

COVERED CT 1115 WAIVER DEMONSTRATION EXTENSION

SCHEDULED HEARINGS

Thursday, October 8, 2026 (MAPOC)
Monday, October 26, 2026 (Agency)
Tuesday, November 10, 2026 (Legislative)



Department of Social Services

- Adaline Strumolo – Medicaid Director
- Bill Halsey – Director of Healthcare Policy & Innovation
- Brittany Kane – Manager of Health & Human Services Program Coordination
- Trishan Lakha – Budget and Fiscal Analyst

Marsh Government (formerly dba Mercer)

- Jen Steele – Consultant
- Sanket Shah – Consultant
- Faye Miller – Consultant

Public Participation

- You can access all Covered CT 1115 Medicaid waiver information, including the full extension materials, on our [Covered CT Demonstration website](#)
- Written comments can be sent via email to cynthia.cartier@ct.gov or mail to Department of Social Services, OLCRAH, 55 Farmington Avenue, 11th Floor, Hartford, CT 06105
- Written comments must be received no later than 12:00 p.m. ET on October 29, 2026

Hearing Instructions

- Please type your Name and Affiliation/Organization/Agency in the Meeting Chat
- Please make sure you are Muted when not speaking
- Please raise your hand if you want to speak
- You may provide written comments in Meeting Chat

DSS intends to submit to CMS an application to extend the Covered CT Demonstration Waiver pursuant to section 1115 of the Social Security Act.

- Prior to CMS submission, DSS is required by federal and state statute to:
 - Publish written notice
 - Provide a 30-day written comment period
 - Host two public hearings
 - Submit the waiver extension materials to the General Assembly committees of cognizance for vote

Scheduled Public Hearings (Virtual and Hybrid)

- Thursday, October 8, 2026, 10am-11am (MAPOC)
- Monday, October 26, 2026, 1pm-2pm (Hybrid Meeting at DSS-Hartford)

Joint Legislative Public Hearing & Committee Meeting

- Tuesday, November 11, 2026, 11am – Appropriations, Human Services, and Insurance committees

Medical Assistance Program Oversight Council (MAPOC) Hearing (Virtual)

Thursday, October 8, 2026 – 10am–11am

- Zoom Meeting: <https://zoom.us/j/94145289967?pwd=QoljyBwIYaopfa4K643VdwqrwpLmON.1>
- Meeting ID: 941 4528 9967
- Passcode: 554179
- Call-In: +19292056099 or +13017158592

DSS Agency Hearing (Hybrid – In Person)

Monday, October 26, 2026 – 1pm–2pm

- Zoom Meeting: https://us06web.zoom.us/meeting/register/kxlowONUQXqGfqL_N00aPw
- Meeting ID: 861 0951 6622
- Passcode: 678116
- Call-In: +13092053325 or +13126266799
- In Person: DSS Central Office, 55 Farmington Avenue, Hartford, CT 06105

Background, Program Implementation, Eligibility, Goals, & Member Benefits

Statutory History

- Established by Public Act 21-2 of the June 2021 Special Session
- Developed to (1) close the health insurance affordability gap in a cost-effective manner for individuals who do not qualify for Medicaid due to income, and (2) expand coverage in a way that would allow access to no-cost comprehensive healthcare coverage.
- Developed to leverage existing federal funding that subsidizes Qualified Health Plans (QHPs) available on the state health insurance marketplace, d.b.a. Access Health CT (AHCT) and an 1115 Medicaid waiver to receive federal match to “top up” health insurance exchange subsidies to support program costs and allow for greater access.
- DSS assumed administrative authority in July 2022 and was required to apply for a Medicaid waiver under Section 1115 of the Social Security Act to support program goals and maximize federal reimbursement.

