

Meeting Summary for MAPOC (Full Council) Zoom Meeting

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Quick recap

The MAPOC meeting began with introductions and presentations on Medicaid financial trends, highlighting challenges such as increased enrollment and rising costs in various service areas. Discussions focused on the growth and costs of specific programs, potential federal budget impacts, and the need for investments in home care and workforce development. The conversation ended with presentations on potential Medicaid-related scenarios and their impacts, emphasizing the importance of preparedness and collaboration in addressing potential funding changes and policy shifts.

Next steps

DSS to provide a breakdown of Husky C utilization for those over 65 versus under 65.

DSS to provide data on dental services expenditures as a proportion of total Medicaid spend.

DSS to brief constitutional officers on potential federal Medicaid funding scenarios and impacts.

DSS to continue monitoring and assessing potential impacts of federal executive orders related to Medicaid, in coordination with the Office of the Attorney General.

DSS to analyze costs and potential savings associated with implementing Medicaid work requirements.

Complex Care Subcommittee to discuss options for Medicare Advantage plans and Medicare Savings Program at next meeting.

Quality Access Subcommittee to split into separate subcommittees for MAPOC and the Behavioral Health Partnership Oversight Council (BHPOC).

Summary

MAPOC March Meeting: Financial Trends

The March meeting of MAPOC begins with Co-Chairs Representative Jillian Gilchrest and Senator Saud Anwar providing opening remarks. Bill Halsey from DSS introduces two presentations: financial trends and Federal financial modeling. Commissioner Andrea Barton Reeves warns that the Federal financial modeling information is not encouraging. Deputy Commissioner Shantelle Varrs and CFO Briana Mitchell, who recently joined from the Department of Veterans Affairs, are introduced to present the financial trends.

Medicaid Financial Trends Update

Shantelle and her team provide an update on Medicaid financial trends for fiscal years 2024 and 2025. They discuss spending by service category, per member per month trends, administrative costs, and Connecticut Medicaid's share of the state budget. Key points include the end of enhanced federal assistance, higher enrollment compared to pre-pandemic levels, rising expenditures and utilization post-pandemic, and increased costs in areas like pharmacy and home-based services. The team also highlights that Connecticut's Medicaid expenses remain lower as a percentage of the state budget compared to peer states and national averages.

Community 1st Choice Program Growth

The meeting focused on discussing the growth and costs associated with the Community 1st Choice program. The program has seen significant growth, with the budget more than doubling and the number of people served more than doubling as well. The attendees discussed the

need for more state employees to oversee the program and ensure it is running efficiently. They also discussed the potential for cost savings if individuals who utilize home and community-based services were to go into nursing home level of care. The attendees also discussed the need for more investments in the Medicaid program to ensure people are receiving the necessary care. The conversation ended with a discussion on the need for more data on the age breakdown of Medicaid recipients and the potential for a shift to a capitated, managed care model in New Jersey.

Investing in Home Care Programs

Tracy Wodatch discussed the importance of investing in home care programs for elders and the need for a workforce to support the aging population. She highlighted the need for parity in wages for Personal Care Assistants (PCAs) and the need to manage the population effectively. Bill Halsey responded to Tracy's points, mentioning the need to improve outcomes in home and community-based services and the implementation of acuity-based reimbursement in nursing homes. He also clarified that increased spending in community-based services does not automatically lead to a decrease in nursing home costs. Michael Werner, from the Commission on Women, Children, Seniors, Equity, Opportunity, and the Long-Term Care Advisory Council, asked about the proportion of Medicaid spend committed to dental services.

Medicaid Cost Trends and Budget Impacts

The presentation discusses Medicaid cost trends and potential federal budget impacts. Shantelle explains that long-term care costs decreased 3.5%, mainly due to reduced nursing home usage during the pandemic. Andrea acknowledges some discrepancies between their data and a landscape analysis regarding community-based services costs. Sheldon suggests adding case management for Community First Choice participants not in waivers. The current Medicaid deficit is \$290 million, up from an initial \$106 million estimate. Mark recommends taking a more comprehensive public health approach to redesigning Medicaid to improve outcomes and reduce costs long-term. Commissioner Barton Reeves agrees this is an important consideration.

Medicaid Scenarios and Potential Impact

Bill presented a modeling framework for potential Medicaid-related scenarios, emphasizing the need for a team effort. He discussed eight scenarios, including reducing the Federal match for the expansion population, adjusting the match for the non-expansion population, and the potential impact of a Medicaid block grant. He also mentioned the possibility of reducing the provider tax and the potential effects of penalizing states that use full state funding for non-citizens. The scenarios were modeled to show their potential impact on the state budget, with some having compounding effects. William also mentioned the need to consider other Medicaid-related programs in the analysis. He ended the presentation by asking for questions and inviting Deputy Commissioner Hadler and Michael Smith to assist in further discussions.

Medicaid Funding Changes and Impacts

The summary discusses potential changes to Medicaid funding and policies being considered at the federal level. Bill presented different scenarios that could significantly impact Connecticut's Medicaid program, including work requirements and changes to federal matching rates. Legislators express concerns about the potential human impact, especially on vulnerable populations. There is discussion about how to prepare for and respond to potential cuts, including working with other states and the Attorney General's office. The commissioners emphasize that many changes would require Congressional action and that they are closely monitoring developments.

Medicaid Modeling and Funding Concerns

The meeting involved discussions on the Medicaid modeling program and its importance in understanding possible scenarios. The Clinton Welfare Act was mentioned as a precedent for the treatment of undocumented people and work requirements. There were concerns about potential funding threats for health centers and the need for careful management of Medicaid and Medicare programs. The meeting also included updates from various subcommittees, with a focus on addressing potential federal reductions in Medicaid funding and the need for separate subcommittees for quality access. The importance of staying vigilant and working together as a team was emphasized.

From Mark Schaefer:

Regarding Senator Anwar's question as to how our per capita spend compares to other states and the nation, a good source is: <https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&sortModel=%7B%22colId%22:%22All%20Full%20or%20Partial%20Benefit%20Enrollees%22,%22sort%22:%22desc%22%7D>

The data is a bit old (2021) and still in the immediate post-pandemic period...however, useful in allowing comparisons overall and by the major eligibility groups.