

MAPOC

November 10, 2022

Topics from DSS

1. PHE Unwinding: Reminder of timing
2. New Coverage Groups: Context, updates and outreach efforts to date
3. Lead Screening and Social Determinants of Health: Updates and next steps
4. Transparency Dashboards: Update and next steps

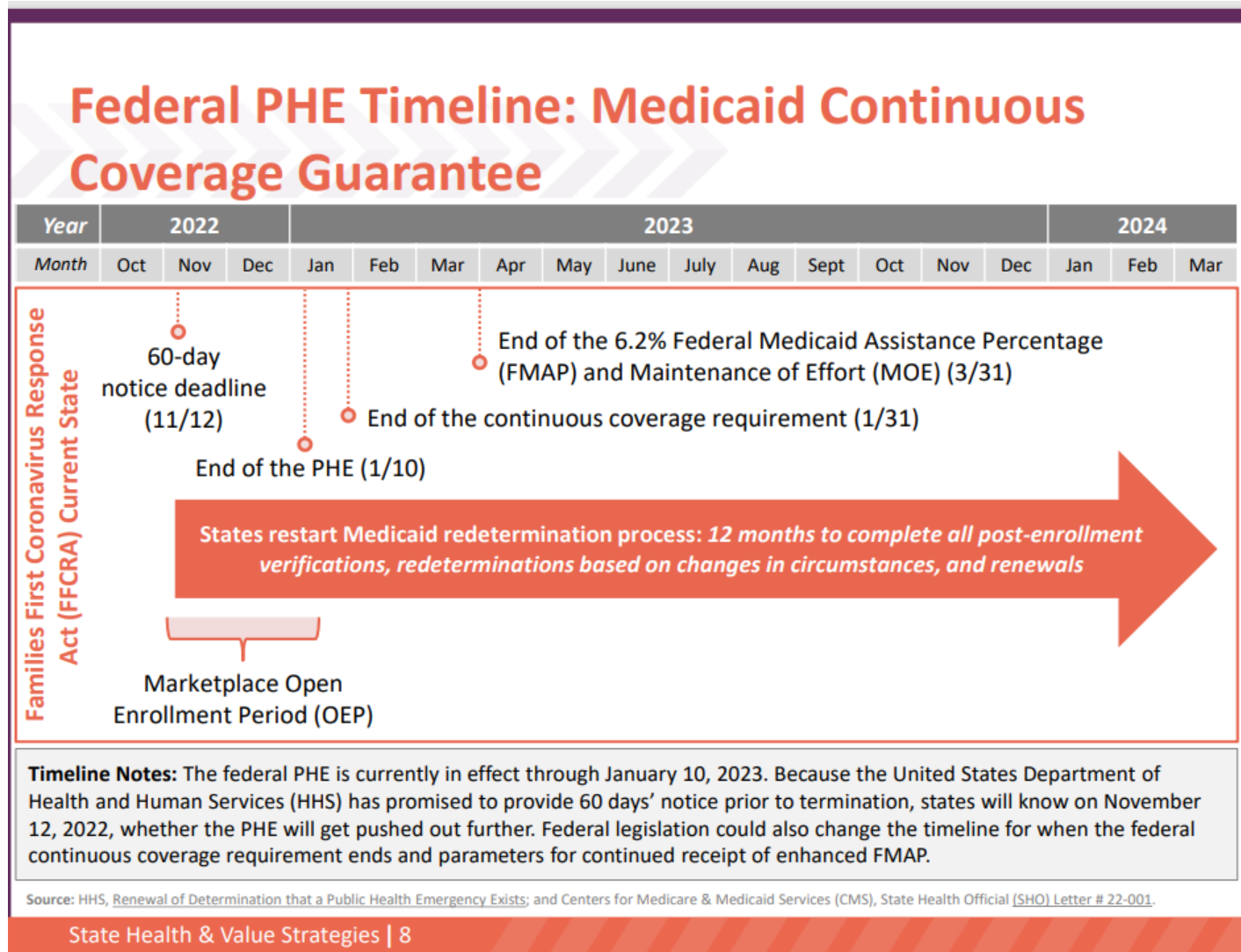
PHE Unwinding

PHE Unwinding

Connecticut has opted to implement several flexibilities during the COVID-19 public health emergency (PHE). The most prominent are those that have allowed for expanded and continuous eligibility during the PHE.

