

# March 13, 2026 MAPOC (Full Council) Zoom Meeting

## Meeting summary

### Quick recap

The March MAPOC meeting focused primarily on the Rural Health Transformation Grant, where Dr. Mehul Dalal presented details of Connecticut's \$154 million award, which is part of a larger \$50 billion federal initiative aimed at transforming rural healthcare over five years. The grant funds cannot be used for transportation, construction, or ongoing expenses, though they can support technology, infrastructure, and care coordination initiatives. Several committee updates were shared, including the Women and Children's Health committee's upcoming presentation on the maternal blueprint, the Care Management committee's postponed March meeting and planned April 8th meeting, and the Complex Care subcommittee's cancellation of their next meeting due to scheduling conflicts. The conversation ended with Sheldon raising concerns about the call center dashboard not being updated since October and discussing the upcoming drug prior authorization changes affecting 220 drugs across 11 categories, with a request to delay the April 1st implementation date.

### Next steps

- [DSS and state agency partners: Continue designing projects, developing procurement plans, and hiring for the Rural Health Transformation Program, with leadership team expected to start next week and aim for implementation in coming weeks.](#)
- [Rep. Robin Comey: Postpone March Care Management Subcommittee meeting and reschedule for April 8th at 10 a.m., focusing on dental, primary care, H.R.1 update, and call center.](#)
- [Rep. Robin Comey: Post PCMH+ data on the committee website for public access when received from DSS.](#)
- [Rep. Susan Johnson: Cancel the upcoming Complex Care Subcommittee meeting and coordinate with David Kaplan to reschedule, focusing on hospital discharge planning and possible hospice care discussion.](#)
- [DSS: Restart and update the call center dashboard to include average wait time, call abandon rates, and staffing data, as previously requested and agreed.](#)
- [Advocates/Committee: Send response letter to DSS requesting delay of April 1st implementation date for prior authorization requirements for certain drugs, and request data on the number of people for whom prior auth has been requested by prescribers.](#)

## Summary

### Rural Health Grant Discussion

The March MAPOC meeting was held with Representative Gilcrest chairing, as two other chairs were conducting a Public Health Committee hearing. Senator Lesser provided opening remarks, highlighting the focus on the Rural Health Transformation Grant, which he had discussed with the

governor and DSS Commissioner Barton Reeves. The meeting started at 1:03 PM and was being broadcast live on CTN.

### Rural Health Transformation Program Funding

The Rural Health Transformation Program, led by DSS with 11 other state agencies, was awarded \$154 million, exceeding the initial expectation of \$100 million. The program aims to transform care delivery and improve health outcomes in rural communities through initiatives focused on population health, workforce development, data and technology investments, and care transformation. While the funds cannot be used for new construction, ongoing expenses, or transportation, they can support technological and infrastructure investments, as well as expand or enhance existing services. The program is in the pre-implementation phase, with hiring underway and CMS approval expected by the end of the month.

### Rural Health Grant Funding Discussion

The meeting focused on the Rural Health Transformation Grant, where Representative Anne Hughes inquired about transportation funding limitations, confirming that while transportation itself cannot be funded, care navigators will play a crucial role. Ellen Andrews highlighted the Medicaid opportunities and suggested involving academia for evaluation projects, while Dr. Dalal explained that while formal evaluation is optional and falls under administrative caps, CMS is developing a monitoring framework. The discussion concluded with Commissioner Barton Reeves emphasizing the collaborative effort between DSS, OPM, and other state agencies in securing the \$154 million grant, which will support healthcare transformation initiatives.

### Health Committee Updates and Delays

The committee reports included updates on the Women and Children's Health Committee, which discussed the Connecticut Urgent Maternal Warning Signs Bracelet Initiative and planned to hear from the Connecticut Health Foundation about the maternal blueprint. The Care Management Committee decided to postpone their March meeting and reschedule for April 8th, focusing on dental and primary care, as well as updates on HR1 and the call center. The Complex Care Committee announced they would not meet next Thursday due to scheduling conflicts and are working on rescheduling with Staff David Kaplan to address hospital discharge planning and hospice care issues. Sheldon raised concerns about the need to restart the call center dashboard, which has not been updated since October, and requested staffing data to better understand the relationship between staffing levels and wait times. He also informed the group that they would be requesting a delay of the April 1st date for the implementation of prior authorization for 220 drugs across 11 categories, as many providers may not be aware of the requirement and could lose access to necessary medications.