

September 11, 2026 MAPOC (Full Council) Zoom Meeting

Meeting summary

Quick recap

The September meeting of MAPOC focused on updates regarding HR-1 implementation and its impact on Medicaid and non-citizen populations in Connecticut. Deputy Commissioner Peter Hadler presented details on how approximately 4,000 people will lose Medicaid coverage starting October 1st due to new restrictions affecting refugees, asylees, and humanitarian parolees, while pregnant adults and lawfully present children remain eligible. The presentation covered updates to medical frailty policies, including a two-step analysis requiring both qualifying medical conditions and significant impairment, with about 96% of the medically frail population expected to meet the new criteria. Christine Stewart from the Department of Social Services outlined comprehensive communications and outreach efforts, including website updates, text notifications, and community partnerships, with over 110,000 page views on their prescreener tool. The meeting also included operational updates on the shared call center with Access Health Connecticut, handling approximately 43,000 calls in July, and provider audit processes conducted by the Office of Quality Assurance. Senator Anwar raised concerns about the complexity of the medical frailty algorithm and its potential impact on chronically ill patients, while Senator Lesser questioned the budget and resources allocated for outreach efforts compared to previous redetermination campaigns.

Next steps

Christine Stewart

- [Create and distribute a one-pager to legislative partners with the short code and other key information for outreach.](#)
- [Ensure that caregiving is included in the list of exemptions on public-facing communications documents.](#)
- [Provide a walkthrough of the full process, including self-attestation forms, to community partners and providers before January 1st.](#)

Laurie Wagner

- [Finalize and communicate the business process for handling complex calls related to work requirements, including the role of Access Health and DSS resource centers.](#)

Les Cropley

- [Publish the August dashboard with detailed call center performance data by the end of next week.](#)

Peter Hadler

- [Run and share data on how many of the approximately 5,000 people who do not meet the significant impairment criteria could qualify for Medicaid through other exemption pathways.](#)
- [Assess and report on the population of individuals with conditions not captured by the medical frailty algorithm, particularly those with multiple conditions.](#)
- [Publish the list of approximately 6,500 ICD-10 diagnosis codes used for the medical frailty determination.](#)
- [Provide the specific numbers for the decrease in child SNAP enrollment to Representative Walker.](#)
- [Take back the request to report the number of staff at the benefit center \(Tier 1 and Tier 2\) on the call center dashboard and respond directly to Sheldon Toubman.](#)

Summary

MAPOC Meeting Updates and Presentations

The meeting began with introductions and technical setup for a live recording on CT-N. Jillian Gilchrist, Co-Chair of the Human Services Committee, opened the September MAPOC meeting and announced a schedule change, moving future meetings to Thursdays from 10 to 12. The meeting was about to start with presentations from DSS, including updates on HR-1, the call center, benefit center, and quality assurance processes, with Commissioner Andrea Barton-Reeves leading the presentations.

HR-1 Medicaid Coverage Updates

Deputy Commissioner Peter Hadler presented an update on the implementation of HR-1 changes affecting Medicaid and non-citizen populations. He announced that approximately 4,000 people, including refugees, asylees, and humanitarian parolees, will lose Medicaid coverage starting October 1st, though this number was reduced from an initial projection of 8,000 through careful review of individual cases. Peter also detailed updates to the medical frailty policy, explaining that a new two-step analysis requiring both medical frailty and significant impairment will affect eligibility, with about 96% of the previously identified medically frail population expected to qualify under the new criteria.

HUSKY D Communications Update

Christine Stewart presented updates on communications and outreach efforts for HUSKY D work rules, including website updates, digital tools for community partners, and a prescreener that has generated over 110,000 page views. The team discussed the success of their communications campaign, which included Spanish grocery store LED screens and digital efforts resulting in 4.6 million impressions and 80,000 engagements. Peter and Addie Stromlo provided an overview of the shared call center operations with Access Health Connecticut, which handled approximately 43,000 calls in July and 936 live chat requests, with T-Tech staffing the center and preparations underway for increased volume during upcoming rule changes.

August Dashboard and Enrollment Updates

Les reported that August dashboard numbers show decreased call volumes due to lower SNAP enrollment and reduced repeat callers, though Tier 1 staff successfully increased staffing to handle 95% of phone calls same day over the past six weeks. Peter presented enrollment data showing modest decreases across major benefit programs, particularly in Husky A and D populations, while application processing remained timely with 98% performance for medical applications and 30-day median processing for non-MAGI applications. The team noted that upcoming Husky D changes in 2027 will impact their ability to maintain current real-time eligibility processes.

Provider Audit Process Overview

John Jakubowski from the Office of Quality Assurance at DSA presented an overview of provider audits, explaining that the audit division conducts statistically valid full audits and case-by-case integrity reviews with 29 staff auditors averaging 60-80 audits annually. He detailed the audit process from selection through final report, including the 30-day notice requirement, sample selection by contracted statisticians, and the opportunity for providers to discuss findings and submit additional documentation during an exit conference. John also explained that extrapolation is used when errors exceed 1.75% of paid claims (recently increased to 2.75% as of October 1st), and audit protocols are available on the DSA website to help providers understand compliance requirements.