- Eligibility and enrollment flexibilities that end the first of the month following the end of the PHE:
 - Families First Coronavirus Response Act (FFCRA) continuous eligibility provision
- Eligibility that ends immediately the day the PHE ends:
 - Medicaid COVID-19 Testing Coverage for the Uninsured
 - Emergency Medicaid COVID-19 Testing Coverage for the Uninsured

PHE Unwinding Timeline



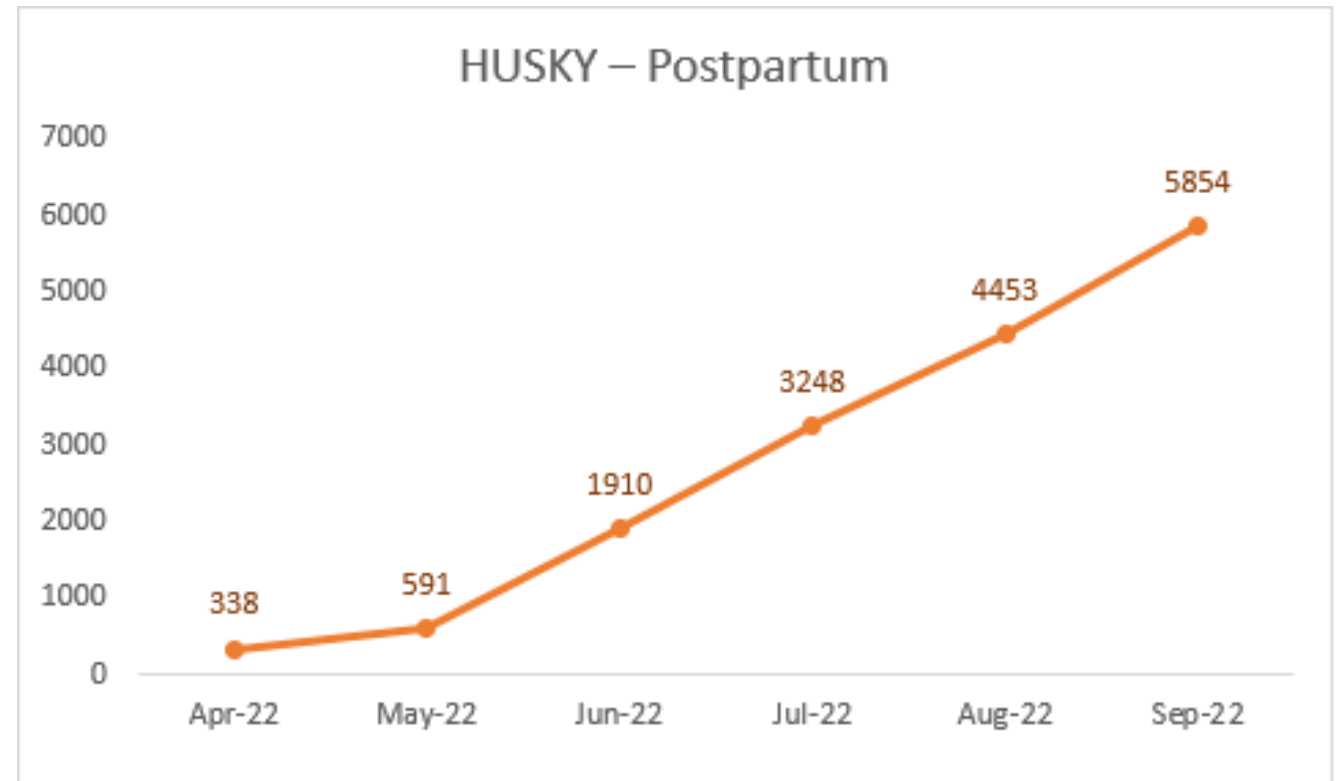
New Coverage Groups

Recent Healthcare Coverage Expansions

- HUSKY A and B Postpartum (increase from 2 months to 12 months) – **April 1, 2022**
 - Postpartum individuals w/income up to 263% FPL
 - Now have full Medicaid or CHIP coverage for 12 months postpartum
- HUSKY B Prenatal – **April 1, 2022**
