



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

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Co-Chairs: Christine Bianchi, Janine Sullivan-Wiley
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: September 23, 2014
1:30 – 3:30 PM
1E LOB**

***NOTE: NEW MEETING DATE: Next Meeting: Tuesday, October 22, 2014 @
1:30 PM in Room: 1E LOB**

Attendees: Co-chair Christine Bianchi, Co-chair Janine Sullivan-Wiley, Dr. Donna Balaski, Dr. Lois Berkowitz, Sen. Terry Gerratana, Bill Halsey (DSS), Michael Harris, Quiana Mayo, Sabra Mayo, Kate McEvoy (DSS), Linda Pierce, Trevor Ramsey, Lashawn Robinson, Bonnie Roswig, Kimberly Sherman, Eunice Stellmacher, Sheldon Toubman, and Benita Toussaint

Introductions

Co-Chair Christine Bianchi convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:37 PM, welcomed everyone and committee members introduced themselves. Maureen told the committee that the agenda was adjusted to just one agenda item and that the update on ConneCT was postponed and will be given by DSS at a future committee meeting.

Non-Emergency Medical Transportation Update (NEMT) - Dr. Donna Balaski (DSS)



CoordCareNEMTCAC
9-23-2014.ppt



CoordCareDSSNotice
Intent9-23-14.pdf



CoordCareDSS9-23-
14NEMTRegulations.p

Dr. Donna Balaski (DSS) introduced herself and said that in addition to now overseeing Non-Medical Emergency Transportation (NEMT), she oversees the Dental Health Partnership and Lead Abatement Program. She explained how NEMT services were carved out into one Administrative Service Organization (ASO). LogistiCare Solutions won the contract for the RFP and was selected as the sole NEMT vendor in Connecticut. Logisticare is currently in its fourteenth month into the contract. There have been many changes in LogistiCare and its department staff. Dr. Balaski is the new DSS director of the program.

Dr. Balaski went over the presentation slides for LogistiCare **Non-Emergency Medical Transportation**

Non-Emergency Medical Transportation

- February 2013 NEMT changed to a non-risk medical service model using just one broker instead of three
- LogistiCare Solutions, LLC. Is now the statewide broker for NEMT for members of the HUSKY Health A, C and D Programs
- During the first 14 months of the contract changes in staff have occurred with the broker. In addition, the DSS NEMT contract manager has changed.

LogistiCare Overview

- Arranges for transportation via the call center as well as internet member and facilities websites
- Assigns the appropriate type of transportation, based on information supplied by the member and providers
- Recruits and enrolls livery and wheelchair transportation providers
- Pre-processes livery and wheelchair trips for payment by the department's contractor, Hewlett Packard (HP)
- Supplies bus or rail tickets and tokens to members and facilities
- Provides outreach and education to transportation providers, facilities and members

NEMT Overview

Transportation services offered include:

- Bus and train tickets
- Livery (cab) or Car Service
- Wheelchair Transport Services
- Ambulance Transportation (non – emergency)
- Mileage Reimbursement

Service type is determined on the basis of the member's needs and location. If someone is unable to use the bus they determine other transportation is needed.

LogistiCare Customers

- Members of the HUSKY Health A, C, and D Programs are eligible to receive transportation services.
- Other Administrative Service Organizations (e.g. Benecare, Community Health Network of CT and Value Options) including HP(Billing)
- Service providers for behavioral health, medical and dental services are an

- integral part to make the members on a timely basis
- Transportation providers
- Department of Social Services

Most Frequent Medicaid Services that Members Use Transportation for: In order of frequency:

- Substance treatment services
- Behavioral health appointments
- Medical appointments
- Dental appointments
- Hospital Discharges (Emergency Department & Inpatient)

NEMT Overview

Average number of delivered daily trips (Car rides, rails, mileage reimbursements, tokens) for April and May 2014

	<u>Weekdays</u>	<u>Weekends</u>
Mass transit (bus and train)	8,154 (49.8%)	5,151 (54.8%) - dialysis, treatments, some medical and dental appointments on the weekends)
Livery & car	6,814 (41.7%)	3,681 (39.2%)
Wheelchair services	1,322 (8.1%)	500 (5.4%) ABD and the use of special transport services
Ambulance	57 (.4%)	62 (0.66%) Some clients need to be on a stretcher.

Does not include mileage reimbursement- arranged by LogistiCare for the members.

Urgent and Same Day Trips (It is not always easy to plan emergencies.)