Medical Frailty Algorithm Discussion

The meeting focused on discussing a medical frailty algorithm for Medicaid eligibility determinations. Senator Anwar raised concerns about how the algorithm might incorrectly disqualify well-managed chronic illness patients and create anxiety among Medicaid recipients. Peter and Dr. Terranova explained that the algorithm uses a 12-month look-back period based on existing medical data, including inpatient hospitalizations and high-level outpatient visits, with 96% of medically frail individuals expected to meet the significant impairment category automatically. The discussion highlighted ongoing challenges in defining medical frailty and the need for potential clinician review or additional documentation for cases that don't clearly meet the criteria.

Medicaid and SNAP Outreach Budget

Senator Lesser asked about the budget for outreach regarding Medicaid and SNAP changes, comparing it to previous redetermination efforts. Commissioner Andrea Barton Reeves and Christine Stuart explained that they received \$6 million in federal communications and outreach funds, along with \$2 million unencumbered for every state, and additional support from philanthropic partners like the American Health Foundation and Connecticut Project. They clarified that while outreach efforts are ongoing, there is no direct correlation between outreach and reducing SNAP error rates, as error rates are more complex and income-related. Regarding call center improvements, the Commissioner acknowledged the current 16-minute average hold time and explained that while they aim to reduce it, achieving

industry standards in the benefit space is challenging due to the complexity of issues and the need to provide a dignified experience for beneficiaries.

Medicaid and SNAP Coverage Changes

The meeting focused on discussing Medicaid and SNAP coverage changes, particularly regarding the implementation of new algorithms for determining eligibility. Peter explained that about 60,000 individuals lost SNAP coverage in the past year, with half directly attributable to HR-1 changes, while Medicaid information showed enrollment numbers and changes. Ellen Andrews emphasized the cost-effectiveness of maintaining coverage and requested tracking of cases where individuals lose coverage due to recovery from medical conditions, suggesting this information could help advocate back to CMS if inappropriate. The discussion also covered the implementation of a new algorithm with tiers, with Peter expressing confidence that their approach aligns with CMS expectations, though there are ongoing legal challenges to the significant impairment component.

Parolee Coverage and Policy Alignment

The team discussed the status of coverage for parolees, clarifying that they are referring to humanitarian parolees and that the justice-involved demonstration waiver is still being pursued by CMS. Dr. Jody Terranova explained the approach to identifying medically frail individuals, noting that while a simplified single-diagnosis method will be used initially, there are plans to develop a more complex multiple-conditions assessment in the future. The discussion addressed concerns about policy alignment with statutes and regulations, with Peter acknowledging that federal policies would be controlling in case of conflicts with state regulations and requesting specific examples to provide further clarification.

Benefit Center Service Data Review

Toni reviewed benefit center service data and questioned specific metrics, including a 20,000 call decrease from July to August and a 60,000-80,000 drop in SNAP enrollment over the past year. Les Cropley explained that enhanced client experience involves providing live assistance rather than callback queues, while Andrea clarified that community action agencies are on the front lines helping clients, with hundreds of people seeking guidance. Representative Toni Walker emphasized the need to focus on reaching the most needy population, particularly those difficult to serve, and suggested prioritizing face-to-face contact over QR codes for better engagement.

Child Enrollment and Benefits Decline

Peter reported that Connecticut has experienced a significant decline in child enrollment, with approximately 19,000 children losing SNAP benefits over the past year and a half, though the state has one of the lowest rates of child disenrollment compared to other states. Toni expressed concern about reaching mothers in danger of losing healthcare and multiple benefits, emphasizing the need to focus on this vulnerable population. Tracy Wodatch praised DSA's efforts and highlighted the

importance of communication with the behavioral health HUSKY D population, while also raising concerns about the integrity review audit process and the lack of appeals within it. Karen Siegel thanked the team for new communications materials and website updates, and requested tracking of churn rates in other programs, cost data for implementing work reporting requirements, and clarification about why caregiving wasn't included in exemption documents.

Medicaid Data Tracking Discussion

DC Peter Hadler explained that data tracking includes information on why people close off Medicaid, including denials and administrative changes, and noted that approximately 40% of people who close in any given month return within 90 days. Karen Siegel requested that caregiving be added to the list of exemptions in communications materials, which Peter agreed to review. Karen also suggested providing a walkthrough of the self-attestation process to community partners and requested assistance in reaching trusted messengers in immigrant communities. CT State Medicaid Director Addie Stromolo indicated that discussion of the provider tax proposed rule should be postponed to a future meeting, as the right personnel were not present to address it. Sheldon Toubman raised concerns about addressing individuals with medical frailty who haven't visited providers in 12 months, emphasizing the need for a routine system to handle these cases.