 - Pregnant individuals w/ income up to 263% FPL who don't qualify for Medicaid due to immigration status
 - Now have full CHIP benefits during prenatal period
- State HUSKY A and B for Children Ages 0-12 – **January 1, 2023**
 - Children ages 0-12 w/ income up to 323% FPL who don't qualify for Medicaid or CHIP due to immigration status
 - Program participants may retain coverage through age 18
 - Will have state-funded Medicaid and CHIP coverage equivalents
- State-Funded Postpartum – **April 1, 2023**
 - Postpartum individuals w/ income up to 263% FPL who don't qualify for Medicaid due to immigration status
 - Will have full state-funded Medicaid coverage equivalent for 12 months postpartum

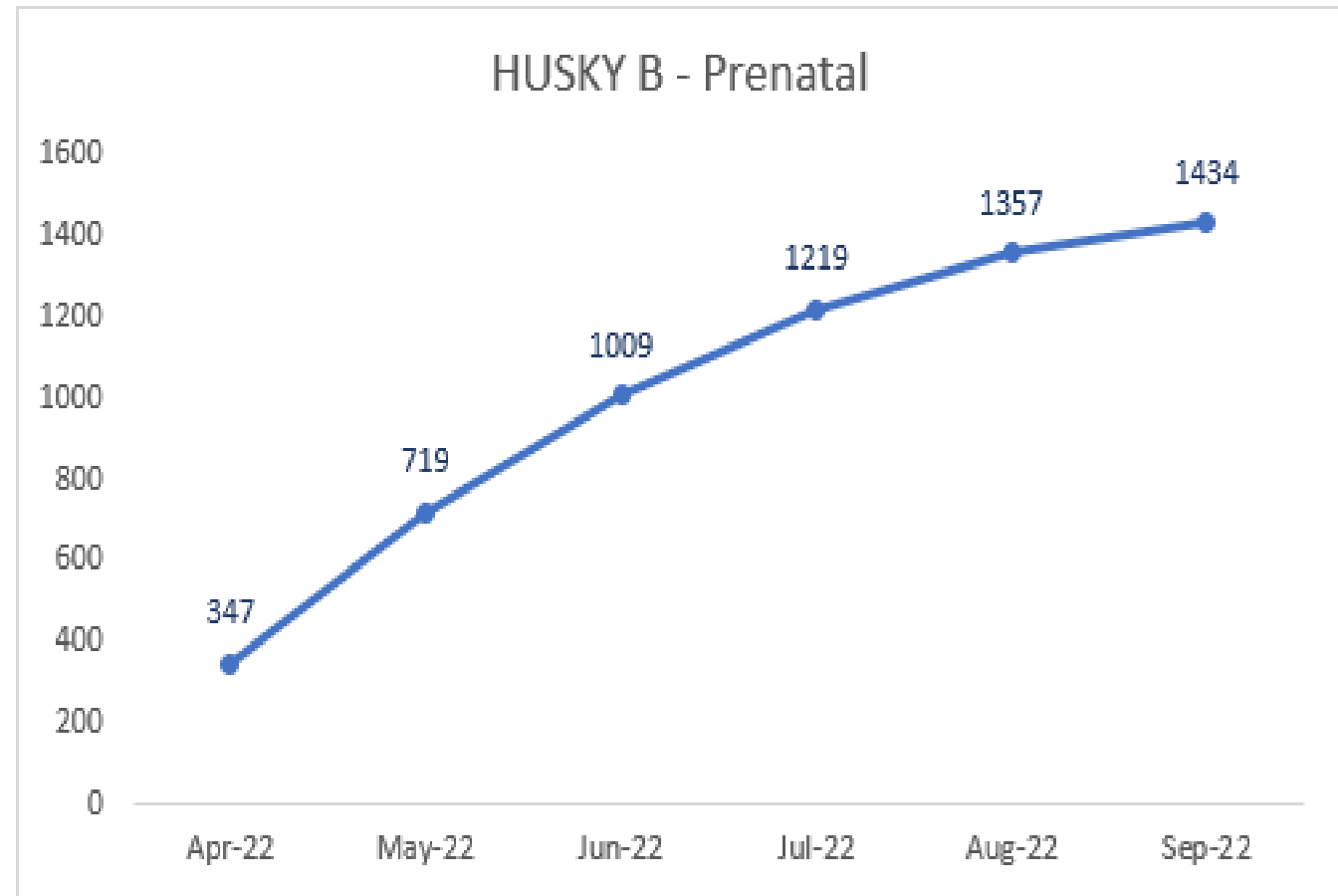
HUSKY A & B Postpartum – Status and Updates

