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# State of Our State

Connecticut Association for Home Care & Hospice

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**Commissioner, DSS**  
*October 2, 2008*



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## Introduction

- The FY 2009 budget that was adopted during the June 2007 Special Session was based on revenue projections that exceeded expenditures by less than \$100,000
- Since January 2008 the State has experienced a significant decline in revenue in both the General Fund and Special Transportation Fund
- Calculation of the projected net \$302.4 million General Fund FY 2009 deficit:
  - \$370.9 million in revenue deterioration
  - \$10.0 million in additional expenditures with the passage of PA 08-51, Criminal Justice Reform Bill
  - \$18.3 million deficiency in the Department of Correction
  - \$ 1.5 million deficiency in DAS/Workers' Compensation
  - Offset by \$137.6 million in rescissions

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## States Facing Budget Shortfalls In FY 2009

### Neighboring States with a FY 2009 Budget Gap

	<u>Amount</u>	<u>Percent of FY2009 General Fund</u>	
Connecticut	\$302.4 million	1.76%	<ul style="list-style-type: none"> <li>■ 29 States have identified budget shortfalls in FY 2009 of at least \$48 billion</li> <li>■ All 6 New England states as well as New York and New Jersey have identified a FY 2009 budget gap</li> <li>■ California has the largest projected gap at \$22.2 billion or 22% of its FY 2009 General Fund</li> </ul>
Maine	\$124.0 million	4.10%	
Massachusetts	\$1.2 billion	4.30%	
New Hampshire	\$200 million	6.40%	
New Jersey	\$2.5 billion	7.70%	
New York	\$5.5 billion	9.80%	
Rhode Island	\$430 million	13.10%	
Vermont	\$83 million	6.80%	

Source: Center on Budget and Policy Priorities, September 8, 2008

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## Revenue Projections Lowered

### FY 2009 General Fund Revenue\*

(In Millions)

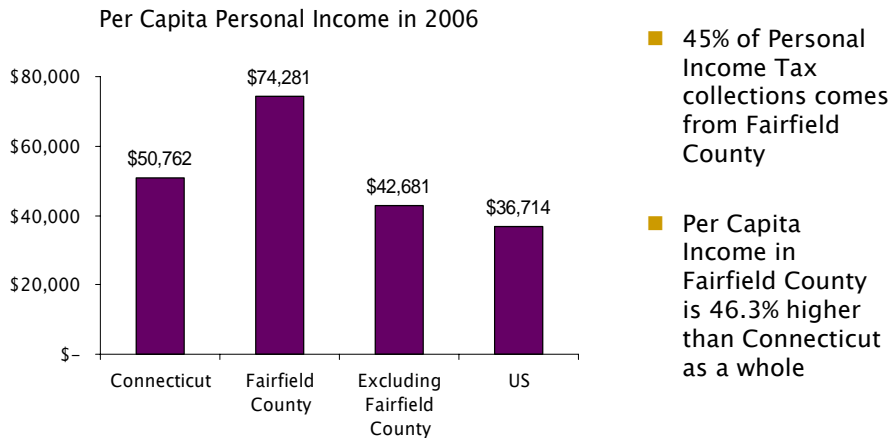
	<u>2009 Budget</u>	<u>9/22 OPM Estimate</u>	<u>Diff.</u>	<u>% Decline</u>
Personal Income Tax	\$ 7,676.4	\$ 7,545.0	\$ (131.4)	-1.7%
Sales & Use Tax	3,747.7	3,656.2	(91.5)	-2.4%
Corporation	791.5	712.6	(78.9)	-10.0%
Insurance Companies	263.0	217.2	(45.8)	-17.4%
Cigarettes	348.1	325.0	(23.1)	-6.6%
Real Estate Conveyance	204.0	133.2	(70.8)	-34.7%
Oil Companies	144.3	233.0	88.7	61.5%
Indian Gaming Payments	449.0	391.4	(57.6)	-12.8%
Investment Income	85.0	50.0	(35.0)	-41.2%
Federal Grants	2,768.1	2,844.8	76.7	2.8%
All Other	596.0	593.8	(2.2)	-0.4%
	<u>\$ 17,073.1</u>	<u>\$ 16,702.2</u>	<u>\$ (370.9)</u>	<u>-2.2%</u>

- Most revenue items are projected to bring in less than the originally adopted revenue forecast
- The only other significantly positive revenue trend is the oil companies tax and while it brings in additional revenue, higher oil prices also mean higher state energy costs and higher demand for energy assistance programs offered by the Dept. of Social Services

\* Does not include FY 2008 Transfer to fund Energy Assistance Programs

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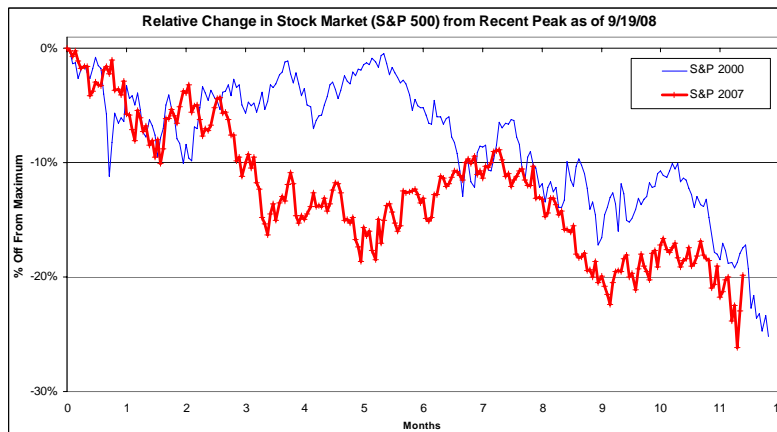
## CT Personal Income Tax Is Heavily Reliant On Fairfield County Wealth



