

June 10, 2026 Care Management Committee Zoom Meeting

Meeting summary

Quick recap

The Care Management Committee meeting focused on two main topics: PCMH program updates and HR1 implementation, particularly regarding medical frailty definitions. Laura Demeyer presented the PCMH program status showing 124 practices, 553 sites, and 2,552 providers as of May 31st, with 103 PCMH-approved practices and 54.6% member attribution to PCMH providers. The committee then discussed the significant changes to HR1 implementation following CMS's June 1st interim final rule, which added new requirements beyond diagnostic codes, including an evaluation of significant impairment to work ability and a 12-month look-back period. Bill Halsey and Deputy Commissioner Peter Hadler explained that while self-attestation would be allowed for calendar year 2027, the new work impairment requirement created complexity and uncertainty, leading to discussions about potential legal challenges and the need for additional guidance from CMS. The committee also briefly discussed the need for PCMH Plus quality data updates, with Erica Garcia-Young indicating that providing year five results would be challenging but possible if accomplished before the July 8th meeting.

Next steps

Erica Garcia-Young (Mercer/CHNCT team)

- [Coordinate with participating provider entities \(PEs\) to review and present PCMH+ Year 5 quality and shared savings data, including provider-level and ER rate data, and prepare for public presentation at the July 8th Care Management Committee meeting.](#)

Collaboration

- [Bill Halsey \(DSS\) and Erica Garcia-Young \(Mercer/CHN\): Ensure PCMH+ quality data update \(including by provider and provider type, and ER rates\) is completed and presented at the July 8th meeting, even if it requires an expedited review with providers.](#)
- [DSS: Continue development and expansion of the HR-1 implementation website, including the Medicaid prescreener tool, and provide updates and relevant slides to the committee for broader dissemination.](#)
- [DSS: Evaluate the feasibility and process for submitting public comments to CMS regarding the interim final rule on medical frailty and share draft comments with the committee prior to submission if possible.](#)
- [DSS: Develop and implement a comprehensive outreach and education plan for HR1/medical frailty, including consideration of town halls, webinars, and coordination with community health workers and community-based organizations, and provide updates to the committee.](#)
- [DSS: Plan for and initiate data collection and reporting mechanisms to evaluate the impact of HR-1 implementation, including tracking costs, operational metrics, and program outcomes, and share plans and progress with the committee.](#)

- [DSS: Prepare for July 8th meeting to provide a recap of HR-1 implementation updates, including any new developments and ongoing responses to CMS guidance.](#)
- [DSS: Begin planning for fall agenda items, including discussions on community health worker payment methodology, peer support services, and the inmate medical program, in coordination with the committee.](#)
- [DSS: Consider the use of community outreach workers \(as suggested by Benita Toussaint\) for medical frailty program outreach and education, and report back to the committee on feasibility and plans.](#)

Summary

PCMH Program Status Update

Laura provided a PCMH program status update as of May 31st, reporting 124 practices, 553 sites, and 2,552 providers across different program categories. The program maintained steady attribution rates at 54.6% of total HUSKY population, with 66.7% for children and 45.3% for adults. Quality improvement engagement reached 83% among PCMH practices, with 37 different measures showing improvement to achieve a 57.2% overall improvement rate in 2025.

HR-1 and Medical Frailty Definitions

The meeting focused on discussing HR-1 and medical frailty definitions, with Bill Halsey providing an update on the rollout. He explained that prior to June 1st, they were working on a specific medical frailty approach, but CMS issued a 400-page interim final rule that pivoted their direction. The team had been analyzing various state code sets from Michigan, Nebraska, Harvard, Western states, and Pennsylvania to determine where Connecticut should position itself, with Dr. Terranova and the Yale Tobin Center contributing to the analysis.

Diagnostic Codes Review Discussion

Dr. Jody Turner explained the team's work reviewing 6,000 diagnostic codes with help from Yale data scientists, focusing on creating a comprehensive set of codes for medically frail individuals while considering clinical perspectives. Deputy Commissioner Peter Hadler and Bill discussed how CMS's new interim final rule introduced an additional requirement linking medical conditions to work ability, creating a need to overlay this new guidance with the existing diagnostic code work. The team acknowledged a 60-day public comment period ending July 31st and indicated they are evaluating whether to submit comments, which would be shared publicly if decided.

CMS Medical Frailty Implementation Challenges

The team discussed challenges around implementing CMS's new medical frailty requirements for identifying seriously ill individuals who cannot work. Bill and Peter explained they are exploring ways to use available claims data to automate this process, though they acknowledged this presents significant complexity beyond simply using diagnosis codes. Peter noted that CMS plans to provide

additional guidance on medical frailty definitions, and the team will look to other states' interpretations and upcoming CMS guidance to develop viable operational processes.

Medical Frailty Implementation Extension Discussion

Karen Siegel asked about the possibility of seeking a good faith waiver to extend the implementation period due to significant changes in the medical frailty definition, but Peter indicated it's unlikely given CMS's previous stance. Peter explained that while there are contradictions in the IFR regarding data collection, they are still reviewing how to operationalize short-term hardship exemptions. Peter confirmed that public education efforts are ongoing, including webinars with over 1,000 participants and a newly launched website with tools for stakeholders.

Community Engagement Regulatory Requirements

The group discussed challenges with new regulatory requirements for community engagement, with Sheldon Toubman arguing the requirements violate statute and may lead to litigation. Peter confirmed they are considering creating a one-page attestation form to help individuals meet the new requirements, similar to the self-attestation approach for calendar year 2027. Benita Toussaint raised concerns about the complexity of implementing the program, highlighting the need for extensive outreach, education, and potential job bank partnerships to support affected individuals.

Employment and Volunteer Opportunity Connections

The group discussed connecting people to employment and volunteer opportunities as part of their response to work requirements, with Peter confirming they are actively building these connections. Fatmata Williams highlighted the work of Suzette DeBierten-Brown at DSS and community-based organizations in reaching impacted members with appropriate resources. Peter announced that DSS would present updates on Friday, including information about a new Medicaid prescreener tool to help determine eligibility for work requirements, similar to their existing SNAP prescreener.

HR1 and PCMH+ Data Updates

The meeting focused on two main topics: HR-1 implementation and PCMH+ quality data. Regarding HR-1, participants discussed concerns about diagnosis code requirements, with Peter confirming a 12-month lookback period, though details about original diagnoses remain unclear. Ellen Andrews raised important questions about evaluation metrics and training needs for community health workers, which Peter acknowledged as ongoing priorities. For PCMH+ data, the group agreed to pursue a year-five update presentation for the July 8th meeting, though Erica Garcia-Young noted this would be challenging to accomplish before the deadline. The committee also discussed potential future topics including community health worker programs, peer supporters, and inmate medical services for fall discussions.