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Promoting
 **Accessibility**
In New Haven

DAVID HICKS
Chairperson

Commission on Disabilities Minutes
City Hall 4th Floor Conference Room
May 6, 2013

Present: Cecile Brodsky, Christopher Hicks, David Hicks, Matthew Ranelli,
Robin Tousey-Ayers

Staff: Michelle Duprey, Paula Pernal

Absent: Jenifer Blemings, Maria Rivera, Jack Tsai

Guest: Kate McEvoy, Interim Director of DSS for State of Connecticut

Meeting was called to order at 5:45 p.m.

David is present via telephone.

Presentation

David thanks Kate McEvoy for attending this meeting as a guest speaker. David tells Ms. McEvoy that the Commission wanted to speak to her about the impact of the Healthcare Reform Bill/Affordable Care Act on Connecticut residents, particularly those on Medicaid.

Kate McEvoy introduces herself as the Interim Director of the Division of Health Services for DSS for the State of Connecticut. Ms. McEvoy states that she oversees the Medicaid Program as well as the Strategic Re-Balancing Initiative that re-shifts Medicaid from an institutional setting to a community homecare setting. Ms. McEvoy states that she also oversees a number of other special projects relating to Medicaid.

Ms. McEvoy states that our Governor has embraced every aspect of the Affordable Care Act ("ACA"). Ms. McEvoy states that other states are taking a much more conservative position with respect to whether they will implement provisions of the ACA. She states that the State of Connecticut expects that effective October 1, 2013, a fully constituted Healthcare Insurance Exchange, a marketplace through which private insurance companies can be selling policies to individuals who haven't historical been underinsured or uninsured. Ms. McEvoy states that there will also be an opportunity for small businesses to purchase insurance through the Exchange. She states that Connecticut is about one out of 20 states that are setting up their own exchanges. Ms. McEvoy states that another option for states that do not wish to set up their own exchanges, can instead use the Federal Health Insurance Exchange. She mentions that some States are reserving judgment on whether they wish to participate in this new means of covering underinsured or uninsured people. David asks Ms. McEvoy what would make a State wish to set up its own exchange or join the federal exchange. Ms. McEvoy states that setting up your own exchange gives the State the maximum amount of control in terms of

design and configuration. She states that other States that are concerned about the time-frame which is very ambitious along with the complexities, might instead wish to join the federal health insurance exchange which will be set across the States. David asks Ms. McEvoy if a State Exchange will be competitive as a Federal Exchange. Ms. McEvoy states that some feel that with the Federal Exchange there will be economy of scale, but Connecticut is waiting to hear from its insurance participants within the next few weeks.

Ms. McEvoy states that the Exchange will not only be a marketplace for underinsured and uninsured, but for all individuals that require insurance. Ms. McEvoy states that one of the aspects of the Exchange is called Access Health Connecticut, to work collaboratively in order to connect people with healthcare opportunities. She states that it will entail the creation of a single-stream application process by entering through a number of different doors such as Access Health Connecticut, Regional Office of DSS, Web Portal of DSS, and other community options. Ms. McEvoy states that you can complete one application and be cross-screened for other Medicare-eligible benefits through the Exchange. She states that a key piece to the services determination is expansion of Medicare Eligibility in Connecticut. Ms. McEvoy states that the expansion is voluntary in that Connecticut has expanded the maximum income level to 133% federal poverty level. This represents an expansion for individuals ages 19-64 who do not have children, called Husky "D" with current participation at 90,000 with an additional 40,000-45,000 to join Medicaid by January 1, 2014. Individuals may apply October 1, 2013 for Healthcare and Medicaid. Michelle asks if the income eligibility level has changed. Ms. McEvoy states that there have been no changes to the income eligibility level criteria.

Ms. McEvoy mentions that Medicare/Medicaid Systems Management in Connecticut is 25 years old, does not work well and is being overhauled. She states that DSS is involved in a very significant effort in transforming the old system to the new system—CONNECT to be rolled out in stages. Ms. McEvoy states that the New Haven office will provide communications about the different phases of CONNECT if you work with Medicaid. She states the following features of CONNECT:

- a. My Account Feature—each Medicaid beneficiary
- b. Aim I Eligible? – anonymous
- c. Moving to a system that will scan all documents/materials & routed throughout the state to next available benefit specialist
- d. Entirely new phone system by June 2013
- e. Demo copy available within the next 3 weeks
- f. Application by phone, on-line (by August 2013) or through/at benefit center/agency

Ms. McEvoy states that DSS wants to ensure that individuals use their health benefits in the best way possible. She states that in the past Medicare/Medicaid contracted with case management organizations and it was not a successful relationship. She states that they did not provide good care, the costs were not controlled and it was difficult to communicate with them. Ms. McEvoy states that on January 1, 2012, Connecticut began to contract with Administrative Services Organizations ("ASO") for all Medicaid medical services, behavioral health services, dental services, and effective January 1, 2013 the non-emergency transportation services. She states that ASO's provide assistance with pre-authorizations, physician referrals, care management, provide data and analyze costs of services. Ms. McEvoy states that Connecticut is contracting with four different ASO's such as CHN in Wallingford for medical services, Value Options for Behavioral Healthcare, Benicare for Dental care, and Ligisticare for Non-Emergency Transportation Services. Ms. McEvoy states that Medicaid is a \$5.12B budget which is about ¼ of the entire State of Connecticut budget. She states that there is a lot of accountability to manage this Program well while saving costs.