Source: Moody's Economy.com

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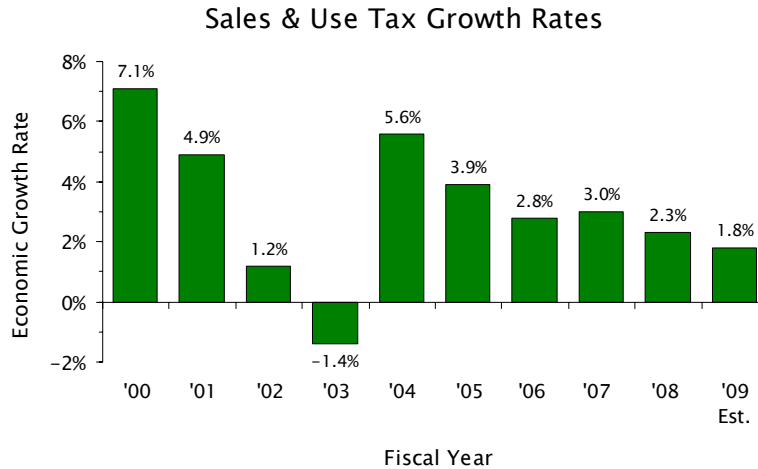
## Stock Market Declines



- The stock market has fallen by nearly the same percentage as in 2000
- S&P Peak Dates: March 24, 2000 and October 9, 2007

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## Sales Tax Growth Is Slowing



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## CT's Economy Has Slowed Since the FY 2009 Budget Was Adopted

### FY 2009 Connecticut Economic Indicators

	6/25/2007 Estimate	9/22/2008 Estimate	Difference
Personal Income	4.8%	3.2%	-33.3%
Real Gross State Product	2.7%	1.3%	-51.9%
Total Employment	0.8%	-0.5%	-162.5%
Unemployment Rate	4.0%	5.9%	47.5%
Housing Starts	16.3%	-3.7%	-122.7%

Source: Moody's Economy.com

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## FY2009 Problems

### Department of Corrections Deficiency

- \$18.3 million rollout of FY2008 deficiency
  - \$8.3 million of the deficiency is in Personal Services
  - \$10.0 million of the deficiency is in Other Expenses largely due to prisoner population levels and inflationary impacts to direct and indirect inmate care line items

### DAS - Workers' Compensation Deficiency

- Estimated \$1.5 million deficiency
- Increased medical inflation

### University of Connecticut Health Center

- FY 2009 budget forecasts an \$11.5 million deficiency involving the John Dempsey Hospital and affiliated programs

### Department of Public Safety

- Potential \$5 million shortfall in Other Expenses due to:
  - Energy expenses, and Fuel Costs for Police Vehicles
  - IT Support and IT Contract Costs
  - Helicopter Maintenance

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## FY2009 Problems

### Department of Mental Health and Addiction Services

- \$13 million - rollout of deficiency at Connecticut Valley Hospital
- \$8 million - deficiencies related to caseload growth

### Department of Developmental Services

- Birth to Three Program - potential shortfall of \$6.3 million due to increased caseload and a reduction in federal funding support
- Workers' Compensation - potential shortfall of \$1 million based on increased trends
- Voluntary Services Program - potential \$5.6 million shortfall because of higher than budgeted caseload/ annualization

### Department of Education

- \$7.0 million of unfunded costs to the Magnet School account
- a potential FY 2009 deficiency of \$6.5 million in Special Education Funds will exist assuming the 8% growth in eligible expenditures that occurred between FY 2007 and FY 2008 reimbursements

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## FY2009 Problems

- Department of Social Services
  - The \$150 million shortfall projection for FY 2009 assumes the enacted budget is correct, yet the Governor's mid-term budget adjustments anticipated that the Medicaid budget would be short by \$62 million in FY 2009
    - Major drivers behind the \$62 million are cost and caseload related, including HUSKY A, where caseload is expected to grow from 296,484 in July 2007 to 344,000 by the end of FY 2009.
  - Costs in long-term care could escalate as DSS continues to assess nursing homes in financial distress due to court ordered receivership or pending bankruptcies
  - Costs to bring in new providers under the HUSKY managed care re-bid are higher than originally anticipated

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## FY2009 Problems

- DSS Connecticut Energy Assistance Program (CEAP)
  - The energy assistance plan for low income persons proposed by the Governor was projected to cost \$84.0 million, an increase of \$14.1 million over the \$69.9 million that was expended last year.
  - The legislature increased benefits over the level proposed in the Governor's plan, resulting in an expected additional cost of \$29.9 million. The revised allocation plan, totaling \$113.9 million, was initially expected to result in a shortfall.
  - The overall cost is contingent on the actual energy cost (primarily the cost of oil) and the increase in eligible applicants due to the economic downturn.
  - Assuming that the total federal dollars recently announced of about \$95 million combined with the \$35 million in state energy contingency funds appropriated to OPM under PA 08-2, August Special Session, are utilized toward the revised CEAP allocation plan, the plan is still projected to operate within a slim margin.

