

DSS MAPOC PRESENTATION

October 8, 2026

DSS Agenda

1. HR1 Implementation Update
 - A. Work rules – Communications and Outreach
 - B. Work rules – Member Journey
2. DSS Benefit Center Update – Performance and Staffing
3. Medicaid State Plan
4. Medicaid Waiver Activity
5. Legislation Update

H.R. 1 IMPLEMENTATION

COMMUNICATIONS AND OUTREACH

PHASE 2: LET'S WORK TOGETHER



IN THE COMMUNITY



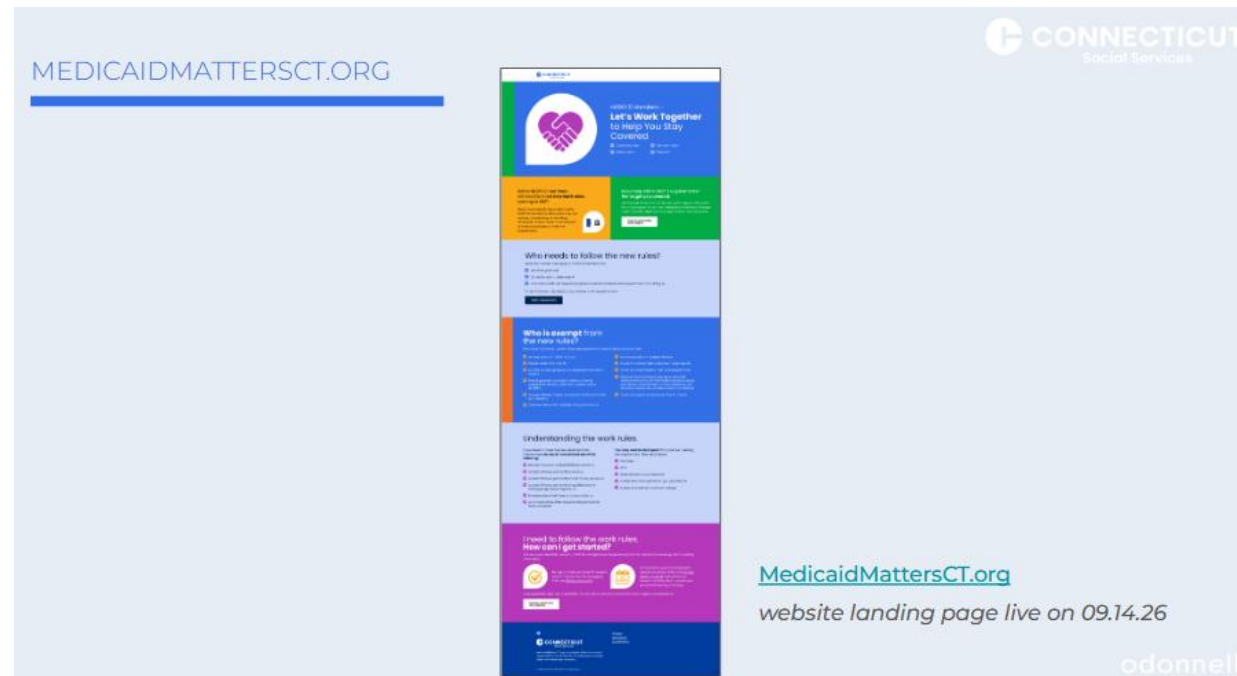
IN GROCERY STORES



MEDICAID MATTERS CT.ORG

MedicaidMattersCT.org is the new landing page that explains in plain language what's happening with the HUSKY program and who is impacted, with links to our pre-screener and the community action agencies to find free in-person help.

10/8/2026



H.R. 1 IMPLEMENTATION

MEMBER JOURNEY

H.R.1 Work Rules

Effective Jan. 1, 2027, H.R. 1 ties Medicaid eligibility for HUSKY D adults to completing monthly community engagement hours (Work Rules).

