



***Behavioral Health Partnership Oversight Council***  
**Coordination of Care Committee**  
***Council on Medical Assistance Oversight***  
**Consumer Access Committee**

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Co-Chairs: Christine Bianchi, Sharon Langer & Maureen Smith  
BHPOC & MAPOC Staff: David Kaplan and Olivia Puckett

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and Charter Oak Health Plan receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: May 22, 2013**  
**1:30 – 3:00 PM**  
**1E LOB**

**\*NOTE DATE CHANGE\*** Next Meeting: **June 19, 2013 @ 1:30 PM in Room:**  
**1E LOB**

Attendees: Co-Chairs Christine Bianchi, Sharon Langer and Maureen Smith, Lois Berkowitz, Cassandra Blake, Ta-Juana Blake, Tina Bowen, Angie Feliciano, Andre Freckleton, Daniela Giordano, Ida Harris, Lawanne Harris, Michael Harris, Yolanda Harris, Brenetta Henry, George James, Judith Jordan, Susan Lane, Chynna Lowe, Ellen Mathis, Quiana Mayo, Sabra Mayo, James McMellon, Stephen Merz, Marty Milkovic, Peter Palermينو, Kelly Phenix, Ed Platt, Deanne Privette, Trevor Ramsey, Kimberly Sherman, Eunice Stellmacher, Sheldon Toubman, and Michelle Tournas

**Introductions**

Co-Chair Sharon Langer convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:32 PM and the Co-chairs introduced themselves. Sharon asked all

members to sign the attendance list and introduce themselves. She then thanked the family and consumer members for attending and welcomed them to participate in the discussions.

## **Family Planning Limited Benefit Update- Planned Parenthood of Southern New England's Experience- Susan Lane, Director of Grants**



CoordofCare5-22-13  
XIXFamily Planning In

Several years ago the General Assembly enacted legislation directing the Department of Social Services to apply to Centers for Medicaid and Medicare (CMS) for a Family Planning Waiver. DSS began offering coverage in March of 2012 under a Medicaid State Plan Amendment (an option under the Affordable Care Act and a far simpler process than a "waiver"). It is intended for the prevention of pregnancy and for the spacing of children. To be eligible for **Family Planning Coverage Individuals must be:**

- US citizen or registered alien, living in the US for five years
- Connecticut resident
- Uninsured or high deductible plan
- Income is at or below 250% of the Federal Poverty Level
- Family of one income is \$27,980 a year
- Women and men of reproductive age

### **Covered Services include:**

- Family planning services and supplies
- All FDA approved contraceptive methods, including IUDs and hormonal implant

### **Other services provided as part of family planning:**

- STD testing and treatment
- Pap testing, colposcopy and cryosurgery—as part of family planning visit

### **Enrollment- PPSNE has submitted nearly 4,000 applications to date:**

- Started off slowly and began to build over the summer
- The goal is to sign up—either new or renewal—125 individuals a week

### **Coverage continuity:**

- Two thirds of patients who sign up for the Medicaid FPL get a full year of FPL coverage
- Nearly one-fourth are awarded full Medicaid benefits, such as HUSKY D (LIA) or other HUSKY coverage
- A small percent eventually obtain commercial insurance

### **Impact; Program will significantly reduce public money spent on unintended pregnancies:**

- Use of long acting reversible contraception (LARCs) among PPSNE patients is up 35% in the last year
- This includes IUDs and hormonal implants
- Much of the increase is driven by patients who signed up for Medicaid Family Planning program

## Discussion

Co-chair Maureen Smith wanted to know what how long it takes to process a family planning benefit application. Sheldon Toubman (New Haven Legal Assistance Association) asked about how quickly an individual may fill a prescription at the pharmacy. Ida Harris (DSS) responded to both questions that DSS usually processes the presumptive eligibility applications within 24 to 48 hours. The length of time depends on when the individual's information was entered into the computer by DSS. Peter Palermino (DSS) said Planned Parenthood clients represent a high percentage of family planning applications submitted to DSS. The work and process began in March 2012 and subsequent to the launch, DSS and Planned Parenthood worked cooperatively together with DSS central and regional office staff. As of April 2013, there were 4,000 to 6,000 applications received for services. Co-chair Christine Bianchi said that community health centers screen applicants for benefits and wanted to know if Planned Parenthood does the same? Susan Lane explained that they with the roll-out of the family planning limited benefit, this is the first time that Planned Parenthood has screened for Medicaid eligibility. Community health centers have been doing this type of outreach/enrollment assistance for many years.

In response to Christine's question about whether colposcopies are covered, Dr. Zavoski, DSS Medical Director sent the following information after the meeting:

"The codes that are on the family planning clinic fee schedule are the same codes added under the FAMPL coverage group. These include:

57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROC
57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S)
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER
57460	BX OF CERVIX W/SCOPE LEEP
57461	CONZ OF CERVIX W/SCOPE LEEP

DSS has not been asked to add any other codes. If any provider wishes to add codes to this fee schedule, they may request the addition by contacting Nina Holmes in the Department of Social Services' Medical Policy Unit and we will be happy to review the request."

