

Public Health Emergency (PHE) Unwinding

*Preparing for the end of the
COVID-19 Public Health Emergency*

March 2023

Agenda

1

Background Information

2

SNAP Information

3

TFA Information

4

Medicaid/HUSKY Information

5

Additional Coverage Information

6

DSS Information

7

How You Can Help

Changes with the Consolidated Appropriations Act (CAA) of 2023

The passage of the CAA modified some of the PHE flexibilities from the federal PHE declaration



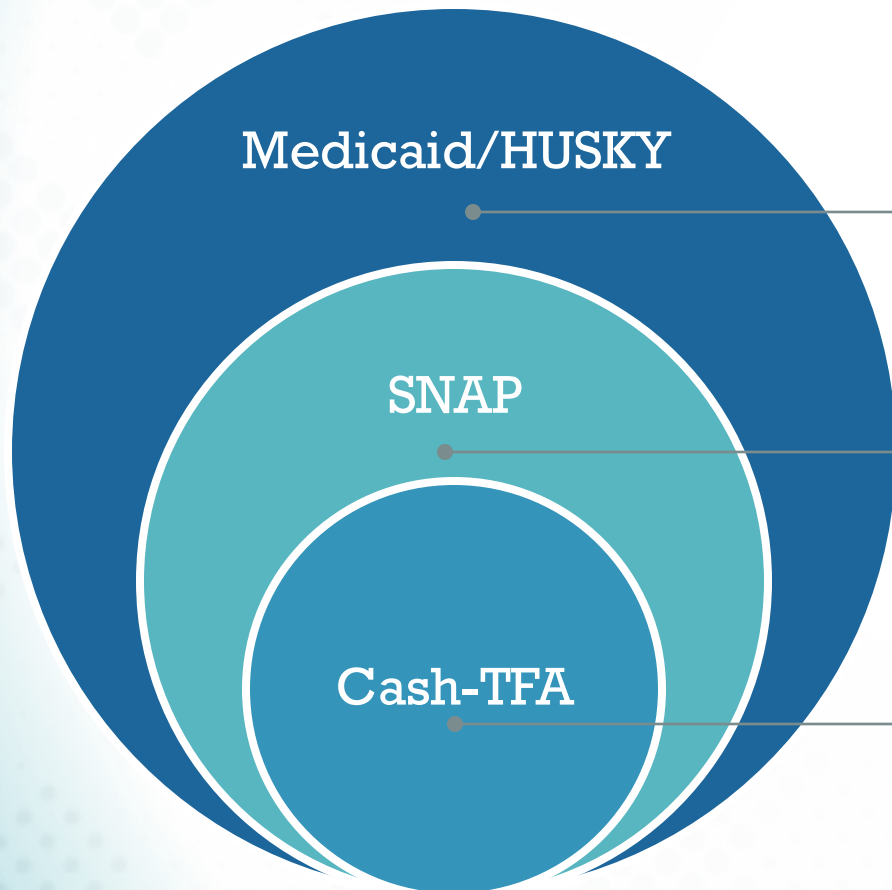
Last SNAP
Emergency
Allotment
payment



Medicaid
continuous
enrollment
provision
ends

Client Impact at a Glance

The PHE unwinding will impact clients of the following programs:



- Approximately 254,000 CT households on extension out of the 535,000 total households currently enrolled in Medicaid
- Approximately 225,500 CT households currently on Supplemental Nutrition Assistance Program (SNAP) (all households benefit from emergency allotments)
- Approximately 2,350 households out of the 6,400 households total on Temporary Family Assistance (TFA)

Supplemental Nutrition Assistance Program (SNAP)

SNAP provides nutrition benefits to help families, low-wage workers, senior citizens, people with disabilities, and others with low income afford the cost of food.

