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
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Chairs: Representative Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix & Benita Toussaint
MAPOC & BHPOC Staff: 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: March 27, 2019
1:00 – 3:00 PM
1E LOB

Attendees: Chair Kelly Phenix, Chair Janine Sullivan-Wiley, Dr. Lois Berkowitz (DCF), Michelle Chase, Kathy Flaherty, Brenetta Henry, Quiana Mayo, Sabra Mayo, Linda Pierce (CHNCT), Trevor Ramsey, Erika Sharillo (Beacon), Kimberly Sherman (CHNCT), Jacquelyn Stupakevich (Beacon), Mark Vanacore ((DMHAS), and Rod Winstead (DSS)

Introductions

Co-Chair Janine Sullivan-Wile convened the meeting at 1:06 PM and explained that two other chairs were absent due to legislative commitments. Introductions were then made. She also told members that Veyo representatives would not appear before the committee due to a pending lawsuit against DSS and Veyo and she thought it was not unusual to avoid discussing things when a lawsuit is filed. Co-Chair Kelly Phenix then asked Michelle Chase to give the CFAC report.

BHP Consumer/Family Advisory Council Update- Michelle Chase

Michelle Chase invited everyone to attend the Legislative Breakfast on April 11, 2019 from 8 AM to 10 AM. It will be in the Legislative Office Building (LOB) Legislative Dining Room. The purpose of the breakfast meeting is to relay to the legislators that consumers need to be involved in their affairs from conception to implementation and to talk about Medicaid. It will be a dual language meeting in both English and Spanish. Brenetta Henry also announced that CFAC members are planning the 5th Annual iCAN conference. They are looking for sponsorship and vendors. At the upcoming May meeting, there will be a presentation on Telemedicine so when it rolls out, consumers will know how it will work. Co-Chair Janine Sullivan-Wiley asked what kind of opportunities and strategies CFAC Members would like to see when using tele-medicine and tele-health.

Update on the Status of Non-Emergency Medical Transportation (NEMT)-

Rod Winstead (DSS)


CoordCare3-27-19DSS Monthly Client Rep


BHPOC3-13-19DSS Copy of single page s

Rod Winstead (DSS) presented a summary of the report. He said that he will have a few copies of the report available at the next meeting. He then thanked committee members for feedback and for pointing out the redundancy of the data in the prior monthly NEMT reports. He referred to a one-page break down of completed trips from the report. He talked about the call center and how incoming calls were down about 15,000 calls in February 2019. On an average, incoming call were answered at 68.3 seconds with 94% of all calls answered. For the full report and one-page breakdown, see above icons. Veyo as not present on the advice of their attorneys as there was a lawsuit against them currently pending; they are not required by contract to be present.

Discussion and Comments included:

Brenetta thought that the drop in numbers was because people were giving up and getting their own rides. Kathy Flaherty (CLRP) noted that New Horizons (residential facility) is providing their own (NEMT) transportation for their residents because of the alleged failure of Veyo. She said that people are seeking other alternatives to get to their medical appointments. Rod said that he did visit that facility and there have been significant improvements and that New Horizon is being reimbursed by Veyo on any medical trips that they have covered. Kathy mentioned that Veyo was still getting paid a per member per month fee thus the taxpayer is paying double for these rides regardless if people were utilizing Veyo provided NEMT. Rod replied that Veyo only gets paid for planned trips and not for trips that do not happen. Brenetta Henry stated that reimbursement to other facilities should be in the monthly report.

