



**Behavioral Health Partnership
Oversight Council
Coordination of Care Committee
Medical Assistance Program Oversight Council
Quality and Access Committee**

Legislative Office Building, Room 3000, Hartford CT 06106-1591
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www.cga.ct.gov/ph/BHPOC

Chairs: Representative Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix & 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: July 25, 2018
1:00 – 3:00 PM
1E LOB**

Attendees: Chair Representative Jonathan Steinberg, Chair Kelly Phenix, Chair Janine Sullivan-Wiley, Chair Benita Toussaint, Lois Berkowitz (DCF), Michelle Chase, David Coppock (Veyo), Kathleen Flaherty, Bill Halsey (DSS), Olivia Hathaway, Brenetta Henry, Michael Lonergan, Althea Mabayoje, Quiana Mayo, Ann Phelan (Beacon), Linda Pierce (CHNCT), Akriti Rai (Veyo), Trevor Ramsey, Bonnie Roswig, Kimberly Sullivan, Eunice Stellmacher, Sheldon Toubman, Rod Winstead (DSS), and Valerie Wyzykowski (OHA)

Introductions

Co-Chair Benita Toussaint convened the meeting at 1:10 PM and introductions were made. Benita passed around the sign-in list to members. Co-Chair Janine Sullivan-Wiley asked for any new announcements and hearing none, she asked Brenetta Henry to give the first report of the meeting.

BHP Consumer/Family Advisory Council Update- Brenetta Henry



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Brenetta Henry reported that the fourth annual iCAN Conference will take place on Thursday, September 27, 2018 at the Artist's Collective at 1200 Albany Avenue in Hartford from 8:30 AM to 2:00 PM. The theme will be “*Step Up and Stand Out- Taking Action and True Partnership*” (see above icons). There will be six breakout sessions which will include: Fatherhood Initiative, Young Adults and Suicide Prevention, Adult Services, Faith-Based Talk, Trauma, and Wellness Discussion.

Brenetta also recognized the joint workgroup between CFAC and the BHPOC which has been together now for over a year and works to support families in the BH field. They are still looking for donations and sponsorship from vendors by purchasing tables. If anyone is interested, please contact Yvonne Jones (860-263-2000) at Beacon Health Options in Rocky Hill, CT. In addition, CFAC is partnering with FAVOR CT and CFAC is working towards achieving 501(c)(3) non-profit status which will help to maintain services for consumers who live all around Connecticut.

DSS Budget Update and Legislation –Bill Halsey (DSS)

Bill Halsey (DSS) said that due to adjustments in the budget more parents and caretaker relatives will qualify for HUSKY A health coverage beginning July 1, 2018, reversing a cut in the eligibility level that took effect this past January. The Medicare Savings Plan (MSP) was fully restored. Information regarding changes to the HUSKY A income guidelines for parents and caretaker relatives can be found here:

HUSKY A guidelines:

www.ct.gov/huskychanges

Information regarding the funding restoration for Connecticut's Medicare Savings Programs (MSP), including the current income guidelines can be found on the DSS website here:

www.ct.gov/dss/medicaresavingsprograms

Update on the Status of Non-Emergency Medical Transportation (NEMT)- Rod Winstead (DSS), Dave Coppock (Veyo), and Akriti Rai (Veyo)



CoordCare7-25-18D SS Monthly Client Rep
CoordCare7-25-18Ve yoReport.pptx
CoordCare7-25-18Ve yo- NEMT Definitions.

For a full report, see above icons.

Discussion:

Co-Chair Janine Sullivan-Wiley suggested that the Co-Chairs begin a process where Veyo and DSS are given the opportunity to present and then consumers can comment and then ask questions, followed by any other members. She also noted that there are several other venues that discuss NEMT, so this meeting should have a strong focus on consumers.

Rod Winstead commented that there are still many issues with NEMT and the Department and Veyo are working to make sure everyone gets to all of their medical appointments; dialysis and wheelchair accommodation are only two of the issues. He updated the committee on the use of smart cards; about 55 percent of NEMT members use public transportation. Janine suggested there should be a bigger discussion on smart cards in September.

Co-Chair Kelly Phenix questioned what is the definition of complaint and what is included in the numbers. Dave Coppock said what should have been expressed is there are thousands of trips with buses and they receive few complaints about bus passes. “We research every complaint, about bus passes, and every member did receive their bus passes, Dave then explained what a complaint is and how they are logged. He stated that Veyo receives very few complaints on bus passes, and when they do, each one is researched. Kelly asked if only substantiated complaints are counted. Dave stated that all complaints are in the system, but resolutions are different based on the issue. DSS has access to that system. Rod added that since the group last meant, Veyo hired a third nurse, specifically assigned to working on behavioral health issues.

