

MAPOC

December 9, 2022

Agenda

- Unwinding: Update
- Residential Care Homes: 101
- HUSKY Dental: Reminder of ASO structure, discussion on quality, and brief overview of the program
- Verbal updates

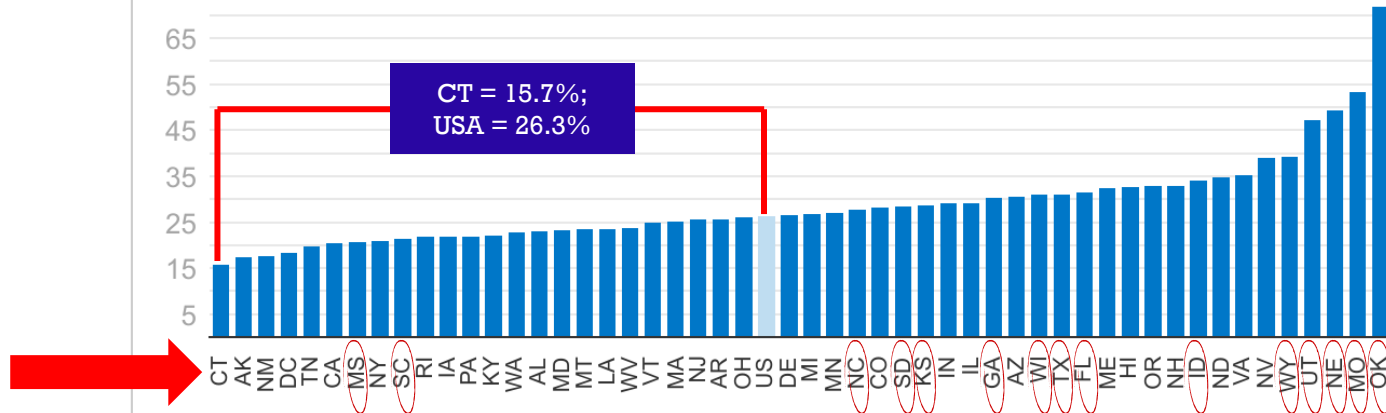
Unwinding

Connecticut has the lowest % increase in enrollment, in part because of our generous eligibility criteria, pre-COVID

Figure 2

Enrollment From February 2020 To July 2022 Has Increased In Every State.

Cumulative Percent Change In Medicaid/CHIP Enrollment From February 2020 Through July 2022 By State



NOTE: July 2022 data are preliminary and subject to change; February 2020 (baseline) data are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid & CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria.

SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated October 28, 2022.

KFF

States that are circled had not expanded Medicaid as of 2020

Public Health Emergency (PHE) – Still Going

LATEST RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS

"As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, **do hereby renew, effective October 13, 2022, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, July 19, 2021, October 15, 2021, January 14, 2022, April 12, 2022, and July 15, 2022, that a public health emergency exists and has existed since January 27, 2020, nationwide."**

- HHS can renew PHE determinations in increments of up to 90 days.
- 90 days from October 13, 2022, is January 11, 2023.
- HHS has assured states that it will provide at least 60 days advance notice before the end of the COVID-19 PHE determination.
- Because January 11 is less than 60 days from today, there will be at least one more renewal of the COVID-19 PHE determination.
- If HHS does not terminate the PHE before the 90 days, then the PHE will be extended from January 11, 2023 to **April 11, 2023**.

PHE Unwinding – Key Eligibility Provisions

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

Unwinding Timeline

Example, assuming PHE expires on April 11, 2023



- * Baseline unwinding data submission dates will vary by state and is due on either 3/8/2023, 4/8/2023, or 5/8/2023
- * HHS will announce PHE extension on or before January 11, 2023



KEEP YOUR BENEFITS ACTIVE

Update Us so we can Update U

Keep Your Information Updated

Have you moved or changed your phone number? We need your updated information so you don't miss out on important information about your benefits.

To prevent a gap in your cash, food, or medical benefits, log in to your MyDSS account and update us with any of the following changes:

- Your current address
- Your phone number
- Your email address

Click below on the benefits you receive to update your information.

Not receiving any benefits? Find out if you may be eligible here.

[AM I ELIGIBLE? >](#)



HUSKY A, HUSKY B, HUSKY D

If you receive HUSKY A, HUSKY B, or HUSKY D with or without SNAP or Cash Assistance, update your information through Access Health.

