



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

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

Co-Chairs: Rep. Jonathan Steinberg, Janine Sullivan-Wiley, Sabra May and Kelly Phenix
MAPOC & BHPOC Staff: David Kaplan

**Wednesday, May 27, 2020
1:00 PM – 3:00 PM
Via Tele-phone Conference**

Present on call: Co-Chairs: Representative. Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix, Sabra Mayo, Trevor Howard, Quiana Mayo, Erika Sharillo (Beacon Health), Linda Pierce (CHN), Valerie Wyzykowski, (OHCA), Rod Winsted (DSS), Jackie from Beacon, Bill Halsey (DSS), Ellen Mathis, Irv Jenkins, Marty Milkovic, Lois Berkowitz (DCF), and Benita Toussaint

1. Introductions and Announcements

Co-Chair Janine Sullivan-Wiley convened the meeting at 1 PM by teleconference.

All were asked to introduce themselves at the beginning and each time they spoke. The meeting was not recorded and all present were advised of that. During the meeting, Janine occasionally asked people to repeat themselves to assure that the point was taken correctly.

The agenda was reviewed for all who did not have it printed out.

2. Accessing services for behavioral health and medical care during the COVID-19 pandemic:

All were asked to share their experiences, and what they have been hearing from friends and family regarding the topic.

- Trevor Howard said that all of his services were going really well. They're connecting by phone, "They're making sure I'm all right and getting all my meds." It's all by phone, no face-to-face as he doesn't have that capability, with a voice only phone. He felt that they were looking out for him but he misses the face to face.

- Herb Jennings reviewed the services being provided by tele-health at his agency; it is going very well there. The experience of most people has been excellent.

The problem is whether it will continue after the pandemic is passed. Implementing tele-health means putting resources in, and the investment should be utilized. Agencies should have that choice.

The other question is around duration. When will it be safe to resume normal agency processes... after a vaccine is developed and used?

Bill Halsey responded to Herb's issues. He noted that telemedicine is a really good tool for preventing a resurgence. DSS has issued around 50 bulletins regarding telemedicine. Some were dependent on the Federal declaration of emergency and Governor's orders. DSS was given full discretion, and they were very conservative at first.

They want suggestions from providers about what has worked well or not. For example, Yale has shared their experience with ICAPS; they found telehealth OK but had reservations about telephone only. Herb noted that there was a meeting of all ICAPS providers a week ago. But as noted by Trevor earlier, not everyone can access video. This means keeping telephone only as an option, and developing what and when to use protocols: only for established patients? What about new patients?

- Linda Pierce noted that on the medical side, many providers are using phone, video or both. OHA is trying to develop/get a roster of who offers what. She commended the provider community for making arrangements quickly and sharing them with OHA. "There has been really good access [on the medical side.]"
- Benita hears that telemedicine resources are working really well. Doctors are making time to call or video and making medication arrangements. Insurance companies are informing their customers that they can have tele-calls with doctors. She suggested that people get help for the necessary equipment to use telehealth.
- Sabra asked if anyone here had spoken to their doctor by Zoom. Kelly responded that she had. The challenge that she has faced is that different providers use different apps – she has had to use four, although they all work the same. Her suggestion was for providers to use the same platform. One provider couldn't get the app to work for any of the clients. For medical appointments she preferred video, even though she didn't like it at first. "It's a learning curve."
- AA meetings are available 24/7 by Zoom.
- Quiana Mayo stated that she has an iPhone and likes telehealth. Her providers use video chats and Zoom. "It makes me feel like I'm right there." It's very convenient. At this time, she doesn't want to go to a doctor's office or hospital building. It's especially nice as it's getting hot and the masks are uncomfortable.

For her mom, the phone is better- she doesn't like the tech and doesn't know how to use it.

- Eleanor stated everything is great for her. She lives in a senior building and has helped distribute over 1000 masks. She reported that the seniors in her building are doing well, with no COVID-19 outbreaks, but so many are afraid to leave the building or even their rooms. Asked about anxiety or depression, she sees people struggling. She has tried to get people even out into the halls with social distancing, but many are afraid to even do that. She said that at the end of this, they'll need some kind of services and reassurances to be able to go out. People need clear information about masks, testing and the safety of leaving their homes. Herb commented that – until there is a vaccine – it *isn't* safe for seniors to go out.

- Quiana spoke to the issue of anxiety. There is opening in phases, but people are not taking it seriously. It's very confusing. Many people are not wearing masks. When you see someone without a mask coming towards you, the anxiety goes through the roof. It is taking a toll on families and kids – and kids are now getting sick. It's very scary. Benita noted a woman in NYC who apparently got COVID-19 and died just from taking the elevator to her mailbox.
- Valerie said that people can call 211 to file a complaint about people/places where they are not wearing masks as required.
- Erika Sharillo of Beacon noted that a lot of providers are offering audio and telemedicine; they have been very creative.
Autism services have been very creative as well, such as providing services in person, outside in the yard to minimize contact, including tactile and social techniques. Herb noted that many people don't have access to yards.
- Valerie reported that OHA has a new page on their website as of this week helping people with what to do if they've lost their insurance and have to transition to Medicaid and how to navigate that system.
- Linda added that they are seeing a lot of new HUSKY members. CHN is calling them to help with the transition including checking if their current providers are enrolled. In response to a question she said that they do outreach to providers to encourage them to enroll if they are not already. Most have already been in the network. Herb added that many practices are in danger of going out of business due to a decrease in business; this might be an ideal time to recruit them as Medicaid providers.

3. BHP Consumer/Family Advisory Council:

Kelly reported that they had not met as a group. The Steering Committee has been having calls. The biggest update is that the iCAN Conference is cancelled for this year.

4. Update in NEMT:

Rod reported that, with the pandemic, many appointments have been cancelled, postponed are shifted to telehealth therefore the demand for NEMT trips has been significantly reduced. The most dramatic decrease has been in livery. He reported on some of the data as follows (as corrected later in the meeting)

January: 119,641 trips

February: 112,937

March: 95,295

April: 41,258

Before the pandemic, they averaged 14,000/month (number may not be correct)

Wheelchairs trips have been down some, as all elective surgeries have been cancelled, but these are mostly for dialysis and similar to before at

January: 890

February: 660

March: 743

April 627.

They have changed some metrics due to the reduced trips. On a positive note, the NEMT drivers have done 3800 deliveries of PPEs and 741 meals to Medicaid members.

In response to questions about safety measures, he noted that all drivers and members must wear masks, the cars are sanitized between trips, there is no multi-loading, there is no contact with members (including assisting people to and from the taxi unless there is a medical order for such).

Members of the committee on the call were asked if there were any comments on NEMT at this time; there were none. No one had heard any concerns.

Others noted that with telehealth, there was a real drop in the no-show rate at appointments.

5. Other Business and Adjournment:

- Trevor said thanks for the update.
- Herb emphasized that there need to be long-term plans as this will not be a short-term situation.
- Benita was hopeful that the situation will result in more providers accepting Medicaid.

The meeting was adjourned at 2:12.

Next Meeting: 1:00 PM, **Wednesday**, July 22, 2020 via Tel-phone Conference Call