

MAPOC Meeting

July 12, 2024

Agenda

- **Legislative Session – Medicaid Summary**
- **Justice-Involved Demonstration Waiver – Status Update**
- **Managed Care/Medicaid Landscape Analysis – Status Update**

Legislative Session – Medicaid Summary

Public Act 24-39 (House Bill 5001)

Summary	Effective Date	Status Update
Presumptive eligibility	July 1, 2024	Requires CMS approval and an 1115 demonstration waiver.
Home care provider registry	January 1, 2025	DSS will be forming the working group to develop the approach for this project
Post Medicare nursing home quality of care on public site	October 1, 2024	"Medicare Nursing Home Compare" site is posted on DSS website: Medicaid Nursing Home Reimbursement (ct.gov)
Include nonparent caretaker relatives & legal guardians to provide child care through family resource center programs	October 1, 2024	Under development
May seek state plan amendment to provide incentives for Centers of Excellence (COE) Program designees	Upon passage	Center of Excellence criteria needs to be developed by DPH

Public Act 24-19 (Senate Bill 1)

Summary	Effective Date	Status Update
Home health safety assessments with DSS compliance monitoring	October 1, 2024	Under development
Home health worker safety grant program	January 1, 2025	Applications available August 1, 2024

Bills of Interest

Summary	Effective Date	Status Update
HUSKY Report	December 31, 2024	Under development and on track for completion
Biomarker Testing	July 1, 2024	Completed
Wheelchair Repair	Upon Passage	Completed (7/1/24)
Children's Behavioral Health Funding	July 1, 2024	Completed
Ambulance Rates	Upon Passage	Completed (7/1/24)

Workgroups and Studies

Summary	Report Date
Hospice services workgroup for pediatric patients	March 1, 2025
Home health safety workgroup	January 1, 2025
Diaper feasibility study	January 1, 2025
Revised annual autism waiver report	Annually beginning January 1, 2025
Family caregiver support benefit through 1115 waiver	January 1, 2025
Katie Beckett workgroup	February 15, 2025
Nursing home excess bed report	Pending

Justice-Involved Demonstration Waiver – Status Update

Justice-Involved Demonstration Waiver

- 1115 demonstration waiver submitted to CMS on March 27, 2024
- CMS has indicated that CT is scheduled to receive formal notice on the application in Q1 of 2025
- Implementation plan is due to CMS 120 days after the formal approval by CMS
- Ongoing and multiple state agency meetings continue to work on details of the implementation plan in preparation for submission
- Level setting expectations:
 - CA received CMS approval in January 2023, implementing in late 2024
 - WA received CMS approval on June 30, 2024, scheduled to implement in a phased approach beginning July 2025

**Managed Care/Medicaid
Landscape Analysis – Status Update**

“Ask” from OTG + process (from previous presentation)

The “ask” from OTG

Explore managed care, inclusive of the long-term services and supports (LTSS) population. Gather enough information to make a data-driven recommendation

Context

Connecticut is one of a small number of states with no managed care

DSS had a significant shortfall in Medicaid in FY 2024 and expenditures are expected to exceed appropriated levels in FY 2025

Our proposed process

1. Align on the criteria (*see later in this presentation*)
2. Think carefully about what populations and services to investigate further
3. Gather information needed to fill out criteria for each option, including getting quotes from managed care organizations
4. Make a data-driven recommendation

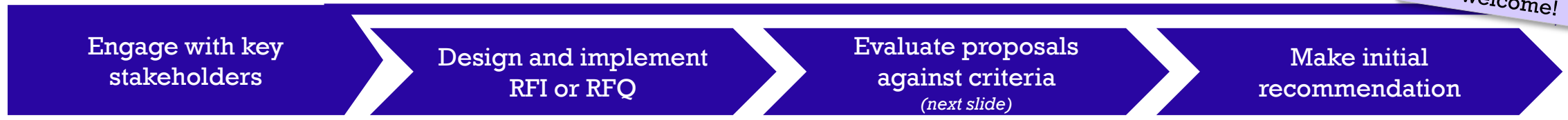
Draft criteria to evaluate our options (**previous presentation**)

Input from MAPOC welcome!

Criteria	Details
(1). Safeguards	How do we ensure that our members are protected?
(2). Member voice + input from other stakeholders	Do our members want this? Do other key stakeholders (e.g. providers) want this? If we move forward, does member satisfaction improve?
(3). Cost	Compare projected costs under the status quo (and reforms) to the bids that we receive, including admin costs
(4). Quality, including equity	Healthcare quality measures, such as CMS LTSS measure set Think carefully about equity: stratify measures by RELD (race, ethnicity, language, disability).
(5). Feasibility	Is there a viable path forward? Capacity: is the state ready?
(6). Alignment with state priorities	How does each model support other priorities in Medicaid, LTSS, and healthcare more generally?

Proposed next steps to evaluate our options (**previous presentation**)

Input from MAPOC welcome!



Engage with key stakeholders

- Example stakeholders:
- Members
 - Legislators
 - Providers
 - Advocates
 - Community-based organizations
 - Tribal nations
 - Academics
 - Sister state agencies
 - Other state Medicaid programs
 - CMS
 - Etc.

Design and implement RFI or RFQ

Request for Information (RFI) or Request for Qualifications (RFQ) to help the state gather information to make decision

Evaluate proposals against criteria *(next slide)*

Tee up options

For each option, populate the updated criteria described in the next slide

Make initial recommendation

Make initial recommendation based on criteria

Next steps could include pursuing one or more of the following options:

- Maintain status quo
- Maintain overall structure but propose reforms
- Adopt PACE
- Adopt managed care
- Other - TBD

Medicaid Landscape Analysis Status Update

- DSS plans to issue an RFQ to an existing vendor panel to expedite process
- Request for national perspective on evidence-based or promising practices related to:
 - Innovative healthcare delivery models
 - Innovative payment models
- **Priority Focus Areas**
 - Members (access, outcomes, equity, experience)
 - Stakeholder engagement/meetings
 - Provider quality and stability
 - Prevention/early identification/early intervention
 - Sustainable financing/cost predictability/cost containment
 - Where is managed care working effectively, including, but not limited to, LTSS
- **Proposed Timeframe: Completion of report by early December 2024**