SNAP PHE Flexibilities

Flexibilities during PHE

- Monthly SNAP Emergency Allotments issued
- Periodic reporting suspended
- Interviews waived for most households
- Expanded eligibility for college students
- Able-bodied adults without dependents (ABAWD) work requirements suspended for entire state through 11/30/23



Flexibilities unwinding as PHE ends

- All households will see a reduction of at least \$95 in SNAP benefits due to the end of the SNAP Emergency Allotment
- Periodic reporting required
- Interviews held at application and renewal for most households
- Limited eligibility for college students
- Able-bodied adults without dependents (ABAWD) work requirements begin again for some households in December

Connecticut SNAP Demographic Information

1 in 10

Connecticut residents
receive SNAP
(~225,500 households)

~50%

of SNAP recipients are
families with children

>39%

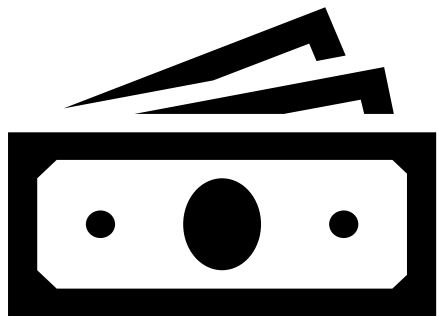
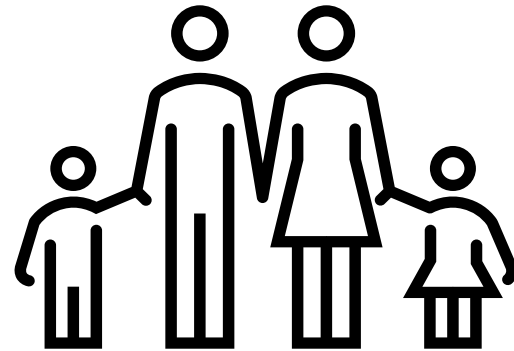
of SNAP recipients are working
families

~40%

of SNAP recipients are older or
disabled people

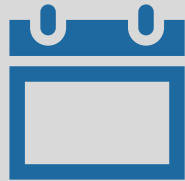
\$176

Per member per household
is the **average monthly
SNAP benefit**, *excluding
SNAP EA*



SNAP Impact Timeline

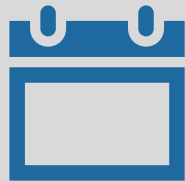
February 2023



- Last SNAP Emergency Allotment provided February 15, 2023
- SNAP Emergency Allotments distributed to ~225,500 households
- After the February disbursement, \$37+ million in additional federal monthly food benefits cease
- Result = minimum household monthly reduction of \$95 with an average reduction of ~\$157