UPDATE YOUR INFO



HUSKY C, MSP, or Limited HUSKY

If you receive HUSKY C, MSP, HUSKY Limited Benefits and/or SNAP or cash assistance, update your information through MyDSS.

UPDATE YOUR INFO



SNAP or Cash Assistance

If you receive SNAP or cash assistance without HUSKY, update your information through MyDSS.

UPDATE YOUR INFO

Attention HUSKY Health and SNAP Members!

Update Us so we can Update U

To prevent a gap in your cash, food, or medical benefits,
we need your most up-to-date mailing address and phone number
to make sure you get important information from
Access Health CT and the Connecticut Department of Social Services.

To make updates, please go to or scan the QR code:

ct.gov/UpdateUsDSS



PHE Unwinding Toolkits Soft Launch

ct.gov/phe



STATE OF CONNECTICUT



SEARCH



LANGUAGE

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

HOME

HELP FOR BENEFIT RECIPIENTS

TOOLS FOR BENEFIT PARTNERS

What can we help you find?

SEARCH



Keep Your Benefits Active

Find everything you need to know about the ending of the COVID-19 Public Health Emergency, including:

- When it's ending
- How it may affect your HUSKY/CHIP, SNAP, or cash benefits
- What you need to do to make sure your benefits stay active

If you don't already have a MyDSS account, [create one here](#).



I GET BENEFITS



I'M A PROGRAM PARTNER



STATE OF CONNECTICUT



SEARCH



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HELP FOR BENEFIT RECIPIENTS

TOOLS FOR BENEFIT PARTNERS



Help for Benefit Recipients

We know your benefits are an important part of how you keep food on the table and make sure your family stays healthy. The State of Connecticut is working closely with federal, state, and local partners to make sure you still get the services you need as emergency COVID-19 funding ends.



MEDICAID FAQ

English | Spanish



SNAP FAQ

English | Spanish



MORE SNAP RESOURCES

English | Spanish

WHAT CAN I DO?

The most important thing for you to do is [report any changes to your information](#) so we can contact you.



STATE OF CONNECTICUT



SEARCH



LANGUAGE

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

[HOME](#)

[HELP FOR BENEFIT RECIPIENTS](#)

[TOOLS FOR BENEFIT PARTNERS](#)



Tools for Benefit Partners

Help us keep HUSKY and SNAP members informed by sharing important information about steps they need to take to maintain their coverage.

We've put together resources to help you communicate upcoming changes to the benefit recipients you serve. Download the files and use this information on your website, in emails, and on social media to keep community members and affected individuals and families informed.

UPDATE US SO WE CAN UPDATE YOU

[Update Us So We Can Update You Contact Email - All Programs >](#)

[Update Us So We Can Update You Contact Email - All Programs \(Spanish\) >](#)

[Update Us So We Can Update You Contact Email - HUSKY >](#)

[Update Us So We Can Update You Contact Email - HUSKY \(Spanish\) >](#)

[Update Us So We Can Update You Flyer - HUSKY >](#)

[Update Us So We Can Update You Flyer - HUSKY \(Spanish\) >](#)

[Update Us So We Can Update You Contact IVR Messaging >](#)

PUBLIC HEALTH EMERGENCY

[PHE Ending Communication Email - HUSKY >](#)

[PHE Ending Communication Email - HUSKY \(Spanish\) >](#)

[PHE Ending HUSKY Renewal Postcard >](#)

[PHE Ending HUSKY Renewal Postcard \(Spanish\) >](#)

[PHE Ending IVR Messaging >](#)

[PHE Unwinding SNAP Social Media Content >](#)

Residential Care Homes (RCHs)

Residential Care Homes – an introduction

What are RCHs?

Residential Care Home (RCHs) are community residences where two or more persons unrelated to the proprietor reside. Residents may have private and/or semi-private rooms and shared bathrooms.

The RCH provides food, shelter, housekeeping and laundry, as well as recreational activities. Services that require the training or skills of a licensed nurse are generally not provided, however, residents may receive assistance with personal care needs (bathing, help with dressing, special diets and supervision of medications).

How does licensing work?

RCHs are licensed and regulated by the Department of Public Health (DPH). They receive on-site surveys every two years by DPH surveyors to ensure compliance with regulations.