Ms. McEvoy states that one of the concerns with Healthcare reform is how will we have enough primary care physicians. She states that the Healthcare Reform Law recognizes this concern and influences that all States raise the reimbursement rates from the current rate to what is being paid by Medicare effective January 1, 2013. Ms. McEvoy states that DSS has invested over \$40M of federal funds for electronic health records and other supports for primary care practices to become "Person-Center Medical Homes". She states that Person-Center Medical Homes are designed to provide people with extended hours through care coordination run through nurses and non-face-to-face means of being in touch with patients. Ms. McEvoy states that these medical homes are designed to enable telephone, email or other non-traditional access to medical access. Ms. McEvoy states that there are over 400 providers already participating as person-center medical homes and it will rapidly increase over the next year. She mentions that Quinnipiac College is starting a Medical School and will exclusively focus on training primary care physicians.

Ms. McEvoy states that there is shift or re-balance in how we pay for long term medical services. She states that historically Medicaid has principally paid for these services in nursing facilities and hospitals. Ms. McEvoy states that there is a major effort to shift these resources and to help people become serviced in the community. She states that one of the main examples is the "Money Follows Person Program" which has helped over 1600 individuals move from nursing homes to independent living in the community with Medicaid funded based services and housing subsidies. Ms. McEvoy also states that the Governor also assisted nursing homes in converting or diverting to independent living.

Ms. McEvoy states that she will take questions at this time:

David asks how the Person Center Medical Home will work. Ms. McEvoy states that anyone who is a provider who is participating in Medicaid can apply in the Person Center Medical Home Program and when accepted they will qualify for enhanced funding, better technical assistance, recognition with NCQA. The providers are required to provide the following: after hours, after hour support, extended hours, electronic health records, provide care coordination for specialists and hospitals/nursing facilities/rehabilitation. Ms. McEvoy states that there are performance measures that the providers must meet.

Robin asked if the new PCP's at Quinnipiac are being training to provide care for children with chronic illnesses. Ms. McEvoy states that this question applies to both children and adults with disabilities. Ms. McEvoy states that part of the required curriculum for a PCP to become competent in supporting individuals with disabilities.

Robin asks what luck DSS is having in securing new providers. Ms. McEvoy states that they have had a very significant growth in providers. She states that specialists are more challenging.

Matt suggests that a strategy should be created for those individuals that fall through the cracks and that are unable to access CONNECT. Ms. McEvoy agrees with Matt. She states that the website is designed for individuals with a 5th grade reading level that uses picture-based icons. Ms. McEvoy states that the fail safe is that individuals can always use the telephone and call the benefits centers and walk them through the application process.

David asks if there will be a complaint/feedback system in place and will there be enough individuals to answer the telephones to reduce the wait time. Ms. McEvoy states that any complaints or feedback can be routed to one of the three new benefit centers: Bridgeport, New

Haven and New Britain that will be fully staffed with employees answering telephones and assisting individuals. She states that there were numerous focus groups concerning the My Account feature and the response was positive.

Christopher asks how many individual providers participate and how does DSS convince the providers to participate. Ms. McEvoy states that there are 400 individual physicians affiliated with either small practices or large practice that independent or a health center. She states that there is a number of core set of requirements in order to join.

Robin asks if DSS covers school-based health centers, APA's, RN's. Ms. McEvoy states that Medicaid covers physician-based practices only.

Christopher asks where could a physician go to join. Ms. McEvoy states that the Medicaid website is the ideal website and there is a link for assistance.

Ms. McEvoy states that she will email the presentation and various key links to the commission members this week.

Minutes

Matthew made a motion to accept the April minutes.

Cecile seconded the motion.

April minutes are approved unanimously.

Chairman's Report

David states that he has nothing to report this month.

Department Report

Michelle reports that she started Police Training every week and that she will be conducting a four-hour training session for the Police Recruits commencing May 22, 2013. Robin asked if the Police are receptive to her training sessions. Michelle responded in the affirmative. Michelle states that she presented her budget to the Board of Aldermen and that there were no questions. Michelle states that there was a Firefighter exam that kept her busy with several accommodations. She also mentions that the Police Department is conducting an exam in July.

Michelle states that she is attending the National ADA Symposium in San Antonio. She states that she will provide all relevant information to the commission members upon her return.

Old Business

Matt states that at the last meeting the Commission discussed writing a letter and inviting the mayoral candidates to respond. Matt states that in 2001 Michelle sent out a similar letter. Matt states that at the last meeting he asked everyone to provide a list of specific questions for the candidates or changes to this letter. Matt suggests sending the letter this week. He reads his draft letter to the Commissioners with questions/issues pertaining to commitments for the mayoral candidates to respond:

- a. strengthen Dept. of Disabilities
- b. Housing Authority & LCI
- c. Transfer Station

- d. handicapped parking
- e. positive public relations
- f. jobs pipeline-to include goals for people with disabilities
- g. increasing & continued training for staff
- h. campaign events in accessible venues

Matt states that he will provide David with his draft letter.

New Business

None

Other Business

None

Public Comment/Announcements

Matt made an announcement that the American Bar Association (“ABA”) will host an event on May 15, 2013 at Carmine Anthony’s at 6:30 p.m. The tickets are \$40.00 per person.

Matthew made a motion to adjourn meeting.

David seconded the motion.

Motion to adjourn the meeting was approved unanimously at 7:03 p.m.