



February 28, 2023

Testimony of Matt Barrett, President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL).

In support:

H.B. No. 6776 (RAISED) AN ACT CONCERNING A PASSIVE MEDICAID REDETERMINATION PROCESS FOR CERTAIN AGED, BLIND OR DISABLED RECIPIENTS.

CAHCF is pleased to offer the association's strong support for this measure and applaud the leadership of the Human Services raising this bill. Adopting a passive Medicaid redetermination process for aged, blind and disabled cases would streamline and expedite the renewal process for thousands of Medicaid recipients and maintain the integrity of the Medicaid program by assuring only those eligible can and should continue to achieve ongoing eligibility.

It would be very appropriate and beneficial to the recipient, the Medicaid agency and the provider community if Husky C recipients in long term care and home and community based settings were able to redetermine the annual eligibility under these federally-authorized passive redetermination rules. First, this segment of the Husky C population has already gone through a rigorous asset review process, including a five-year look back asset analysis. In addition, these Husky C recipients have stable sources of income, such as SSA, SSDI or pension income. Finally, the recipient's categorical Medicaid eligibility rarely changes. Adopting this measure would address the unfortunate situations where Husky C recipients are terminated from coverage because they failed to redetermine eligibility for procedural reasons, most commonly simply failing to return the renewal application within prescribed timelines. The consequences are unnecessarily harsh and unfair because, in fact, the recipients are in actuality still eligible and overwhelmingly reestablish eligibility in a new application. This is inefficient and costly and can be avoided with a passive renewal process.

Passive Redeterminations are authorized by federal Medicaid law now. In this type of eligibility redetermination approach, the state (DSS) begins the renewal process by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (the measure uses the term "passive", which is one of the CMS terms, but CMS also refers to it as "ex parte renewal, auto-renewal, or administrative renewal"). Aged, blind, and disabled long term care medical assistance recipients are commonly known as HUSKY C cases in Connecticut.

If available information is sufficient to determine continued eligibility without requiring information from the individual, agency renews eligibility on an ex parte basis and notifies the beneficiary that their coverage has been renewed and the basis for the renewal. The Husky C beneficiary does not need to sign or return the notice if all information contained in the notice is accurate. If available information is insufficient to determine continued eligibility, the state will then send a renewal form and request additional information from the beneficiary provide a renewal form that is prepopulated for beneficiaries.

For additional information, please contact Matthew Barrett at mbarrett@cahcf.org