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## Spending Cap – FY2009

- Deficiencies must be met with transfers
- Even without further deterioration of revenue, the \$302 million estimated deficit could exceed \$402 million if entitlement spending areas of concern grow beyond budgeted amounts
- Further revenue decline could add to problems

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## Steps Taken To Date

- Actions taken by Governor Rell to mitigate the FY 2009 deficit
  - April 08 Issued orders to implement the following:
    - Hiring Freeze
    - Out of State Travel Ban
    - Limited Purchases to Items/Services Critical to agency mission
  - Implemented a Rescission Plan which globally reduces allotments by \$137.6 million; \$26.9 million or 19% is in Personal Services line items
  - Planned PS savings that do not require layoffs, instead relying upon attrition to achieve savings
  - Planned OE savings that do not target those agencies facing current service level deficiencies
  - Planned other savings in a manner that does not reduce payments to private providers serving vulnerable clients
  - Additional rescissions of \$35.3 million implemented on 9/30/08

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## Additional Steps To Be Taken In FY2009

- Request Compliance with 5% Reductions from Statutorily Exempt Agencies
  - Work with Agencies on the “Watch List” (agencies with potential deficiencies) to Reduce Expenses and Identify Offsets within Existing Appropriations
  - Develop an Overall Deficit Reduction Plan
  - Legislative involvement in process
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## FY2010 & FY2011 BIENNIAL BUDGET

Problems In Addition To Rollout Of FY2009 Deficit

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## Structural Holes – FY2010

### Created By Funding Expenditures With Prior Year Surpluses

#### Structural Holes in the Fiscal 2010 Budget – General Fund (In Millions)

<u>From the FY 2007 Surplus</u>	<u>Amount</u>
1. Teachers' Retirement Contributions	\$ 210.0
2. Payment in Lieu of Taxes– State Property	7.0
3. Payment in Lieu of Taxes– Private Property	7.0
4. Debt Service– Supportive Housing	3.0
5. DOT– Town Aid Road	8.0
6. DOT– Enhanced Transit	5.0
7. DOT– Section 16 Projects	2.3
8. Comptroller– Health Coverage up to age 26	8.0
9. Revenue Transferred from FY 2008 to FY 2009	16.0
10. Revenue Transfer– Used to Balance FY 2009	80.0
 <u>From the Tobacco and Health Trust Fund</u>	
1. DSS–Charter Oak Health Plan	25.5
 <u>Other</u>	
1. Criminal Justice Reform PA08–1	17.1
2. PA08–176, Mortgage Assistance, ongoing costs for Judicial and Debt Service	4.5
3. Persistent Violent Offenders PA08–51	<u>18.4</u>
<b>Total</b>	<b>\$ 411.8</b>

- Approximately \$393.4 M of projected FY 2010 spending will be funded with surplus dollars in FY 2009
- These spending commitments, without ongoing revenue sources to pay for them, are contributing to our large projected FY 2010 imbalance

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## Other FY2010 & FY2011 Biennial Budget Issues

- Raise the Age/Juvenile Jurisdiction
- Rollout of FY09 Medicaid Underfunding
- Pension Issues – Revaluation/Pension Benefit requirements
- UConn Health Center
- Health Care Worker Contracts expiration – Nursing Homes – Spring 2009
- Private Provider Increases
- Medical inflation
- Continued increased enrollment in entitlement programs
- Special Transportation Fund
  - Construction Cost Escalation
  - Unknown Federal Commitments

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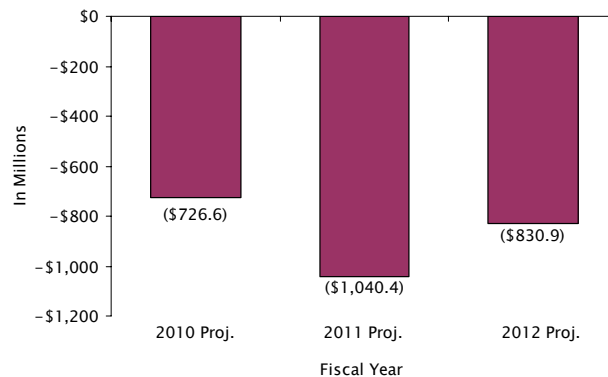
## Other FY2010 & FY2011 Biennial Budget Issues

- Energy
  - State Agency energy/fuel-related costs
  - Recent Legislation and Block Grant action
  - Energy/fuel-related costs for private providers/non-profits
  
- Department of Education–
  - Implementation of “Sheff v. O’Neill” incentive programs
  - Sunset of biennial caps on major education grants, like Adult Education and Transportation

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## General Fund

- According to the Office of Fiscal Analysis, preliminary General Fund estimates indicate large current services budget gaps when compared to current projections of revenue in the out-years



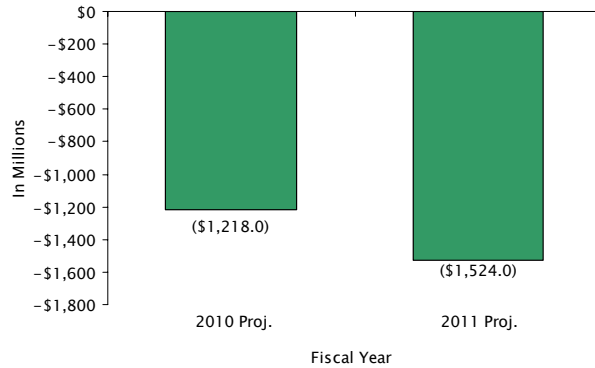
These projections are built on OFA's assumption of a (\$23.6) million deficit for FY2009

Source: OFA– Connecticut State Budget 2007–2009 Revisions, August 2008

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## General Fund

Deficits will reach \$1.2 billion in FY2010 and \$1.5 billion in FY2011 if spending trends continue unchecked

