



***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 Mayo and Kelly Phenix
MAPOC & BHPOC Staff: David Kaplan

**Wednesday, November 24, 2020
1:00 PM – 3:00 PM
Via Zoom (hosted by Beacon Health Options)**

Present on call: Co-Chairs: Rep. Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix (portions of call), and Sabra Mayo,

Other participants: Lois Berkowitz (DCF), Travis Barker, Tom Burr, Pat Cronin, Frank Fortunati (YNHH), Mitchell H, Bill Halsey (DSS), Rep. Susan Johnson, Herman Kranc (DSS), Casey Larkin, Tanja Larsen, Keri Lloyd (DSS), Corey Luddington, Ellen Mathis, Quiana Mayo, Marty Milkovic (CT Dental Health Partnership), Linda Pierce (CHN), Trevor Howard Ramsey, Robert Reed, Bonnie Roswig (Center for Children's Advocacy), Erika Sharillo (Beacon Health Options), Sheldon Toubman (CT Legal Rights), Benita Toussaint, Sabrina Trocchi (Wheeler Clinic), Mark Vanacore (DMHAS), Lauren Williams, and Carleen Zambetti

1. Introductions and Announcements

Co-Chair Janine Sullivan-Wiley convened the meeting at 1:08 PM as a Zoom meeting and thanked Beacon Health Options for their support in arranging and hosting this meeting. All were asked to introduce themselves.

2. Dental care in the time of COVID – presentation by Marty Milkovic (Connecticut Dental Health Partnership)

Marty Milkovic began his presentation noting that Dental Care Benecare has been the ASO for Medicaid dental services since 2008. As requested, he detailed the impact of COVID on dental care:

- In March the Governor closed all dental offices except for emergency and emergent care. The Task Force had them reopen in May and established the terms for re-opening. The utilization rate went up roughly 70-80% of the pre-pandemic rate. There was an increase in emergency care in dental offices, but they did not see an increase in the use of the ERs for dental care.
- The preponderance of use has been in preventative care. CT has the highest rate of preventive dental care for children in the country. CT has been #1 or #2 in this area for the last eight years.
- Dental offices have always been well-trained in infection control. Now there are very strict protocols. They use full PPEs with N95 masks, screens, full outfits and special goggles. Some procedures that produce aerosols have meant the use of new equipment. They are using HEPA air filters, increased sanitizing and decreased the number of patients.
- 99% of the offices that were open prior to the pandemic have remained open.
- All members are able to see a dentist within 20 miles of their home. 98.79% have two providers within five miles.
- Dental Care (the ASO) has always been able to find dental care for Medicaid members.
- FQHCs have re-opened, as have school-based health care centers.
- Call center calls have been higher than before, and they are doing more outreach than usual.
- They have found that the use of Zoom for meetings has been more efficient.
- Health kits will be distributed during the food distribution at Rentschler Field.

His presentation was followed by questions and answers and comments as follows:

- There have been no changes in response to the “red zones.”
- No outbreaks have been in or from dental offices, with less than 1% diagnosed positive.
- Overall message: infection controls work; it is safe to go for dental care.
- There is vastly improved access to dental care for HUSKY patients compared to 10 years ago. They really turned that around. Bill Halsey credited this to the good work of Benecare, including the trend to preventative vs acute care. This has resulted in less pain for patients and less cost.

3. Continued Discussion: Telemedicine during the COVID-19 Pandemic: Impact and Accessing Services

- Co-Chair Sabra Mayo provided input on a situation where telehealth did not work out well. TR had only “seen” his doctors by phone but had issues that weren’t identified by phone and he ended up in the emergency department and was admitted to the hospital. He has since recovered.
- Bonnie Roswig asked Bill Halsey (DSS) for the data: Through mid-November there have been 163,000 audio-only visits, from 7000 providers; 291,000 audio and visual visits from 15,000 providers.
- DSS had implemented telemedicine just before the pandemic started, therefore they have been sustaining those policies. They expect some policies will change post-pandemic. It may dial back but less than they had originally thought, due to consistent feedback. They are exploring audio-only for behavioral health using a code modifier to sustain it post-epidemic. CMS has gotten a lot of feedback on this.

- Bonnie asked what percentage of all services are by telehealth; Bill didn't have such data.
- Sheldon asked if providers using telehealth can require its use for patients. Bill said DSS wants to make sure people are engaged in treatment so they are reaching out to providers about payment parity. If a provider still refuses to see patients in person, they will work with the patient to find a new provider.
- Behavioral health treatment can be initiated via telehealth, but this requires that both patient and provider agree that this is appropriate. An in-person initial appointment may be required.

