

October 8, 2026 DSS Covered CT Hearing and MAPOC (Full Council) Zoom Meeting

Quick recap

The meeting began with a formal public hearing on the Covered Connecticut 1115 Medicaid Waiver renewal, where DSS presented the program's success, enrollment growth, and a single requested change to limit cost-sharing subsidies to in-network providers. Legislators and stakeholders asked about utilization data, cost-sharing structure, and the department's contingency plans in case of unfavorable CMS decisions. The main portion of the MAPOC meeting focused on the implementation of HR-1 work requirements for HUSKY D, with DSS providing an overview of the outreach campaign, member journey, and new online portal. Extensive discussion covered concerns about the complexity of the requirements, support for vulnerable populations, training for call center staff, and the need for robust stakeholder engagement and monitoring of the process's impact. DSS acknowledged the challenges and outlined their efforts to provide resources, training, and proactive communication to assist members in navigating the new requirements.

Next steps

Brittany Kane

- Distribute the Covered Connecticut presentation materials, including links for submitting written public comments, to the meeting participants.

Christine Stuart

- Schedule and conduct drop-in meetings at the end of October for stakeholders who will be helping HUSKY D members navigate the new work requirements.

Easha Canada

- Explore a second release of the system to help members transition to workforce boards, job openings, and other volunteer opportunities.
- Investigate the possibility of a marketing dashboard that can be exposed for self-service to show community impact by member.

Bill Halsey

- Take back the request to share utilization data for NEMT and dental services within the Covered Connecticut program with the group.
- Continue monitoring CMS's response to the Covered Connecticut waiver renewal application and maintain regular communication with CMS.

Collaboration

- DSS: Continue developing and testing the HR-1 compliance system, including the online portal and backend rules for eligibility determination.
- DSS: Continue training and educating the workforce and partners on the new HR-1 work rules and workflows.
- DSS: Continue proactive member communication via text, email, and printed notices regarding upcoming renewals and work requirements.
- DSS: Continue working with community action agencies and United Way to develop volunteer hubs and support systems for members.

- DSS: Continue collaborating with workforce boards and the Department of Labor to create structured job search programs that can count toward work requirements.
- DSS: Continue refining the medical frailty exemption process and consider engaging providers and community-based organizations for input.
- DSS: Continue monitoring the impact of HR-1 on the Medicaid population and develop a plan for tracking outcomes and potential harm.
- DSS: Continue exploring ways to address the digital divide, including expanding language support in technology and partnering with libraries.
- DSS: Continue to refine the training plan for the shared call center staff to handle complex HR-1-related inquiries.
- DSS: Continue to monitor and report on the impact of HR-1 on Medicaid enrollment and expenditures.
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Summary

Covered Connecticut Public Hearing

Bill Halsey provided an overview of the agenda, explaining that a formal public hearing on Covered Connecticut would take place from 10 to 11 AM, followed by the MAPOC meeting starting at 11 AM. Senator Matt Lesser expressed support for Covered Connecticut, noting its success in expanding coverage, while acknowledging the need for discussion regarding its renewal due to changing circumstances in Washington. Addie Strumolo thanked attendees for participating in the public hearing process, emphasizing the importance of the Medicaid demonstration waiver for the program.

Covered Connecticut Medicaid Waiver Renewal

Brittany Kane, Manager of Health and Human Services Program Coordination at DSS, introduced the Covered Connecticut 1115 Medicaid Waiver renewal process and outlined the requirements for public comment, including two public hearings and submission to the General Assembly. Bill Halsey provided background on the program, established by Public Act 21-2, which aims to close the health insurance affordability gap and expand coverage through federal funding and subsidies. The demonstration results show success in improving affordability and access to health insurance, with some partial progress on objectives and mixed results on the statewide uninsured rate and non-emergency medical transportation utilization.

Covered Connecticut Enrollment Growth Update

Trishan Lakhan presented enrollment and expenditure data showing a dramatic increase in Covered Connecticut membership from 17,000 in 2022 to 57,000 in 2025, with projections indicating steady growth to over 60,000 members by 2032. Brittany Kane highlighted the sole requested change to the waiver requiring cost-sharing subsidies only for in-network providers, as mandated by Public Act 24-138, while confirming that other potential legislative changes were not included in the proposal. The discussion addressed questions about cost-sharing implementation, with clarification that the federal government covers 50% of costs, and that Covered Connecticut's costs per member are significantly lower than Medicaid costs.

Covered Connecticut Waiver Renewal Discussion

The meeting focused on the renewal application for the Covered Connecticut waiver, with participants discussing utilization data, cost sharing structures, and potential alternatives if the waiver is not approved. Karen Siegel requested utilization data for NEMT and dental services, which Bill agreed to review and share if possible. The group also discussed concerns about

CMS's treatment of the renewal application and potential conditions that could be imposed, with Bill noting that CMS has been treating it as a routine renewal so far. Judy Stein from the Center for Medicare Advocacy clarified that oral health limitations and in-network cost sharing are not currently planned for the coming year, and Senator Lesser raised questions about metrics for potentially switching to a basic health plan if the waiver is denied.