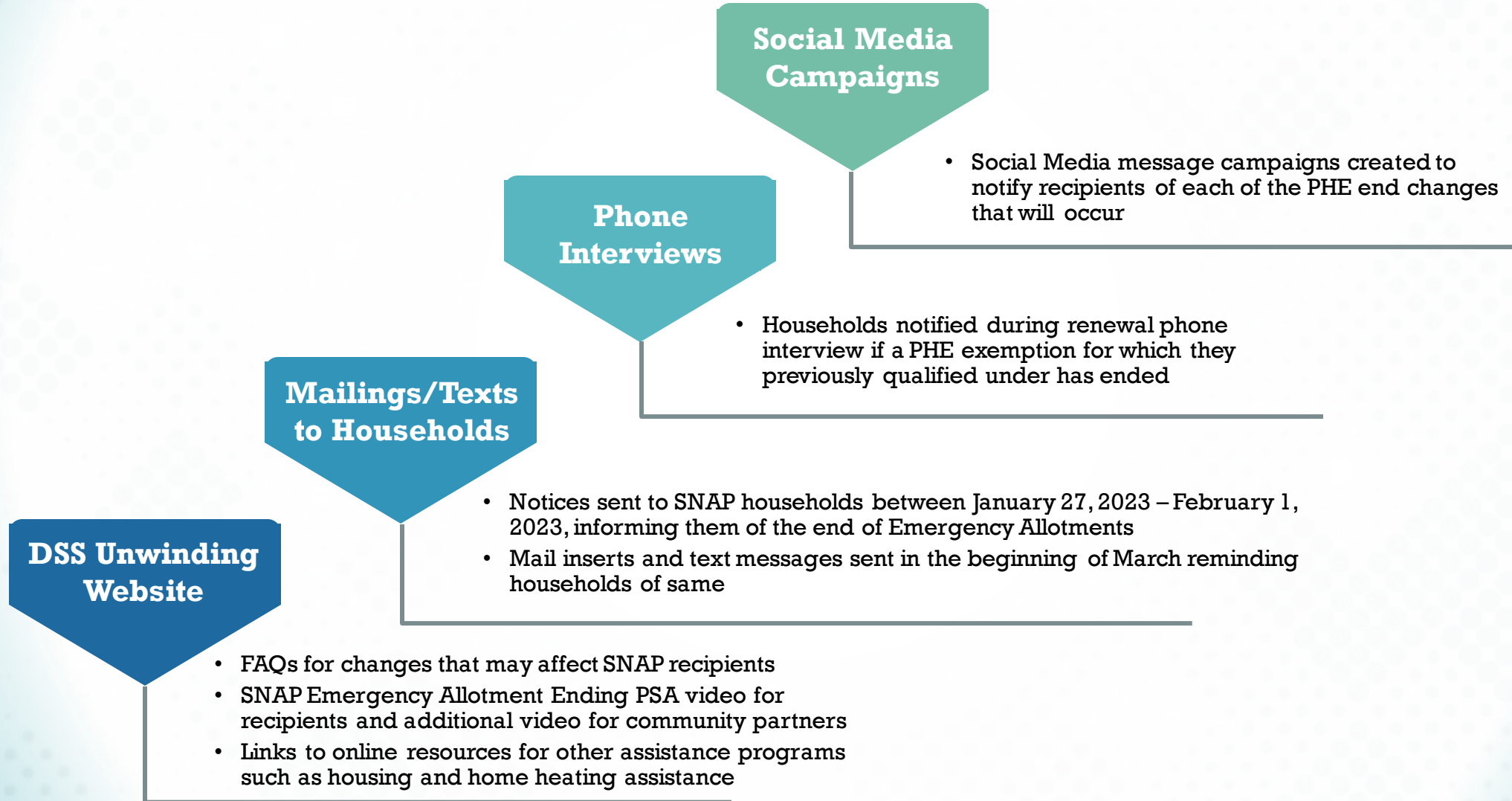


July 2023



- Return to pre-pandemic requirements
- Most SNAP households must complete a review (Periodic Review Forms; PRFs) at mid-point of their benefit cycle to continue benefits
- Most SNAP households must complete an interview with DSS prior to granting or continuance of yearly benefits (DSS will be requesting a 12-month waiver of this requirement)
- Some college students no longer qualify for SNAP benefits

SNAP Impact Outreach



Temporary Family Assistance (TFA)

Cash assistance program for low-income families
with dependents age 18 or younger

PHE Changes for Temporary Family Assistance (TFA)

As the PHE unwinds, the following changes will occur
for TFA recipients

- 21-month benefits time clock resumes for those clients who do not qualify for an exemption from pursuing employment
 - 2 possible 6-month extensions (normal rules)
- Required to participate in Jobs First Employment Services (JFES), administered in partnership with the CT Dept of Labor
 - Non-cooperation will result in non-compliant adult being sanctioned off the benefit
- ~420 families will have 1 month of eligibility remaining and will need to apply to determine if they are eligible for an extension
 - Notices will be sent in **mid-April 2023** to notify these families that they will need to apply for an extension before the end of May (*month that PHE ends*).
 - They will have **~40 days** to complete the TFA Extension Application before their TFA ends.
- 1,930 time-limited families will be notified that their time limit clocks will resume beginning one month after the PHE ends and that they must engage with JFES in order to continue eligibility.

