

Meeting Summary for MAPOC (Full Council) Zoom Meeting

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Quick recap

The meeting focused on discussing the Medicaid Landscape Analysis and seeking feedback on improving the Medicaid program, covering topics such as eligibility processes, healthcare delivery, long-term care services, and addressing various healthcare issues. Participants highlighted the need for increased provider rates, improved access to care, transparency in reporting, and innovative models for care coordination and support. The discussion also touched on the importance of early intervention in children's behavioral health, fall prevention efforts, and the potential of digital technologies and patient-centered approaches to enhance care delivery.

Next steps

Mary Moberg to email Commissioner Andrea Barton-Reeves about transportation issues experienced after ER visit.

Ellen Andrews to email Bill Halsey with additional suggestions on healthcare delivery models and innovative payment models.

DSS to reach out to advocates for input on designing the Community Health Worker program.

DSS to reinvigorate the Money Follows the Person (MFP) program, including addressing staffing issues.

DSS to resume providing regular financial reports on the Medicaid program to MAPOC.

DSS to explore implementing payment for behavioral health providers for care coordination.

DSS to look into New York's newly approved health-related social needs coverage model.

DSS to examine Oregon's geographic attribution model for value-based payment.

DSS to investigate fall prevention programs being spearheaded by the Bureau of Aging.

DSS to promote implementation of CAPABLE and COPE evidence-based programs in home and community-based services waivers.

DSS to consider changing statute to allow more provider types to offer CAPABLE and COPE programs.

Summary

Medicaid Landscape Analysis and Improvement

The meeting was about discussing the Medicaid Landscape Analysis and seeking feedback from the Council on the Medicaid program. The discussion was led by Bill Halsey (DSS), the CT Medicaid director, who emphasized the importance of improving the Medicaid eligibility process and the healthcare delivery side of the program. The participants, including Ellen Andrews and Matt Barrett, shared their thoughts on what is working well in the program and where there are opportunities for improvement. They also discussed the potential risks of disrupting the Medicaid program, given the current political climate and the need to protect the progress made. The conversation ended with a reminder to focus on the healthcare delivery side of the Medicaid program.

Connecticut's Long-Term Care Transformation

Matt Barrett discussed the significant transformation in Connecticut's long-term care services over the past 15 years. He highlighted the state's national leadership in right-sizing and rebalancing, and the implementation of the Olmstead decision, which prioritizes home and community-based services over institutional settings. Matt emphasized that while more work is

needed, Connecticut has made substantial progress in inverting the expenditure equation and increasing the number of people served in home and community-based services. He also praised the Department of Social Services for its leadership in advancing acuity-based payment system reforms and initiatives to expand residential care homes. Matt concluded by stressing the importance of continuing to increase the supply of housing to address issues related to the substance use disorder and mental health populations.

Addressing Healthcare and Medicaid Issues

The meeting focused on addressing various issues related to healthcare and Medicaid in the state. The participants discussed the need to increase rates for Medicaid providers, particularly for mental health services, to ensure access to care for patients. They also highlighted the issue of housing for the intellectually disabled (ID) community and the need to increase the limits for income and assets to qualify for Medicaid. The conversation also touched on the importance of transparency in reporting, the potential use of technology for monitoring conditions, and the need to invest in public health and address social determinants of health. The participants agreed on the need to improve access to data and quality of care, and to streamline the emergency Medicaid program.

Healthcare, Medicaid, and Program Discussions

The meeting involved discussions on various topics related to healthcare and Medicaid services. Mary Moberg brought up the Med-Connect program, a conduit to waiver services, which she believes could address the administration's need for people to work while on Medicaid. Carol Scully, director of advocacy for the Arc of Connecticut, emphasized the need for transparency and the importance of addressing the needs of people with intellectual and developmental disabilities (IDD) and autism. Sheldon highlighted the issues with non-emergency medical transportation and the need for a non-risk model for other services. He also stressed the importance of the Money Follows the Person (MFP) program, which helps people transition from nursing homes to community-based care, and the need for more staff to manage the program. Lastly, he called for the resumption of financial reports on the Medicaid program to better understand its performance.

Medicaid Transportation and Early Intervention

Mary shared her recent experience with the Medicaid transportation system, which left her stranded at the ER overnight. She expressed her gratitude towards Community Health Network for their outreach program on nutrition. Mary also mentioned her part-time job at the Department of Health in Wallingford, where they utilize the Healthy People 2030 program. Commissioner Andrea Barton Reeves asked Mary to email her directly to discuss the transportation issue further. Alex Geertsma then discussed the importance of early intervention in children's behavioral health and the role of primary care in implementing evidence-based interventions. He highlighted the need for Medicaid to review quality children's outcome interventions and consider them in decision-making processes.

Exploring Innovative Care Coordination Models

Julie, a professor at the University of Connecticut's Center on Aging, suggests looking into innovative models for providing care coordination and support for behavioral health needs, as well as exploring ways to pay providers for care management services on a capitated basis rather than fee-for-service. Sheldon Toubman also endorses capitated payments for care management. Mark recommends examining New York's approach to covering health-related social needs through Medicaid, as well as Oregon's geographic attribution model for value-based payments that holds providers accountable for a region rather than just their patient panels. Ellen highlights the potential of proven digital technologies, patient education, patient-

centered medical homes, local care gap identification efforts, and medication management to improve care delivery.

Fall Prevention and Community Collaboration

In the meeting, Julie discussed the reinvigoration of fall prevention efforts, spearheaded by the Bureau of Aging, and the addition of two evidence-based programs, Capable and Cope, to Connecticut's Home and Community-Based Services waivers. She highlighted the need for more community providers to sign up for these programs. Mary emphasized the importance of preventive measures and the need for better collaboration between medical providers and community agencies. She also raised concerns about the accessibility of diagnostic tests for disabled individuals. William expressed gratitude for the insightful comments and suggestions. Amy announced the upcoming presentation by the Bridge project, which provides financial assistance to pregnant women and young children. Lucy informed the group about the cancellation of the Care Management meeting due to competing priorities. Lastly, Rep. Anne Hughes discussed the upcoming Complex Care meeting, focusing on managing care through a patient lens and addressing barriers to effective care.