MAPOC

December 12, 2025

Agenda

1. CHESS Update
2. H.R. 1 Update
3. Call Center Update
4. Pharmacy Updates

CHESS Update

- CHESS services have housed a total of 299 individuals over the course of the program
  - 266 individuals with housing subsidies
  - 33 individuals with no identified subsidies (support services provided, but no housing subsidy needed)
  - Currently, 140 individuals have maintained their housing and are actively working with providers

H.R. 1 or the "One Big Beautiful Bill Act"

Impact to Beneficiaries - Update

December 12, 2025

Effective Date Summary

Policy Change	Effective Date
SNAP work requirements	Upon Passage
SNAP eligibility changes for non-citizens	Upon Passage
SNAP-Ed new funding ends	September 30, 2025
Medicaid work requirements	January 1, 2027
Medicaid eligibility verification frequency	January 1, 2027
Medicaid changes for non-citizens	October 1, 2026
Medicaid changes to retroactive eligibility	January 1, 2027
Medicaid cost-sharing	October 1, 2028

H.R. 1 and Related Work Updates

Topic	Action/Deliverable	December 12, 2025 Update
SNAP work requirements	Existing work requirements expanded to cover more people	Actively being implemented in accordance with federal rules
SNAP eligibility changes for non-citizens	Lawfully residing non-citizens anticipated to be disenrolled	22 AGs, including CT, filed lawsuit to block improper federal guidance
SNAP-Ed funding	Funding ended on September 30, 2025	Utilizing carry forward funds to close out program at end of December
Advanced Planning Document (APD)	Still within 60-day CMS review period	Pending with CMS
Staffing	DSS approved to hire 30 staff	All staff have been hired
Benefit Center	IVR Implemented	Key metrics improving
Medicaid work requirements	1. Identifying exemption data sources 2. Updating system infrastructure 3. Communication	1. Ongoing and consistent progress 2. Dependent on APD 3. Public listening sessions on how best to communicate will start early 2026
Use of Artificial Intelligence (AI)		Option exploration ongoing

Call Center Update

As of December 12, 2025

Impact to Beneficiaries

There are several parts of the federal law that was signed on July 4, 2025, that will impact Connecticut residents who receive SNAP and HUSKY/Medicaid services:

1. SNAP work requirements
2. SNAP eligibility changes for non-citizens
3. SNAP-Ed funding elimination
4. Medicaid community engagement/work requirements
5. Medicaid eligibility verification frequency
6. Medicaid changes to eligible non-citizens
7. Medicaid changes in retroactive coverage
8. Medicaid access to family planning services (pending court decision)
9. Medicaid cost-sharing

VOICECT

Introducing VoiceCT – A Smarter Way to Connect with DSS! 📞

In November 2025, the Department of Social Services (DSS) launched **VoiceCT**, a powerful new phone system designed to make your experience faster, easier, and more efficient—whether you're a client or a staff member.

🌟 **What's New with VoiceCT?**

Simplified Menus: No more long waits or confusing options—just clear, streamlined prompts.
Faster Connections: Get routed to the right person the first time.
Self-Service Power: Check your benefit status, account balances, or document updates anytime—no need to wait!
Smarter Routing: Need a specialist? VoiceCT skips Tier 1 and connects you directly.
Tier 2 Callback Magic: Don't want to wait on hold? Choose a callback—right away and again every 7 minutes.
Dynamic IVR: The system adapts to your needs in real time.

💼 **For Our Staff – A Better Experience Too!**

Modern Interface: A sleek, intuitive dashboard makes every call smoother.
Less Time Verifying: More time helping.
Built-in Knowledge Base: Answers at your fingertips.
Call Summaries: Stay informed and efficient.

VoiceCT is here to make every interaction with DSS more responsive, more personal, and more empowering. Whether you're calling for help or offering it, VoiceCT is your new partner in progress.

Initial Tier 1 IVR Metrics and Outcomes

Client connect to:		October data – Avaya legacy system	November (18-28) – VoiceCT new system
Tier 1	Avg. Wait Time	43 minutes	6:52 minutes
Tier 1	Avg. Queue Answer Time Callbacks	Not a Feature in Avaya	1:55:03
Tier 1	Call Volume Inbound	58,158	19,994
Tier 1	Call Volume Inbound Callbacks	Not a Feature in Avaya	10,462
Tier 1	Call Volume Answered	30,011	5,472
Tier 1	Call Callback Volume Answered	Not a Feature in Avaya	10,462
Tier 1	Abandonment rate	48%	21.95%
Tier 1	Total Handle Time	10:15 minutes	18:32 minutes

Note: November numbers are based on partial month

Initial Tier 2 IVR Metrics and Outcomes

Client connect to:		October data – Avaya legacy system	November (18-28) – VoiceCT new system
Tier 2	Avg. Wait Time	14:00 minutes	1:16 minutes
Tier 2	Avg. Queue Answer Time Callbacks	Not a Feature in Avaya	3:23:28
Tier 2	Call Volume Inbound	16,526	2,609
Tier 2	Call Volume Inbound Callbacks	Not a Feature in Avaya	688
Tier 2	Call Volume Answered	22,982	1,682
Tier 2	Call Callback Volume Answered	Not a Feature in Avaya	688
Tier 2	Abandonment rate	16%	10.58%
Tier 2	Total Handle Time	35:46 minutes	15:02 minutes

Note: November numbers are based on partial month; not all areas are being handled in VoiceCT.

