



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

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

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, July 22, 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

Other participants: Lois Berkowitz (DCF), Bill Halsey (DSS), Benetta Henry (CFAC), Irv Jenkins (Family and Children's Aid), Yvonne Jones (BHO), Susan Kelly (Clifford Beers), Keri Lloyd (DSS), Ellen Mathis, Quiana Mayo, Marty Milkovic (CT Dental Health Partnership), Linda Pierce (CHN), Trevor Howard Ramsey, Christine Scott (perception Programs), Erika Sharillo (Beacon Health Options), Jackie Stupakevich (BHO), Sheldon Taubman (CT Legal Rights), Benita Toussaint, Allison Weir (Greater Hartford Legal Aid), Rod Winsted (DSS), Valerie Wyzykowski (OHA), Carleen Zambetti (BHO)

1. Introductions and Announcements

Co-Chair Janine Sullivan-Wiley convened the meeting at 1 PM as a conference call.

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. Participants were also advised/reminded that there are not stipends paid for meetings by Zoom or teleconference.

The agenda was reviewed for all who did not have it printed out. The order of the agenda was amended to accommodate Bill Halsey who had another meeting but did not want to miss the discussion about access during the current pandemic.

2. HUSKY Insurance Cards:

Co-Chair Kelly Phenix had raised questions about what information was and was not provided to members having different types of cards (gray or blue). Linda Pierce, CHNCT, provided the following clarification:

Gray cards are provided to people who do have HUSKY coverage and to those who do NOT have HUSKY coverage but receive other services through DSS. They might have only Medicare, QMB, only SNAP or cash assistance. Therefore, the information on the back does not pertain to HUSKY coverage, phone numbers etc. These cards are sent by DSS.

Blue cards: are for every member with HUSKY benefits; they contain the information related to those benefits. They are mailed out by CHNCT first class USPS and they meet the standard of getting them to 100% of HUSKY members within 15 days of receiving the member's information on an eligibility file. They send out an average of 15,000 such cards per month, and about 7000 replacement cards per month. She noted that this year they are sending fewer cards, presumably because people are not seeing doctors in person as much. All new members get a HUSKY program guide by email or snail mail if they do not have an email address for them.

Front of card: HUSKY HEALTH (A, B, C or emergency such as COVID)

Back of card: phone numbers

For people with A, B, D: the number CHNCT (1.800.859.9889) for BHP (1.877.552.8247), dental (1.855.283.3682), 24-hour nurse (1.800.859.9889), 1.855.478.7350 for transportation, 1.866.409.8430 pharmacy, 1.877.552.8247 for Eligibility – the DSS Benefits Center and provider claim information.

Discussion followed. Brenetta Henry asked about people without access to the portal since COVID. Eligibility information is from DSS. Those with A, B or D can contact Access Health. Those on C contact the Benefit Center.

Kelly asked if this means that people with the gray cards don't get Beacon help. Linda responded that if they call CHNCT and indicated they are experiencing a crisis number, CHNCT will warm transfer HUSKY members to Beacon Health.

Kelly suggested that the new three-digit suicide hotline number be added to all the cards. Linda responded that they will consider that idea when they next re-design the cards. Rod added that he will also take the idea back to the eligibility folks.

3. BHP Consumer/ Family Advisory Council (CFAC):

Brenetta Henry reported that the CFAC leadership team has been meeting. They hope to re-start the large group in late August. She was glad that Yvonne Jones (BHO) was back in her advisory capacity.

They are also working with the executive committee of the Behavioral Health Partnership Oversight Council to do an overview of the BHPOC. They have been talking about equity and disparities in the system. Yvonne commented that is also happy to be working with this group as they focus on prevention, education and community outreach, and how much the consumer and family voices need to be heard.

4. Update on NEMT:

Rod Winstead (DSS) remarked that he was also glad to have Yvonne Jones (Beacon) back and hoped to go to the CFAC meeting as soon as they again meet in person.

He expressed kudos to everyone who has joined together to do a wonderful job during the pandemic.