April and May 2014

- Requests for same day trips averaged 155 per day – Call in the morning.
- High of 283 trips per day
- Higher number of requests is for weekdays over weekends
- Requests for next day trips averaged 220 per day
- High of 500 per day
- Higher number of requests is for weekdays over weekends

Call Center- Metrics or Measurement

- April – May call center metrics
 - Weekday volume: 4,150 – 5,800 calls per day- Highest volume of calls is on Mondays
 - May average daily speed to answer was under 2 minutes (improvement from April)
 - She has some of her staff call to test.

Abandonment rate:

- Average daily rate was 14% in April; in May, rates have decreased to slightly under 4%

- Mondays tend to have higher abandonment rates, more calls are coming in on Mondays.
- Still striving for under 2%

Program Evaluation

After reviewing data from the first year of operation and receiving input from members and facilities, improvement efforts began in several areas:

- Call center structure and performance
- Centralization of complaints – Housing everything at LogistiCare and DSS. She how many are coming in at each location.
- Revision of member and facility outreach and education materials, big revision and still being reviewed. Input on format, structure and ease.
- Maureen said they would appreciate the opportunity to look at that. It would be ready in 3 weeks and send it over to Olivia and everyone could see it.
- Increased monitoring, i.e. daily metrics and weekly meetings between DSS and LogistiCare
- Twice weekly meeting with LogistiCare and discuss processes and see how things can be changes.

Short Term Goals

- Decrease call wait time
- Improve customer service
 - Example of wheelchair- asking more questions about details, what types of transportation arriving. Haven't seen as many calls and asked if that's helped.
- Enhance call script to gather most accurate information needed to deliver the service
- Educate members and facilities about how to access services, file a complaint & cancel a trip
 - Included in call waiting message
 - Everyone is treated with courtesy, helpful tips on call messages, how to arrange transportation (have ID card ready, how to cancel transportation)
- Assess barriers to timely service delivery
 - Showing up on timely services, in the process of improving.
 - Evaluate reasons for "No Shows" by providers and members
 - Evaluate reasons for cancellations- did you know important it is to cancel the trip. Informing the members. Last minute cancellations for reasons.
- Streamline provider payment process to HP
- Review reporting metrics
- Review processes and procedures(written policies and procedures)
 - Example: cross trained to do the bus token. Timely bus tokens.
- Develop Connecticut specific public and private websites
 - Private website- secure website to book the rides. There isn't enough information on it.
 - Maureen: What percentages are booked through the web? Will get back to her on it
 - DSS is open to feedback on website.

NEMT Outcomes

Identified Program Changes:

1. Revision of physician transport request (PTR) to make the definition more clear and inclusive. Example: Use of bus.
2. Expansion of livery services for members who are also on the CT Home Care Program for the Elderly (CHCPE) Example: people on the elder home care program, can take them to the appointment and relieve the burden.
Sabra Mayo asks if riding with a companion and can't get a bus pass or NEMT because of the new state regulations.
Dr. Balaski responds with they are in the process of assessing the level of need. Part of the DCF program when need to bring a program while there in that program to bring their child in there. See where there issues and address them.

NEMT Outcomes

- Hired an external quality review organization [EQRO] vendor (Mercer Government Human Services Consulting) to perform a thorough evaluation of the current program structure
- LogistiCare Program review with Mercer. What problems are being addresses?
- Maureen asks if they if it available. When DSS gets it, it will be available for review
 - Review to take place May 28-29, 2014
 - Results expected to provide additional information for ways to improve program function

Discussion

- Maureen thanks Dr. Balaski for the presentation. Maureen spoke about Medicaid Transportation for NEMT when Private Insurers won't provide the transportation. NEMT provides transportation for NICU babies. Maureen asks for a copy of the audit when Mercer is done. She also asked if they are establishing benchmarks.
- Dr. Balaski says yes and they want hard numbers and benchmarks.
- Maureen asked about a reward system or a Corrective action plans. They are corrective action plans they are working with for non-compliance.
- Sen. Gerratana asked about most frequent Medicaid services and comparison about week days and weekends. She asked if there are there routine medical appointments on weekends.
- Dr. Balaski said the weekend visits and the call center metrics are different. There are customary weekend visits to the doctor appointment. It is all non-emergency. There are same day trip that are urgent. They do urgent and non-urgent. The emergency is not handled by LogistiCare.
- Sen. Gerratana asked about eye treatment and different modes of treatment.
 - They are centralizing the complaints.
- Dr. Balaski said they Call Care Call Center the clients call if the appointment is running late and reschedule the appointment. Rides are determined on the availability.
- Where do they lodge complaints?
 - They go through LogistiCare, DSS, and some of the legislative office.
- Where is LogistiCare office?
 - It is a new haven
- There is a 1-800 number you can call. Think they can do it your web portal. Do they do any emergency transport?

