

# Meeting Summary for Complex Care Committee Zoom Meeting

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## Quick recap

The meeting focused on addressing homelessness, particularly among seniors and those with behavioral health disabilities, and the potential of expanding rest homes to accommodate these individuals. The team also discussed various healthcare and certification topics, including the issues surrounding Medicare Advantage plans, the need for better public service announcements, and the challenges of enforcing network requirements. Lastly, the group discussed the need for an analysis of their own services, the potential for cost savings if Medicaid rates were raised, and the challenges of accessing Medicare Advantage data for Medicaid purposes.

## Next steps

Bill Halsey (DSS) to check with DSS about sending a notice to all Medicaid recipients who are also on Medicare regarding their existing benefits and Medicare Advantage plans.

Co-Chair Representative Anne Hughes to work on creating a legislative vehicle to address transparency issues with Medicare Advantage plans in the upcoming legislative session.

Mairead Painter (State Ombudsman) to collaborate with Kathy, Melanie, and others to develop recommendations for increasing transparency and oversight of Medicare Advantage plans for presentation to legislators.

DSS to consider conducting an analysis of potential cost savings to the state if Medicare Advantage enrollment for dual eligibles is reduced.

DSS to explore the possibility and cost of purchasing Medicare Advantage data to improve care quality and potentially lower costs for dual eligible members.

Deb Migneault to provide data on the number of fully dual eligible individuals on Medicare Advantage plans in Connecticut, including year-over-year trends.

Complex Care Subcommittee to further discuss health outcomes for dually eligible individuals and Medicare Advantage enrollment data at the March 20, 2025 meeting.

## Summary

### Addressing Homelessness and Rest Homes

The meeting was about addressing the issue of homelessness, particularly among seniors and those with behavioral health disabilities. The participants discussed the potential of expanding rest homes to accommodate these individuals. Co-Chair State Representative Susan Johnson suggested that expanding rest homes and their classifications could help limit homelessness across the state. She also mentioned the problem of seniors becoming homeless due to rental issues and low incomes. The conversation ended with Bill Halsey, who was invited to provide insights and ideas on the process of expanding rest home access.

### Residential Care Homes and Services

Bill and Susan discussed the classification and services provided by residential care homes and nursing facilities. Susan clarified that she was referring to residential care homes, which provide a home-like environment for individuals who may need some supervision and assistance with medication. Bill explained that residential care homes are distinct from nursing facilities and are not subject to the Institute for Mental Disease (IMD) rule. Mairead added that the focus should be on providing appropriate care and support to individuals, regardless of their setting, and ensuring that they have access to services and can transition to less

restrictive settings when needed. The team agreed that well-run residential care homes can provide positive living environments for individuals.

### Residential Care Expansion and Challenges

The meeting discussed the expansion of opportunities for residential care homes in Connecticut. Susan Johnson suggested the possibility of creating separate certification areas in underused hospital or nursing facility spaces. However, Bill expressed concerns about CMS's proximity rules and the potential for heightened scrutiny. Mairead agreed, but also highlighted the need for a wide variety of care options in every community. She mentioned the existence of managed residential communities offering various levels of care. Susan Johnson also brought up the Masonic Temple Lodge model, which offers a range of services from skilled care to independent living. The team agreed on the importance of having diverse care options in every community.

### Expanding Senior Care and Support Services

Representative Johnson initiated a discussion about expanding the population of senior citizens and those with health needs, seeking recommendations from the team. Bill suggested supporting the model of having one's own space while also living with others for socialization and support, as long as they operate in a way that allows for service provision. Susan proposed seeking CDBG (Community Development Block Grant) money for renovations and changes in buildings. Steven Colangelo raised concerns about some rest homes being reluctant to accept people with behavioral health disabilities or substance abuse issues, leading to empty rooms. Mairead emphasized the importance of integrated settings and the need for education and support services. She also mentioned a conference planned for spring to discuss these issues with rest homes, nursing homes, and medication-assisted treatment programs. Bill expressed concern about building residential care homes specifically for individuals with certain disabilities, as it could lead to institutional settings. Susan acknowledged that halfway houses and sober houses already exist in some areas.