IVR Rollout Major Milestones

VOICE CT

February 2025

Project VoiceCT officially launched

November 2025

VoiceCT went live for clients (Tier 1, Tier 2 Generalist, and Self-Service)

January 2026

Rollout to Specialty Services (TFA, Long Term Care, Community Options)

October 2025

Employee training on VoiceCT system began

December 2025

Tier 2 SNAP Telephone Interview queue added to VoiceCT

Current stats:
9 offices trained and taking calls
34,747 client calls (as of December 4, 2025)
4,218 clients have utilized the Self-Service Feature

Pharmacy Update

1. Preferred Drug List Clinical Criteria Pilot
2. Current policy on GLP-1: what is covered and for whom
3. CMS GENEROUS Model

PDL Clinical Criteria Pilot

What is changing

- Beginning January 1, 2026, **non-preferred drugs in 11 therapeutic classes** will require **clinical prior authorization**. Approval will be based on **evidence-based clinical criteria**, replacing the current prescriber attestation process. Providers must submit clinical documentation to support the use of non-preferred medications.

Why implement this process?

- This pilot aligns Connecticut with **national best practices** and enhances clinical oversight, patient safety, and cost-effective prescribing. It supports the use of preferred drugs while ensuring access to non-preferred options **when clinically justified.**

PDL Clinical Criteria Pilot

What is not changing

- Providers may still submit a **letter of medical necessity** if a request is denied.
- DSS will respond to complete prior authorization requests within **24 hours**.
- Members retain their **fair hearing rights**.

Transition Period

- Members currently on non-preferred medications in the 11 therapeutic classes will have a **90-day grace period** (through March 31, 2026). After this, prior authorization will be required. A one-time 14-day emergency fill will be available if needed.

Drug Class	What Do They Treat?
Cytokine & CAM	Autoimmune conditions like rheumatoid arthritis and Crohn's disease
Anticonvulsants	Seizures and epilepsy
Bladder Relaxants	Overactive bladder and urinary incontinence
Growth Hormone	Growth disorders in children and adults
Multiple Sclerosis Agents	Multiple sclerosis (nerve and muscle problems)
Pulmonary Arterial Hypertension	High blood pressure in the lungs
Asthma Immunomodulators	Severe asthma and allergic conditions
Antimigraine (Other)	Migraine headaches
Colony Stimulating Factors	Low white blood cell counts
Antipsoriatic Topicals	Psoriasis (skin condition causing red, scaly patches)
GLP-1 Receptor Agonists	Type 2 diabetes and weight management

GLP-1 Coverage

- For treatment of Type 2 diabetes (Ozempic, Trulicity, Victoza)
- For prevention of MACE (major adverse cardiac event) in patients with obesity and history of certain cardiovascular conditions (Wegovy)
- For treatment of MASH (metabolic dysfunction–associated steatohepatitis) in patients with history of stage 2 or 3 liver fibrosis or non-alcoholic fatty liver disease score ≥ 4 (Wegovy)
- For treatment of moderate to severe obstructive sleep apnea in patients with obesity (Zepbound)

CMS GENEROUS model (GENErating cost Reductions fOr U.S. Medicaid)

- The GENEROUS model aims to ensure fair and reasonable drug prices for Medicaid through CMS-led negotiations with drug manufacturers.
- Manufacturers will provide supplemental rebates to participating states for drugs included in the model to align Medicaid net prices with international pricing.
- Under agreements with states, participating manufacturers will be invoiced by states for supplemental rebates to align with international prices. CMS will monitor accuracy of the payments. **CMS will share in rebates with states via a reduction in the federal share of Medicaid payments.**
- By participating in GENEROUS, drug manufacturers whose applications are accepted will have **standardized coverage criteria for their drugs in state Medicaid programs as negotiated between CMS and the manufacturer.**
- CMS released Letter of Intent information 12/2/25. Soft deadline 1/15/2026.
- Beyond the Letter of Intent, states also will have to submit a "request for application" to CMS and will be able to enroll on a rolling basis in the model through 8/31/26.

QUESTIONS