Phase I – Implemented July 1, 2021

- No cost health insurance coverage for adult caretaker relatives and eligible parents with dependent children and at least one child in Connecticut's Medicaid program (HUSKY A)
 - Fully state-funded

Phase II – Implemented July 1, 2022

- Eligibility expanded to include all parents, needy caretaker relatives and (nonpregnant) low-income adults.
- Expanded services to include dental and Non-Emergency Medical Transportation (NEMT)
 - Fully state-funded

Waiver History

- Applied for CMS approval in April 2022
- Received CMS approval in December 2022 for federal match through [December 31, 2027](#)

Program Eligibility

- Connecticut resident with household income at or below 175% of the federal poverty level
- Between the ages of 19 and 64 years
- Ineligible for Medicaid (HUSKY) due to income
- Eligible for financial help to purchase health insurance through Access Health CT using 100% of available Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs)
- Enrolled in a silver-level plan through Access Health CT

- **Covered CT members have access to a fully subsidized qualified health plan:**
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Pregnancy, maternity, and newborn care
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Mental health and substance use disorder services
 - Preventive and wellness services and chronic disease management
 - Outpatient diagnostic services
- **Plus comprehensive dental benefits and NEMT**

Waiver Demonstration Years (DYs)

DY1: December 15, 2022 – December 31, 2022

DY2: January 1, 2023 – December 31, 2023

DY3: January 1, 2024 – December 31, 2024

DY4: January 1, 2025 – December 31, 2025

DY5: January 1, 2026 – December 31, 2026

DY6: January 1, 2027 – December 31, 2027

Demonstration Objectives

1. Improve the affordability of health insurance coverage
2. Promote health insurance coverage
3. Ensure stable coverage
4. Reduce the statewide uninsured rate
5. Improve oral health
6. Enable access to medical appointments

Demonstration Results

- A draft Interim Evaluation Report (IER) is required in the waiver renewal application to CMS
- The draft IER analyzes data through December 31, 2025, and shows:
 - Clear Success on Objectives 1, 2 & 3
 - Partial Progress on Objectives 4 & 5*
 - Unclear Outcomes on Objective 6**

* The statewide uninsured rate increased slightly, from 7.4% in 2021 to 8.6% in 2024, tracking national trends, suggesting driving forces outside the ability of Covered CT to mitigate.

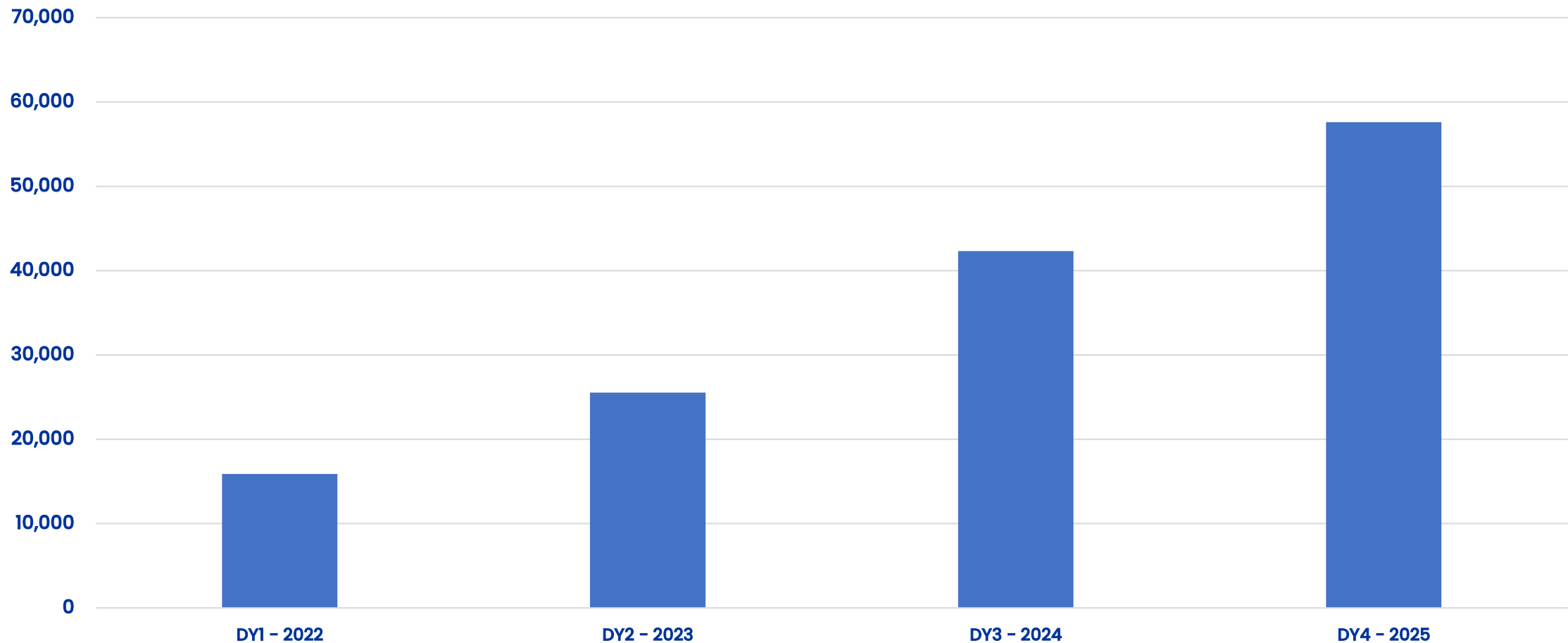
** NEMT appears to be underutilized, however data reliability issues require resolution to draw conclusions.