She then asked (again) for data for late rides and missed pick-ups according to location. Rod said that he will ask Veyo to get that data. Michelle Chase said that this process (of NEMT) is endangering and crippling our communities. Kathy asked (again as she did at the last meeting) for an independent audit study on Veyo for accurate data. Rod said that an audit is expensive and there are no available monies in the budget for it. Co-Chair Kelly Phenix inquired if Veyo charges to use the App (that tracks where the vehicles are) and if Veyo receives any royalties from it. There was discussion about that. Kathy probed about other questions for Veyo that are not covered by the lawsuit. Rod replied that the 800,000 members of the State's Medicaid population are a priority for the department. Co-Chair Janine Sullivan-Wiley noted that 30% of the trips are late and that most of the rides were for behavioral health care; she felt this was unacceptable. Rod noted that DSS agrees with that, and that they want to hold Veyo accountable. She also asked about the "stranded" list that was requested. Rod returned that Veyo officials were supposed to report on this. She hoped the new DSS Commissioner could look into NEMT and make it a priority.

Spend-downs: Discussion of What the Parameters are and Impact on Consumer Access to Service


20190124093136730.pdf


20190124102058747.pdf


20190124102120642.pdf

https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Brochures/Medical-Medicaid-Medicare/spndown.pdf

Co-Chair Janine Sullivan-Wiley introduced the topic of spend-down at the request of some of the committee members. Documents had been provided at the last meeting (provided by Rod and attached to these minutes). People on Medicaid whose income is above the income limit go into a spend-down for part of every year until their expenses "spend-down" their income to the eligible level. It was noted that Connecticut has one of the highest income levels to still be eligible for Medicaid by utilizing the spend-down process. The discussion focused on a look at the consumers' and providers' aspect on the spend-down process. Spend-down can be a barrier to getting adequate healthcare. Examples were provided where the spend-down caused bad outcomes and/or the use of a high level of care (i.e. ED visit and hospitalization because the person could not afford their medication while on spend-down and in one case death).

Janine asked for ideas for how this might be done differently and comments on the issues. Some suggestions included:

- The re-determination is done twice a year. Michelle Chase pointed out that the State of Connecticut is four months behind in this process and therefore; consumers should have a four month leeway too.
- The high costs of medications and medical devices needs to be addressed.
- Providers absorb the unreimbursed costs when a person gets care on spend-down. Perhaps grants could cover this so they would be more willing/able to help?
- Providers know that consumers get bills they cannot possibly pay. This does not support financial literacy and independence.
- Medications are a major issue with spend-downs. While there are some drug company programs that help, these are not enough and pharmacies cannot afford to give free medications.
- Medicare Savings Program can put a person in spend-down for six months even when they meet their limit in three months.
- Noted that Connecticut is one of the only states that even offers a spend-down option.
- What about the Qualified Health Plans which have a subsidy?
- When there is a gap in medical coverage, Health Care Access can help people find a pharmacy that can help.
- People should apply online; that is faster.
- There was a question about the possible merits of developing a health care plan for people who are over income (and thus would be subject to repeated spend-downs/ periods of no coverage) with a low premium and no deductible and low co-pays. This could even out the expense on a yearly basis. Would that work better for people? The Charter Oak plan was given as an example.
- This is particularly challenging for people who have dual eligibility (Medicare and Medicaid).

The discussion was concluded with Brenetta agreeing to take these questions to the CFAC for feedback and more ideas. Janine will send her the questions.

Other Business and Adjournment:

Co-Chair Janine Sullivan-Wiley asked for new business.
Co-Chair Kelly was concerned that the materials on the VEYO website imply that they are doing a good job in Connecticut, which they clearly are not.
Brenetta Henry brought up the matter of term limits for the consumer co-chairs of the committee. It is important that the elected individuals are consistent in attendance, self or an immediate family member being a user of Medicaid services, and provide leadership. The opportunity for this experience should be rotated. Janine said this would be an agenda item for the May meeting; "The Process of Leadership". In the meantime, she will ask the four co-chairs to work on this. It is complicated as this is a joint MAPOC/ BHPOC committee.
Hearing nothing else, she asked for a motion to adjourn. Brenetta Henry made the motion and it was seconded by Michelle Chase. She then announced the next meeting will be on Wednesday, May 22, 2019 at 1:00 PM in 1E, and adjourned the meeting at 3:08 PM.

Next Meeting: Wednesday, May 22, 2019 @ 1:00 PM in Room 1E LOB