

May 1, 2026 Operations Committee Zoom Meeting

Meeting summary

Quick recap

The meeting focused on a presentation about the Consolidated Appropriations Act of 2023 (CAA) and its implementation in Connecticut correctional facilities. Janice Shields from DSS presented alongside Mercer consultants, covering background on Connecticut's correctional healthcare system, Medicaid exclusion policies, and the new CAA provisions effective January 1, 2025. The presentation detailed how CAA affects sentenced and unsentenced youth in DOC and judicial branch facilities, with implementation scheduled for July 1, 2026, and included discussion of provider requirements and referral processes. Following the presentation, participants raised concerns about provider capacity in the community system and reimbursement rates, with Brenda.D.Jackson@mercer.com clarifying that regular federal matching funds would apply rather than enhanced funding. The conversation ended with an update from Rob Haswell (DMHAS) about the 1115 monitoring plan recertification process for residential SUD programs scheduled for later in the year.

Next steps

Robert/DMAS

- [Send out the monitoring plan for recertification of programs to providers later in the calendar year.](#)

Summary

Consolidated Appropriations Act 2023 Presentation

The meeting began with informal greetings and technical setup as participants joined. Heather Gates, chair of the committee from CHR, introduced the main presentation on the Consolidated Appropriations Act of 2023, which was scheduled to be delivered by Janice Shields from DSS with support from Mercer consultants. Janice began her presentation by introducing herself and outlining that Mercer's team would assist with the presentation and answer questions.

Connecticut Correctional Healthcare CAA Presentation

Janice led a presentation on Connecticut Correctional Facilities Healthcare, focusing on Medicaid exclusion and the Consolidated Appropriations Act of 2023 (CAA). She outlined the agenda, which included discussing CAA eligibility, requirements, the Connecticut CAA project, and the roles of providers under sections 5121 and 5122. Janice provided background information on DOC facilities, noting that 13 facilities offer various healthcare staffing and that 95% of the incarcerated population

has a history of active mental health or substance use disorder. She mentioned that approximately 12,000 adults are released from correctional facilities annually, with around 500 being under 21 years old. The presentation included details on priority facilities for CAA services, specifically mentioning Manson and York.

Juvenile Facility Healthcare Implementation Plan

The meeting focused on discussing services needed in juvenile facilities and the implementation of the Consolidated Appropriations Act of 2023 (CAA) provisions for incarcerated youth. Janice presented information about the current state of juvenile facilities, including the types of facilities and the high prevalence of unmet health needs among the youth. Bob clarified that the Department of Corrections (DOC) currently funds all healthcare for incarcerated individuals, with Medicaid only covering inpatient hospital services. The group discussed CAA provisions 5121 and 5122, which took effect on January 1, 2025, and will be implemented in Connecticut starting July 1, 2026. Under these provisions, Medicaid eligibility for sentenced youth will be suspended upon sentencing, with reactivation upon release, while unsentenced youth will receive all Medicaid and CHIP services. The conversation ended with a discussion of the data exchanges and coordination needed between DOC, the Judicial Branch, and community providers to implement these changes effectively.

TCM Transition Process Discussion

The discussion focused on TCM (Transitional Care Management) and the challenges of transitioning incarcerated individuals back to community care. Richeson highlighted the need for a formalized "warm handoff" process to improve care continuity for this vulnerable population with limited healthcare history. Janice explained Connecticut's approach under provisions 5121 and 5122, where providers must comply with Medicaid requirements and participate in a statewide network to accept individuals upon re-entry. The Department of Mental Health and Addiction Services will handle behavioral health referrals, while the Department of Correction will work with a centralized referral source for other individuals, providing direct services only when no other willing providers are available.

Justice-Involved Youth Transition Services

The meeting focused on the implementation of services for justice-involved youth transitioning from incarceration to community care. Brenda.D.Jackson@mercer.com and Rob Haswell explained that DMHAS will handle high-need cases (4s and 5s), while the broader network will serve younger adults through existing services, with some transitioning to forensic services. The go-live date for the Consolidated Appropriations Act is July 1st, 2026, with a larger demonstration program expected to launch in 2027 for 12,000 adults. Heather raised concerns about the limited capacity in the current outpatient system to handle additional referrals, particularly given the current funding challenges. The conversation ended with an update from Rob regarding the 1115 monitoring plan recertification process for residential SUD programs, expected later in the year.

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