Behavioral Health Partnership Oversight Council
Coordination of Care Committee

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The Subcommittee will work with DSS, DCF, ValueOptions and the HUSKY plans to identify and monitor key issues in ensuring coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of DSS/ health plans. Health Plan responsibility includes primary care, specialty care and transportation services. DSS is responsible for pharmacy services starting 2/1/08 and dental services 9/1/08.

Co-Chairs: Maureen Smith & Sharon Langer

Meeting Summary: July 27th

Next meeting: ***Wednesday Sept 28, 2011***

Non-Emergency Medical Transportation (NEMT) Issues:

Lee Vander Baan (DSS) stated at the outset that DSS is aware of problems that created the focus of this meeting about transportation problems. Mr. Vander Baan provided an overview of Medicaid NEMT services, current system in place and the change to a single NEMT broker for all of Medicaid 1/1/12.

Define program: NEMT is part of the support system for non-emergency services that has an annual expenditure of $50M. By regulation the service limits transportation to the nearest provider by the least costly type of transportation service based on the enrollee's condition. NEMT is available for Medicaid clients that have NO OTHER transportation resource. The request must be made by 2 business days before appointment; however public bus transportation requires more time for the broker to mail the monthly tickets. NEMT can Not be used for the sole purpose of getting a script or pick –up of DME equipment only but can be used for an appointment to fit a device, etc to the individual. Types of transportation include public buses, trains, livery vehicle including vans, non-emergency ambulances, air transport. There are a total of 4 million NEMT trips/year and the NEMT Broker staff handle ~ 10,000 calls/day, schedule appointments, etc.

The NEMT brokers have diverse responsibilities, some of which are:

- Ensure the local transportation vendors comply with regulations from 3 other agencies, including background checks on all drivers.
- Provide public transportation tickets for bus, train, getting them to the client a month before appoint – this becomes problematic as Medicaid eligibility can change month – month.
- Accept enrollees calls at the phone centers, ensure after hours contact for follow up the next day.
- Prior Authorize (PA) all transportation services. DSS stated the broker does not evaluate the type of or necessity for transportation. Broker assigns the client to a particular

transportation provider (private business at local level) that if accepted, becomes part of their schedule. Important to note: NEMT is not a 'demand type' system. Clients cannot make changes beyond what was approved with broker with the local vendor. This has lead to client complaints about a driver who can't stop on the way to the destination. DSS, in the interest of client safety would suspend drivers that have complaints lodged against them. For youth, the provider/child's parent needs to discount the complaint in order to reinstate the driver. The Broker monitors/records sentinel events.

- Conduct vendor driver in-service:

Current NEMT System: 3 Brokers, 50 vendor companies/transit districts

- FFS program: FirstTransit & Logisticare;
- HUSKY A MCOs: CHNCT- CTS, Aetna & UHC- Logisticare
- (Medicaid Low Income Adults (MLIA) –CTS. DSS has a non-risk contract with CHNCT that has continued a NEMT contract with CTS.

NEMT changes: **Jan. 1, 2012 Program moves to a single statewide Medicaid Broker**

Mr. Vander Baan discussed some of the reasons for the change from 3 vendors to one: reduce overlap administrative functions, ride arrangement redundancy, different policy interpretation issues, and improve cumbersome data collection. DSS expects the streamline program to result in improvement in:

- Coordination of care access for clients and providers.
- Build files for the 600,000 enrollees with client ID major improvement that will enhance DSS analytic capability. Data will allow the state to look at population based, geographic types of health care needs.
- Improve local vendor assignment
- Increase DSS capacity to support medical, BHP ASOs' coordination of care assist in identifying and documenting environmental concerns, risks observed for adults, elderly, youth and children.
- Mr. Vander Baan believes NEMT is UNDERUTILIZED as a way to coordinate care - it is often the 1st point of member contact with the public health system.
- The new contract will provide daily client updates to DSS, single phone point of contact for members, single broker to verify all claims.

DSS will ***convene work groups*** to 1) Identify issues related to Person/patient Centered Medical Homes (PCMH), 2) assess issues that compromise medical services and NEMT services; DSS will develop a complaint hierarchy and develop a rapid response team to respond to and resolve complaints and 3) develop valid NEMT Broker performance targets. This Subcommittee and the Consumer Access SC will work with DSS on potential group organization.