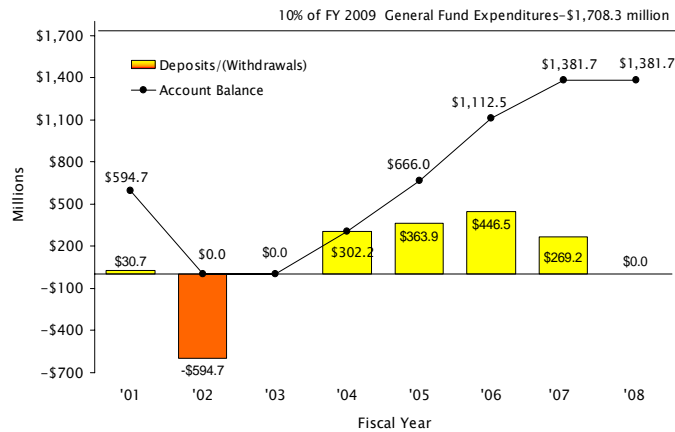


Assumes:

- No further deterioration on revenue side
- Additional \$1 billion in spending in FY10 and FY11

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## Budget Reserve Fund



- Budget Reserve Fund was fully funded at the then 5% statutory level prior to the 2000 recession
- Fund balance was insufficient to carry the State through the recession even at 5% of General Fund appropriations
- Wiped-out the entire Fund balance overnight
- Borrowed \$319 million, raised taxes, and cut spending in order to balance the budget

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## Where Do We Go From Here FY2010 & FY2011

- Balanced Budget a Constitutional Requirement for the Biennial Budget
- Realistic and Meaningful Reduction Options Are Needed
  - Overtime
  - Part-time, temporary positions
  - Consultant contracts
  - Travel
  - Lower priority programs – those not central to agency mission
  - Delay start-up of new/expanded programs
  - Expanded use of cost-effective technology
  - State Agency structural or functional changes
- Limited new Expansion Options
  - Best chance is to reallocate funding within agency

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## Where Do We Go From Here FY2010 & FY2011

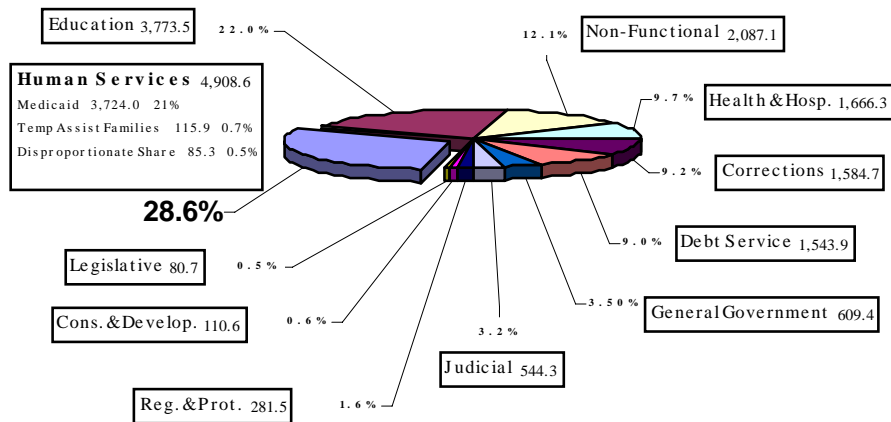
- Department of Social Services
  - Review agency priorities
  - Assess structure and function within the Department
  - Explore new ways of doing business
  - Continue down the path of modernization
    - Automated voice response system
    - Web-based application
    - Document imaging
    - Interactive systems

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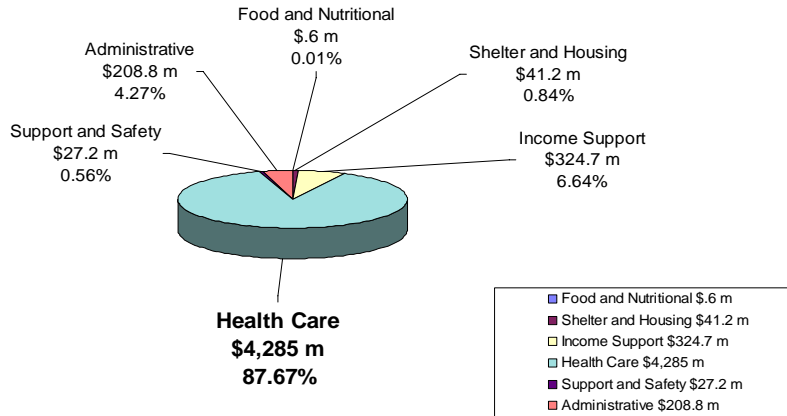
# Overview of The Department of Social Services

## State of Connecticut Appropriations (General Fund) FY 2009 \$17.1 Billion

(Legend Amounts in Millions)

