

Meeting Summary for Complex Care Committee Zoom Meeting

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Quick recap

The Complex Care Subcommittee of the Medical Assistance Policy Oversight Council met to discuss the implementation of new Federal eligibility and redetermination guidelines under the BBB Bill, which will affect Medicaid and CHIP programs through various changes including work requirements, cost-sharing, and reduced retroactive coverage. The group expressed concerns about the impact on benefit recipients and administrative costs, while discussing ongoing collaboration efforts with stakeholders to develop communication plans and evaluate the changes. The meeting covered additional topics including Medicare Advantage plans, Medicaid data access challenges, and the need for better management of dual-eligible beneficiaries, with plans to gather more information for their September meeting.

Next steps

- DSS: Address the call center wait time issues and 49% call abandonment rate and prepare staffing plan for special Session
- Co-Chairs Rep. Johnson & Rep. Hughes: Work on proposal to raise HUSKY C asset limits to align with HUSKY D and submit to OFA for cost analysis
- Center for Medicare Advocacy & OHA: Develop educational materials about pitfalls of Medicare Advantage plans for dual-eligible beneficiaries
- DSS: Explore implementation of automated verification systems for work requirement exemptions and analyze interfaces with Department of Labor and State Department of Education
- Kathy Holt: Send report on broker issues and proposed statutory language changes regarding municipal agents to Representatives Hughes and Johnson before Special Session
- Kristen: Send the June enrollment data slides for HUSKY C members to David for distribution to MAPOC members
 - Claire Volaine: Present at next meeting about Medicare Advantage plan guidelines, restrictions, and enrollment: For next agenda: Claire Volain Choices/Medicare Advantage Plan costs and member numbers of Dually Eligible? Claire Volain is the current director of the CHOICES Program.
- DSS: Prepare information about the new Connecticut law on medication cost reduction for September's meeting
- Kristen Dowty: Follow up with Bill Halsey regarding the data on dually eligible Medicaid beneficiaries in advantage plans
- Tracy Wodatch: Submit formal request for dedicated call-in line for home health agencies similar to nursing homes
- Sheldon Toubman: Work with Representatives on providing alternative cost analysis for removing asset limits
- DSS: Review and update the CHCPE form on their website to reflect the correct 3% cost share
- Claire Volaine: Provide numbers on broker commission rates for supplement plans to Kathy Holt

- Steven Colangelo: Send details about the outdated CHCPE form to Representatives Johnson and Hughes for review

Summary

BBB Bill Eligibility Guidelines Review

The Complex Care Subcommittee of the Medical Assistance Policy Oversight Council meets to discuss the new Federal eligibility and redetermination guidelines under the recently passed BBB Bill. Kristen Dowty from the Department of Social Services presents an overview of the bill's impact, focusing on excerpts from Deputy Commissioner Hadler's presentation to the full MAPOC council. The committee expresses concern about the trajectory of changes over the next 4-5 years and how they will affect the state and benefit recipients.

Medicaid Work Requirements Implementation Plan

Kristin discusses upcoming changes to Medicaid and CHIP programs due to new federal legislation. The changes include implementing work requirements for the Medicaid expansion adult group (HUSKY D), more frequent eligibility reviews, cost-sharing for certain enrollees, reduced retroactive coverage, and cuts to legal immigrant benefits. These changes will impact members, increase administrative costs, and require significant technology upgrades. Work requirements will be implemented by January 1, 2027, with various exemptions available. The state is awaiting guidance from CMS on implementation, expected by June 2026, leaving limited time for system changes and operational adjustments.

Healthcare Law and Policy Updates

Kristin informs the group that members should continue to access healthcare services as usual, despite the new law. She mentions ongoing collaboration with Access Health, the Governor's office, and other stakeholders to develop communication plans and evaluate the impact of the federally required changes. Johnson raises concerns about audit compliance with existing statutes and suggests examining past audits for consistency. Kristin agrees to look into this matter. The discussion then shifts to emergency medical Medicaid, with Rep. Johnson proposing a state-funded Hill-Burton-like program to address potential hospital cost burdens. Kristin acknowledges the risk of losing 100,000 to 200,000 enrollees from the Husky D program and the potential shift in healthcare costs. The conversation concludes with clarifications on work requirements and their interaction with the Affordable Care Act.

Medicaid Work Requirements Discussion

The meeting focused on the implementation of work requirements and cost-sharing measures for Medicaid populations, particularly affecting Husky D recipients. Kristin explained that while some streamlined Affordable Care Act features remain, Connecticut's parents and caretaker relatives are excluded from work requirements due to state-specific coverage. Tracy Wodatch highlighted concerns about the impact on home health providers, noting that 7,000 patients could be at risk of losing coverage, while Sheldon emphasized that the call center's inadequate staffing and long wait times need immediate attention, with the Commissioner committing to address this during the upcoming special session.

Medicaid Eligibility and Long-Term Care

The group discusses retroactive Medicaid eligibility, with Kristin confirming it is changing from 3 months to 2 months across all Medicaid programs including CHIP. Steven Colangelo notes that their standard application asks clients if they are disabled, which could help with identifying eligible individuals. Kristin presents data on HUSKY C eligibility and long-term care, showing over 12,000 individuals in long-term care facilities and 27,000 receiving home care.

Representative Hughes expresses interest in potentially aligning HUSKY C asset and income limits with HUSKY D, starting with long-term care residents. The group also discusses challenges in assessing and providing timely services for those with brain injuries.

Medicare Advantage and Medicaid Data Challenges

The discussion focuses on challenges with Medicare Advantage plans and Medicaid data. Deb McNault explains that while they can identify Medicare Advantage enrollees, they cannot access their claims data without paying. However, CMS has agreed to provide this data to states, and they are in the application phase to access it. Sheldon raises concerns about discriminatory asset limits for disabled Medicaid recipients and questions the accuracy of DSS cost analyses. Steven and others debate the extent of DSS's knowledge about Medicare Advantage enrollees and claims data, highlighting the need for better management of dual-eligible beneficiaries.

Medicare Advantage Plan Education Initiative

The meeting focused on Medicare Advantage plans and their impact on Medicare Savings Program (MSP) beneficiaries. Kathy Holt explained the differences between HMO and PPO plans regarding out-of-network coverage and QMB billing protections. The group discussed the need to educate beneficiaries about these complexities. Sheldon Toubman suggested creating materials to help seniors understand the pitfalls of Medicare Advantage plans. The committee also addressed issues with brokers' commissions and municipal agents potentially having conflicts of interest. Steven raised concerns about outdated forms on the DSS website regarding CHCP cost shares. The group agreed to gather more information for their September meeting, including updates on Item 6 from David Seifel and potential changes to state law regarding Medicare Advantage marketing to QMB-only beneficiaries.

Windham CT has a public inquiry filing open at the AG administration office to address health inequity and disparities and adverse outcomes to be registered with the State. Email me at brochagila18@gmail.com if you would like more information about this. Thanks, Brenda Buchbinder, LCSW