



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

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Co-Chairs: Christine Bianchi, Brenetta Henry, Janine Sullivan-Wiley & Benita Toussaint  
MAPOC & BHPOC Staff: Richard Eighme & David Kaplan

*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 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 receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.*

**Meeting Summary: September 28, 2016  
1:00 – 3:00 PM  
1E LOB**

**\*NOTE: DAY & DATE CHANGE: Next Meeting: Tuesday, November 22, 2016  
@ 1:00 PM in Room: 1E LOB**

Attendees: Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Lois Berkowitz (DCF), Anna Bigelow, Alyse Chin (DMHAS), Bill Halsey (DSS), Michael Harris, Olivia Hathaway, Tamara Johnson, Quiana Mayo, Sabra Mayo, Kelly Phenix, Linda Pierce (CHNCT), Sandra Quinn (Beacon), Trevor Ramsey, Bonnie Roswig, Kimberly Sherman (CHNCT), Eunice Stellmacher, Kimberly Sullivan, Casey Tillman (Logisticare), Sheldon Toubman, and Rod Winstead (DSS)

## **I. Introductions**

Co-Chair Brenetta Henry convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:09 PM and introductions were made. Co-chair Sullivan-Wiley then proceeded with the agenda.

## II. **Scheduled Update on Non-Emergency Medical Transportation (NEMT) - Rod Winstead (DSS), and Casey Tillman (Logisticare)**



CoordCare9-28-16C  
AC 2 Qtr 2016.pptx

[http://cgalites/med/committees/med3/2016/0928/20160928ATTACH\\_Logisticare%20Presentation.pdf](http://cgalites/med/committees/med3/2016/0928/20160928ATTACH_Logisticare%20Presentation.pdf)

Casey Tillman (Logisticare) gave the quarterly presentation on Non-Emergency Medical Transportation (NEMT). See above for the full report.

### **Discussion**

Referring to the slide on page two regarding types of complaints, Janine asked for a description of what an injury could include; Casey provided examples. There was a question regarding the complaints where the transport provider didn't show up. Another questioned the potential health impact of when a member misses their appointment because the transportation does not show, and asked if there was any record kept of that? Casey said that was not recorded to his knowledge but typically they work with the doctor and Logisticare can waive the 48 hour waiting period for transportation when medically necessary. There were concerns about late bus passes. Casey asked that people contact him about specific issues. [NOTE: His number is provided in these minutes.]

Members asked about what is being done proactively to let consumers know that they can complain and where they can call. Casey said that typically when members call, the complaints are documented. They are told about the complaint procedure when they call "Where's My Ride," but not when they schedule the appointment. Casey went on to discuss community outreach efforts.

Sheldon Toubman asked if notices were sent out to enrollees on the complaint process as was done for providers. Roderick Winstead stated they were not but he would see if that could be done.

Bonny Roswig shared her concerns that the call scripts [used by Logisticare operators] do not have reference to complaints. She felt that therefore made the complaint data underreported. Casey stated that the scripts for reservation and "Where's My Ride" are different. Logisticare can work with DSS but that does make the call script time go up. Even if a consumer ride is on time, Casey said some people express complaints when they call to make their reservation. Janine said there seem to be two separate issues: one being complaints about Logisticare and the other being complaints about the transportation provider. She believes it would be good to include these areas of concern into the RFP requirements. Sheldon talked about the corrective action that was necessary following the Mercer report and that both members and providers should have a generic notice that lists the complaint process.

Sheldon asked about getting data about the percent of approved rides versus the ones denied. Casey responded that he did not have that information at hand. There was discussion on the timeframes for requests for routine and urgent services, including the time needed to get bus passes. If a doctor says an appointment is urgent Logisticare will provide [cab] transportation.

Sheldon talked about another group that meets on NEMT. What he heard at the last two meetings he found to be contradictory to what just had been presented to the committee. Sheldon asked for

clarification about the doctor being the final determinant of medical necessity. He hears that they may be second guessed, most commonly with behavioral health requests. Casey further explained urgent trips versus medical necessity. If there is a situation where someone cannot take public transportation, Logisticare will follow up with the doctor to establish medical necessity; very rarely would it be declined. Sheldon said that there was a lack of documentation regarding this policy but Bill Halsey stated it is within the contracts under the utilization and review that they follow.

Co-Chair Benita Toussaint asked for clarification on urgent care services. Casey asked for specifics, and encouraged people who think they did not receive the right service to talk to him so they can investigate and find out if or when someone did something wrong. Brenetta asked about a hypothetical situation where a child with a behavioral issue on the way home from school might have a “melt-down” and need to get off a bus and need an intervention. Casey explained that while Logisticare will accommodate medically necessary and even urgent doctor appointments, it does not transport to the ER. That would require an ambulance. He continued describing how different scenarios would bring a different outcome. Once the doctor says it is urgent, Logisticare will not deny same day transportation services. Bonny stated that in the contract Logisticare has the ability to provide the trips for good cause shown without the need for confirmation by a healthcare provider.

There was discussion on the collection of data through computer phone surveys and the number of people who responded. Janine commented that Logisticare’s approach was the typical standard for many industries. Casey talked about the willingness of Logisticare to participate in community outreach. Bonnie asked a general question about complaints that go straight to DSS. All of that data is reported to Logisticare.

Tamara Johnson described her positive experience with Logisticare. There was discussion on not always getting a return trip phone number. Casey talked about the relationships that some persons have with a specific provider, where they call them directly, but then that is not recorded by Logisticare.

Casey Tillman’s number is (866)-684-0409 ext. 2001.