Co-chair Christine Bianchi asked DSS about whether Planned Parenthood has developed marketing materials and if they are available yet for distribution? Peter Palermino (DSS) replied that there is a one-page flyer and the department is now moving forward in developing a fact sheet to clarify services that are available. There was also a question of when the Health Insurance Exchange and Medicaid expansion people will be covered up to 133% of poverty level and whether this requires a mandate. Peter said DSS is working closely with Access Health Care Staff and will get back to the group with this issue.

Consumer Advocate asked if abortion is covered. Response from DSS is that it is covered by another Medicaid program. There was a question if there is a retroactive if the patient is deemed eligible? There is no retroactive with presumptive eligibility. Medicaid can look back three months. There were comments about building a relationship with the local pharmacy because it can be challenging in terms of their knowledge of their program.

## **Grievance Reports- Logisticare – Jim McMellon, Director of Operations**

Jim McMellon, Director of Operations for Logisticare spoke about client complaints. Tier I complaints are the most serious and are usually related to accidents or improper driver behavior. Jim reported that Logisticare had recorded 223 complaints for the first quarter of 2013. Co-chair Sharon Langer asked if the complaints reported were just made to Logisticare itself, or also those made to DSS. Judi Jordan of DSS said that complaints report included all the documented complaints made to DSS as well as those made to Logisticare, and DSS. Sabra Mayo asked whether Logisticare collects complaints related to bus passes, as well as livery service. She knows of situations where the bus passes did not get to consumers on time and wanted to know how this type of problem will be rectified. Jim said that the complaints were just for vehicle transport and most complaints are brought to resolution within 48 hours. Also, bus passes are available and can be reimbursed if they are bought by the member in advance. Sheldon Toubman pointed out that bus pass complaints are about Logisticare and not about providers and he wanted to know if Logisticare complaints are being reported. Jim replied, "Yes, all complaints [including those about Logisticare] are being reported to DSS". Michelle Tournas shared a story of an elderly member who was left without a ride home from an appointment and reported that Waterbury residents are not getting rides. Jim told her that members should call Logisticare immediately if they are not getting rides.

Jim also discussed the requirements for scheduling appointments. For non-urgent appointments, members need to call 48 hours in advance; for urgent/same day appointments, there must be at least 4 hours notification for rides.

## **Update on Non-Emergency Medical Transportation (NEMT) and Discussion by DSS-Judi Jordan**

### *Status on Implementing Regulations*

Judi Jordan reported that currently there is an internal draft of the regulations. In response to the request for the Committee to review the regulations prior to publication, DSS plans to follow the normal publication process for feedback. Co-chair Sharon Langer asked if the regulations will be published as proposed regulations and effective as proposed because in some cases, regulations are never finalized. Sharon would like DSS to give the Committee, as an oversight body, to weigh in before the regulations are published. Sharon said that she finds it troubling that there are no regulations in place at this time. Sheldon Toubman said that there is a pre-regulatory process for input and would like to have DSS put something in writing. Co-Chair Christine Bianchi said that perhaps this should request should go through the committee co-chairs with a formal letter to the DSS Commissioner. There was discussion

about how this issue has been discussed for a long time and would like to hear the rationale from the Commissioner about receiving and considering the input of the committee. A revision to the DSS Contract with Logisticare was not discussed.

#### *Website for Members*

Judi reported that by early June 2013, the Logisticare Website will soon have a link to a member's portal for transportation reservation. Co-chair Christine Bianchi would like the website to include a uniform list of timelines for reservations and appointments.

#### **Update on Roll-out of Modernization: Improvements to DSS Eligibility Systems and Evaluation of ConneCT**



CoordofCare5-22-13  
DSSConneCTDemo&L

Co-chair Sharon Langer said that consumers can now go on-line and use the "My Account" link and then they give feedback either to the Committee or directly to DSS at a later date. Judi Jordan reported that as of the end of April there were at least 10,000 people using the MyConnect and by August 1, 2013, the system is expected to be fully implemented across the state. Fran Freer of DSS is the contact person and can answer questions about the website. There were questions about if there is a promotional campaign for Modernization. DSS responded with there has been distribution of the information to members and an educational campaign planned.

#### **Other Business**

Co-chair Maureen Smith gave a shout out to committee member Barbara Ward Zimmerman for her work in the Mental Health field recently reported in the Hartford Courant. Sheldon Toubman pointed out that the information on audiology codes as reported in the March Summary was erroneous. He stated that the federal government has no say in the codes and that it is an optional service for which the state government receives federal reimbursement (50 percent match). Co-chair Christine Bianchi said the Committee will get more information about coding and reimbursement for audiology services at the next meeting which will be one month early on June 19, 2013 at 1:30 PM in 1E LOB. The June meeting will also include the results of a pharmacy survey conducted under the auspices of New Haven Legal Assistance Association. There will be no July meeting. Co-Chair Sharon Langer adjourned the meeting at 2:56 PM.

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