- HUSKY A and B Postpartum (April 1, 2022)
 - State Plan Amendments approved on July 26, 2022
 - Enrollment: **5,854** (as of September 2022)
- Website: [New Prenatal Coverage & Extended Postpartum Coverage \(ct.gov\)](https://www.ct.gov/husky)



HUSKY B Prenatal – Status and Updates

- HUSKY B Prenatal (April 1, 2022)
 - State Plan Amendment approved on October 24, 2022
 - Enrollment: **1,434** (as of September 2022)
- Website: [New Prenatal Coverage & Extended Postpartum Coverage \(ct.gov\)](https://www.ct.gov/huskyb)



Spotlight: State HUSKY A & B for Children Ages 0-12

- Pursuant to legislation passed by the Connecticut General Assembly (PA [21-176](#), § 1 & 3) to address issues with access to health care by immigrant populations, and as amended by PA [22-118](#), § 232 – 233, DSS will be adding state-funded eligibility groups, i.e., State HUSKY A for Children and State HUSKY B for Children, effective **January 1, 2023**.
- These programs provide access to quality and affordable health care for children ages 0-12 (through age 18 if enrolled before age 13) who do not qualify for HUSKY A Medicaid and HUSKY B CHIP due to their immigration status. If a child enrolls in the program prior to age 13, they may be eligible for coverage through the age of 18 even if there is a gap in coverage.
- For children who qualify for State HUSKY A, coverage is free and they will receive the same level of benefits as a traditional HUSKY A Medicaid enrollee. Children who qualify for State HUSKY B Band 1 will be subject to the same co-pays as current participants under Band 1, and children who qualify for State HUSKY B Band 2 will be subject to the same co-pays and premiums as current participants under Band 2.

Spotlight: State HUSKY A & B for Children Ages 0-12

How to Apply (and how partners can help!)

Individuals may apply through any of the following channels:

- By phone – call Access Health CT at 1-855-805-4325
- By mail using the AH3 application form (need to call AHCT to request the form)
- In person at a DSS field office
- *Note:* Online applications through www.accesshealthct.com are **not encouraged at this time** because the real-time eligibility process requires the use of a Social Security number to verify identity. We are working to address this issue, but if an applicant does not have an SSN then the online application cannot be completed.

Enrollment in these state-funded programs will not affect an individual's application for citizenship, nor does DSS report immigration status or benefit information to USCIS (Immigration Services) or the Department of Homeland Security.