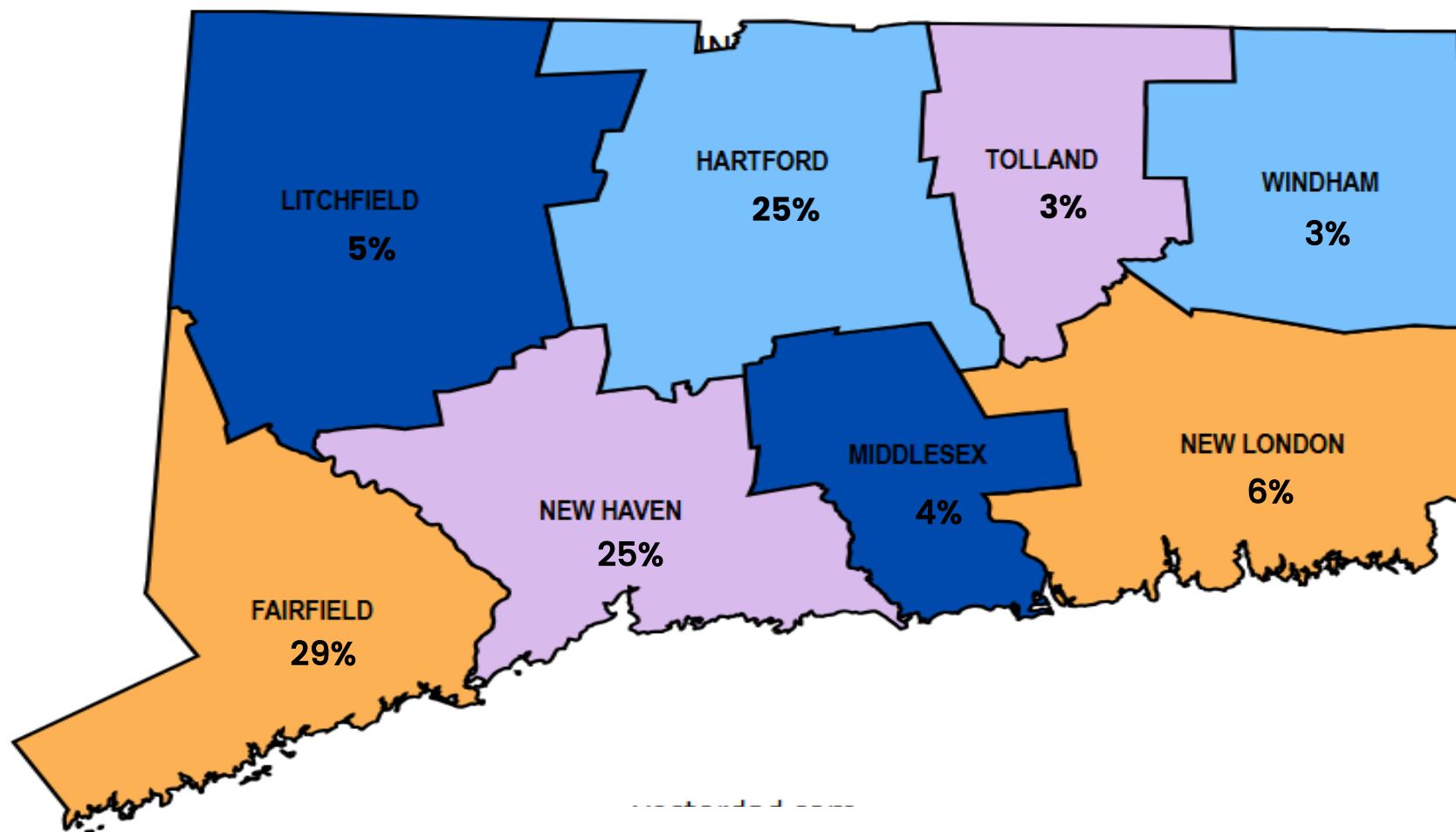
Overall, Covered CT has been very successful in:

