

## December 12, 2025 MAPOC Zoom Meeting

### Meeting summary

#### Quick recap

The December meeting of MAPOC focused on discussing Medicaid recipient testimony regarding proposed program changes and updates on housing engagement services and work requirements. The committee reviewed various policy implementations including SNAP work requirements, medical necessity criteria, and the launch of a new IVR system that has shown significant improvements in call handling and client service. The conversation ended with updates on healthcare access initiatives, care management programs, and the announcement of upcoming committee meetings.

#### Next steps

- [Les Cropley: Provide data on reasons for call abandonment before calls were abandoned](#)
- [DSS/Easha Canada: Provide cost comparison data between Avaya and VoiceCT systems](#)
- [Peter Hadler: Clarify whether the SNAP non-citizen population of 2,400 is part of the 36,000 estimate or additional to it](#)
- [CHN: Complete side-by-side comparison of Michigan medically frail definition versus CFR definition](#)
- [Bill Halsey: Share Michigan-based medically frail analysis data with committee members](#)
- [DSS: Include staffing numbers in monthly dashboard reporting](#)
- [DSS: Provide numbers of people affected by each drug class in the clinical criteria pilot](#)
- [Dr. Jody Terranova: Meet with provider groups who have concerns about the clinical criteria pilot](#)
- [DSS: Submit letter of intent for CMS Generous model by January 15th to keep participation option open](#)

#### Summary

##### MAPOC December Meeting Live Broadcast

The December meeting of MAPOC was broadcast live on CTN, with Rep. Jillian Gilchrest presiding. Senator Matt Lesser and Rep. Cristin McCarthy-Vahey provided opening remarks, with Sen. Lesser highlighting progress on HR1 and the \$500 million emergency fund rollout. The meeting was set to begin at 1:04 PM, following brief introductions and greetings among attendees.

## **Medicaid Recipients' Testimony on Benefits**

The committee heard testimony from two Medicaid recipients about the impact of proposed changes to the HUSKY and SNAP programs. Waleska Flores from Meriden described how her arthritis and other health issues make it difficult to work, while Caprice Saunders from Waterbury shared her experience as a student relying on both programs to pursue her goal of becoming a CNA. The committee, led by Senator Anwar, discussed the need to simplify the application process and provide funding to help people maintain their benefits during transitions.

## **Housing and Work Requirements Update**

The meeting focused on updates and discussions regarding housing engagement services, work requirements, and ongoing program implementations. Bill Halsey provided an update on the Connecticut Housing Engagement and Support Services (CHESS), noting that 299 individuals have been housed, with 140 currently maintaining their housing. The team discussed the implementation of SNAP work requirements, with Commissioner Andrea Barton Reeves confirming that the process is actively being implemented in accordance with federal rules. Ellen Andrews inquired about the status of a study on medical frailty conditions, and Bill explained that they are transitioning from using a Michigan document to a federal regulation as guided by CMS. The conversation ended with a request for further questions and a commitment to provide a more in-depth update in the future.

## **Medicaid Work Requirements Discussion**

The meeting focused on discussing work requirements for Medicaid enrollees and the impact on Covered Connecticut. Karen Siegel sought clarification on whether the federal guidance would affect Covered Connecticut enrollees, which Commissioner Barton Reeves confirmed would not be the case. Peter Hadler mentioned they are still evaluating the impact and will re-scrutinize their understanding. The group discussed ongoing cross-agency collaboration, including engagement with Access Health and other divisions. Karen raised concerns about AI and medical claims data potentially exacerbating inequities and shared solutions involving community health workers and community engagement to address these issues. The Commissioner assured that community health workers would be integral to their outreach strategy and emphasized their ongoing efforts to gather input from the community in developing communication strategies.

## **Policy Implementation and Program Updates**

The meeting focused on several key topics, including the importance of engaging members in the design of complex processes and the cautious use of AI in policy decisions. Senator Lesser mentioned the governor's recent announcement of \$70 million in response to provisions of H.R.1, which DSS will implement, and the need for further discussion on this topic. Matt Barrett expressed concerns about the CHESS program's progress and the potential impact of restrictive housing policies on individuals' housing subsidies. Sheldon Toubman commented on the CMS regulation

regarding medically frail exemptions from work requirements, noting that the regulation does not provide additional clarity and that further guidance is expected in June.

### **Medically Frail Definition Challenges**

The group discussed the definition of medically frail, noting that CMS has not provided clear guidance, and states cannot create their own definitions. Bill explained that Michigan's criteria are currently being reviewed for consistency with CMS regulations, and they are working with CHN to analyze the differences. The group expressed concern about the lack of clarity and the potential for legal challenges. Ellen urged for more data and information on other states' definitions, while Bill mentioned that many states have requested a year to align their definitions with CMS's upcoming guidance.

### **SNAP Eligibility System Development**

The meeting focused on the development of infrastructure to support eligibility processes, with Peter emphasizing the need to build a flexible system that can adapt to various ICD code definitions and alternative documentation methods. Ellen highlighted the importance of having accurate numbers to educate consumers and providers about the program, while Peter clarified that the current estimate of 36,000 people potentially losing SNAP benefits is based on a detailed analysis that excluded those eligible for other exemptions. Dan Giacomi provided details on the SNAP funding, noting that the annual appropriation was \$4.6 million, with approximately \$450,000 in carryover funding used for the first quarter of the fiscal year. The discussion also touched on the potential allocation of \$500 million from HR 8003 for SNAP, which was deemed a matter for discussion with the governor's staff.