Categorical Exemptions

- Ages <19 or >64
- Pregnant / Postpartum
- Foster youth & former foster youth under age 26
- Parents, guardians, or caretakers of a dependent child <14 or a disabled individual
- Blind, disabled, medically frail
- Medicare Part A or Part B
- Non-exempt & compliant to TANF/SNAP work requirements
- Participant in drug/alcohol treatment center
- Short-term hardship events (receiving inpatient or institutional care, national emergency, etc.)
- Recent release from incarceration within 90 days
- Members of a Tribe
- Veteran with disability

Work Requirement Criteria

- Monthly income at least minimum wage x80 hours (\$580)
- ≥80 hours work
- ≥80 hours community service
- ≥80 hours work program
- Enrolled in educational program (at least half-time)
- Any combination of activities above for ≥80 hours

H.R.1 Work Rules | Connecticut Implementation

Pre-Implementation Awareness 2026



Proactive Outreach and Communication

Multi-channel marketing campaign with clear, timely messaging to educate members and direct them to resources.



Digital Self-Service Tools

Promoted pre-screener and online resources for member awareness & education.



Community Outreach

Engaged Community Action Agencies, United Way and other partners across the state to support member outreach, awareness, education and navigation.

Implementation Phase I May – September



Eligibility System Readiness

State teams worked across shared operations to define and implement Phase I system requirements to ensure a seamless member experience when the work rules go into effect.



Member Communication

Beginning in August through December 31st, members receive communications via text, email and printed notice alerting them of the change and next steps.



Workforce Training, Education & Communication

Staff trained across shared operations on Client Journey, CE Work Rules, Compliance, Outreach, System Notification Triggers.

Implementation Phase II September – January



Eligibility System Readiness

State teams continue coordinating across operations to implement Phase II system requirements and ensure readiness for a seamless member experience when the work rules take effect.



Member Communication

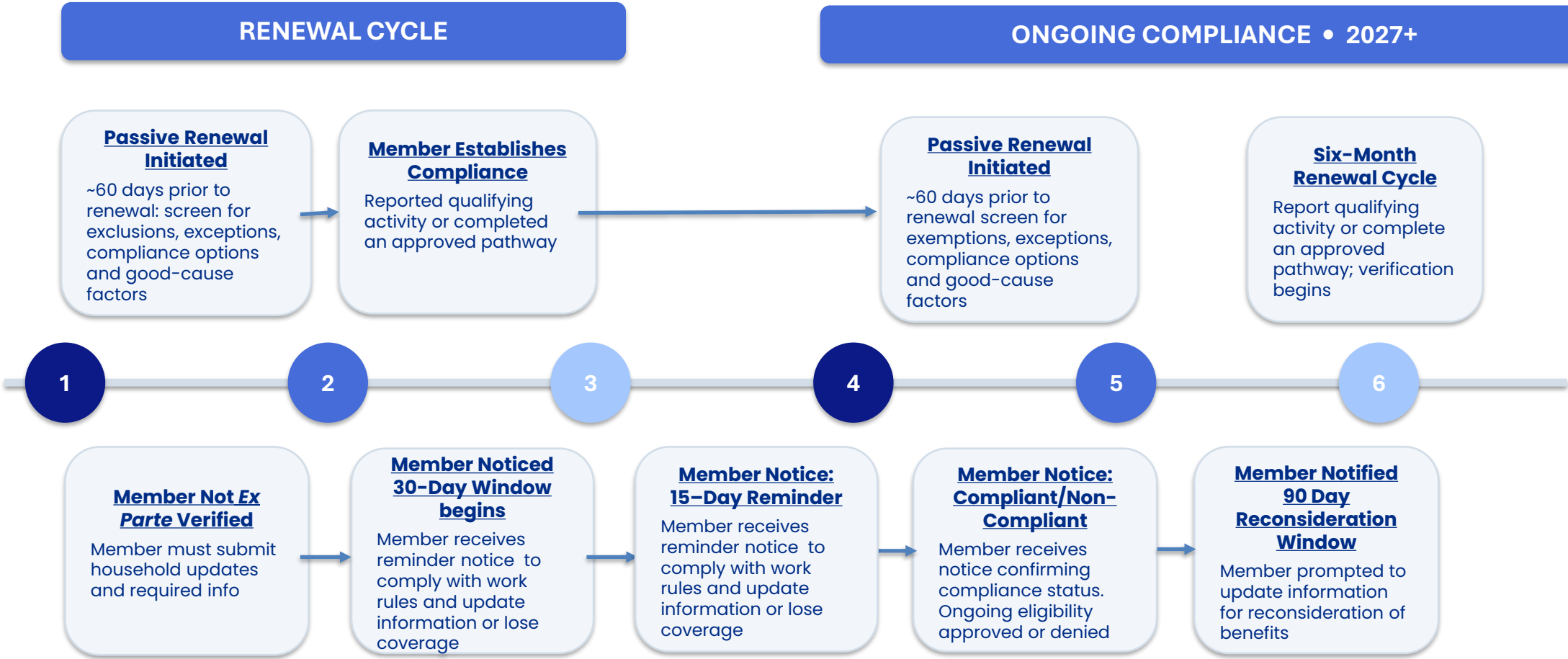
In January, members with February renewals who did not pass *ex parte* verification will receive a notice about work rule compliance. Notices will follow the standard renewal schedule throughout 2027.