Call Center Operations and Standards

The discussion focused on call center operations and handling complex cases. Laurie Ann Wagner explained that Access Health will handle many challenging questions, with a business process being developed for resource centers to address complex issues in person. Sheldon raised concerns about the practice of hanging up on callers who don't choose callback within 10 minutes, emphasizing that this approach isn't acceptable, especially for low-wage workers who can't take callbacks during the day. The team confirmed their goal remains to answer 90% of calls within 5 minutes, though current performance doesn't meet this standard, and Sheldon suggested DSA should implement the same strict requirements it imposes on its own contractors.

Benefits Reporting and Committee Updates

Sheldon Toubman requested that the benefits center start reporting the number of staff on their call center dashboard so performance can be assessed, and Peter agreed to take this back and provide a direct response. Matt Barrett asked about the notification process for the 4% of people who don't meet Tier 1 review criteria, and Peter explained that they will receive notice through the standard exparte process approximately 60 days in advance of eligibility ending, with an opportunity to provide additional information including self-attestation. The Women and Children's Health Subcommittee postponed their September meeting and rescheduled for November 9th, while the Care Management also canceled their September meeting due to scheduling conflicts. The Complex Care meeting will meet on September 17, 2026.

Key Outcomes

The Department of Social Services (DSS) provided critical updates on the implementation of **HR-1**, specifically regarding Medicaid eligibility for non-citizens and new work requirements. While a significant portion of the medically frail population is expected to remain eligible through a new data-driven algorithm, approximately **4,000 non-citizens** will lose coverage on October 1st. The agency is focusing on expanding outreach and improving call center performance to manage the transition.

HR-1 Medicaid & SNAP Impacts

- **Non-Citizen Coverage:** Approximately 4,000 people, primarily refugees and asylees, will lose Medicaid coverage on October 1st. These individuals will not be eligible for subsidized Exchange plans starting January 1st, leaving emergency Medicaid as the only option.
- **Medical Frailty Exemption:** DSS developed a two-step algorithm (diagnosis code + significant impairment indicator) to determine exemptions.
 - **Success Rate:** Approximately 96% of the identified medically frail population meets the "significant impairment" criteria based on claims data.
 - **SUD Requirements:** Substance Use Disorder (SUD) is a qualifying condition but requires active treatment in a licensed program; AA and NA do not qualify.
- **SNAP Trends:** Enrollment has decreased by approximately 60,000 to 80,000 individuals over the past year, with half of that decline directly attributed to HR-1 changes.

Operational Performance & Metrics

- **Call Center Status:**
 - **Volumes:** The shared call center handled approximately 43,000 calls in the last week of July.
 - **Performance:** The current goal for answer time is 5 minutes, though the agency acknowledged a current average hold time of roughly 14 minutes (840 seconds).
 - **Benefit Centers:** Tier 1 staff handled 95% of calls on the same day during August.
- **Application Processing:**
 - **MAGI (HUSKY A, B, D):** Maintains a 98% timeliness rate, with most receiving real-time eligibility.
 - **Non-MAGI (HUSKY C):** Median processing time is 30 days.
- **Renewals:** Ex parte (passive) renewal rates remain high, retaining over 90% of individuals month-to-month.

Provider Audits & Quality Assurance

- **Audit Process:** DSS conducts statistically valid full audits (extrapolated) and case-by-case integrity reviews.
- **Extrapolation Threshold:** Recoupment is extrapolated only if errors exceed 1.75% of paid claims, a threshold increasing to 2.75% on October 1st.
- **Appeal Rights:** Providers have 30 days from the final report to file an appeal for a hearing with an independent officer.

Risks & Open Questions

- **The "Well-Managed" Gap:** Concerns were raised that patients with chronic illnesses who are well-managed (and thus not hospitalized) might fail the "significant impairment" test and lose coverage.

- **Outreach Barriers:** Critics noted that reliance on QR codes may exclude the lowest-income populations who lack technology or academic exposure.
- **Call Center Friction:** Concerns persist regarding the practice of hanging up on callers who do not confirm their phone number for a callback within 10 minutes.
- **Immigrant Community Trust:** Reports indicate some immigrant partners are not receiving clear answers from Access Health or DSS call centers.

Action Items

- **DSS (Christine Stewart):** Create and distribute a "one-pager" for legislative partners containing the short code and key contact info.
- **DSS (Peter Hadler):**
 - Run data to determine how many of the 4% who fail the medical frailty algorithm qualify for exemptions via other pathways (e.g., wage income).
 - Provide specific child disenrollment numbers for SNAP to Representative Walker.
 - Determine a public posting date for the ~6,500 diagnostic codes used in the frailty algorithm.
- **DSS (Leadership):** Review the request to include actual staffing numbers on the call center dashboard for better transparency.

Christine Stuart

Here is the link to our digital toolkit: https://portal.ct.gov/dss/all-programs/dss-benefits-and-hr1/hr1-for-providers/hr1-community-partner-resources?language=en_US