- No, they do not do emergency.
- They are building an access database to have complaints in one office.
- What is the mileage reimbursement?
 - Mileage reimbursement – keeps track of mileage and reimbursement. They do for medical appointments.
- Mass transit is given a bus or rail pass.
- Question from a consumer- health is put on hold, all they can do it put
 - Physician form filled out. Typically they do one at a time.
 - She gave an example of diabetic and eye appointments.
- Parents with children that travel, more convenient to travel with babies.
 - There was an example of Infants with car seats- there needs to be physicians' transportation request form.
- Is it still, appointment two weeks ahead of time?
 - No it needs to be 48 hours ahead of time. Longer time give the better. At least 48 hours.
- How about for hospital discharge?
 - You would call LogistiCare, arrange transportation and bring home.
- Question: will you provide transportation for assistant to go to the appointments with the patients?
 - Companion will be driving his or her car? They will get reimbursement. Couple conditions- good driving record,
 - How do they fulfill those requirements?
 - They are rolling out this process in June. The Access agencies in June will be working with DS. They are going to do Beta testing with Health Home Companion Agencies.
 - The home care can use NEMT transportation, can use NEMT.
 - Would like their companions to take them.
- Sheldon Toubman Welcomes Dr. Balaski and said she has done a good job on the dental benefits. He spoke about the complaints at the last meeting; he explained that a lot of providers believe it's not worth complaining anymore therefore it suppresses the number of complaints. He asked what Dr. Balaski is going to do about the complaint process to help providers explain. Is the sharing of the complaints with LogistiCare and is LogistiCare sharing with DSS.
 - LogistiCare gives the complaints to DSS. They are going to centralize the complaints. The brochure is to be put out on the website. Where there going to go and gathering information. DSS has been meeting with different providers groups outside and issue they have. They have been receiving improvements to make it better. They will work on steady stream to move forward. Happy to take in suggestions.
 - The DSS IT department is making a database and of what's coming in. They have been looking at the reasons for cancellations (pass backs) and look more into that to solve that problem.
 - Will part of the nurse or audit be looking at providers?
 - Not just yet, just how LogistiCare functions.
- Kate McEvoy said DSS is meeting with different groups to connecting all the actors

and they are deeply concerned with under reporting. Identifying all the roles of the actors. The monthly meetings are a part of the role of the meetings. Providers, universe of everybody.

- Sheldon said he is happy to be on that workgroup.
- Maureen clarified her statement about referring to the average speed of answer and abandonment rate.
- Bonnie Roswig couple of things members, she said her concerns for the members including: Wait time for pick-up, lasting hours and hours, communications between the livery driver and the patient. Nobody knows it is your cab- solution would be having the driver call the individual. After nobody gets in the cab, it is considered an abandoned ride.
 - Dr. Balaski said in the near future goal- numbers they can be reached to contact. Meetings where all the hospitals, clinics, sit down new systems to people, where to call, who to call, designate meeting places, seems to be predominant thing. Materials all to review. Monthly meetings will be helpful. They are working with the CT Hospital Association and Karen Buckley Bates.
- Bonnie asked about what transportation is covered. She gave an example about a parent is denied to the hospital because the child is inpatient, the complaint system- nurses and social workers the wait times continue and not getting through. Training the patient community but what are they doing to train the LogistiCare staff, and what they should be doing. Who is making these decisions around what transportation is appropriate. It is medical decision. And why isn't the website in Spanish?
 - Dr. Balaski said there is a call center retraining and revising the call scripts. There is a certified medical nurse on staff who sends the physicians trip request to the doctor's office. The staff cannot guess the circumstances of the individual. They need to have documentation. The department is responsible to reporting to the federal government. They are working on getting the website in Spanish.
 - Is the call-Center is denying that service- is it going back in writing. Sending out a notice of action.
 - Individual complaint. Client has a right to complaint.
 - LogistiCare and the DSS need to have a solid methodological approach. They are setting up the right infrastructure and the Goal is to make it right.
 - Accountability rests with the Department. It is necessary to make a formal audit. Mercer is on site. Once they receive the audit they will take action. They are doing in a totalistic way
- Sheldon: Notice of Action distinction in the call centers, who says call center staffs, reason is physician transportation says no is because they cannot get the physician request form. All center contacts the doctor's office.

Dr. Balaski summed up her presentation by saying that improvements are being made and it will be an ongoing process.

Other Business

Co-Chair Janine Sullivan-Wiley thanked Dr. Balaski again for her presentation and everyone else for their participation. She said that she was pleased to learn of the upgrade in tracking complaints. She then asked for additional comments or new business. Hearing none, she adjourned the meeting at 3:11 PM.

***NOTE: NEW MEETING DATE: Next Meeting Date: 1:30 PM,
Tuesday, October 22, 2014 Rm. 1E LOB**