Workforce Training, Education & Communication

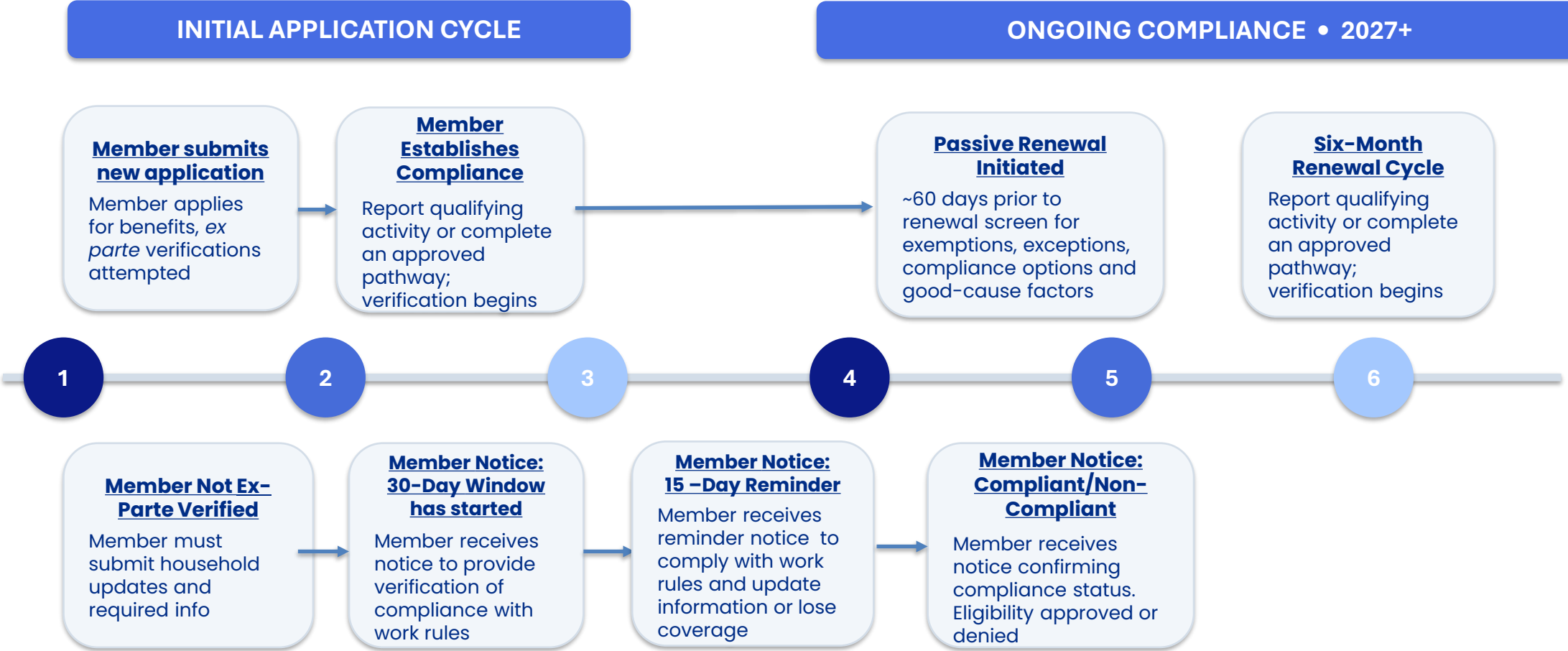
Staff training across operations on the Client Journey, work rules, compliance, outreach, and system triggers to support accurate member assistance.

