

# Meeting Summary for MAPOC (Full Council) Zoom Meeting

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## Quick recap

The October MAPOC meeting focused on updates and discussions regarding various healthcare programs and initiatives. These included the maternity bundle program, the Medicaid family planning benefit, the digital platform for patient engagement, and the Home Health Worker Safety Grant program. Concerns were raised about the opt-out process, the performance of the DSS Call Center, and the need for better coordination and safety measures in healthcare services. <https://portal.ct.gov/dss/health-and-home-care/medicaid-nursing-home-reimbursement/medicaid-nursing-home-reimbursement>

## Next steps

DSS to provide utilization trends data for the family planning benefit program.  
DSS to convene a meeting with health centers to discuss the family planning benefit program.  
DSS to publish the methodology and awards for the home health worker safety grant program.  
DSS to send targeted communications for round 2 funding to eligible home health agencies that did not apply in round 1.  
DSS to add information on what agencies requested funding for when publishing grant awards.  
DSS to explore coordination with Department of Corrections on home health worker safety issues.  
DSS to provide an update on the PCMH Plus program at a future meeting.  
DSS to present the under-service mitigation plan for the maternity bundle program at a future meeting.  
DSS to finalize contract for Medicaid landscape analysis.  
DSS to schedule stakeholder engagement meetings for Medicaid landscape analysis.  
DSS to provide an update on the au pair registry implementation.  
DSS to address long wait times and high call abandonment rates at the DSS call center.  
Women and Children's Health Subcommittee to host presentation from The Bridge Project on December 9th meeting.  
Complex Care Subcommittee to plan next meeting.

## Summary

### MAPOC October Meeting: Medicaid Updates and Discussion

Rep. Rep. Jillian welcomed everyone to the October MAPOC meeting, which was being broadcasted live on CTN and recorded twice. She introduced Senator Anwar as her Co-Chair. Senator Matt Lesser requested an update on the CT Mets rollout and its impact on Medicaid managed care, which Rep. Rep. Jillian agreed to discuss at the executive committee meeting. The meeting then proceeded with a discussion on the maternity bundle, led by Bill Halsey and Dr. Brad Richards from the Department of Social Services.

## Maternity Bundle Program Update and Stakeholder Concerns

Brad provided an update on the maternity bundle program, discussing its goals, program launch, and key program requirements. He also addressed stakeholder requests and concerns, including case rate reconciliation, program appeal rights, maternal fetal medicine provider inclusion, and the dual add-on payment opt-out. Brad clarified that DSS does not plan to make any upward or downward adjustments to the case rate to reconcile case rate and fee-for-service claims. He also mentioned that DSS will not provide the right to appeal the case rate, like the PCMH Plus. Brad further explained that maternal fetal medicine providers will be included in the case rate calculation and that supplementary provider-specific information will be provided to providers. Lastly, he discussed the option for providers to opt out of the Doula add-on payment and the plan to review this after the first year of case rate payments.

## Case Rate Exclusions and Doula Payment Structure

Brad discussed the exclusion of family medicine providers from the case rate due to data analysis and provider feedback. He also mentioned the exclusion of certain preventive pediatric and adult care services from the case rate. Brad further explained the payment structure for doulas, stating that providers will receive \$14 per member per month for doula services, with a maximum of \$1,200 per pregnancy. This amount will be reconciled at the end of the pregnancy period. Brad also announced plans for ongoing stakeholder engagement and post-launch discussions to improve the program.

## Connecticut Medical Society and Acog Case Rate Issues

Mark Schaefer, Brad, and William discussed four main issues concerning the Connecticut State Medical Society and the Connecticut Chapter of Acog. The main issues were appeal rights on case rates, doula opt-out, reconciliation, and how MFM's case rates are set. Mark expressed concerns about the lack of appeal rights for providers with specific case rates, which could lead to revenue loss and affect access to care. Brad acknowledged these concerns and emphasized the importance of monitoring the program post-implementation. William committed to reviewing and updating the rates, and to conducting post-implementation feedback sessions. The team also discussed the unique challenges of setting rates for MFM services, which are different from general OB services.

## Addressing Utilization Concerns in New Program

Mark expressed concerns about the potential shift in utilization under the new program, which could jeopardize MFM patients and practitioners. He suggested creating a specialty group handled separately from claims and setting a separate capitation for MFM and general OBs to address the issue. Brad acknowledged the concerns and stated that they are open to modifications to the program post-launch. He also mentioned that the program is operationalized at the tax ID level, and the case rate is set at this level. Brad suggested that the program could potentially increase revenue for MFM providers if they see more members. Ellen asked if FQHCs are included in the program, to which Brad responded that they are not, as there was limited interest from FQHCs in participating at this time.