### **VoiceCT IVR System Implementation**

The team discussed the implementation of a new IVR system called VoiceCT, which has been launched in 9 out of 12 resource centers since November 18th. Les presented initial findings showing significant improvements in call handling, including reduced hold times from 43 minutes to 6 minutes and 52 seconds, and a callback feature that has been well-received by clients. The system now allows clients to access self-service options, get faster routing to specialized teams, and provides staff with better client information and a built-in knowledge base. The team plans to continue the implementation through January and early February, with more comprehensive data analysis planned for the end of the first quarter 2026.

### **Call Center Performance Metrics Analysis**

The meeting focused on analyzing call center performance metrics following a system transition. Les Cropley explained that the decrease in inbound call volume was due to both a change in days and HR1-related changes, while total handle time increased due to learning the new system. Les agreed to investigate the reasons for abandoned calls, and Easha Canada noted that callback times improved due to clients' ability to schedule convenient times. The team discussed seasonal trends in

call volumes, with Les confirming that October, July, and January typically see higher volumes, and Senator Dye requested a dashboard for ongoing monitoring of metrics.

### **Call Center Operations System Update**

The meeting focused on the implementation of a new system to improve call center operations at DSS. Les explained that they are working on revising the monthly dashboard due to differences in data between the old and new systems. Sheldon raised concerns about staffing levels, noting that while 30 new staff were hired, the total number remained around 70 since the beginning of the year. Easha clarified that the new staff started after Thanksgiving and are currently in training. The team discussed the need for regular reporting of staff numbers and the use of a new workforce management tool to determine optimal staffing levels. The Commissioner and Laurie Van Wagner explained that the average wait time to speak to a human has improved from 43 minutes to 6.32 minutes, though the complexity of calls varies. Laurie predicted that by early 2026, they would be able to better assess staffing needs for different tiers of service.

### **SNAP Callback System Improvements**

The team discussed improvements to callback systems for SNAP and Medicaid, with the Commissioner explaining that calls are now being scheduled within a 2-hour window to better accommodate clients' schedules. Sheldon suggested tracking compliance with requested callback windows as a metric. Karen recommended funding community health workers to help spread information about eligibility and enrollment. Les confirmed that the system currently covers English and Spanish, with an interpreter service for 22 additional languages. The team had trained 9 offices and received over 34,000 IVR calls by December 4th, with 424,218 clients utilizing self-service functions, representing a 50% increase from the previous system. Dr. Jody Terranova announced the start of a clinical criteria pilot program for preferred drugs, beginning January 1st, to move away from the current provider attestation process and align with national practices.

### **Non-Preferred Drug Grace Period**

Jody explained that providers can still submit letters of medical necessity for non-preferred drugs, and members will retain their fair hearing rights if a medication is not approved. A 90-day grace period will be implemented for members currently on non-preferred medications in 11 specific classes, allowing them time to discuss transitioning to preferred agents with their providers. Jody clarified that the process for prior authorization will remain unchanged, with providers needing to submit specific clinical criteria or letters of medical necessity for continued access to non-preferred drugs after the grace period ends on April 1st. Senator Lesser and Sheldon raised concerns about the impact on patients, particularly those on psychoactive medications, and emphasized the importance of adhering to state law regarding medical necessity determinations. Jody acknowledged these concerns and stated that the department would review the process to ensure compliance with state regulations.

## **Medical Necessity Criteria Review**

The committee discussed concerns about new medical necessity criteria and prior authorization processes, with Rep. Anne highlighting administrative barriers faced by providers. Dr. Terranova explained that she had reached out to various medical societies and offered to meet with provider groups to address their concerns. The discussion also touched on the potential for reducing administrative burden by allowing specialists to prescribe certain drugs more freely, though Sheldon noted challenges with specialist access in Medicaid. The committee reviewed current coverage for GLP-1 drugs, including three additional indications beyond type 2 diabetes, and discussed the importance of collecting data during the pilot phase to evaluate the impact of new criteria.

## **Healthcare Policy and Prevention Updates**

The meeting covered several key topics, including a discussion by Senator Anwar about the relationship between visceral fat and cardiac disease, which he noted is becoming an important preventive treatment option. Jody provided an update on the new CMS Generous model, which aims to negotiate lower drug prices with manufacturers for Medicaid, though questions remain about states' ability to participate due to existing contracts. The committee updates included Rep. Sarah Keitt's report on the Women and Children's Health Committee, which discussed maternal health care access and the HUSKY Limited Family Planning Benefit, and Rep. Lucy Dathan's update on Care Management, which mentioned ongoing work on PCMH Plus program adjustments. The conversation ended with Rep. Anne Hughes announcing the next Complex Care Committee meeting on January 15, 2026.

## **From the Chat:**

### **Andrea Barton Reeves - CT DSS**

42 CFR 440.315

42 CFR sec 440.315 (f) - clearly told there is NO state flexibility. This is THE definition we are to use.

### **Peter Hadler, CT DSS**

The 2,400 non-citizen SNAP recipients impacted by HR1 is a separate group from the 36,000 at risk of losing SNAP due to new work requirements rules.