee for review, guidance, and recommendations. These discussions are anticipated to begin in July 2026, following finalization of the policies and completion of internal review processes within TRE.