RCHs are also required to meet local building and fire codes as part of compliance.

Size and scope of the provider type

Currently, there are 84 RCHs in Connecticut, representing approximately 2,770 licensed beds that provide services to approximately 2,100 residents receiving State Supplement for the Aged, Blind and Disabled (AABD).

In FY 2022, AABD program expenditures for RCH services – including applied income – were approximately \$102.8 million in benefits, with about 80% of that amount paid to individuals in boarding homes.

How do other states provide this level of care?

This is often referred to as board and care homes, residential care facility or group home-level of care. They are smaller in size, with usually less than 20 or fewer residents. Nursing and medical care are generally not provided on site. There is a wide variety of services under this broad umbrella (more than 30 terms across all states) with just as many differences in licensure. Some homes are focused more on companionship and less on help with activities of daily living.

Summary of how RCH payments work today

- Rates are set according to section 17b-340 (h) CGS and section 17-311-52 of the Regulations of Connecticut State Agencies.
- RCHs are required to submit annual cost reports for rate setting purposes; the annual rate period is July 1 through June 30
- The RCH rate includes costs that are reasonable and directly related to the provision of services necessary for resident care.
 - includes: allowable salaries for the facility administrator, owners/related parties...housekeeping...laundry...dietary expenses...fair rent...inflationary increases
 - excludes: all other costs, such as duplication of functions or services, director's fees, travel, bad debt, costs not certified as related to resident care or for the direct promotion or benefit of the owner.
- Since 2010, due to budget constraints, the General Assembly has either imposed fixed minimum increases or frozen RCH rates.
- RCHs have not seen a cost-based rate adjustment since 2013.

HUSKY Dental:

Reminder of ASO structure,
Discussion on Quality, and
Brief overview of the program

Reminder on HUSKY high level structure

DSS is the **single state Medicaid agency** for Connecticut



DSS partners with **several sister state agencies** (DMHAS, DCF, DDS, DOH) that have roles in managing Medicaid benefits and related services



DSS works with **DPH**, the state healthcare licensing agency and the federally identified state survey and certification agency, to ensure quality



DSS oversees contracts with **three Administrative Services Organizations (ASOs)** (for medical, behavioral health, dental) and a non-emergency medical transportation broker



Introducing CMS quality “Core measure” set

What are CMS Core measures?

CMS has a set of measures that are evidence-based standards of care and developed by CMS and the Joint Commission

Measure encompasses many areas – medical, behavioral health and oral health.

[Adult and Child Health Care Quality Measures | Medicaid](#)

Why do these measures matter?

These measures are important because they measure how well a program is performing in behavioral health, medical and oral health so quality improvements can be made to improve outcomes for members.

What changes do we anticipate?

CMS is shifting its current Core Reporting methodology by the states and has begun the process of evaluating the data directly from our claims data.

Child Health Care Quality Measures (Child Core Set)

What are CMS Core Set measures?

Based on Section 1139A of the Social Security Act (SSA)

Requires the federal HHS secretary to identify and publish a core set of children's health care quality measures (Child Core Set) for **voluntary** use by state programs administered

Initial Child Core Set was published in February 2011...

...and the SSA requires annual updates to core set beginning January 2013.

Current version of the Core Sets was recently released by CMS "in order to support states' efforts to meet the upcoming 2024 mandatory reporting requirements and to provide sufficient time for states to prepare."

Why do these measures matter?

Goals of the Child Core Set include:

- Providing a **national estimate of the quality of health care** received by children under Medicaid and CHIP
- Supporting states to **drive improvements** in health care quality and health outcomes by using the Core Set data
- Facilitating **comparative analysis** across various dimensions of children's health care quality
- Promoting the identification of racial, ethnic and socioeconomic **disparities**

What changes do we anticipate?

CMS is building a standardized Child Core Set, using measures from standard organizations such as the NCQA, AHRQ, Office of Population Affairs (OPA), and the Pharmacy Quality Alliance (PQA), as well as CMS standardized measures

Using the results of State voluntary reporting on the Core Sets, CMS in 2018 established an **Annual National Quality Scorecard** and...

...recently enacted a **Rule for the Mandatory Reporting** of the Child Core Set, as well as the Behavioral Health measures in the Adult Core Set to take effect from the FFY 2024/Measurement Year 2023 Core Sets reporting

Parallel process for adult measures, too

Verbal Updates