

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE

CONNECTICUT

Medicaid Coverage and Other Health Care Resources

CONNECTICUT STATE MEDICAID PLAN AND COVERAGE

Medicaid Eligibility And Federal Medical Assistance Percentage (FMAP)¹

- One of the earliest states to adopt Medicaid expansion
- In 2015, Medicaid eligibility based on family income as a percentage of federal poverty level (FPL), is:
 - For pregnant women: 263% of FPL
 - For children: 201% of FPL
 - For parents: 201% of FPL.
 - For childless adults: 138% of FPL.
- FMAP is 50%, meaning Connecticut receives \$1 of federal matching funds for every \$1 spent on Medicaid

Enrollment Efforts²

- Health Insurance/Affordable Insurance Exchange: Access Health CT, which has been one of the nation's most successful marketplaces:³
 - From 2012 to 2014, Connecticut's uninsured rate dropped by 50%: from 7.9% to 4%.
 - More than 108,000 Connecticut residents had newly enrolled in health coverage as of Jan. 9, 2015, greatly exceeded the state's 2015 enrollment goal of 70,000 plans (QHPs) and 83,749 individuals enrolled in Medicaid through the state-run marketplace.
 - Access Health CT enrolled 256,666 residents in health coverage in 2014, of which 139,000 were previously uninsured and about 80% enrolled in Medicaid.
- Connecticut offers online, mail, phone, and in-person options for enrollment (Phone: 1-855-805-4325; TTY: 1-855-789-2428; <https://www.accesshealthct.com/AHCT/LandingPageCTHIX>)
- The State is divided into 6 regions, each with a Navigator and a number of Assisters based on the number of uninsured in that region. <http://ahctcommunity.org/navigators/>
- Applications for healthcare coverage are accepted via the federal marketplace exchange (<https://www.healthcare.gov/>) or by calling 1-800-318-2596. The FFM will make assessments of Medicaid/CHIP eligibility and then transfer the applicant's account to the state agency for a final eligibility determination.

Medicaid Enrollees And Expenditures⁴

Similar to the national picture, the largest group of Medicaid enrollees in Connecticut is children, with 4 out of 10 births in Connecticut to mothers who are Medicaid beneficiaries. However the elderly and individuals with disabilities account for the most Medicaid spending. Based on data from FY 2010, parents and children made up 79% of Medicaid enrollees in Connecticut, but accounted for only 37% of total Medicaid payments. The elderly and people with disabilities accounted for 24%, but

¹ www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/connecticut.html

² <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/>

³ <http://www.healthinsurance.org/connecticut-state-health-insurance-exchange/>

⁴ <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-connecticut/>

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over half (66%) of total program costs. Average spending per elderly/disabled beneficiary in Connecticut was \$20,800, more than the national average of \$14,946.

Medicaid Care Delivery

For 15 years, Connecticut used managed care systems to serve most of its Medicaid beneficiaries, before switching back to fee-for-service in 2010. Connecticut is currently one of three states that deliver Medicaid services entirely through fee-for-service systems. When Governor Rell terminated the contracts of the four MCOs administering the Department of Social Services' (DSS) medical assistance program (HUSKY) at the time, DSS took over certain functions that the MCOs had assumed: provider rate setting, prior authorization criteria, and provider enrollment criteria. DSS also contracted with administrative service organizations (ASO) for member services, provider enrollment, claims processing, case management, and outreach and education. The ASOs are accountable for specific performance metrics common to managed care, but the state does not describe its system as managed care.

Medicaid Waivers and Demonstration Programs⁵

Section 1915(c) Home and Community-Based Waivers

- Allow provision of an expanded and more flexible array of services and supports to targeted populations
- Connecticut has 1915(c) waivers allowing more extensive coverage for adults with brain injuries (age 18+), adults with mental illness (age 22+), children with physical disabilities (age 0-22), adults with physical disabilities (age 18-64), adults with developmental disabilities (age 18+), persons with intellectual disabilities (age 3+), persons with autism (age 3+); and elders (age 65+).

Connecticut Money Follows the Person Medicaid Demonstration Program⁶

- Designed to save taxpayer money on expensive nursing home care while helping 700 (up to 5,000) senior citizens and persons with disabilities live in their own homes.
- Is making \$56 million in federal Medicaid funds available
- Goals are to increase dollars spent on home and community based services, increase the number of people living in community, increase hospital discharges to community, increase the probability of returning to the community, and transition people from institutions to the community.