Telemedicine has had a significant impact on NEMT. For example, there were 40,132 calls in June vs 98,237 in January (pre-COVID). There were 303,875 trips vs 430,357 (June vs January), 50,549 by livery vs 119,642 pre-pandemic. There has been a significant drop in active drivers – both livery and IEPs going from 400-450 drivers per day down to 150-160 now. There are 66 transportation providers now vs 75 before.

The top reasons for trips are rehab and behavioral health.

His report was followed by discussion and comment. Ellen Mathis brought up an issue with specific client. Rod will discuss it with her “offline” to preserve privacy. He repeated his number for direct contact where there is a problem: 860-424-5922.

Co-Chair Kelly Phenix asked about companions needed when a person would not be able to drive home after a medical procedure. Bill Halsey (DSS) noted that VEYO is trying to limit companions due to COVID. The medical provider would have to stipulate the need and DSS would need to confirm that the medical facility had a place for the companion to wait. Later in the meeting, Bill gave the response from VEYO, requested when this issue was raised. There have been no denials of companion rides as of now.

Sheldon Toubman noted that VEYO is now the only capitated contract under Medicaid and wondered if the contract was being re-negotiated as they are doing so many fewer rides. Bill responded that they have had this conversation with the CFO of DSS. There is contract language to do this, but they are also waiting to see if there is pent up demand when we’re coming out of the pandemic. Nevertheless, there will likely be some payback when they do the contractual reconciliation.

5. 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.

- Brenetta Henry described a phone-only appointment with a medical specialist. “Everything went smoothly. No complaints.”
- Irv Jennings said they are starting to use telemedicine with IICAPS, and in general have been very satisfied with telemedicine. The most difficulty is with children under five. They have had a few clients who don’t want telehealth, and some who prefer it. In outpatient the numbers are a bit lower than last year. RTFP is all face-to-face. IICAPS is just starting face-to-face. In general, it is working well, and keeps people safe. His concern was for when the state of emergency is over, and if telemedicine would still be allowed when needed.

Bill Halsey responded that telemedicine (audio-visual and real time) won’t need legislation to continue. DSS was already working to broaden that before the pandemic. Audio only is problematic due to coding restrictions. All codes assume a face-to-face encounter. He added that audio only is definitely being used, and they may petition CMS to add new codes to cover that when essential. From March to today 126,000 members have used audio only services for medical/behavioral health care, with expenditures of \$6.30 million and 1400 billing providers. For audio with visual, it is 204,000 members, \$70 million and 5000 billing providers. Overall, 270,000 unduplicated members are accessing telemedicine.

Susan Kelly was concerned about the period after the emergency is lifted and before CMS approval. Bill responded that DSS cannot legally change codes but added that there is already a statute that allows the state to pay for non-covered services. The Federal designation is needed. There is also an equity issue with telephone only services – there are disparities in who has access to the internet. DSS does see the value of continuing some telephone-only services. People noted that there are more codes for telehealth for medical care than for behavioral health. This is an issue of parity and that aspect should be stressed in advocacy with the federal government. Individual advocacy to the US Congress, National Council, large behavioral health organizations are all encouraged.

- Bill expressed his appreciation to this committee and the importance of hearing from people who are using telemedicine.
- Allison Weir said there is legislation needed to expand telemedicine into private insurance and Medicare.
- Regarding the timing for the declaration of emergency, several people have heard it is being extended at least until October.

DSS was commended for being pro-active and trying to make this work.

6. Other business and Adjournment:

- Sheldon Toubman asked why this meeting was audio only. Co-Chair Janine Sullivan-Wiley responded that when the members were asked about it, they indicated that by phone would be

the most accessible option, so she set up a personal account conference call to implement this. Others on the call noted that it was a nice change from all the time required to sit in front of a computer screen, and enabled people to move around a bit. The meeting was adjourned at 2:34 PM.

Next Meeting: 1:00 PM, **Wednesday**, September 23, 2020 via Tele-phone Conference Call