In the current system and the single broker system, DSS stressed the importance of calling the NEMT broker first with a complaint (not the local vendor); calls are recorded to describe the issues. If there is no response from the Broker to the complaint, can then call Lee Vanderbaan (424-5694) who will in turn contact the brokers. The Rapid Response Team (RRT) will monitor problem patterns and address resolution steps.

Subcommittee Comments:

- ✓ Court ordered clients not in Medicaid transportation system have problems issue DSS believes the transportation problems should be applied to the DSS RRT even though not a Medicaid service.
- ✓ Question about Bus card vs. personal transportation: the Chair suggested follow up with an individual discussion with DSS on specific question.
- ✓ Child transportation: a driver background check is done. Child/youth escorts: < age 12 must have an escort: those over age 12 can ride unescorted with signed parental release to broker. Any problems CALL BROKER, NOT LOCAL VENDOR.
- ✓ BH service issue: curb-curb pickup: the vendor doesn't call the school to notify they are there and will leave before child can get out. The new broker needs to have specific guidelines about school pick ups as there is a gap in current structure. DSS suggested this could be addressed in a work group.
- ✓ Client late arrivals to providers: beyond 15 minutes to and from program: Lee aware issues Waterbury Hospital child/adolescent BH. DSS requested the individual call Lee Vanderbaan about concerns.
- ✓ Jill Benson: noted delays in client pick up, delays in answering phone when the provider calls. Ms Benson will share data with DSS.

CTDHP Dental Program: *Dr. Donna Balaski (DSS)*

BHP OC CofC CTDHP 7-27-11.pdf

CTDHP began 9/1/2008: it is the largest dental plan in CT and serves 575,000 members with a 1300 provider network,(*slides 2- 3*) "one-stop" call center for multiple service needs associated with dental care access.

- ✓ Community and targeted outreach for prenatal, special health care needs and non-utilizers has been a major undertaking (*Slides 4)* that provides information about CTDHP, how the ASO can assist members in obtaining oral health care as well as the stressing the importance of oral health in overall health and wellbeing. CTDHP seeks to engage parents to value their child's first teeth and get the child to a dentist by age one. Has There isn't a unified national dental health campaign connect oral health and overall health so CT is starting to do this.

- ✓ Community Care coordination *(slides 5-12*) includes an initiative for clients with special health care needs, (slide 5), facilitating dental access, specialty services, etc: **Refer clients with special needs to CTDHP networks for assistance for commercial insured, and also work on uninsured**. If the individual is covered by the Medicaid program, CTDHP can work to coordinate transportation with NEMT brokers: if the person is not on Medicaid, CTDHP will connect the person to the application process, or find dental care if the caller is uninsured/uninsurable.

An important message in member education: cavities are an infectious disease.
(*Slides 9 – 11*) Care coordination: one-one with follow up that includes dietary habits (i.e. soda) and good dental practices.
Quest: coordinating dental/smoking cessation: connect them with cessation intervention will be addressed through the medical ASO.

- ✓ (S*lide 14*) **I**ntensive Community outreach to PCCM offices test stages, if this is a successful

pilot CTDHP will expand to PCPs.

✓ *(Slide 16):* CT is one of 6 states that received an A grade performance rating from PEW in 2010 **and just recently in 2011**.

CTDHP Observations:

✓ CTBHP monitors claims data: found children who have had 4 + cleanings in a school year by multiple sites: goal is to reduce redundancy of services that could have an adverse effect on child's oral health from frequent routine cleanings without pre-establish periodontal disease.

✓ Adult psychotropic meds can lead to dry mouth, infections, etc. CTBHP and ValueOptions will look at a future level of ***care coordination*** for these clients.

✓ There is a code for extra assistance by dentist: **families with a special needs youngster can contact CTDHP for a dental health specialist to assist in this.**

✓ *Who processes complaints*: start with the customer service number CTBHP: if specific dental office behavior, complaint goes to DPH.

✓ CTDHP. **– 866-420-2924 (record after-hours calls and return the call the next day)** Call this number to request local dental specialist education sessions, assistance with a special needs client, etc,