TFA Client Outreach



Notices sent ~40 days in advance of benefits change

Active TFA time-limited clients with 21 months of counted TFA benefits will be instructed to apply for an extension to continue benefits.

1

2



Outreach before sanctioning TFA time-limited clients who are not compliant with employment services

Phone call, email, and a text or online account message will be sent by DOL/JFES staff advising those non-compliant with JFES that the PHE has ended and complying with employment services is a requirement to continue benefits.



Ineligible families will be referred to CT Council of Family Service Agencies (CCFSA) for Safety Net Services

Rental assistance, job training, and other basic needs assistance is available after a client is no longer eligible to receive TFA. Families are assessed and provided with help that is based on their specific needs/circumstances.

3

Medicaid/HUSKY Program

Details for Medicaid/HUSKY

Flexibilities during PHE

- Continuous Enrollment: States **required** to keep individuals enrolled in Medicaid, even if they never renewed their coverage, or are no longer eligible
- Disenrollment allowed only for limited reasons
- Optional Medicaid Group implemented
 - COVID-19 coverage for uninsured



Starting March 31, 2023

- Annual renewals required
- Disenrollment if renewal is not completed, verifications are not provided, household income increases above allowable limits, age out, etc. "normal" rules with CMS guidance
- All extended households have opportunity to renew

MAGI* Medicaid/HUSKY “Extension Population”

~ 254,000 Households

About **428,000 individuals** in an extension status will have to renew eligibility to continue HUSKY coverage during the 12-month unwinding; this is on top of “regular” renewals

66% of Extended Households

~**171,000 households** are projected to be **passively renewed**, i.e., DSS can renew by using federal data sources to verify eligibility with current system updates

No action is needed by the HUSKY recipients

~ 83,000 Extended Households

Must manually renew – must take an action to maintain coverage

- Can renew online, call Access Health CT, mail in a prefilled form, or visit a DSS office
- If renewal not submitted, HUSKY coverage ends
- **Renewals will be staggered over 12 months**, with an effort to even out monthly renewal totals

HUSKY A and D

Are the groups for whom the impact is the most significant; primarily adults

HUSKY A: Children and Parents/Caretaker relatives
HUSKY D: Low-Income Adults without Dependents

Note: children can continue to be covered by Medicaid or CHIP at much higher income levels than adults

* *MAGI is Modified Adjusted Gross Income and the basis of eligibility for HUSKY A and HUSKY D*

Monthly Average MAGI Medicaid Renewals (Extension and Regular)

45,179

Projected monthly average number of households due for renewal each month of the unwinding

68% increase over prior calendar year
(Feb '22 – Jan '23)

31,626

*Projected monthly average number of households with **successful** passive renewals*

118% increase over prior calendar year*

13,552

*Projected monthly average number of households that will need to take action to renew with Access Health CT***

Only a 9% increase over prior calendar year

* Increase in passive renewal rates due to updated approaches in matching reported income with data sources

** Peak months of unwinding are equivalent to open enrollment volumes. The shared DSS/Access Health CT call center is prepared for increased volume during unwinding; staffing will be at open enrollment levels throughout the unwinding year.

Medicaid/HUSKY Impact Timeline



- Medicaid Continuous Enrollment provision ends
- Households that were previously extended will have to complete a full eligibility evaluation (renewal) at a pre-determined time over the course of the 12-month unwinding period (staggered renewal dates)



- COVID-19 limited benefits coverage ends
 - First round of outreach to population in Oct 2022; will get additional notice in Apr 2023
 - Encouraged to explore eligibility for other coverage

Pathways for HUSKY Renewal

Passive Renewal

Computerized process that checks for renewal

Passive renewal attempted on ~3/4/23 whose renewal is due 4/30/23

Renewal completed; household advised to report any changes

45 days to complete renewal

if passive renewal not successful

Manual Renewal

Clients have to manually renew

Renewal notices will be sent out on the 15th of every month to members who need to renew by end of following month

Individuals over income for continued HUSKY coverage may move to Transitional Medical Assistance (TMA), Covered CT, HUSKY B, or a Qualified Health Plan (QHP)

Integration with Access Health CT will allow them to know which coverage they are eligible for

This staggered approach will allow DSS to control the flow of renewals and operational load throughout the 12 months after the PHE ends. It will also help to even workloads in future years.

