

Colorado Consortium for Prescription Drug Misuse Prevention

Recovery Work Group Meeting Minutes

September 11, 2026 from 12 to 1:30 p.m. via Zoom

(The following minutes and discussion are for informational purposes only and do not represent the position of the University of Colorado.)

Present:

Coreen Johnson and De Waldron, Co-chairs
Cara Mares, Serenity Recovery Connection
Brandi Drtina, North Colorado Health Alliance
Emily Schrader, Dimensions Counseling & Consulting
Valentina Atencio, Advocates for Recovery Colorado
April Wise, Denver Recovery Group
Diandra Cox, Redpoint Center
Laura Allem, Denver Health
Katie Novitskiy, COPA
Joan Holtz, Illuminate Colorado
Jacob Greene-Merrion, CDOC
C. Cupolo, Clinica Family Health & Wellness
Marcie ?
Teresa Miller, Legal Action Center
Consortium: Jen Place, Hilary Bryant, Eric Barker, Rosemarie MacDowell

Absent: See attached

Co-chair Coreen Johnson called the meeting to order at 12:05 p.m.

Approval of Minutes:

A motion was made to approve the July 2026 work group meeting minutes. Motion approved.

Presentation: Medicaid Work Reporting Requirements and Substance Use Disorders – Teresa Miller, Legal Action Center:

The LAC presentation addressed new Medicaid coverage requirements that will begin in 2027 and affect only Medicaid enrollees age 19-64. Those affected will have to complete approved activities, meet an income threshold, or qualify for an exemption. Compliance with the regulations will be monitored on a six-month cycle.

The presentation cited a Congressional Budget Office projection that 5.3 million people could lose Medicaid because of the requirements. Exemptions apply to individuals with SUD considered medically frail or who participate in certain treatment programs. Teresa included examples of the following exemptions: work/income and work/exchange for goods or services, unpaid internships, community service, education, education + work, and substance use (medically frail, treatment participation).

The definition of a treatment program is limited and only includes treatment programs provided at private, nonprofit facilities or publicly operated community mental health centers. States will have to determine which programs meet this exemption. Individuals in stable recovery (five + years in recovery) are excluded from exemptions. Most states are expected to begin implementation in January 2027.

States cannot add any additional categories, such as for the unhoused. States have to develop a list of diseases, diagnoses, and conditions that are likely to meet the medically frail criteria and will have to revise the list regularly to maintain consistency with the medically frail categories.

If someone does not comply or is not exempt, the state will issue a notice that they are not meeting the requirements and what they need to do for compliance. They will have 30 days to provide proof of compliance.

Teresa noted important flexibilities available for states to protect vulnerable populations and suggested advocating for those flexibilities to protect coverage as much as possible. The implementation of the requirements is happening against a backdrop of CMS taking actions against states under the guise of fraud allegations, which may result in states being more conservative about the way they implement the law. She also said it appeared that Colorado will be maintaining each Medicaid member's existing annual renewal and will convert them to the six-month cycle once their current coverage expires.

LAC encourages the following advocacy measures:

- States should adopt a comprehensive list of diseases, conditions, and diagnoses that meet the exemptions. The rule limits the SUD exemption somewhat, but still leaves flexibility for states to define an individual with an SUD. This represents an opportunity for states to protect people with these conditions.
- States should define an individual with an SUD using the most recent addition of the DSM and ICD, and the definition should include all substances whether illicit or not -- drugs, alcohol, tobacco, and all levels of severity.
- States should automate the process of identifying people with SUD whose condition significantly impairs their ability to comply with the requirement and utilize claims and other data verifying receipt of SUD-related services and support.
- States should adopt a broad view of what significantly impairs a person's ability to meet the community engagement requirement. For example, a long commute to regular appointments for SUD care or medications should be a factor.

See attached slides for more information and other suggestions for advocacy.

Teresa mentioned two upcoming webinars of interest (see attached registration information):

- Wednesday, September 16, 2 p.m. (EST) online Medicaid Work Requirements and SUD: An Extended Discussion and Q&A
- Wednesday, September 30, 11 a.m. (EST) online Medicaid Work Requirements and Formerly Incarcerated Individuals: An Extended Discussion and Q&A

Recovery Strategic Plan Draft Submitted to the BHA:

Hilary reviewed the plan updates and both she and Jen Place thanked work group members for their contributions. The updated plan includes the pillars of recovery, the recovery landscape through overdose trends, what the trends indicate, and potential prevention pathways. A copy of the draft plan is available upon request.

Recovery Month Events:

De Waldron and Hilary reviewed upcoming events, including several recovery rallies taking place in Grand Junction, Denver, Sterling, and Durango, and Stories in Black & White exhibitions in Gunnison and at Denver Health.

Cara Mares, with Serenity Recovery Connection in Colorado Springs, spoke about their upcoming SOCO Recovery Rally in Acacia Park.

Southeast Colorado Peer Symposium - Otero College: SECO 2026 Peer Symposium:
<https://corxconsortium.org/projects/2026-seco-peer-symposium/>

Other Business:

De Waldron spoke briefly about Advocates for Recovery Colorado, a nonpartisan organization, and the topic of constituency of consequence, which she described as a community whose experiences and collective voice are recognized and considered in public decision making. The community consists of individuals affected by mental health conditions, substance use, and those in recovery representing a broad and diverse constituency with lived experience. It also includes family members, caregivers, behavioral health professionals, peer support specialists, educators, employers, first responders, and other community members.

She reminded work group members to consider the impact of civic participation on recovery work and how decisions made by elected officials at the federal, state, and local levels affect behavioral health funding, insurance access, treatment, recovery support, housing, disability services, workforce development, public safety, and crisis response. She included the following links in the meeting chat:

- What Am I Voting for: <https://www.headcount.org/whats-on-my-ballot>
- Your Voters Guide: <https://www.vote411.org/ballot>

Adjournment/Next Meeting:

The meeting was adjourned at 1:30 p.m. The next meeting will be held on Friday, October 9, 2026 from 12 to 1:30 p.m. via Zoom

Attachments: Work group roster, Presentation slides