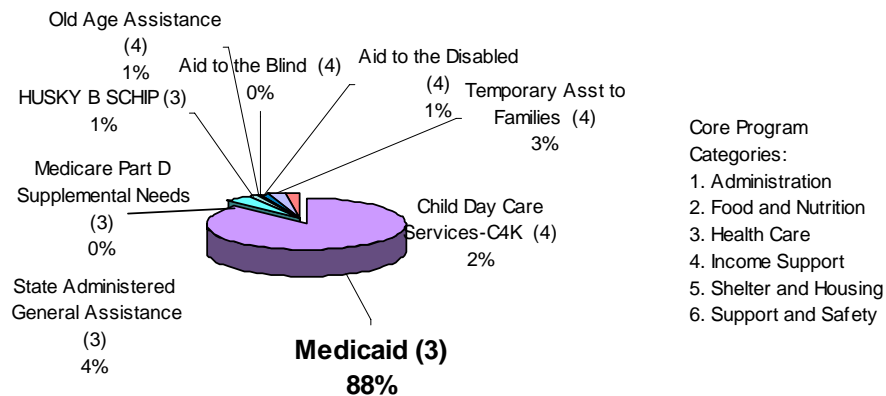


## Core Programs Based on Appropriated SFY 2009 Funds



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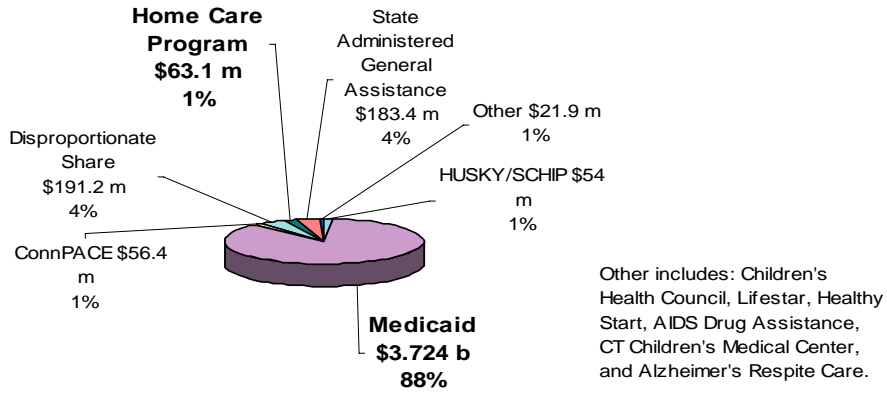
## SFY 2009 DSS Appropriation for Entitlements



- Core Program Categories:
1. Administration
  2. Food and Nutrition
  3. Health Care
  4. Income Support
  5. Shelter and Housing
  6. Support and Safety

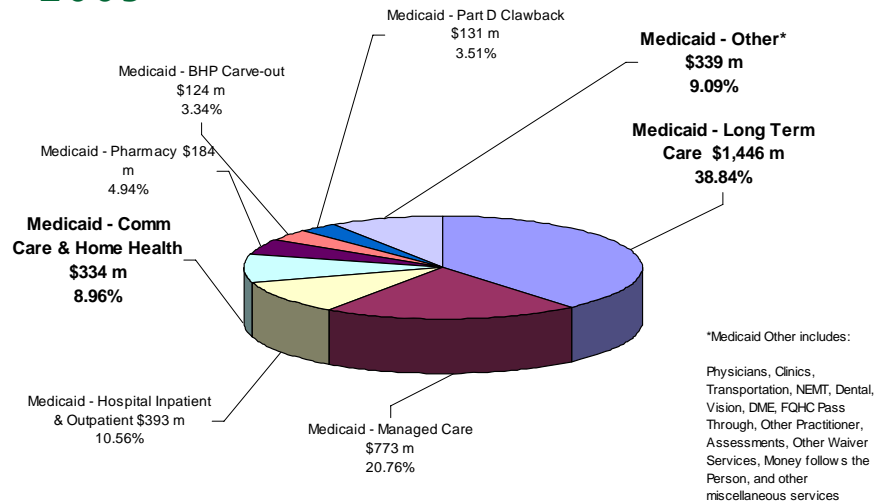
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## DSS Health Care Appropriations SFY 2009



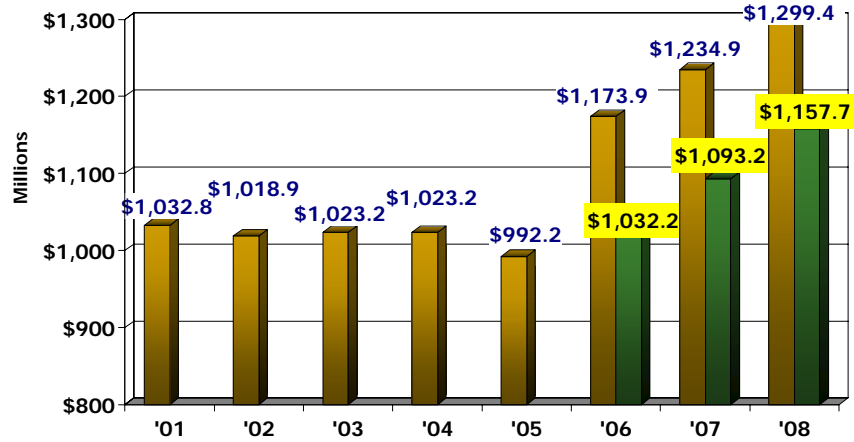
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## Medicaid Services by Category SFY 2009



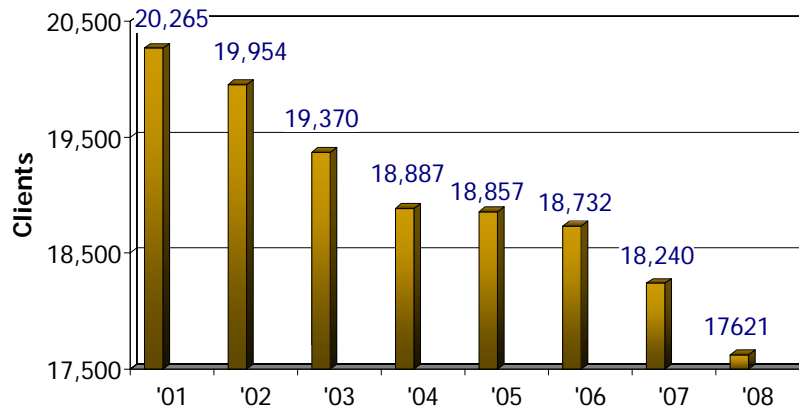
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## Medicaid Nursing Home Expenditure Comparison