Additional Coverage Information

Other Coverage Options (*TMA, Covered CT, QHPs*)

Households who are no longer eligible for HUSKY due to increased income will be evaluated for the following programs, as appropriate:

Transitional
Medical
Assistance
(TMA)

Covered
CT

Qualified
Health
Plan
(QHP)

Estimated 51% of total manual renewal population who are over income may be eligible for TMA

- TMA coverage is for HUSKY A members with increased earned income and lasts for one year
- *Note: this estimate does not include children – children may stay on HUSKY A up to 201% FPL even if parent/caretaker is over 160% FPL; qualify for HUSKY B (CHIP) up to 323% FPL and, if over income for HUSKY B, would likely qualify for TMA*

Estimated 49% of total manual renewal population who are over income may be eligible for no-cost coverage via Covered CT or low-cost coverage through a QHP

Consumers receive real-time eligibility determinations for all forms of coverage via Access Health CT

Covered CT - Overview

Covered CT is a new Medicaid 1115 Demonstration Program that offers no-cost health, dental and non-emergency medical transportation coverage to qualifying Connecticut residents aged 18-64.

Eligible residents can apply and enroll at any time during the year; there does not have to be a qualifying life event to enroll. To qualify, Connecticut residents must:

- have household income up to 175% FPL and be ineligible for HUSKY/Medicaid due to income;
- be eligible for financial help to purchase health insurance on the state Health Insurance Exchange (Access Health CT) and use 100% of available Advanced Premium Tax Credits and Cost-Sharing Reductions; and
- enroll in a silver-level Qualified Health Plan offered through Access Health CT.

2023 Income Guidelines

Household Size	1	2	3	4	5	6	7	8
Income limit to qualify	\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480

Covered Connecticut – Outreach

- The Office of Health Strategy (OHS) has completed an RFP process for community outreach and will be contracting with 10 community organizations to assist in enrollment and outreach in underserved communities across the state
- The 10 organizations will be granted in total \$950,000
- Areas where outreach will concentrate:

Geographic Areas Covered

Hartford, Enfield, East Windsor, Manchester, Bristol, East Hartford, Newington, New Britain, Plainville, Bloomfield

New London County

Hartford County

Litchfield (Torrington), Middlesex, New Haven (Waterbury, Meriden)

Greater New Haven, East Haven, Hamden, North Haven, West Haven

Bridgeport and Lower Fairfield

Ansonia, Bridgeport, Clinton, Hamden, Meriden, Middletown, New Britain, New London, Stamford, Stratford, Waterbury

Fairfield, Litchfield, New Haven, Windham, Middlesex, Hartford, Tolland Counties

Lower Fairfield/Stamford

Danbury, New Haven, Hartford (Cambodian Population)

What will NOT be affected by the PHE unwinding?

It is important to note that the Biden-Harris Administration's continued response to COVID-19 is not fully dependent on the COVID-19 PHE, and there are significant flexibilities and actions that will not be affected as we transition out of the PHE.



