



***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, July 28, 2021  
1:00 PM – 3:00 PM  
Via Zoom (hosted by Beacon Health Options)**

**Present on call:**

**Staff:** David Kaplan (BHP-OC)

**Co-Chairs:** Janine Sullivan-Wiley, Kelly Phenix, and Sabra Mayo

**Other participants:** Lois Berkowitz (DCG), Gina Chase (CHNCT), Sandra Czunas (CT Office of the Comptroller), Mike Dugan, Elizabeth Gemski, John Geragosian (State Auditors), Brenetta Henry, Bill Halsey (DSS), Jana Hunkler, Yvonne Jones (Beacon Health Options), Alex King, Tanja Larsen, Lee, Keri Lloyd (DSS), Ellender Mathis, Quiana Mayo, Marty Milkovic (CT Dental Health Partnership), Akriti Rai (Veyo), Mike Rell, Bonnie Roswig (Center for Children's Advocacy), Erika Sharillo (Beacon Health Options), Sheldon Toubman (CT Legal Rights), Benita Toussaint, Mark Vanacore (DMHAS), Rod Winstead (DSS), and Valerie Wyzykowski (OHA).

**1. Introductions and Announcements**

Co-Chair Kelly Phenix convened the meeting at 1:03 PM as a Zoom meeting, advising that the meeting was being recorded. Introductions were made in the chat and via Zoom name identification.

There was a moment of silence in memory of Trevor Howard Ramsey. His many contributions to the work of this committee were noted, and sympathy extended to Sabra Mayo.

## **2. Update on Veyo – Data for New Complaint Process, Lyft and Uber -DSS**

Akriti Rai began by going through the PowerPoint presentation which had been sent to members prior to the meeting. There were questions and comments as this progressed, including the following:

- Q: How user-friendly is the member portal for those using a state-issued phone? A: It requires a smart phone and is not via an app that must be downloaded but web-browser.
- Q: How long does it take for members to get bus passes? A: they typically get to members within 5-7 business days. The USPS mailing part of the process takes 3-5 days.
- Brenetta Henry commended Veyo for providing rides for people to get COVID testing and vaccination. Akriti and Bill both noted the impact of increased vaccination in decreased demand for the special COVID fleet and requests for rides for vaccination and testing.

After going over that part of the presentation, **Akriti asked for feedback regarding the issue of multi-loading.** Bill Halsey noted that as with all with all industries needing drivers – there has been a decrease in the availability of Uber and Lyft drivers even as demand has increased. He also wondered what impact the spreading Delta variant of COVID would have on the system. Responses to the question of multi-loading included:

- Brenetta noted that she has never felt comfortable with another person being in the car during her trips.
- She also noted that having another person in the ride can make you late.
- Sheldon Toubman recommended that multi-loading should only be allowed if Veyo confirms that both/all people in the ride are vaccinated.
- Regarding the lack of drivers, Sheldon emphasized that this transportation is a right, and asked what the system doing to guarantee that it will happen? A: Bill said that the Lyft and Uber drivers must follow the rules as NEMT providers; that are enrolled as contractors and have to provide the same service as any other provider would. If they can't give the ride, they have to "give it back" – this also happens with other traditional vendors when they get stuck in traffic etc. Akriti added that there is a Veyo team that monitors that.
- Later in the meeting, Benita Toussaint said that multi-loading should be OK if people are going from the same place to the same medical facility, but that they should be asked beforehand.
- Brenetta noted that people using NEMT can also have sensory or trauma issues, and that responding to a request (if they are OK with multi-loading) could be itself problematic. They would have to be asked ahead of time, not "on the spot" at pick-up.
- Bonnie Roswig noted that during this pandemic, shared rides would need more protocols to make sure people are ok with it. Sheldon felt, however, that clients may already feel vulnerable and that saying no is not a real option for them. How they are asked would be critical, and vaccination status should require written verification.

Other issues raised during the presentation by/about Veyo:

- Q: Sheldon asked about the 13 recommendations of the auditors that have not been fully addressed. He added that a written response would be OK. Bill responded that the auditors just released a follow-up report and that should be consulted for the status at this time. Some recommendations were about DSS amending the current or future contract. DSS agreed with some of these, but on others they agreed to disagree. DSS can still incorporate those recommendations in the future. Sheldon asked to see the list and DSS' responses. Bill again

directed him to the follow-up report from the auditors.

