

# Meeting Summary for MAPOC (Full Council) Zoom Meeting

Sep 12, 2025 12:55 PM Eastern Time (US and Canada) ID: 999 5173 7895

## Quick recap

The meeting focused on discussing the implementation of HR1 and its impact on Medicaid eligibility requirements, with particular attention to work requirements and verification processes for non-citizens. The team explored various strategic solutions including staff reorganization, digital transformation, and policy changes to address the complex challenges brought on by the new law. The discussion concluded with conversations about data protection, cost-sharing limits, and the potential effects of upcoming changes on rural hospitals and vulnerable populations, with emphasis on the need for proactive planning and resource management.

## Next steps

- DSS team: Prepare for changes to non-citizen Medicaid eligibility effective October 1, 2026.
- DSS team: Prepare for implementation of Medicaid work requirements effective January 1, 2027.
- DSS team: Plan for more frequent eligibility verifications starting January 1, 2027.
- DSS team: Implement changes to retroactive eligibility by January 1, 2027.
- DSS: Develop a comprehensive communication plan to inform affected clients about upcoming changes to benefits, particularly for non-citizens facing SNAP benefit changes in the next two months.
- DSS: Continue developing data on the number of people affected by SNAP benefit changes for non-citizens and the associated costs to share with the Legislature for potential gap-filling in a special session.
- Commissioner Barton Reeves and DSS leadership: Continue system changes planning based on client journey profiles.
- DSS: Analyze staffing needs to address increased call volume and client support requirements resulting from HR1 implementation.
- DSS: Incorporate input from the Beneficiary Advisory Council and enrollment assisters in the development of HR1 implementation scenarios and pain point identification.
- DSS: Conduct strategic outreach and engagement with committees of cognizance to gather additional ideas for HR1 implementation.
- DSS team: Prepare presentation on Covered Connecticut implications.
- DSS team: Develop cost-sharing implementation plan for HUSKY D enrollees by October 1, 2028.

## Summary

### HR1 Medicaid Implementation Strategy Meeting

The meeting focused on discussing the implications of HR1, particularly its Medicaid components, and the team's preparation for Covered Connecticut. Representative McCarthy Vehey and Senator Saud Anwar co-chaired the Public Health Committee and expressed gratitude to DSS for their tireless efforts. Co-Chair Representative Jillian Gilchrist, the facilitator, introduced the presentation, which was led by Deputy Commissioner Peter Hadler and Bill Halsey. The team emphasized the importance of collaboration and teamwork in addressing the

complex issues brought on by HR1 and the need for quick decisions and investments to meet the new law's deadlines.

### **Connecticut Medicaid Eligibility Changes**

The meeting focused on upcoming changes to Medicaid eligibility and requirements in Connecticut, with key dates set for 2025-2028. Bill presented a comprehensive overview of these changes, including work requirements, verification frequency, and eligibility rules for non-citizens and retroactive coverage. The team also discussed a member journey exercise that involved creating profiles of hypothetical clients to identify potential challenges and needed system changes. The strategic plan outlined solutions including reorganizing staff, transforming the digital experience, shaping policy, and empowering staff with modern tools to better serve clients.

### **HR1 Medicaid and SNAP Changes**

The meeting focused on the implementation of HR1, a bill affecting Medicaid and SNAP programs for immigrants. Peter explained that changes to Medicaid and SNAP for non-citizens will take effect in the next two months, with specific populations losing benefits. Jillian requested data on the number of people affected and the associated costs to help inform potential legislative action. Karen Siegel raised concerns about engaging enrollees in the process and warned against viewing work requirements positively, noting their potentially racist origins and the fact that most Medicaid recipients are either disabled or working.

### **Medicaid Work Requirements Implementation**

The meeting focused on discussing the implementation of work requirements and their impact on Medicaid and other social programs. Karen emphasized the urgency of the situation, noting that initial reporting to the federal government is due in December, six months before expected guidance. The group discussed the need to incorporate lived expertise in decision-making and addressed concerns about staffing needs, with Andrea explaining that they are working with the Office of Policy Management and Governor's office to assess and address these needs. Sheldon Toubman raised concerns about the lack of information on required staff numbers and functions in the presentation, which Andrea acknowledged and agreed to address in future materials.