## Operationalizing Monitoring and Doula Services Discussion

Brad discussed the ongoing discussions about operationalizing monitoring for access and the performance of the program. He emphasized the importance of ongoing engagement to ensure the program works best for all involved, particularly for members. Ellen expressed her concern about the risks involved and urged for more time to be spent on quality and mitigation measures. Sheldon agreed, emphasizing the need for under-service measures to be in place before going live. He also praised the innovation of the Doula services, which are at risk if not utilized. Brad confirmed this and committed to presenting a more comprehensive under-service mitigation plan to the Women's Health Subcommittee. Lastly, J Canzano asked about the enrollment of Doulas as providers, to which Brad explained there are two options: Doulas working directly with enrolled providers or becoming enrolled providers themselves.

### Medicaid Landscape Analysis and Stakeholder Engagement

Rep. Rep. Jillian expressed gratitude for everyone's participation and looked forward to future discussions. William updated the team on the progress of the Medicaid landscape analysis, mentioning that they were close to finalizing a contract with a vendor to assist with the project. He also announced that stakeholder engagement meetings would be held at the end of the month and the beginning of November, facilitated by DSS and their contracted vendor. Ellen Andrews suggested that these meetings should be held in person for better engagement, which William agreed to consider. The meeting also discussed the timeline and finalization of a contract, with William mentioning that they were still trying to hold deliverables in December. The discussion then shifted to the Medicaid family planning benefit, with Nina explaining the services covered and not covered under the benefit. The potential inclusion of fertility services under the family planning benefit was also discussed.

### Digital Platform for State-Specific Reproductive Health

Katie Thiede (ICAN) presented a digital platform tailored to each state, including tools for patients and a screening eligibility quiz. She highlighted the importance of provider training, patient engagement, and statewide coordination for the success of the program. Katie also mentioned the role of the Community Advisory Board in guiding implementation and elevating community voices. She outlined a 2 to 3-year partnership with the state, involving sharing history, gathering key decision makers, examining existing policies, and developing a plan for improvement. Katie concluded by presenting a view of the Connecticut reproductive health landscape after strengthened coordination of the program. She invited questions and shared her contact information for further discussion.

### Improving Medicaid Family Planning Enrollment

Rep. Rep. Jillian and Katie discussed the low enrollment in Connecticut's Medicaid family planning programs, attributing it to a lack of provider knowledge and patient engagement. Katie mentioned that they are working to improve this through outreach and education. Ellen emphasized the importance of connecting policy to real-world implementation. William expressed interest in collaborating and coordinating efforts. Suzanne Lagarde highlighted the work being done in community health centers, particularly with the LARC

program, and suggested a focus on the uninsured population. Katie confirmed that many providers they've spoken to are unaware of the HUSKY Health Limited benefit program, which could provide ongoing access to family planning services. William proposed convening a meeting with health centers to ensure everyone is on the same page. Amy expressed gratitude for the work done and the potential for collaboration to improve services.

#### Home Health Worker Safety and Funding Discussion

William and Christine Weston discussed the progress of various initiatives. They mentioned that they have engaged with CMS regarding presumptive eligibility and are considering an 1115 waiver. Christine also discussed the Home Health Worker Safety Grant program, which has received 84 applications, with 41 being eligible for the first round of funding. The funding will be distributed based on a methodology that considers the size of the home health agency, the at-risk populations they serve, and their Medicaid footprint. There was also a discussion about the need for situational awareness and safety measures in home health care, with Rep. Susan Johnson expressing concerns about the safety of home health workers. William and Christine assured that the funds will be used for approved safety measures, and they plan to reach out to home health agencies that did not apply for the grant. **Approvable items include:** (1) Training: self-defense, situational awareness, de-escalation, increased safety awareness; (2) Emergency Response Buttons/devices; (3) Non-Medicaid funded "buddy" or "escort"; (4) GPS devices and tracking devices, including the home based tracking system; (5) Electronic Health record risk factor/risk score; (6) Hire a safety consultant: Conduct safety evaluation across processes; provide results and recommendations; (7) Pay for a dedicated phone line for people to call in, if they are distressed out in the field.

#### Addressing Overlaps and Improving Coordination

Rep. Johnson proposed the creation of a meeting between the Department of Human Services and Corrections to address overlaps and improve coordination. Tracy Wodatch confirmed her involvement in a safety work group with various state agencies and stakeholders, aiming to ensure protections in the community and make recommendations to the Public Health Committee by January. Co-Chair Senator Anwar expressed his desire to track the impact of the whole genome sequencing bill on neonatal ICU tests and management. William clarified Senator Anwar's request for aggregate data on neonatal deaths.

#### DSS Registry Updates and Performance Concerns

The meeting transcript covers updates on the DSS registry, including the public-facing website, validation mechanism, and import model. Tracy expressed concerns about the opt-out process. Martin Geertsma requested details on the performance and ROI of PCMH Plus, which William discussed. Rep. Johnson asked about the working group for safety and future meetings. Sheldon Toubman raised concerns about the DSS Call Center's deteriorating performance and the need for solutions. Senator Anwar emphasized the

urgency of addressing waiting times for critical services. Claire Volain from the Connecticut Bureau of Aging introduced their role in assisting Medicare beneficiaries. Agencies on Aging provide help with Medicare this time of year through our SHIP program. 1-800-994-9422