Communications Plan for State HUSKY A & B

- The DSS website has been updated with information about the program, including an initial Frequently Asked Questions (FAQs) available in both English and Spanish.
 - [New State HUSKY A and HUSKY B for Children Health Coverage \(ct.gov\)](#)
 - This is currently the top link at [ct.gov/HUSKY](#)
- Other planned and ongoing communications include:
 - Press release
 - Social media
 - Provider bulletin
 - Meetings with community partners

Lead Screening and Social Determinants of Health

Lead Poisoning: Background nationally and in Connecticut

Background

1. Childhood lead poisoning has catastrophic impacts on **health and development**, including irreversible learning and developmental disabilities (example research [here](#) and [here](#))
2. Lead poisoning disproportionately impacts **poor children and children of color**
3. Early-life **interventions** to address lead poisoning can partly reverse these negative impacts (example [research](#))

Connecticut

1. Until this year, Connecticut's standards for lead testing and treatment had not been updated to align with national standards and best practices
2. Two years `ago, 2,994 young children had enough lead in their blood that the CDC would have recommended an investigation of their homes to determine the source of the lead poisoning, but our statutes required only 120 investigations

→ thousands of children have elevated levels of lead and may not be receiving the treatment and interventions that they need

Legislative Action on Lead Poisoning Prevention

Last year, the Governor proposed and the legislature passed Public Act 22-49, which required:


1. updates to the state's lead treatment standards to align with CDC guidelines;
2. more frequent testing of children living in the communities most at risk; and
3. DSS to explore Medicaid reimbursement for screening, lead remediation, and targeted case management.

Reminder: Authorizing statute. Public Act 22-49

Sec. 4. (Effective January 1, 2023)

*To the extent permissible under federal law and **within available appropriations**, the Commissioner of Social Services shall seek federal authority to amend the Medicaid state plan to add services the commissioner determines are necessary and appropriate to address the health impacts of high childhood blood lead levels in children eligible for Medicaid. Such newly added services may include, but need not be limited to, (1) case management, (2) lead remediation, (3) follow up screening, (4) referral to other available services, and (5) such other services covered under Medicaid the commissioner determines are necessary. In making the determination as to which services to add to the Medicaid program under this section, the commissioner shall coordinate such services with services already covered under the Medicaid program.*

Details of an Environmental Investigation

What <u>is</u> included in the investigation?	What's <u>not</u> included in the investigation?	
<ul style="list-style-type: none">Onsite investigation used to determine the existence, nature, severity, and location of lead-based paint hazards in residential dwellingsIncludes information gathering, visual assessment, environmental sampling, and reportingMakes findings from the risk assessment and recommendations to the owner	<ul style="list-style-type: none">Services for abatement and lead remediationTargeted case management-related services	
<p>Following the identification of lead in a residential unit, the following steps are taken by the local health department:</p> <ol style="list-style-type: none">Utilize community resources, as available, to relocate any family occupying such unit.Report the results of the investigation, steps taken to prevent further poisoning from the same source, and relocation efforts to the Commissioner of Public Health using a web-based surveillance system.Clinical treatment to reduce blood lead level; ongoing monitoring by pediatricians.		

How environmental inspections could work and how reimbursement could be set

Enroll local health departments as providers

- Reach out to local health directors to raise awareness about enrollment
- Use standard enrollment process to enroll providers in Medicaid (if needed; some local health departments are already enrolled)

Establish processes for reimbursement

- Determine form of payments (certified public expenditure vs. intergovernmental transfer).

Local health determines next steps

- Once the source of the lead poisoning has been identified, local health could (if appropriate) issue an order for the property owner to determine next steps
- Property owner could be referred to available financial supports for remediation and abatement on a case-by-case basis
- Impacted children could be referred for appropriate clinical care

Proposed Next Steps

1 Analyze Available Options

- . Continue to analyze coverage options in other states
- . Engage in informal discussion with CMS

2 Understand Costs

- . Gather data from local health on costs associated with lead investigation
- . Examine feasibility of adding targeted case management (TCM) services for individuals with elevated blood lead levels
- . Determine fiscal impact

3 Finalize recommendation

- . Revise recommended scope and services, if needed

★ Decision point: go / no go

Recent Actions by Other States to Address SDOH

Context

What is an 1115 waiver?

Section 1115 waivers are submitted to the Center for Medicare & Medicaid Services and give states additional flexibility to design and improve their Medicaid programs.

Throughout the fall of 2022, CMS has approved **four** new 1115 waivers and has outlined a **new method** for waiver approval.