H.R. 1 Work Rules | 2027 Member Renewal Journey



HUSKY D Renewal and Work Rules Compliance will begin for members whose renewal is due in February for coverage beginning on March 1, 2027, and continue on a rolling basis monthly. The process rolls out over the course of 2027 as members come up for renewal. After the initial renewal in 2027, members will have to renew every six months.

H.R. 1 Work Rules | 2027 New Member Journey



HUSKY D Renewal and Work Rules Compliance will begin for new applicants on January 1, 2027. New members will have their next renewal in 6 months.

Eligibility System Screen – Homepage

QUICK ACTIONS

What can you do here?

Quick access to the most important actions and resources



Report Qualifying Activity

Submit your monthly hours quickly and easily

Get started →



Community Engagement Screener

Check your Community Engagement Status

Check now →



Learn Requirements

Understand what activities count

Learn More →



Get help meeting your requirement

Discover local opportunities

Contact →



Submit an exclusion or exception request

Submit your request if you think you qualify.

Submit now →

Eligibility System Screen – Report Activity

access health CT

[Home](#) [Report Activities](#) [Reporting History](#) [Exception](#) [Help](#)

John Doe
Administrator

[Home](#) > [Report Activity](#)

Report Activity

Submit your qualifying community engagement activity

Overall Progress

20% Complete

1 Reporter Info
Myself/Others

2 Activity Type
Type of activity

3 Verification Method
How to verify

4 Activity Details
Enter details

5 Review & Submit
Review and submit

What type of activity are you reporting?

Choose the activity that best describes what you did during this reporting period.
All activities count toward your 80-hour monthly requirement.

 **Work / Employment**
Report paid work (wages, salary, gig, or self-employment)

 **Community Service / Volunteering**
Report volunteer hours at approved organizations

 **Workforce / Job Program**
Report participation in approved job training programs

 **Education / Training / School**
Report enrollment in school, college, or training programs

Back

Continue

 **CONNECTICUT**
Social Services

Eligibility System Screen – Report Activity

access health CT

[Home](#)[Report Activities](#)[Reporting History](#)[Exception](#)[Help](#)

John Doe
AdministratorJD

[Home](#) > [Report Activity](#)

Report Activity

Submit your qualifying community engagement activity

Overall Progress

40% Complete

1 Reporter Info
Myself/Others

2 Activity Type
Type of activity

3 Verification Method
How to verify

4 Activity Details
Enter details

5 Review & Submit
Review and submit

What type of activity are you reporting?

Choose the activity that best describes what you did during this reporting period.
All activities count toward your 80-hour monthly requirement.

Connect to your employer or payroll provider
Securely connect to your employer or payroll system to automatically verify your work activity.

Recommended

Upload document(s)
Upload paystubs, employment letters, or other work-related documents to verify your activity.

Enter details manually
Manually enter your employment and income details if you don't have documents available.

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Continue

CONNECTICUT
Social Services

Eligibility System Screen – Homepage with Dashboard

access health CT

Home Report Activities Reporting History Exception Help

John Doe Administrator JD

Welcome to your Community Engagement Portal

Keep your Medicaid Coverage

Report your work, education, or volunteer hours each month. Our simple portal makes it easy to stay compliant and keep your coverage.

You've met your Community Engagement requirement

Requirement Met

You demonstrated Community Engagement through qualifying activity. No further action is needed for your current renewal period.

How Often You Report
Every 6 months

Your Coverage Period
Jan - Jun 2026

When We Check Again
Jun 2026

You don't have to report every month in a row. You can spread out your qualifying months across your coverage period.

H.R.1 Work Rules | Application & Renewal Channels

How to Apply/Renew HUSKY A, B, and D



Online Self-Service

www.accesshealthct.com



Apply Over Phone at Access Health CT

1-855-805-4325.