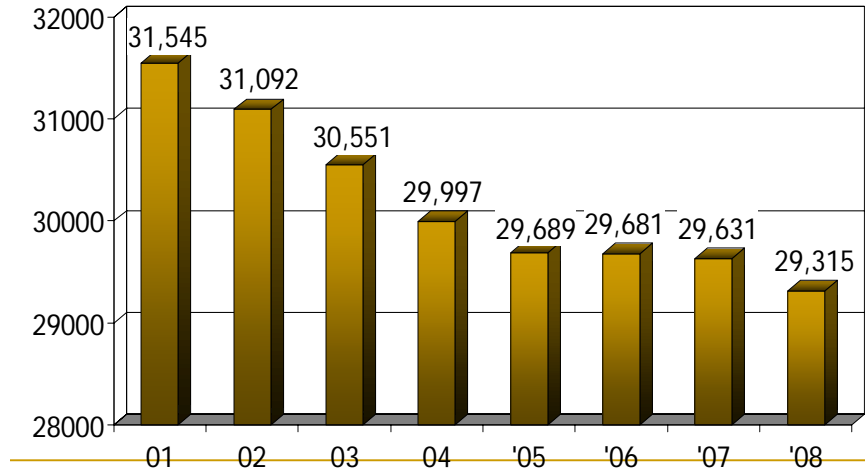
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## Medicaid Nursing Home Client Comparison



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## Licensed Nursing Home Beds



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## Nursing Facility Closures

- Facility Closures

SFY	# Facilities	# Beds	Avg. Size
2002	3	267	89
2003	4	324	81
2004	5	498	100
2005	3	487	162
2006	1	59	59
2007	2	180	90
2008	0	0	0
2009 ytd	1	100	100

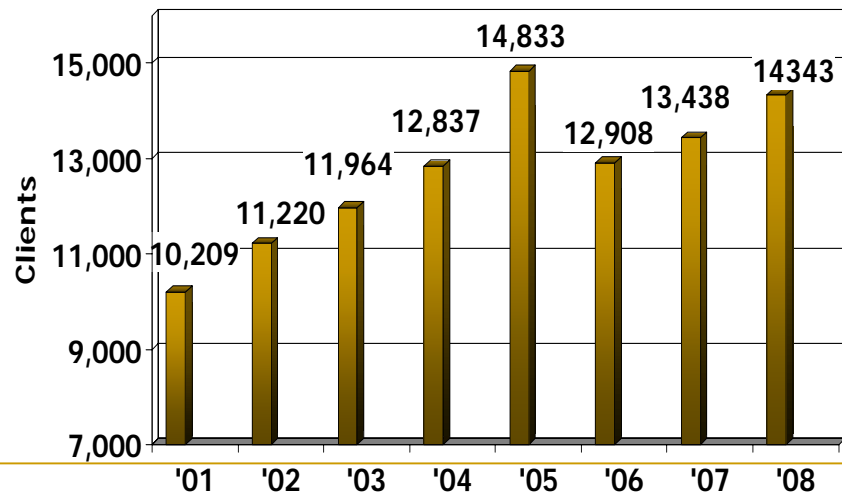
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## PA 08-91 Small House Nursing Homes

- Pilot program to develop 10 Small House Nursing Home Projects (Green House)
- Goal: Improving the quality of life for nursing home residents by providing care in a more home-like setting
- Unit Design: 10 private resident rooms including private bathrooms, common areas, access to the outdoors, and use of energy efficient technology
- Funding: Medicaid and Medicare eligible
- Location: State wide with at least two projects in a distressed municipality
- Applicants: CCNH/RHNS nursing homes
- Review: CON Process
- Approval: DSS Commissioner, in consultation with the Long-Term Care Planning Committee

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## Homecare Client Comparison



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## Money Follows the Person Demonstration

- What is the definition of 'Money Follows the Person'?
  - Individuals participating in Medicaid have a choice about where they live and receive long-term care services.
- Goals of Demonstration
  - Reduce reliance on institutional care
  - Increase effectiveness and efficiency of the long term care system
- Decrease hospital discharges to nursing facilities among those requiring care after discharge.
  - Activities include development of web based pre-admission screening tool, training for discharge planners, counseling and information for hospital patients prior to discharge
- Increase probability of Medicaid participants returning to community within first 6 months of admission to nursing facility.
  - Development and implementation of new screening tool and assessment process for nursing home residents, transition services, waiver services

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## MFP Rebalancing

### Programmatic Components

- **Design and implementation of a transition initiative moving people from institutions to communities and supporting them with community services for 365 days;**
- **Design and implementation of infrastructure change initiatives supporting the State's capacity to develop high quality care in the community.**

### Initiative

- **Move 700 Medicaid Participants to the Community**
  - Phase 1 begins in fall of 2008 (Anticipated 10/08)
    - 6 Qualified Service Packages (Elder, PCA, IFS, Comprehensive, ABI, MI)
  - **Phase 2 begins in fall 2009**
    - Adds 2 additional Service Packages (HIV, 24 Hour Care)

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## MFP Rebalancing

### Additional Services

- Assistive Technology – Training and new assessment process for all HCBS programs
  - Telemedicine
- 24/7 Emergency Back up System
  - Identifying and coordinating staff to address care plan staff emergencies
- Accessibility Modification Funding
  - \$1M in bond funding

### Demonstration Budget

- \$56 Million Dollars
  - \$31 Million Federal Dollars
  - \$13 Million State Match
  - \$1 Million State Bond for Accessibility Modifications
  - \$11 Million in State RAP subsidies

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## MFP Status Update

- Contracts in final stage of completion
- Staff training across all State agencies initiated
- 14 Nursing Facilities have arranged outreach presentations for their residents
- Toll-free phone lines in place with 211 backup
- Outreach materials are ready for distribution
- Applications will be ready for distribution in October 08

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## Hospice

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### CMS adopted new regulations in June 2008:

- Enumerates a list of patient rights
  - Encourages attending physicians to stay involved with the care of the terminally ill.
  - Hospice must designate a registered nurse to coordinate each patient's care.
  - Coins new term "hospice aide"; training skills are specific to hospice.
  - Medicaid waiver services to be provided concurrently with hospice services.
  - Clarifies and specifies nature of contracts between nursing homes and hospice agencies.
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## Background

- To date CT Medicaid has not had hospice benefit.
- Terminal patients could receive most components of hospice
  - nursing
  - aides
  - therapy
  - drugs
  - equipment
- Social work and counseling are not covered.