### Addressing Mental Health Integration Challenges

Mairead, Rep. Johnson, Tracy Wodatch, and Rep. Hughes discussed the challenges and apprehensions related to integrating individuals with mental health issues into nursing homes. They agreed that there was a need for education and training to overcome the fear and misconceptions about caring for such individuals. Mairead suggested a spring training program to address these issues, while Tracy highlighted the need for licensed Home Health providers to assist with medication-assisted treatment. The group also discussed the potential for bonding for capital improvements and modernization in the nursing homes. Bill mentioned a session on cost reports and repairs that could be beneficial for the nursing homes.

### Healthcare Certification and Complaints Process

The meeting discussed various topics related to healthcare and certification. Mairead mentioned that they have been doing more outreach and education and have received ARPA funding for home and community basic care. They have published a guidebook on people's rights and how to make complaints. Steven asked about the process for filing complaints, to which Mairead suggested contacting the local mental health authority or diversion nurses. The meeting also discussed a survey being conducted by the Office of Healthcare Strategy in the region around the necessity of services. Rep. Johnson raised concerns about the certification process for birthing centers and the issue of dually eligible Medicare Medicaid beneficiaries being asked to join Medicare part C or the Disadvantage advantage plan. Bill admitted that he was not the subject matter expert in this area and was willing to do some digging on the issue.

## Medicare Advantage Plan Challenges Discussed

The team discussed the issues surrounding Medicare Advantage (MA) plans, particularly for dual eligibles and those with Medicare Savings Programs (MSP). They highlighted the problems with network adequacy, limited inpatient rehab facilities, and the potential for false advertising by MA plans. The team also discussed the need for better public service announcements to inform beneficiaries about their Medicaid and MSP benefits, and the potential for DSS to take a more active role in this. The team agreed on the importance of accurate information dissemination to prevent people from joining MA plans unnecessarily. They also discussed the challenges of enforcing network requirements and the need for better oversight of MA plans.

## Medicare Advantage Plan Concerns Discussed

In the meeting, Rep. Johnson expressed concern about the lack of monitoring and the potential for overpayment in Medicare Advantage plans. Melanie discussed the increasing trend of individuals with Medicare Savings Program (MSP) enrolling in Medicare Advantage plans, which she noted was a concern as these plans often market additional benefits that may not be necessary. Steven asked about the benefits of Medicare Advantage plans for full duals, to which Judy Stein responded that it would be the exception rather than the norm. Deb Migneault from Yukon Center on Aging shared that they have access to Medicaid and Medicare data, but not Medicare Advantage data, which limits their ability to analyze healthcare utilization for dual eligibles. Tracy provided a trend of increasing Medicare Advantage enrollment in Connecticut, currently at 57%. The team agreed to further investigate this issue for their March meeting.

## Addressing Medicare Advantage Denials

Tracy Wodatch expressed frustration over the time-consuming process of obtaining authorization for Medicare Advantage patients and the subsequent denials of services. She highlighted the issue of patients being denied home health aide due to a caregiver living in the home. Judy agreed with Tracy's concerns and emphasized that the law does not allow for Medicare coverage to be denied due to a caregiver. Rep. Hughes discussed the need to increase Medicaid rates and end the normalization of unpaid labor, particularly for women. Sheldon Toubman suggested that a notice could be sent to Medicaid recipients who are also in Medicare, detailing their existing benefits. He also warned against the potential for insurance companies to run the Medicaid program again, which could exacerbate the issues Tracy described. Bill agreed to take this back for further analysis.

## Medicaid Rates, Medicare Advantage Discussion

In the meeting, Rep. Hughes discussed the need for an analysis of their own services and the potential for cost savings if Medicaid rates were raised. Sheldon mentioned that there were 4 to 5 options to consider, including putting all services into DSNIPs or full Medicare Advantage. Deb discussed the challenges of accessing Medicare Advantage data for Medicaid purposes, suggesting that the State might consider purchasing this data for improved care and cost savings. Kathy raised concerns about misinformation from agents and brokers regarding Medicare Advantage plans, and suggested that the State might be able to exert more oversight if given delegated authority by the Federal Government. The group agreed to continue the discussion in their next meeting on March 20, 2025.