Mail

Access Health CT, P.O. Box 670
Manchester, CT 06045-0670



In Person at Local DSS Resource Center

DSS BENEFIT CENTER UPDATE

PERFORMANCE AND STAFFING

Tier 1 Social Service Assistants

Delivering Responsive Support for Our Community

Strong Team Exceptional Service Positive Outcomes

1 STAFFING & CAPACITY

Fully staffed and supported to meet the needs of our community.



 A strong team ensuring we can answer your calls and support our community.

2 SERVICE PERFORMANCE

We answer calls quickly and clear the queue daily.



Call queue cleared by
4:30 PM each day

 Under 10 minute response.

DSS Benefit Center Highlights



INVESTING IN PEOPLE.
DELIVERING FOR OUR COMMUNITY.

Our Tier 1 team is the front door to critical services—providing timely answers, compassionate support, and better outcomes for the people we serve.



Eligibility Operations

Supporting Efficient Benefit Delivery

Strong Team | Reliable Service | Federal Compliance



1 STAFFING & CAPACITY



819

staff currently
available to
perform EO
functions



66

new staff
in training



46

staff currently
being recruited



With 15% shrinkage,

696 staff

working daily on average
across all areas of EO

2

SERVICE PERFORMANCE



178

staff on the phones
daily, assisting
clients



518

staff dedicated to
securing and
maintaining benefits
within federal
standards of
promptness

Eligibility Operations Highlights

MEDICAID STATE PLAN UPDATE

2026 Third Qtr State Plan Amendment Activity

Effective July 1, 2026 (submitted to CMS 9/30/2026)

<https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>

SPA #	SPA Title	SPA Description
26-0021	Nursing Home Changes	Implemented CMS case mix classification system to calculate each nursing homes case mix index scores Rebased the Medicaid per diem rate to the 2024 cost year
26-0025	Adjustments to Hospital Supplemental Payments, Disproportionate Share Hospital (DSH) Payments, and Practitioner Supplemental Payments	Implemented section 363 of Public Act 26-68 - updated the payment methodologies as required for inpatient & outpatient hospital supplemental payments, disproportionate share hospital (DSH) payments, and practitioner supplemental payments for hospital-affiliated physician groups End-dated hospital settlement agreement supplemental payment methodologies that expired as of June 30, 2026 Implemented section 214 of Public Act 26-86 - expanded the practitioner supplemental payment for UConn Health Center to include services provided by nurse practitioners, physician assistants, and dentists (in addition to physicians)
26-0026	MED-Connect - Annual Income (eligibility - MACPRO)	Implemented section 64 Public Act No. 24-81 -increased the income and asset limits for the MED-Connect program Increased the annual income limit from \$85,000 to \$ 95,000 and the increased the countable asset limit for individuals from \$20,000 to \$30,000 and from \$30,000 to \$45,000 for married couples
26-0027*	July 2026 HIPAA Updates- Physician Services and Other Updates	Incorporated required coding changes to the physician office and outpatient fee schedule Updated the chiropractor fee schedule to align with federal and state law Updated select radiology reimbursement rates based on federal guidance Implemented section 40 of Public Act 26-76 - updated select optometry rates from 90% to 100% of the physician rate

2026 Third Qtr State Plan Amendment Activity

Cont'd

SPA #	SPA Title	SPA Description
26-0028	CFC - Collective Bargaining Agreement	Implemented the provisions of the collective bargaining agreement between the Personal Care Attendant Workforce Council and the union representing personal care attendants (PCAs) and to support ongoing access to quality CFC services for Medicaid members
26-0029*	Updates to Family Planning Clinic Fee Schedule	Updated the reimbursement rates for select long-acting, reversible contraceptive (LARC) devices Implemented section 448 of Public Act 26-68 - increased reimbursement rates for select services on the family planning clinic fee schedule
26-0030*	Collaborative Care Model (CoCM) in FQHCs	Implemented the Psychiatric Collaborative Care Model (CoCM) in the federally qualified health center (FQHC) setting
26-0031*	Birth to Three Reimbursement Update	Implemented Public Act 26-68 - revised reimbursement rates for select Early Intervention Services
26-0032	Private Intermediate Care Facilities for ICF/IIDs	Implemented section 64 of Public Act 26-1 - each facility received a rate that is 5.8% greater than the rate in effect for the period ending June 30, 2026, except that a facility may receive a rate that is less than the rate in effect for the fiscal year ending June 30, 2027
27-0005	Renewal 1915i CHCPE	February 1, 2027 – renews the home and community-based services (HCBS) Medicaid State Plan option portion of the Connecticut Home Care Program for Elders (CHCPE) for another 5 years

