

Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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Meeting Summary: July 13, 2005

(Next meeting Wednesday September 14 @ 10:30 AM in LOB RM 3800)

- Address change pilot: DSS & CHNCT began June. CHNCT emails RA DSS CW with address changes called into MCO. They will then monitor the changes, through their reconciliation files, to determine if the changes get into the system. CHNCT will provide Kevin Loveland DSS with a report on those not put into the system. Expect an evaluation after 3 months.
- HUSKY changes: considering letter to DSS on concerns when the changes/etc. settle.
- Reasons for HUSKY plan changes survey has been field tested by DSS/ACS. Their approach now is to call back the member that has changed plans to determine “how things are going” in the new plan. Information will be used to clarify reasons for plan changes and take these into consideration in establishing exceptions to plan lock-in.
- DSS/rep. from SC will resume work on application revisions that started with RWJ grant.
- Irene Liu, Co-Chair, will put together letter with rationale for “consultant” to identify steps, costs in developing on-line applications.
- Discussed enrollment drop (10,000 as of July 1) that will be reviewed at the July 15 Medicaid Council meeting. Encouraged those subcommittee participants with list serves to communicate this: some people have not renewed applications, but may remain eligible based on adult income eligibility of 150%FPL. Adults and children may not discover they have lost HUSKY eligibility until they seek health care. Clients can call HUSKY: 1-800-656-6684, their DSS regional caseworker, or HUSKY Infoline for assistance in new or renewed applications. (I gave this information to legislative Commission on African Americans, Vanessa will pass on to Latino commission.)

Next meeting: Wednesday September 14 10:30 Am at the LOB RM 3800. Agenda items include:

- ✓ CHNCT address pilot findings
- ✓ ACS/DSS plan change survey findings to date.
- ✓ Explanation of policy for children’s presumptive eligibility (PE) and expedited eligibility for pregnant women.

See below for information from HUSKY Infoline and DSS HUSKY eligibility guidelines as promised by Tanya Barrett and Glendine Henry.

Timeline for legislative changes presented by DSS at the 7-15-05 Medicaid Council meeting.

Legislative Changes in HUSKY A/B and Medicaid

- Increase adult HUSKY A income eligibility to 150% FPL: **effective 7/1/05**

- TMA reduction from 24 months to 12 months, impacting clients as of **June 30, 2006: effective date TBA**. Requires State Medicaid plan amendment change and CMS approval.
- Elimination of self-declaration of income: **effective 7/18/05**.
- Presumptive eligibility (PE) for children, HUSKY A: **effective date planned for 10/05**. DSS is meeting with regional offices and providers to identify the best way to implement this policy that now requires a full application be sent in when PE is applied to the child.
- Expedited eligibility for pregnant women (emergency eligibility determination in 24 hours, other within 5 days): **effective date 9/05**. Regulations are being developed, however the system change will take longer, delaying the promptness report to the MMCC.
- HUSKY B monthly premiums, repeat of 2004 legislation; Band 1 (>185% -235% FPL) \$30/child/month to \$50/family maximum/month and Band 2 (235-300%FPL) \$50/child/month to \$75/family max./month. Family cost share will not exceed 5% gross family income. **Effective date 10/1/05**.
- Premiums and outpatient \$1co-pays for HUSKY A adults with incomes >100%FPL. Neither provision will be implemented at this time, as these policy changes require a waiver from CMS. DSS will complete a concept paper for CMS in August that will be made available. **Implementation late Spring/summer 2006 at the earliest**.
- HUSKY A plan lock-in: HUSKY A members will have a 90-day 'free look' period with the plan they chose, then will remain in their plan of choice for the remainder of the 12-month period. **Implementation date TBD**.
- State Administered General Assistance (SAGA) 2-year pilot for 100 individuals, aged 19-20 years, with chronic medical &BH conditions, living with their family and are uninsured. Budget is \$500,000. DSS will start by identifying youth aging out of the HUSKY system (and others through advocates), so that the 2-year pilot can begin fairly soon.
- Family Planning (1115) waiver: will cover family planning services for uninsured women up to 185%FPL. **Implementation TBD**.
- Katie Beckett Model Waiver expansion from 125 to 200 slots. **Implementation by 10/05**. DSS contacts families on the wait list twice yearly to check their status; DSS will mail these families a letter requesting their wish to remain on the list. The 75 slots will be filled from the wait list, in order of their position on the list. Additional slots require a waiver amendment; the process may be completed with the CMS August review of the waiver.
- Behavioral Health Partnership implementation **target date is January 1, 2005**.
- Medicare Part D of the Medicare Modernization Act (MMA): implemented Jan 1, 2006.