HR-1 Implementation for HUSKY D Program

The meeting focused on the implementation of HR-1 work requirements for the HUSKY D program, with presentations from Addie Strumolo and Deputy Commissioner Peter Hadler detailing the timeline and member journey. The team discussed multi-channel marketing efforts, including billboards, community outreach, and a new website (MediaMattersCT.org), which have reached over 135,000 people through pre-screener tools. The implementation will be gradual, with the first cohort of people whose eligibility ends in February being reviewed in January, followed by a 6-month renewal cycle for compliant members and a 90-day reconsideration period for non-compliant members. The system includes new online features for reporting work activities and exemptions, with options for real-time verification through employer payroll providers.

Healthcare Coverage Policy Challenges

The meeting focused on discussing challenges related to a new healthcare coverage policy, particularly for individuals like a 35-year-old female who lost her job to AI and is struggling to meet work requirements. Andrea explained that new applicants must demonstrate compliance through structured job training programs, volunteering, or earning \$580 monthly, while existing members need to show compliance during their previous coverage period. The team, including DC Easha Canada and DC Peter Hadler, discussed plans to enhance the system's functionality, including potential partnerships with organizations like United Way to simplify documentation and verification processes for volunteer hours.

Nonprofit Documentation and Portal Requirements

The meeting focused on discussing documentation requirements for nonprofits and the new portal system. Shantelle Varrs emphasized the importance of maintaining documentation for potential audits, while Rep. Robin Comey raised concerns about the burden on smaller volunteer-led organizations. Morgan clarified that the \$580 monthly income requirement looks back over a prior redetermination period and can be averaged for seasonal workers. Ellen Andrews questioned the complexity of the portal language and suggested using more expansive terminology to include eligible caregivers, while also advocating for local resources and support to assist applicants.

New Software Implementation Discussion

DC Easha Canada explained that new software will help proactively identify members who are struggling with meeting work requirements, allowing for timely support through text messaging and other modalities before any adverse actions are taken. Mark Schaefer asked three questions about self-attestation for community compliance, converting income requirements to hours, and expanding navigation capacity in underserved areas like Middletown. DC Peter Hadler confirmed that self-attestation will serve as a backstop, particularly for exemptions and exceptions, with potential for review and audit, while Morgan Leary clarified that converting income to hours calculation would not be part of the initial January 1st release but is intended for future implementation. Peter acknowledged the request for additional navigation capacity in underserved areas and expressed willingness to discuss funding opportunities, while noting that

current community action agencies are actively conducting outreach beyond their physical locations.

Medicaid Renewal Process Discussion

The discussion focused on the renewal process for Medicaid coverage, with Peter explaining that individuals with coverage ending in December would have a standard 60-day renewal period and would be affected by new work requirements starting March 1st. Senator Matt Lesser inquired about the 90-day attestation period and when individuals should engage with the system to provide required information, with Peter clarifying that the system would be fully ready to accept information starting January 1st. Representative Anne Hughes and Karen Siegel raised concerns about digital access barriers and the need for in-person support, particularly through libraries and certified application counselors, while emphasizing the importance of targeted outreach and stakeholder engagement to help vulnerable populations navigate the new process.

HUSKY D Medicaid Implementation Planning

The meeting focused on the implementation of work requirements and medical frailty exemptions for the HUSKY D Medicaid program, with participants discussing challenges around stakeholder engagement and digital access. Karen Siegel raised concerns about limited opportunities for stakeholder input and requested more detailed discussions about exemption processes, particularly around medical frailty determinations and the ex parte process. The department confirmed plans to implement a "no wrong door" approach for handling work requirements calls between Access Health and DSS Benefits centers, with enhanced staffing and training planned for January 2024 implementation. Several action items were identified including sharing the training plan for call center staff, exploring additional language support for technology platforms, and scheduling future MAPOC meetings to address ongoing concerns about the implementation process.

Brittany Kane, DSS

[Covered Connecticut Demonstration](#)

[Covered Connecticut Program](#)

Morgan Leary CT DSS

[Home | MedicaidMattersCT.org](#)

[HUSKYDPrescreener](#)

David Seifel, DSS 11:46 AM

Link to the presentation here:

https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20261008/DSS%20Presentation.pdf

Cristin McCarthy Vahey

Can we train volunteers to be certified application counselors - similar to tax filing? Is that a possibility?

Morgan Leary CT DSS

For CAC certification through Access Health CT Organizations must fall into one of these categories: • Federally Qualified Health Centers • Hospitals • Issuers • Municipalities • Healthcare Provider Organizations* * especially Community Mental Health Centers and organizations on AHCT's list of Essential Community Providers

If you have any questions or are interested in participating, email

AHCT.CACRegistration@ct.gov