



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

Legislative Office Building, Room 3000, Hartford CT 06106-1591
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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: October 22, 2014
1:30 – 3:30 PM
1E LOB

***NOTE: NEW MEETING DATE: Next Meeting: Tuesday, November 19, 2014**
@ 1:30 PM in Room: 1E LOB

Attendees: Co-Chair Christine Bianchi, Co-Chair Janine Sullivan-Wiley, Annie Alvarez, Kathryn Britos-Swain, Jessica DeFlumer-Trapp, Marilyn Denny, Michael Harris, Brenetta Henry, Ellen Mathis, Quiana Mayo, Sabra Mayo, Linda Pierce, Trevor Ramsey, LaShawn Robinson, Bonnie Roswig, Kimberly Sherman, Sheldon Toubman, and Benita Toussaint

Introductions

Co-Chair Christine Bianchi convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:30 PM, welcomed everyone and committee members introduced themselves.

Nominations for New Co-Chairs

- Sabra Mayo nominates **Brenetta Henry** (Coordination of Care)
- **Benita Toussaint** is nominated (Consumer Access)
- **Sheldon Toubman** for Consumer Access, Co-Chair.
- Sheldon said the consumer should be a Co-Chair.

The committee will discuss the nominations have the elections the next meeting.
The nominations will be open until next month's meeting.

Non-Emergency Medical Transportation- Discussion for Regulations Hearing

Co-Chair Janine Sullivan-Wiley led the discussion that included the following:

- Asked for stories and antidotes and a sense of what the big issues are and who recipients of those services are. It's not easy to get regulations changed.
- Contractual vs regulatory. LogistiCare does an unfortunate job caring for the program. Contractual obligations need to be in the regulations. And impose any sanctions.
- Top 5 Issues that must be resolved to be considered a reasonable provider of services it's based upon experience.
- Contractual agreement should be a part of the regulations.
- Families having to share rides. Parents' having other siblings attending the ride, adult is responsible for minor children, if you don't have child care, how are you going to get to the, minor household member.
- Personal Care Attendants- narrow definitions, other necessary support for recipient
- Time and Punctuation.
- Needed wheelchair livery van. Didn't service people when they needed a wheelchair.
- Recertification.
- Lack of oversight and continuing to perform poorly.
- Lateness, costs the system and because they miss their appointments.
- Ride is late, specialists and need to stay in the nursing home and costs money to the system.
- Need for oversight board, lack of any responsibility. There are lots of complaints.
- Lack of any obligation through sanctions if providers perform poorly.
- Lack of objective guidelines and performance measures.
- Accessible piece- cars that is accessible at all times. See how equip to take care of families who are utilizing the services, not having a wheelchair accessible vehicle.
- Distance- High of Sensory Issue and cannot take public transportation, Why is a Logisticare operator making that decision to see the patient should see. Medical Necessity decisions and be decision of the medical provider.
- Children and orders on file with LogistiCare, cab stops at UConn and picks up another family.
- Language- "confined to a wheelchair" to uses a wheelchair.
- Pharmacy- going to DSS with accountability. Outside of CHNCT and outside of HP, approved by DSS staff in the pharmacy department.
- Medical provider- sends it to the nurse. Members calling in and the process aren't always explained.
- Pharmacy can be done electronically, LogitiCare has done with a portal and exceptions can be
- Who's making the decision, concern that it's not the nurse?
- Certain way to address it.
- Shown it can't do these decisions, if the doctor writes it and it should be respected?
- Non-medical people In LogistiCare is making decisions,
- Use pharmacy as comparable process. There is a formal process.
- Couldn't use the bathroom, wouldn't stop for that.
- Driver able to stop his CAB for something he may need.
- CAB Drivers, reimbursement rates are low and wait a long time to get paid. Arrive late and takes LogistiCare to get the information.

- Rights and Responsibilities for Consumers
- Need to go to the mat that's changing the system for all of us.
- Looking at the same quality of care that a person who is paying for health insurance.
- Incorporate, cost savings, form and specific form on what is needed.
- Whoever does the override, they need to have an external reviewer.
- Logit care making profits and not complying with Medicaid requirements.
- System is cumbersome.
- There were questions about the process.
- Is the practice their doing, no. does the draft regulation they circulated provide for it?
- Medical information is not transferable.
- Asking the same questions,
- Right kind of vehicle and assure consideration of medical/behavioral needs of recipient and be respectful.
- Its Logisticare decision to where the medical provider, making switching for doctors.
- Prior authorization for livery or van. It puts the burden on the wrong place. Asking the other questions that can be part of the conversation.
- Medicaid providers, select your PCP.
- Thank you Sheldon and subcommittee that captured the comments of the group.
- People's rights are being stomped upon.
- See document for further comments.

The Public Hearing will be on October 29 from 10-12 on Farmington Ave on DSS on First 1 Floor.

Discussion on Committee Goals for 2014-2015

- Statement of purpose, supposed to look at behavioral health
- To look at some of the other issues like medical and dental health

Next Meeting Agenda

- Logisticare (what happened at the hearing).
- Dental Update
- Attribution Report
- Pharmacy Access
- Asking for legislator concerns about forum

Other Business

Co-Chair Janine Sullivan-Wiley asked for additional comments or new business. Hearing none, she asked for a motion to adjourn. Sheldon Toubman made the motion to end the meeting. Sabra Mayo second, and Janine convened the meeting at 3:12 PM.

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