Balancing Incentives Program⁷

- Provides new ways to serve more people in home and community-based settings by: helping States transform their long-term care systems; lowering costs through improved systems performance & efficiency; creating tools to help consumers with care planning & assessment; and improving quality measurement & oversight.
- In Connecticut, operated by Department of Social Services, Division of Health Services

⁵ For more information, see: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html; <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/>

⁶ <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=538530>

⁷ <http://www.balancingincentiveprogram.org/state-activities/connecticut> and <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/>

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- In Connecticut, the program is called My Place CT. Website: <http://www.myplacect.org/>

Federal Dual Alignment Demonstration⁸:

- Designed to promote strategies for implementing person-centered models that fully coordinate primary, acute, behavioral health and long-term supports and services for dual eligible individuals (i.e., persons who are eligible for both Medicare and Medicaid).
- Connecticut's proposal is pending with CMS.

Other Initiatives

State Healthcare Innovation Plan⁹

- Received \$2.85 million planning grant in March 2013 to develop a model for healthcare delivery within five years.
- From 2015 through 2018, will receive up to \$45 million to implement and test its Plan. Thus far, the State has been awarded eight Innovation Awards.
- Model Goals are: better health, alleviating and eventually eliminating health disparities, better quality of care and consumer experience, and lower costs.
- Will implement a Medicaid Quality Improvement Shared Savings Program, Implement Health Enhancement Communities and Prevention Service Centers focused on improving population health, and develop a core quality measurement set for primary care providers and select specialists that will capture a cross-payer measure of care experience tied to value-based payment in a common provider scorecard.

Medical Home Model Initiative¹⁰

The Connecticut Department of Social Services is investing significant resources to help primary care practices obtain Patient-Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance (NCQA). Practices on the "glide path" toward recognition receive technical assistance from Community Health Network of Connecticut, Inc. (CHNCT). Practices that have received recognition are eligible for financial incentives including enhanced fee-for-service payments and retrospective payments for meeting benchmarks on identified quality measures; practices on the glide path receive prorated enhanced fee for service payments based upon their progress on the glide path but are not eligible for quality payments at this time. In this year's survey, the state reported that approximately one-third of Connecticut's Medicaid population was assigned to a PCMH with a plan to expand to all enrollees in the future.

HEALTH CARE FOR THE HOMELESS PROGRAMS

Connecticut has seven Health Care for the Homeless Programs, two of which are in Fairfield County (indicated with bold):

- Charter Oak Health Center, Hartford, CT
- Community Health Center, Inc. Middletown, CT
- Generations Family Health Center, Willimantic, CT
- Hill Health Center, New Haven, CT

⁸ <http://kff.org/medicaid/issue-brief/financial-alignment-demonstrations-for-dual-eligible-beneficiaries-compared/>

⁹ http://www.healthreform.ct.gov/ohri/lib/ohri/sim/plan_documents/ct_ship_2013_12262013_v82.pdf

¹⁰ <http://kff.org/report-section/medicaid-in-an-era-of-health-delivery-system-reform-delivery-system-reforms/>

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- **Optimus Health Care, Bridgeport, CT**
- **Southwest Community Health Center, Bridgeport, CT**
- StayWell Health Care, Waterbury, CT

RYAN WHITE PROGRAM TITLE II FUNDS

Connecticut's Ryan White Part B program is administered by the City of New Haven Ryan White Office. The New Haven/Fairfield Counties Ryan White Planning Council plans HIV/AIDS services for people living with HIV/AIDS in the two county area. Planning council members include AIDS service providers, local and state health departments, housing, substance abuse and mental health providers and persons living with HIV. The major part of Ryan White Plan B funding goes to the AIDS Drug Assistance program (ADAP, CADAP in Connecticut), which provides AIDS medications to low-income people with HIV/AIDS who are uninsured or underinsured.

2012 Funding Snapshot¹¹

- 6,043 clients served by the Ryan White Program
- 107 were unstably housed and 799 were in temporary housing
- Top medical services provided: outpatient ambulatory care (4,734 clients received), medical case management (3,962 clients received), oral health care (1,021 clients received), mental health services (962 clients received), medical nutrition care (905 clients received), and outpatient substance abuse treatment (749 patients received).
- Other key services provided: food bank/home delivered meals (1,717 clients received), treatment adherence (1,542 clients received), and medical transportation services (1,417 clients received).

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)¹²

Connecticut has a network of over 100 FQHCs, approximately 30 of which are in Fairfield County. In FY 2013, members in Connecticut provided services to 327,165 patients, including 194,119 whose income was at or below the federal poverty level, 72,806 who were uninsured, and 13,629 who were homeless. All health centers offer a sliding fee scale for the uninsured and lower income patients to enable patients of all income levels to access services. Community health centers serve all races, ages and walks of life. Nearly one-third of patients are women and one-third are children.

¹¹ <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx> and <http://hab.hrsa.gov/stateprofiles/Services-Received.aspx>

¹² <http://bphc.hrsa.gov/uds/datacenter.aspx?year=2013&state=CT>