4. Discussion about Racial and Ethnic Disparities in Healthcare:

Co-Chair Janine Sullivan-Wiley noted that this topic was a continued from the last meeting and invited an open discussion.

- Sheldon Taubman noted that there have been many more deaths of people of color due to COVID-19. This is addition to many other disparities such as shorter lifespans in CT of people who are black. He thinks some policies may make this worse; he was particularly concerned about rationing of care as pressures on the healthcare system build. Two hospital systems have already added the criterion of probable life expectancy. That would impact people of color, those with disabilities and those who are older, all of whom have shorter projected lifespans. DPH has been asked to issue guidelines to counter this.
- Quiana noted that she agreed with Sheldon but stressed that COVID can affect everyone, of any age and any color. Sheldon added that the rates of hospitalization and death for COVID are higher for people of color, with factors including pre-existing conditions and exposure. Quiana stressed the importance of *healthcare* and that doctors need to spend the time to emphasize things like calcium and iron levels and other factors that are part of good health.
- Co-pays can also be a barrier for several things. Buying vitamins (for people over 21) and over the counter medications are often not covered. Vitamins that are prescribed are covered.

There is now an ad hoc workgroup of the BHP-Oversight Council: Diversity, Equity and Inclusion. It meets every month and is looking for more consumer voice and input. Steve Girelli (of the BHP-OC and this workgroup) brought this to CFAC. The next meeting of the work group will be on 12/1. Janine later noted that one of their goals is to move from discussion to action about the many issues involved.

Marty noted that in the area of dental care, access is reversed with the greatest access for Latinos, then black, then Asian and then whites. As to why that may be the case, he thought this might be partly due to the work of the CT Voices for Children, which is more focused in urban areas and therefore easier access to dental care there, where there tend to be more people of color.

5. Update on CFAC:

Erika Sharillo (Beacon) reported:

There will be joint workgroup presentations in December about the BHP-OC and its committees. Sabrina added that there will also be breakout sessions.

6. Consumer and Family Stipends:

Mark Vanacore (DMHAS) gave an update:

- In the months since the last meeting of this group there has been discussion within DMHAS about the origins of the stipends. He thanked the state partners for help. Based on these, they are now approving stipends for virtual attendance in specific situations and finalized the process.
- These stipends will be retroactive to the September Coordination of Care/Consumer Access meeting for eligible members.

Co-Chair Sabra Mayo asked many questions and the situation was clarified as follows:

- The forms are now revised and will be updated annually.
- Oversight of this process is by Mark Vanacore and Colleen Harrington of DMHAS.
- David will send the forms to all eligible members.
- The challenge will be some of the logistics. Mark detailed the process.
- Payment will be then based on attendance at the entire meeting. (e.g. today this includes Quiana, Ellen, Sabra, Trevor and Benita.)

7. Old Business/Announcements:

Benita Toussaint again suggested a summit. She is concerned about rationing during the pandemic and suggested that the medical associations become involved in that. This needs a big discussion. She expressed concern as a lot of people of color distrust vaccines. Outreach to them is needed.

Bonnie Roswig had questions about NEMT, which was not on the agenda for today's meeting. She noted that VEYO's contract ends on 12/31/20. DSS has indicated that they will "extend the contract." Bonnie remained concerned that the numbers reported by VEYO did not seem to correspond to the reported decreases in in-person provider visits. She wondered if any modifications were being made to the extended contract, especially to the issues that were noted in the audit.

Bill responded that VEYO has reported a significant drop in NEMT. The decrease is now about 30% for taxis and livery. There has been less of a drop-in use of public transportation. The procurement schedule has been impacted by the pandemic. They will be amending the current contract by 1/1. Bonnie asked to hear about that amendment at the next meeting.

Bill indicated that a big issue for DSS is on-time performance. Over the last 5-6 weeks they have had over 90% in that area. VEYO is trying to improve the use of the app that tracks that. The on-time data is according to the provider reports and the use of that app.

Bonnie was concerned about unverified trips and the complaint system. Bill noted that if a trip is not accepted by an NEMT provider, that should be communicated to the member.

The Meeting was adjourned at 2:47 PM.

Next Meeting: 1:00 PM, Wednesday, January 27, 2021 via Zoom