### **Medicaid Data Protection and Sharing**

The meeting focused on data protection for Medicaid enrollees and the sharing of information with federal partners. Andrea explained that while federal requests for detailed data are common, the state does not share such information without direction from the Attorney General's office. She emphasized that the data is used only for eligibility determinations and federal matching, not for other purposes. The discussion also touched on the state's preparation for upcoming changes, with Matt Barrett praising Connecticut's advanced planning process and highlighting the importance of adequate staffing, particularly for long-term services and supports.

### **Case Studies and Cost-Sharing Strategies**

Ellen Andrews discussed the importance of using case studies to understand the potential impacts of new systems, referencing previous experiences to avoid repeating past mistakes. She emphasized the need to start thinking about cost-sharing and medical frailty issues, as well as the need for creative solutions to gather data on these topics. Bill clarified that emergency room visits are exempt from copay requirements. Commissioner Barton Reeves highlighted the challenges in setting standards for cost-sharing without clear federal guidance and suggested looking at precedents from other states for insights. Mark Schaefer proposed creating near-term estimates of potential coverage losses at the town level to make projections more concrete and actionable, which could help organize collective responses to mitigate these losses.

## **Healthcare Data Collection and Implementation**

The meeting focused on discussing data collection and implementation strategies for healthcare services, particularly regarding cost-sharing limits and work requirements for the HUSKY D expansion population. Representative Nuccio emphasized the need to wait for concrete guidance before setting specific cost-sharing figures, noting that the current maximum of \$35 per service represents a 5% cap of family income. The Commissioner confirmed that while they are working to gather data on the affected population, they do not yet have a specific number of individuals who may be impacted by the work requirements. The group discussed ongoing collaborations with the Department of Labor and the Office of Workforce Strategy to develop a technological framework that would allow for efficient data sharing and eligibility assessments.

## **Medicaid Changes Impact Rural Hospitals**

The meeting focused on the impact of Medicaid program changes, particularly on rural hospitals and minority populations. Representative Susan Johnson highlighted the potential loss of 1,800 people from Medicaid in his district and discussed the challenges faced by hospitals in providing adequate discharge plans and access to care. Commissioner Barton Reeves mentioned that her team is gathering data to understand the impact of these changes and will meet with hospital leaders to discuss strategies for addressing them. The group also discussed the potential effects on children's Medicaid coverage and the importance of preventing emergency room overcrowding. Representative Nuccio suggested creating urgent care centers within hospitals to triage patients and direct them to appropriate levels of care, which Andrea agreed to explore further with hospitals.

## **Medicaid Subsidy Expiration Planning Meeting**

The meeting focused on the implications of the upcoming expiration of enhanced federal subsidies for Medicaid and the Covered Connecticut program. Senator Anwar emphasized the urgency of preparing for potential impacts on HUSKY A children and highlighted the need for proactive planning. Jennifer Marsacci from DSS presented data on Covered Connecticut's enrollment and budget, noting that the state would be responsible for a significant increase in costs if the federal subsidies are not renewed. Representative Nuccio clarified questions about the state's financial obligations under the current waiver, which ends in 2027, and the expiration of enhanced tax credits in 2025.

## **Cover Connecticut Rule Change Impacts**

The meeting focused on the impact of marketplace rule changes on Cover Connecticut, particularly concerning DACA recipients, lawfully present noncitizens, and individuals who may lose eligibility due to unfiled tax returns or decreased income verification. DSS highlighted that while current Cover Connecticut enrollees will not be immediately affected by the elimination of enhanced tax credits until 2027, the state will bear the cost, and potential changes to the program could be implemented by 2028. Participants raised concerns about the implications for families, particularly regarding children's coverage, and discussed the need for creative solutions to ensure access to healthcare for vulnerable populations, such as trafficking survivors.

## **Healthcare Budget and Policy Updates**

The meeting covered several key topics related to healthcare and state government. Commissioner Barton Reeves discussed the impact of HR 1 on staffing and allocations, with the Governor and OPM to make decisions on resource management. Co-Chair Senator Matt Lesser expressed concerns about potential budget cuts and resource constraints, hoping for additional

state support. The Women and Children's Health Subcommittee received presentations on hospital readmissions and family planning benefits, with Co-Chair Amy Gagliardi inviting the department to provide an update at the next meeting. The Care Management Committee discussed quality measures, infrastructure improvements, and Medicaid payment models, with their next meeting scheduled for October 8th. The Complex Care meeting was rescheduled to October 16th, with plans to discuss the PACE model and Medicaid landscape analysis.