- Q: (from Sheldon): what is the status of the RFP? A: (Bill): it will happen. Sheldon spoke extensively about his concern about any capitated contract, that it represents a financial incentive to limit services. Bill noted that the auditors did not have any comments about that aspect, and emphasized that it is in fact only a partially capitated contract, with the administration fixed but operationally there is a robust reconciliation process for rides per member per month.
- Q: (Bonnie) There was concern about the process of assuring that a ride that has been requested is in fact “picked up” by a vendor and scheduled. She described a situation where the person had requested a ride out of the area for cancer treatment but was left waiting and without a ride, as the requested ride had never been “picked up. This prompted considerable discussion and clarification. Akriti said that for some long trips Veyo does not have “visibility” if a ride does not show up, and in fact has no reliable mechanism for always telling if a request has/has not been selected/picked up by a vendor. She encouraged people to call Veyo in advance if the nature of the trip is critical. Veyo was reminded of their contractual obligation – not suggestion – to provide rides requested in a timely fashion. Akriti said that Veyo can see if a ride was never selected, but it is not an automatic process; staff need to look at them. Members felt that a better mechanism (such as programming their system so that such things are automatically flagged and brought to staff attention) was needed on Veyo’s part to assure that these rides do happen. This is especially important for long rides; calling when the ride is more than 15 minutes late (and was in fact never scheduled) is not adequate to arrange such a ride at the last minute.  
Bill noted that DSS should be advised of such situations where even a rescue ride cannot be arranged as that will result in sanctions. While Veyo may provide 5-6000 trips a day, DSS has asked Veyo to prioritize life-sustaining trips such as dialysis and chemo treatments.
- Q: (Brenetta). A: ambulance trips can be arranged but only when such level of transportation is required.
- Q: (Sabra Mayo and Kelly Phenix) regarding no-shows: Data shows 3072 no shows trips (not members). This was felt to be too many for the people left waiting. Akriti was asked for a breakdown by region, which she said she would get.

**3. Update on key impacts from the 2021 legislative session:** deferred to the next meeting when Representative Steinberg can speak to this.

**4. Update on State-wide Vaccinations, Consumer Feedback, Experience with Access:**

**Vaccinations:**

Brenetta Henry felt that getting vaccinations into the community was going better, including DPH using vans. Co-Chair Sabra Mayo commended Hartford for doing a good job, using flyers telling people where they could go.

**Access:**

Co-Chair Kelly Phenix reported that behavioral health providers have been decimated by losing therapists. For her after an initial wait of six weeks for a new therapist (after hers left) the therapist was a no-show, and she had to wait another month for another new therapist. Her provider indicated that it was hard to get and keep staff now. Brenetta noted that her provider

had also left. Shortly before he died Trevor was also advised that his appointment was rescheduled as his provider had quit. All agreed that providers were trying hard but the situation of access for behavioral health care was bad.

## **5. Update on the BHP Consumer/Family Advisory Council:**

CFAC: Yvonne Jones thanked Steve Girelli and Jeff Vanderploeg for the great committee overviews on the BHP-OC that were provided in 2021. Two are still to come: DEI and Adult Quality and Access.

iCAN conference: The theme this year is "A Brighter Future Enhancing the Vision of True Partnership - Breaking Through Systemic Racial Injustices." Formal invitations will go out next month. It will be virtual, 9/23 from 8:30-12:30 with 10 workshops people can choose from. Brenetta noted that the breakout sessions will be recorded so people don't have to miss any of them.

## **6. Other Business and Adjournment:**

- Co-Chair Kelly Phenix asked Rod Winstead (DSS) if the Veyo contract had been amended in response to the audit report. He will look into this.
- Sheldon Toubman raised a concern about access to specialists that he felt was challenged by the capitated nature of the contract. He was concerned about the Office of Health Care Strategy pushing for value-based payment structure which he felt would push more financial risk to providers and they would therefore be incentivized to reduce access to more expensive care or procedures. Janine asked if there were health outcomes paired with this process.
- Brenetta and Sabra expressed appreciation to this committee and Rep. Steinberg for getting the citation for Trevor. Sabra thanked all for their expressions of sympathy.

The Meeting was adjourned at 2:37 PM upon a motion by Co-Chair Sabra Mayo, seconded by Brenetta Henry.

**Next Meeting: 1:00 PM, Wednesday, September 22, 2021 via Zoom**