

# Meeting Summary for The Complex Care Committee Zoom Meeting

May 15, 2025 12:56 PM Eastern Time (US and Canada) ID: 961 6306 3841

## Quick recap

The meeting focused on potential changes to Medicaid funding and policies at the federal level, with attendees expressing concerns about the impact on complex care patients, wait times for certain groups, and the potential for constitutional challenges. The group also discussed issues with Medicare Advantage plans for Medicare Savings Program beneficiaries, expressing concern about brokers misleading people into enrolling in these plans. The conversation ended with a discussion on the need for ongoing communication and potential emergency meetings to address changes at the federal level.

## Next steps

Bill Halsey (DSS) to provide information about what DSS is actively doing to reduce call wait times at the July 17th meeting.

Tracy Wodatch to keep the committee updated on information from national home care agency meetings regarding proposed Medicaid changes.

Committee to investigate laws regulating insurance brokers and potential legislative options to address misleading Medicare Advantage plan marketing to Medicare Savings Program beneficiaries.

Committee to add discussion of broker regulation and Medicare Advantage plan marketing to Medicare Savings Program beneficiaries to the July meeting agenda.

## Summary

### Medicaid Meeting with State Representatives

The meeting begins with attendees joining and introducing themselves. Representatives Hughes and Johnson are present but keeping muted due to background noise from nearby House debates. Attendees include Steven Colangelo (retired DSS Medicaid employee), Tracy Wodatch (Connecticut Association for Health Care at Home), Bill Halsey (Medicaid director), Kathy Holt (state health care advocate), Julio Carmona (DSS health program associate), Sheldon Taubman (Disability Rights Connecticut), Carolyn Grandell (CHNCT), and Erika Sharillo (Carelton Behavioral Health). The meeting was recorded and broadcast on CTN.

### Medicaid Funding Changes Update

Bill Halsey provided an update on potential changes to Medicaid funding and policies being considered at the federal level. He first reviews modeled of earlier proposals that would have had significant budget impacts for Connecticut, including reducing the federal match for expansion populations and implementing per capita caps. He then outlined more recent proposals from the House Energy and Commerce Committee that are still in play. These include work requirements for able-bodied adults, more frequent eligibility checks for expansion populations, penalties for states covering non-citizens, cost-sharing for expansion enrollees above 100% of the federal poverty level, and freezing provider taxes. Bill noted that some of the more drastic earlier proposals appear to be off the table for now, but the situation is still fluid. He indicated that if these changes are implemented, Connecticut would likely need to update policies, regulations, and potentially submit new state plans or waivers to comply.

## Medicaid Work Requirements and State Rights

In the meeting, Co-Chair Rep. Hughes expressed concerns about the incompetence in making certain rules, particularly the work requirements and the impact on complex care patients. They also questioned the constitutionality of penalizing states for state funding a population under Medicaid. Sheldon Toubman addressed these concerns, noting that the work requirements are worse than before and only apply to the expansion population. He also highlighted the administrative challenges and potential savings issues with the new rules. Additionally, Sheldon discussed the potential constitutional challenges to the rules, particularly regarding states' rights and the spending of their own money.

## Addressing Wait Times for Complex Care

Steven Colangelo expressed concern about the long wait times for complex care and duals, which are significantly longer than for other groups. He suggested that the Department might need to address this issue. William agreed to provide more information on the Department's plans to reduce wait times. Tracy Wodatch emphasized the need to consider the impact on the behavioral health population, which is already struggling. William mentioned a potential Federal data hub to support States in the verification process but acknowledged the need for more information. Co-Chair Rep. Susan Johnson suggested exploring the possibility of coordinating data between Medicare and Medicaid programs.

## Ongoing Communication and Committee Scope

Rep. Johnson and Rep. Hughes discussed the need for ongoing communication and potential emergency meetings to address changes in the Federal level impacting their committee's scope. Bill agreed to bring back the call wait time issue to the department and mentioned working on modeling the cost of hospital tax changes. Tracy confirmed her involvement with the national organization for home care services and agreed to keep Rep. Johnson updated on her national chats.

## Medicaid Expansion and Waiver Program Impact

In the meeting, Kathy Holt raised concerns about potential impacts on waiver programs and Medicare Savings programs due to recent changes. Bill clarified that while the expansion population and work requirements are on their radar, the specific target of waiver programs is not clear. He mentioned that the administrative burden could lead to a reduction in the number of people on HUSKY D, affecting revenue. Bill also highlighted that the budget impact is not just about people losing eligibility, but also about the reduction in revenue. He mentioned that the work to understand this impact is ongoing. Rep. Hughes asked about the impact of increasing Medicaid rates on the matching rate, which is currently being discussed in the legislature. Bill agreed to provide more information on the call center and to bring someone who can speak to that.

## Medicare Advantage Plan Misinformation Concerns

The group discusses issues with Medicare Advantage plans for Medicare Savings Program beneficiaries. Kathy Holt explained that customized plans like those for state employees are not available for individuals. The group expresses concern about brokers misleading people into enrolling in Medicare Advantage HMO plans, which can limit access to providers. They discuss the lack of oversight and regulation of brokers selling these plans. Sheldon suggests looking into potential state legislation to regulate broker misinformation. The group agrees to explore this issue further at a future meeting.