- Improving the affordability of health insurance coverage by making no-cost QHP coverage, dental and NEMT benefits available to eligible individuals
- Increasing the number of enrollees who received routine and preventative dental care, which more than tripled, though emergency dental visits also increased
- Ensuring stability and no breaks in coverage for enrollees

Enrollment and Expenditures

- Enrollment year-over-year increased 263% from DY1 to DY4, with an average annual increase of 56%.





- Enrollment breakout by county has been consistent throughout the duration of the Demonstration.
- Enrollment breakout by county aligns with the larger health insurance exchange enrollment by county.

Enrollment

- 57,288 members as of December 31, 2025 (DY4) and steadily increasing
 - DY1 had 14,568 members

CY 2032 Projections

- >60,000 enrollees
- Program costs approx. \$276M

Current Demonstration Period							
	DY1	DY2	DY3	DY4	DY5 Q1, Q2	Projected DY5 Q3, Q4	Projected DY6
Member Months	14,568	223,458	414,813	579,093	319,362	240,061	482,522
Costs	\$757,468	\$31,635,157	\$46,630,239	\$65,461,290	\$73,832,381	\$76,161,594	\$161,196,125

Extension Period					
	DY7	DY8	DY9	DY10	DY11
Member Months	662,649	675,902	689,420	703,208	717,272
Projected Costs	\$174,632,495	\$195,937,665	\$219,842,048	\$246,662,637	\$276,755,417

Waiver Extension Information

Requested Waiver Change

- DSS is requesting **one change** to the Covered CT waiver:
 - Public Act 24-138 requires Covered CT program to provide cost-sharing subsidies only for in-network health care providers and in-network services, unless the health carrier's network is deemed by the Insurance Commissioner to be inadequate
 - The current Demonstration does not allow for member cost sharing regardless of the network status of the provider or service
 - This change would require Covered CT enrollees to utilize in-network providers to receive the Covered CT cost-sharing subsidies
 - Any member who chooses to see out-of-network providers would be subject to the cost sharing requirements of the underlying silver metal level QHP for out-of-network providers
 - This restriction aligns with federal Marketplace requirements that QHPs have adequate provider networks so that members have access to care through in-network providers
- The draft application requests **no changes in eligibility, benefits, or any other aspect of the waiver**

- For information on the Covered CT 1115 Medicaid waiver and to sign up for alerts and updates, please visit: [Covered CT Demonstration](#)
- For information about the program, eligibility, enrollment, benefits and events, please visit: [Covered CT Program](#) & [Access Health CT - CT's Official Health Insurance Marketplace](#)

Thank you!