*Previously reviewed during the July 2026 MAPOC Policy Update Presentation

2026 Fourth Qtr State Plan Amendment Activity

Effective October 1, 2026 & Forward (to be submitted to CMS by 12/31/2026)

<https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>

SPA #	SPA Title	SPA Description
26-0033	Updates to Dental Coverage Criteria and Procedure Codes	Incorporates updates to the dental fee schedules for adults and children and revise the covered benefits of select dental services based upon revisions made to sections 17b-262-1006 through 17b-262-1017 of the Regulations of Connecticut State Agencies
26-0034	Immigration-Citizenship and Non-Citizen Eligibility	Implements H.R.1 federal legislation that impacts non-citizen eligibility, only the following non-citizens may continue to receive federally-funded full-scope Medicaid/CHIP coverage: (1) Lawful permanent residents (subject to the five-year waiting period), (2) Cuban/Haitian entrants, and (3) COFA migrants. As of 10/1/26, many non-citizens will no longer be covered (refugees, asylees, victims of trafficking, humanitarian parolees, and other immigrants eligible for Medicaid/CHIP today). According to section 1903(v)(5) of the SSA, there will only be a 50% administrative match for Emergency Medicaid, in accordance with regular claiming policies for these administrative activities
26-0035	Targeted Case Management for adults 21 and over Post Release	Establishes a new Targeted Case Management (TCM) group for adults ages 21 and older released from incarceration in a public institution who meet the criteria for judicial branch substance use disorder pretrial diversionary assessment, care planning, referral, and on-going monitoring or probation
26-0036	October 2026 HIPAA Updates - Physician, MEDS, Labs	Incorporates the October 2026 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the physician office and outpatient, Medical Equipment, Devices and Supplies (MEDS) and laboratory services fee schedules

MEDICAID WAIVER ACTIVITY

Medicaid Waiver Activity

Substance Use Disorder (SUD) 1115 Demonstration Waiver

- Allows coverage of residential and inpatient SUD services under HUSKY Health
- Waiver period April 2022 – March 2027
- **Annual Public Forum held September 10, 2026**
- Waiver extension process forthcoming

Acquired Brain Injury 1915(c) Waiver

- Provides services and supports to members at least 18 years of age with an acquired brain injury who, without such services, would otherwise require institutional placement
- Waiver expires 12/31/2026
- **Renewal hearing held September 29, 2026**

Katie Beckett Waiver 1915(c) Waiver

- Provides nurse case management services to children with disabilities who would normally not qualify financially for Medicaid due to family income
- Waiver expires 12/31/2026
- **Renewal hearing held September 29, 2026**

LEGISLATION UPDATE

Legislation with Recent Effective Dates

Bill/Statute	Subject	Effective Date	Status
PA 26-68 Sec. 370	Medicaid Value-Based Payment Working Group, to be led by DSS	July 1, 2026	In development
PA 26-68 sec. 443	Antiretrovirals to Preferred Drug List	July 1, 2026	Added 10/1/26 after P&T approval
PA 26-68 Sec. 446	PDPM (nursing home rate methodology) implementation *	Passage	Phase 1 Complete
PA 26-68 Sec. 446	Nursing home quality program * (funding)	Passage	Quality Scoring System Complete; FY29 \$10 million pool available for nursing homes that improve quality
PA 26-68 Sec. 458	Medical Frailty Assessment	Passage	Complete/ongoing
PA 26-103	Monitoring of private equity in nursing homes	Oct 1, 2026	In development
PA 26-146	Medicaid rate review process	July 1, 2026	In progress

* Information on the transition to PDPM and the Medicaid Nursing Home Quality Program:

<https://portal.ct.gov/dss/health-and-home-care/medicaid-nursing-home-reimbursement/nursing-home-reimbursement-acuity-based-methodology>