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## CT Authorizing Legislation and Schedule:

- 2007 legislation authorized hospice benefit under CT Medicaid
- Regulation being finalized
- Notice of intent to adopt hospice regulation being scheduled for publication in CLJ
- Implementation expected in 3-6 months

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## Provider Enrollment

- Agency must be certified home health agency
- Agency must be certified as hospice provider under Medicare
- There are now 29 agencies certified as T18 hospice agencies in CT

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## Key Considerations in DSS Hospice Regulation:

- CT Regulation mirrors the Medicare provisions.
  - definition of terminal illness (life expectancy of 6 months or less)
  - per diem payment at one of 4 levels of care: routine, general inpatient, continuous or respite.
  - election of hospice periods (2 90-day periods and unlimited number of 60-day periods)
  - certification requirements (by physician that life expectancy is 6 months or less)
  - plan of care requirements

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## Key Considerations

- Coordination of waiver services with hospice benefit
- Coordination of hospice services with nursing services
- Payment of NF per diem at 95 or 100% of NFs per diem (Federal law gives states the choice)
- Ability of client to revoke hospice benefit and reelect at any time.
- PA on: inpatient care > 5 days; hospice services that extend beyond 12 months
- Payment of bed hold for nursing home clients on hospice who needs short term inpatient care.

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## Key Considerations

- Services Covered:
  - Physician,
  - nursing
  - Aide
  - physical/occupational/speech therapies
  - MEDS
  - Drugs
  - Social Worker
  - Dietary/spiritual/bereavement counseling
  - Short term inpatient care
  - Respite care
- Service provided in lieu of curative treatment

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## Other Health Care Initiatives

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## HUSKY & Charter Oak – Comparison

### HUSKY A

up to 185% Federal Poverty Level  
Children up to Age 19  
Parents & Caretakers

up to 250% Federal Poverty Level  
Pregnant Women

### HUSKY B

186%- 300% Federal Poverty Level  
State Subsidized  
Children up to age 19

301% and beyond  
Not State Subsidized  
Children up to age 19

### Charter Oak

0-300% Federal Poverty Level  
State subsidized  
Adults 19-64 inclusive

301% and beyond  
Not State Subsidized  
Adults 19-64 inclusive

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## HUSKY A & B Transition

	BlueCare Family Plan	Fee-For-Service	CHN	New Enrollees
<p><b>Phase I</b> Late July/Early August Mailing Target County: Middlesex</p> <p>↓</p> <p><b>Phase II</b> Late August/Early September Target Counties: 3 Counties to be determined</p> <p>↓</p> <p><b>Phase III</b> Late Sept./Early October Target Counties: 4 counties to be determined</p>	<p>As of December 31, 2008 Bluecare will no longer be a part of the HUSKY program.</p> <p>If you are currently enrolled in BlueCare you may enroll in one of the three Managed Care Organizations:</p> <ul style="list-style-type: none"> <li>*Community Health Network</li> <li>*Aetna Better Health</li> <li>*AmeriChoice</li> </ul> <p>Participants have until November 25 to choose a plan. If they do not choose a plan the Department will choose one for them.</p>	<p>As December 31, 2008 Fee-for-service will no longer be a part of the HUSKY program.</p> <p>If you are currently enrolled in Fee-For-Service you may enroll in one of the three Managed Care Organizations:</p> <ul style="list-style-type: none"> <li>*Community Health Network</li> <li>*Aetna Better Health</li> <li>*AmeriChoice</li> </ul> <p>Participants have until November 25 to choose a plan. If they do not choose a plan the Department will choose one for them.</p>	<p>CHN will remain in the HUSKY program.</p> <p>Participants may choose to remain in CHN or may enroll in Aetna Better Health or AmeriChoice</p>	<p>As of September 1, 2008, new enrollees in <b>HUSKY A</b>, will be placed into Fee-for-Service until the county they reside in begins its enrollment period. During the enrollment period, new members may choose one of the three Managed Care Organizations</p> <ul style="list-style-type: none"> <li>*Community Health Network</li> <li>*Aetna Better Health</li> <li>*AmeriChoice</li> </ul> <p>New enrollees in <b>HUSKY B</b> will be given the option to enroll into one of the three Managed Care Organizations</p> <ul style="list-style-type: none"> <li>*Community Health Network</li> <li>*Aetna Better Health</li> <li>*AmeriChoice</li> </ul>

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## Primary Care Case Management (PCCM) Pilot Update

- PCCM offers an alternative for HUSKY A families to enrollment in a managed care plan
- Enrollment would be with a PCCM participating primary care provider (PCP)
- PCP would be responsible for case management and care coordination services in addition to providing primary and preventive care
- Per member/per month case management fee paid to PCP in addition to FFS reimbursement for medical services
- Roll out starting January 09

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## Charter Oak Health Plan

The First State Health Plan In The Country of Its Kind

- Connecticut adults without health insurance coverage (who are not otherwise eligible for Medicaid, Medicare or SAGA Medical) may enroll in the *Charter Oak Health Plan*
  - No pre-existing condition exclusions
  - Voluntary participation
  - Eligibility regardless of income
  - No employer mandates for participation