What is 'new' here and what are the implications?

The waivers submitted by Arizona, Arkansas, Massachusetts, and Oregon are focused on addressing Medicaid members **social determinants of health (SDOH)** – the economic and social conditions that influence individual and group differences in health status, also referred to as the **health-related social needs (HRSN)**.

Example of services recently approved*

- Housing supports (covered in AK, AZ, MA, OR):
 - *Pre-tenancy and tenancy sustaining services*
 - *One-time transition and moving costs*
 - *Housing deposits to secure housing (application and inspection fees)*
 - *Medically necessary home modifications*
- Nutrition supports (covered in AK, MA, OR):
 - *Nutrition counseling and education (only nutrition-related service covered in AK)*
 - *Medically tailored meals and food prescriptions*
 - *Necessary cooking supplies*
- Transportation services to housing and nutrition services (covered in MA)
- Case management, outreach, and education including linkages to other state and federal benefit programs, benefit program assistance, and benefit program application fees (covered in AK, MA, OR)

**not inclusive of all services covered*

Technical changes to CMS definition of “budget neutrality”

What is “budget neutrality” and why do we care?

Budget neutrality means that federal spending under a state’s 1115 demonstration cannot exceed projected costs in the absence of the demonstration. It limits the programs that can be covered under an 1115.

Changes to CMS definition of budget neutrality and their implications :

- Updated approach to calculating the “without waiver” (WOW) baseline (key part of budget neutrality calculation) → *allows states to access more savings from prior approval periods*
- CMS is treating HRSN expenditures as “hypothetical” → *provides more flexibility to test innovative programs that CMS anticipates will result in overall lower Medicaid costs*
- Applying a budget neutrality spending cap to HRSN service expenditures → *ensures that the state maintains its investment in the state plan benefits to which enrollees are entitled while testing the benefit of the HRSN services*
- Revising “mid-course” calculation that allows states to modify their baseline → *provides flexibility and stability for the state*

Transparency Dashboards

Medicaid Cost and Quality Transparency

MAPOC Meeting
November 10, 2022

Reminder on What We Set Out To Achieve

Executive Order (EO No. 6)

In January 2020, EO N0. 6 authorized Commissioner Gifford to establish an Advisory Board to support DSS in identifying ongoing areas of focus for improving quality, controlling cost growth, and developing a public facing data dashboard of HUSKY Health information.

Advisory Board

Among other things, the Board recommended that we develop and implement a public dashboard of key indicators and related data, which will evolve and expand over time with increasing interoperability and capacity for additional data points. Board sunset in July 2021

Advisory Council

In August 2021, DSS created an Advisory Council to continue to provide feedback and comment to the DSS the Transparency Dashboarding work

Specific Goals Over 5 Phases

Group	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Quality Measures	High Level Currently Accessible Data	High Level External Data to DSS and Capturing New Internal Data	Interactive and Integrative	Ongoing Evaluation	Development and Expansion
Financial Measures	High Level Benchmarks	Strategic/Investment Oriented Metrics	Interactive Financial Data "Mart"	-	-
Principles	Use Principles as Litmus Test For Each Successive Phase				
Visualization	Development of Dashboard(s) and Related Products	Launching of Filterable Dashboards	Ongoing Dashboard Refinement and Expansion of Presented Data	-	-

Where We Are Now

PHASE 1: Launch People Served Interactive Dashboard

What we've done:

Enhance accessibility of the *People Served Report* by developing an interactive, filterable, public facing [dashboard](#).

Next Steps: Developing a trend view of these data (currently in testing)

PHASE 2: Develop Static Dashboards and Related Products

We've published the following online:

- Medicaid Cost Data
- HEDIS Quality Measures: Medical, Dental, and Behavioral

You can find it [here](#)

- Next Steps : Update Medicaid quality and cost measures in March 2023

PHASE 3: Launch Additional Filterable Dashboards

Here's what we plan on doing:

- Continue to map and stage receipt of data external to DSS
- Launch additional interactive dashboards