ACCESS TO COVID-19 VACCINATIONS AND CERTAIN TREATMENTS

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio, will generally not be affected
- FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments) will not be affected. The ending of the COVID-19 PHE will not affect the FDA's ability to authorize various products, including tests, treatments, or vaccines for emergency use



MEDICAID TELEHEALTH FLEXIBILITIES

- Medicaid telehealth flexibilities will not be affected → States already have significant flexibility with respect to covering and paying for Medicaid services delivered via telehealth
 - State requirements for approved State Plan amendments vary as outlined in [CMS' Medicaid & CHIP Telehealth Toolkit - PDF](#)



OPIOID USE DISORDER TREATMENT

- Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs) will not be affected
- Access to expanded methadone take-home doses for opioid use disorder treatment will not be affected

DSS Information

Communications Campaigns

1

“Update Us So We Can Update You” Campaign

- Outreach encouraging benefit recipients to update their contact information to ensure timely receipt of notices (www.ct.gov/UpdateUsDSS)
- Multimedia approach using social media; outreach to community partners; bus, billboard, radio and newspaper ads

2

Toolkits for Partners and Clients

- Resource repository online (www.ct.gov/phe) geared specifically to community partners and clients
- Direct emails and automated calls to clients done by our medical administrative service organization, CHNCT

3

Notices to Impacted Clients

- DSS is in the process of creating and distributing notices to impacted clients through various channels, including mail inserts ("buckslips"), videos, public service announcements, text messages, online toolkit, and other resources
- Text messaging under development pursuant to recently updated guidance from the FCC

4

Videos for Partners and Clients

- [SNAP EA Ending Community Partners Video](#)
- More videos about updates are in production

DSS Readiness Status

1 Staffing & Training

- ~118 new DSS staff hired during PHE to accommodate 130 DSS promotions, retirements, and resignations
- Refresher training on eligibility, renewals, and other processes and rules will be provided to new staff and ~730 pre-pandemic staff
- Most Medicaid “extended” households go through DSS-AHCT shared operations and system.
- Preparing to staff DSS-AHCT operations at “open enrollment” levels and add support staff to alleviate burden on DSS workers.

2 Business Systems

- Systems activities to support PHE Unwinding efforts are in process
- Systems enhancements to improve eligibility processing were deployed in December 2022, additional system changes to improve passive renewal rate scheduled for mid-March 2023

3 Communications

- Actions underway
 - Mail inserts
 - Standalone notices
 - Videos and PSAs
 - Media campaign
 - Website updates
 - Email and robocall campaigns
 - Ongoing efforts to scale up texting
 - Planned direct phone outreach to "high needs" group

How You Can Help

State Legislators

Various sectors across the state government must work together to ensure that our state continues to provide accessible resources for those most at need.

Here are some steps you can take to support the PHE unwinding:

1. **Keep your network informed:** Share information from this presentation and other resources with those you represent.
2. **Ask us questions:** Help us help you by requesting information.
3. **Advocate:** Help identify gaps in resources as a result of the PHE unwinding and communicate these needs to DSS.
4. **Help people stay updated:** Ask the people in your networks who receive benefits from DSS to update their contact information with us if they have any changes. Direct them to the [Update Us So We Can Update You](#) webpage.

State Agencies

Various sectors across the state government must work together to ensure that our state continues to fund accessible resources for those most at need. Here are some steps you can take to support the PHE unwinding:

1. **Share this information** with your clients who receive DSS benefits.
2. **Help people stay updated:** ask the people in your networks who receive benefits from DSS to update their contact information with us if they have any changes. Direct them to the [Update Us So We Can Update You](#) page.
3. **Let us know** if you have electronic signage or other communication methods to the people you serve that we can use to share information.
4. **Share materials** on social media and keep up to date on the [Unwinding Toolkit](#)

Community-Based Organizations

Various sectors across the state government must work together to ensure that our state continues to fund accessible resources for those most at need. Here are some steps you can take to support the PHE unwinding:

- 1. Share this information** with our common clients.
- 2. Help people stay updated:** Ask the people in your networks who receive benefits from DSS to update their contact information with us if they have any changes. Direct them to the [Update Us So We Can Update You](#) page.
- 3. Help people complete renewals**, applications, and sign up for MyDSS – an app that clients can use to access benefit information and interact with DSS anytime, anywhere, on any device! www.mydss.ct.gov

Questions?