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## Charter Oak Health Plan

- Adults aged 19 through 64.
- Pre-existing conditions will not prevent enrollment or impact the cost of monthly premiums.
- Households with income under 300% of the Federal Poverty Level (for 1 person up to \$31,200 annually or \$2,601 monthly) have reduced premiums and deductibles.
- Reduced premium monthly payments as low as \$75 for low-income residents.
- Monthly premiums are graduated levels with households over 300% FPL paying up to \$259

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## Charter Oak Health Plan

- Charter Oak's annual individual deductible is at graduated levels for enrollees based on household income, ranging from a low of \$150 to a maximum of \$900.
- Charter Oak's annual Co-insurance maximum is at graduated levels for enrollees based on household income, ranging from a low of \$150 to a maximum of \$900.
- The lowest co-pay, for a generic drug, allows a prescription to be filled for \$10.
- Laboratory, X-ray and other diagnostics available with 20 percent co-pay.
- No co-pays for prenatal and preventive care.
- Mental health and substance abuse treatment benefits are included in the plan.

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## Charter Oak Health Plan – Maximum Benefits and Co-Pays

- \$100,000 annual and \$1 million lifetime maximum
- \$ 25 - \$35 co-pays for provider office visits
- \$7,500 annual pharmacy maximum benefits (diabetic and ostomy supplies are excluded from maximums)
- \$4,000 Durable Medical Equipment annual benefit (diabetic and ostomy supplies are excluded from maximums)
- \$10 generic / \$35 brand (with p/a) co-pay for prescription drugs

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## Charter Oak Health Plan – Income Guidelines

Band/ FPL	Family Size						Charter Oak Premium	Charter Oak Deductible
	1	2	3	4	5	6		
Band 1 0 -150% FPL	Under \$15,600	Under \$21,000	Under \$26,400	Under \$31,800	Under \$37,200	Under \$42,600	\$75/mo	\$150 Ind. \$300 Family
Band 2 151- 185% FPL	\$15,601 - \$19,200	\$21,001 - \$25,900	\$26,401 - \$32,600	\$31,801 - \$39,200	\$37,201 - \$45,900	\$42,601 - \$52,500	\$100/mo	\$200 Ind. \$350 Family
Band 3 186- 235% FPL	\$19,201 - \$24,400	\$25,901- \$32,900	\$32,601 - \$41,400	\$39,201 - \$49,800	\$45,901 - \$53,800	\$52,501 - \$66,700	\$175/mo	\$400 Ind. \$600 Family
Band 4 236- 300% FPL	\$24,401 - \$31,200	\$32,901- \$42,000	\$41,401 - \$52,800	\$49,801 - \$63,600	\$53,801 - \$74,400	\$66,701- \$85,200	\$200/mo	\$750 Ind. \$1400 Family
Band 5 300% + FPL	Over \$31,200	Over \$42,000	Over \$52,800	Over \$63,600	Over \$74,400	Over \$85,200	\$251 – \$259/mo	\$900 Ind. \$1750 Family

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## Charter Oak Health Plan

- Kick-Off held on June 30
- Call Center began taking calls on same day, with over 16,000 calls and nearly 5,000 applications in the first week
- Quick Start Applications available online at **www.charteroakhealthplan.com** and by calling 1-877-77-CTOAK (1-877-772-8625)
- Pre-determination made from info provided on Quick Start application and sent to applicant along with request for additional info needed to make final determination

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## Dental Carve Out

### Dental Improvements Initiative

- Dental services will be carved out of all DSS programs effective September 1, 2008
- Children's dental payment rates have been significantly increased for all services
- Adult dental rates were adjusted to the extent possible with the \$2.9 million included in appropriation for FY08
- \$20 million included in the settlement agreement accommodated annual rate increases but did not address increased utilization

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## Dental Carve Out

### Dental Improvements Initiative

Although the settlement agreement approved increases for 7/1/2008, Governor Rell authorized early implementation of the new children's fee schedule, increases effective April 1, 2008 (see examples below)

Code	Old Rate	New Rate
Oral Exam	\$18.80	\$35.00
Cleaning	\$22.56	\$46.00
Fluoride	\$15.75	\$29.00
Sealant	\$18.46	\$40.00

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## Dental Carve Out

### Dental Improvements Initiative

- Benecare will be the single Administrative Services Organization (ASO)
- Benefits –
  - Single credentialing process for providers.
  - One uniform administrative process to follow for all patients.
  - A centralized location for claims payment and member history functions.
  - One network of colleagues and specialists for ease of referrals.
  - Promotes the “Primary Care Dentist” concept.

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## Over Fifty Health Care Initiatives Including

- Increase Eligibility For The HUSKY Program
- Increase Access To The HUSKY Program For Uninsured Newborns
- Increase Access And Outreach Under The HUSKY Program
- Expand Medicaid Eligibility For Pregnant Women
- Fund Primary Care Case Management (PCCM) Pilot For HUSKY
- Fund Services For Medically Fragile Children
- Money Follows The Person
- Additional Funding For Nursing Home Rates
- Additional Funding for Alzheimer's Respite Care
- Develop Pilot Home Care Program for People with Disabilities
- Implement Funding For Distressed Hospitals
- Provide Step Down From Chronic Disease Hospitals Under SAGA
- Centralized Unit for HUSKY Program
- Expand Personal Care Assistance Waiver Program
- E-Prescribing
- Web-based Application
- Mental Illness Waiver

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# Thank You

Presentation will be available at [www.ct.gov/dss](http://www.ct.gov/dss)

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