### **III. NEMT RFP and Focus Groups Update- Rod Winstead (DSS)**

[http://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which\\_year=2016&bill\\_num=5437](http://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2016&bill_num=5437)

(Editor’s Note: The legislation passed by the legislature was vetoed by the Governor on June 3, 2016 and overridden by the Legislature on June 20, 2016.)

Rod Winstead (DSS) provided an update on the RFP required under Special Act 16-8. DSS is working hard to meet or beat the statutory date. There is not much that can be said until the RFP has been released and made public.

Kelly asked about having a requirement in the RFP requiring drivers to have a sign with a number to call if you’re not satisfied with your ride. Rod said that those sorts of things have come up in the RFI process and all of that information is considered. Janine described the RFP process. Sheldon added that sometimes the RFP process can be used to avoid conversations and there should be no worry about what is discussed in a public meeting. Bill Halsey agreed that Casey could have been here for what is

being said. Janine stated her expectation that DSS has listened to what has been discussed about NEMT in the Coordination of Care/ Consumer Access and other meetings.

Anna expressed her concern about the DSS budget always being “on the chopping block” and the impact it could have on more rural areas. Janine emphasized the importance of legislative advocacy.

Bonnie asked about the timeline for a new NEMT contract. Bill Halsey stated that the reality is negotiations could take a long time so presenting a timeframe would not be useful. Bonnie then asked how Medicaid recipients could be better educated about NEMT service and if it could be done during the redetermination phase. Rod said that he is pursuing an answer to that. There was discussion on the welcome brochure that is sent out to every new member and what is included regarding NEMT. Linda said that there is information on NEMT in the member handbook.

Rod provided an update on the focus groups and what was discussed. He found them very helpful, and that people were receptive to DSS seeking their input. He detailed when and where they were held.

Co-Chair Brenetta shared her concern with the issue of siblings not being able to ride in the vehicle. Rod stated that this issue has come up before and DSS is taking everything into consideration when putting together this RFP. Co-Chair Benita shared her hope that the results of the focus groups would help to better shape the RFP and NEMT for consumers. Bonnie questioned what the changes in the operations would be until there is a new contract. Rod stated that they are in negotiations with the current broker on exceeding current standards. Bill added that DSS is constantly working with its contracted providers to improve services.

Kelly Phenix expressed her concern of the percentage of “no shows” which is the largest percent of issues in the report provided earlier. She added that this concerned the members, not the providers or Logisticare and described how this can take up time and resources. Sheldon responded that the group cannot trust the collection of data which comes from providers who received a notice of how to complain. He added that the contract requires reminder calls and it was found that this was not being done. Casey stated that they have been doing reminder calls since February of 2016. Bonnie felt that an important issue was the why of people being a no show. She believes that often people find alternative transportation because of late arrivals and this is leading to “no shows.” Bill Halsey stated that the rider “no show” is an important issue that also happens in other states and causes a cascading effect. Benita suggested some sanctions on those clients; Janine noted that in commercial insurance no shows are penalized. Sheldon noted that putting sanctions on Medicaid clients is illegal. He suggested that perhaps people can get two reminder calls, or CHN might be able to help with people who are chronic no shows. Bill stated they have enlisted the help of other ASO’s in complex cases. There was discussion on documentation regarding the reason for a “no show.” Rod stated he did not believe that was recorded. Sheldon requested the data for “no shows” for clients needs be recorded and compared to provider complaints. There was agreement that provider “no shows” and member “no shows” both need to be looked at and reduced.

There was discussion on when a member should call “Where’s My Ride” and what happens with a healthcare appointment. Rod clarified that while it is suggested a person waits 15 minutes, they can call “Where’s My Ride” at any time. There was discussion on the wait time for return trips.

Tamara Johnson asked how to educate consumers on how to make the reservations. Rod stated that this came up (during the focus groups) and they are working on ways to communicate this information as best as possible.

#### **IV. Future Topics**

The following topics were suggested:

- The “no show” issues were suggested as this has an impact in many areas related and not related to NEMT. For example, some providers do not take Medicaid clients because of the perception of a high no-show rate for appointments and there is no penalty.
- A request for information from DSS about what prescriptions are covered under Medicaid, and a discussion about the Pharmacy benefit and prior authorizations. Bill Halsey asked for confirmation of the next meeting so he can check the availability of the Pharmacy manager.
- It was suggested that one meeting be dedicated as a focus group for Medicaid recipients to find out what specific issues they are having.
- There was a request for a topic about educating consumers about the services they get and the responsibilities they have for accessing these services.

Janine suggested ideas for other topics should be sent to David Kaplan or Rich Eighme.

#### **V. Joint Meeting of BHP Consumer Advisory Council and BHPOC Committees on 10-13-16 at Beacon Health Options**

Brenetta talked about the joint meeting that would be taking place between the BHP Consumer Advisory Council and BHPOC Committees on October 13<sup>th</sup> at Beacon Health Options at 10:00 AM in the Hartford Conference Room on the third floor. There was discussion about the meeting and of what would be discussed. Its goal is the improvement of service delivery. Interested persons were asked to speak to Brenetta.

#### **VI. Other Business and Adjournment**

Sheldon Toubman asked if the DSS Torrington office was open or closed. It was the understanding that it is still opened. The meeting was adjourned at 3:01PM upon a motion by Sabra, seconded by Anna.

**\*NOTE: DAY & DATE CHANGE: Next Meeting Date: 1:00 PM, Tuesday, November 22, 2016, 1E LOB. The next meeting will be on a different date due to the holiday.**