Brenetta Henry asked about bus passes and the sheet that was handed out at the NEMT working group. Dave stated that Veyo researched the claims about non-receipt of bus passes and nothing was substantiated. Kelly explained the letter that referenced 27 IOP clients. Brenetta asked how many other complaints are being recorded, and said that to be effective, the process needs to be transparent. There was further discussion on complaints. Dave stated that from Veyo’s standpoint, they are extremely transparent and anyone with the authority receives the documentation. He explained why he believes the smart cards will alleviate some issues on the bus pass side and reiterated that Veyo sends the passes to the address in DSS’s system. If a member does not have a proper address on file, the passes are returned, and Veyo does their best to reach out to get a usable address. “But a lot of time, we cannot get a hold of them”. He stressed they need to go through the DSS system. But it was also noted that the smart cards will only operate in Hartford and New Haven.

Janine and Dave discussed the process of changing the address in DSS and Veyo’s system. Michelle Chase stated that there is currently a significant disconnect between Veyo and DSS and some of the NEMT issues may be because of how behind DSS is with all of the cuts going on. Janine agreed that is something to look into and added that it was her understanding that wait times for DSS are still lengthy. Rod stated he would take that feedback to the Department’s eligibility division.

Members discussed overall experience and a lack of seeing systematic improvements. Rod stated that outside of the data provided, in terms of monitoring calls, Veyo has gotten much better, but is still far from excellent.

Kathy Flaherty asked that in terms of behavioral health, the committee should focus on timely transportation to appointments because a person can be discharged from services for repeated late or no-shows; clients have lost services. She also stressed the importance of listening to clients when they say they were not picked up or picked up late. She added that it would be simple to confirm the address at the time the appointment is made. Brenetta expressed her discontent because it seems like the consumers are not believed. These meeting should be focused on the consumer, not just data. Janine stated that it is not so much irresponsible, but that the process is failing the consumers. Bill stated that DSS and Veyo are in no way trying to disrespect anyone and asked that as much factual information be provided as possible so it can be researched and lead to process improvements. He explained that it starts with a person calling and sharing their issues and sometimes a level of detail is needed to start the improvement process.

Althea Mabayoje stated that she preferred Logisicare, and their service was easier to navigate. There was discussion on the use of public transportation in Torrington. Dave explained that NEMT is regulated by the CMS which is based off of modes of transportation available in areas. For Torrington, members are now given the option of taking the bus but are defaulted to other modes of transportation.

Valerie Wyzykowski (OHA) stated that there seems to be a disconnect between consumers and Veyo. She discussed using a grass roots approach to better reach consumers and get feedback.

Bonnie Roswig asked about the process of compiling complaints and would like to know from DSS how is it calculated because what was reported is different than what was reported to the MAPOC working group. The only complaints that are counted are where Veyo cannot resolve them. She asked, what is the Department's policy around data from complaints. Rod said the answer is any level of dissatisfaction is recorded as a complaint. Akriti Rai (Veyo) specified that if you speak to an escalation agent and the issue is not able to be resolved, it is a complaint. Escalation is to take care of it in real time. On page 17 of the presentation, it has the total complaint count whether substantiated or not substantiated, and whether valid or not. If you call in and want to make a complaint the call is transferred to the escalation unit. However if the member does get transportation, it is not a complaint because it is resolved. Janine said both sides look at this differently and asked DSS to look at the process. Bonnie said it is also about to let people know that they have the opportunity to complain. She is also concerned about people who need intensive outpatient treatment, where the time to resolve if a person is able to take the bus has become a barrier to receiving that kind of service.

The conversation continued to talking about what is the appropriate level of transportation and what permission needs to be obtained from CMS. The contract talks about least expensive but people were concerned that it is least expensive may not be appropriate, and that it is a capitated contract. Bonnie said. It does not have to do with CMS, but what Veyo will allow. She has asked for scripts via FOI requests because there is a range which she reports to the Department and she is still waiting for a reply. The Committee needs to see the training manuals of (Veyo) staff but until we see it, we cannot work to resolve it. Dave said about bus passes; any patient who is not able to take a certain mode of transportation, a medical professional will make the suggestion and that mode is accommodated. This does not typically take two weeks. However, if someone calls in and says we need this type of transportation now, it can take up to 15 days to process but in the meantime, they get the mode of their choice. Janine said this would be useful to have specific circumstances and it is helpful to give a specific example. That is the most effective way to get around this concern. Dave said about the call center; the staff does not make the determination when it comes to clinical determinations, higher modes goes to trained clinical coordinators and is passed on for advanced modes.

Sheldon Toubman had questions about due process and Notice of Action (NOA). He made some copies of the June Data so everyone could follow along. He questioned the timeliness of how appointments are set up. In one case, a transportation provider for a person needing wheelchair transportation could not be found and the consumer was denied. If a driver is found, then people are required to make it in 48 hours in advance notice. Dave responded that he has been told they are setting up rides on the day dispatch is getting the call. As soon as a call is taken, Veyo's system wants to automatically match it with a provider. If for whatever reason it cannot get matched, it goes to the dispatch command team

and it gets worked on within two hours of the scheduling.

Regarding NOA, Sheldon stated it is so important that written notice of action is given for three critical reasons: 1.) maybe it can be fixed, 2.) if the consumer disagrees, they can appeal it, 3.) if required they can sue for arbitrary denials of services.

Before May, Veyo did not have a column for unique requests. Akriti Rai went over some of the data, including different kinds of refusals. Issues where there is a question about mode were described such as if someone accepts livery and is given a bus pass. Dave noted that reduction in mode was spoken about at the last meeting. A consumer may say I think I should have or I want this level. If someone used to take livery and now is deemed only eligible for bus, an NOA would be sent out. Sheldon asked for clarification regarding an initial request where Veyo says approved but you only get a bus pass; is that counted as NOA? Dave said that is hard to answer that directly. If a doctor says they need a certain level, then they get this level. If they have proper documentation then the level of care is granted. Sheldon asked if at the initial request someone requires a certain mode of transportation, do they get it? Dave answered, if a person is eligible everyone starts at one level and then it goes from there. We give them courtesy to have that level until they get the medical authorization back. It takes up to 15 days to process. If the doctor says it is needed, it is granted. Sheldon said we have evidence to the contrary. He requested to DSS to look at the unique requests, where the notices do not line up with the denials in the data that shows huge discrepancies, with 482 denied rides with no NOA in one month, several hundred every month.

He asked if DSS has sanctioned Veyo for not complying with the contract and the law. Bill Halsey (DSS) said we have asked for an explanation for the difference. Sheldon said in all fairness, two months ago he was told the Department would do that. Bill said that we first work with Veyo on the data, next is the explanation of the variance, working to change the report to show the unique requests. The Department has asked Veyo to isolate the unique requests to NOA and they did. They have asked for them to further breakdown what the discrepancies are and added that Sheldon already had that data from last time.

Janine then noted that the committee has other important areas to discuss and that transportation is not the only level of care. Noting that there would not be resolution of these issues during this meeting she asked that DSS respond on specific issues in email.

Sheldon responded by saying according to their own data hundreds are being denied service. Dave answered” that is not correct and we will respond by email”.

Michael Lonergan commented that often times it is difficult for people to complain. He suggested encouraging input with surveys in the cabs and on busses, as ways of getting input and opening up beyond just complaints. People might not make phone calls because the provider provides the transportation. His group in Torrington had Veyo come out to his agency which was extremely helpful. Having face-to-face time is more helpful than just looking at the data.

Janine thanked the participants for the content of this discussion. The September agenda will have specific items under Consumer Complaints for NEMT, the bus pass issue, and NOA. She said this is clearly such a hot topic.

Open Discussion on Coordination of Care and Quality Access

Co-Chair Janine Sullivan-Wiley asked members to discuss other areas of access and coordination that members would like to review for future meetings.

Co-Chair Kelly Phenix suggested looking at the bariatric program and weight loss in the HUSKY Health Program. She shared her experience and what she has seen from others who have gone through similar procedures. Food insecurity and other issues can make bariatric surgery not helpful. Behavioral health treatment is needed along with the surgery. Co-Chair Janine Sullivan-Wiley thought it would be good to have a discussion on obesity, diabetes and high blood pressure to look at effects on quality and length of life. Brenetta Henry agreed that obesity in general would be a good topic, but added that medications needed to be included into the discussion. Kelly added psych meds that cause weight gain, food access, exercise, nutrition, the expense of healthy food as related issues for weight control. Her issue is to have DSS look at the protocols for HUSKY members seeking weight loss surgery. Weighing the success of patients in terms of cost to the state... this is a budget issue. Kim Sullivan discussed her weight struggles and the importance of exercising for physical and mental health reasons. She also discussed the issue with funding going towards junk food which can be more affordable than healthy food.

Althea Mabayoje asked that there be discussion on the DMHAS budget and looking into where and why there have been so many cuts. She suggested doing more activities and advocacy. Janine noted those do not fall under this committee but suggested that Legislative advocacy on this issue would be important in the future, perhaps through the clubhouses.

Sheldon Toubman suggested continuing to look at pharmacy issues such as people being denied because of lack of prior authorization. The consumer should receive a written notice which is due process. He referenced Kelly's "skittles" explanation from a previous meeting.

Co-Chair Benita Toussaint mentioned medication duplication, transportation and other Medicaid issues before adjourning the meeting.

Other Business and Adjournment:

Co-Chair Janine Sullivan-Wiley asked for any new business. Hearing none, she announced the next meeting will be on Wednesday, September 26, 2018 at 1:00 PM in 1E. Co-Chair Benita Toussaint thanked everyone and wishing committee members to enjoy the rest of the summer. She then adjourned the meeting at 3:05 PM.

**Next Meeting: Wednesday, September 26, 2018 @ 1:00 PM in Room 1E
LOB**