



***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

**Tuesday, November 23, 2021  
1:00 PM – 3:00 PM  
Via Zoom**

**Present on call:**

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

**Co-Chairs:** Rep. Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix, and Sabra Mayo

**Other participants:** Lois Berkowitz (DCF), Evelyn Ramos Betancourt, Carlos Blanco, Elsa Cordova, Graciela Davila, Gail DiGioia (CHN-CT), Michael Dugan, Melanie Flaherty, Elizabeth Gemski, Brenetta Henry, Bill Halsey (DSS), Jana Hunkler, Yvonne Jones (Beacon Health Options), Elsa Koepiquay, Jennifer Kurowski (BHO), Tanya Larsen, Keri Lloyd (DSS), Quiana Mayo, Maureen O'Neill-Davis (Family Forward), Callyn Priebe, Akriti Rai (Veyo), Wanda Ramos, Tania Santana, Tracey Saucier, Benita Toussaint, Sandra, Carmen Teresa Rosario, Rod Winstead (DSS), Mark Vanacore (DMHAS), and Carleen Zambetti

**1. Introductions and Announcements**

Co-Chair Janine Sullivan-Wiley convened the meeting at 1:02 PM via Zoom, advising that the meeting was being recorded. This was the first meeting with Spanish translation services being provided, so that process was explained. People must choose their language then are routed to the right language group. Introductions were made in the chat and via Zoom name identification.

Gail DiGioia of CHN-CT was introduced, noting that Linda Pierce had retired from CHN-CT and Lisa Rogers was the new CHN-CT Director.

## **2. Update on Public Health Emergency – Bill Halsey**

Bill noted that the Public Health Emergency, as determined by the federal government, was still in effect, with no additional guidance. He added that this issue “is front and center” with CMS. He explained the impact and significance of this designation as well as the implications for Connecticut for when the PHE ends. For example:

- Through this designation, there are about an additional 200,000 people on Medicaid.
- There is an enhanced Federal match [of funds expended by CT.]
- Connecticut as well as other states have requested at least 60-day notice of any end of this designation.
- There are several policy implications, including the way telehealth is currently covered. Would CT keep all or some of these?

His presentation was followed by questions and discussion, noting:

- People can always use NEMT/ Veyo to get vaccinations and boosters. The tricky part of that is regular rides to pharmacies are NOT covered; only medical appointments.
- Consumers noted that boosters are not readily available in all neighborhoods/locations.
- Information on the Public Health Emergency status can be found on both the DSS and DPH websites.
- Vaccination and booster information can be found on the DSS and DPH websites, with DPH the best resource for that.
- Several locations/resources for vaccinations and boosters were noted including pharmacies (including CVS and Walgreens), Hispanic Health Centers, C-Town supermarket, Institute of the Hispanic Health Council.
- Information on the different vaccines available is also on the DPH website.

There was some discussion about the use of phone-only appointments. These comments are noted below under item #4.

## **3. Update on Non-Emergency Medical Transportation (NEMT) – Bill Halsey DSS**

Bill invited Akriti of Veyo to make the presentation. She shared a PowerPoint that covered many aspects as follows:

Trip volume decreased in February from the levels of January to October. They had implemented a system where people were limited to a 90-day blanket approval. Veyo thinks this was due to a reduction in waste, although they were asked if it could also mean reduced access. The number of consumers served was not changed.

Call volume: this year the highest was in March with 63,449. While up for 2020 it used to be much higher, in the hundreds of thousands.

Transportation Provider Network: In February 2020 it was about 75-76, down in April to about 64, and now rebounded by Sept/Oct to 78-81. This reflected especially an increase in providers in underserved areas. The numbers also reflected that there were no out-of-state ambulance trips in October.

Individual driver provider network: In Feb. 2020 it was 1211, in April 2020 down to 541, with a big bump up in July from 829 to 2556.

On-time performance: in Feb. 2020 it was about 92%, down to 91% in July then up to 94% in October. Akriti noted that while 100% is the goal, 94% is good.

Member Portal: She gave a demo of the new member portal using screen shots. One big plus is that it does not require users to download an app. As of now, only trips to locations used before can be scheduled through this portal.

The presentation was followed by questions, answers and comments as follows:

- Yes, the portal can be accessed in Spanish. One of the Spanish translation users commented that Veyo is “fantastic!” But she added that the driver goes too fast. Akriti gave the Veyo number that should be used for such concerns: 855-478-7350. She added that the member portal has an option for comments, feedback and driver ratings.
- There are no restrictions for use of Veyo to a pharmacy IF you have a vaccination appointment. She emphasized that is the only time transportation to a pharmacy would be authorized.
- Veyo still has a specialized Covid fleet for people who have tested positive, have been exposed or symptomatic to get to medical appointments.
- They are resuming multi-loading but only for short trips, with a two-person maximum. All riders must be masked.
- The numbers of Spanish-speaking drivers is not currently tracked, but Akriti will look into this. She thinks there are quite a few.
- Rep. Steinberg noted that we are now have about 1 ½ years of Covid-related experience. He asked what impact the virus has had on the contract status and the next contract negotiations. Bill replied that it has had a definite impact, as they pay per member/per month. Over the last months Veyo has returned over \$16 million to the state. The big unknown is what will happen after the current number of Medicaid members drops again after the Public Health Emergency is ended and there is re-determination of many people. The current contract goes until 3/31/22.
- The level of complaints has remained flat, with a slight increase in the complaint rate due to the reduction in the number of trips. The high number of complaints in March was due to the thin network of drivers at that time.
- Regarding the resources available to people in the northwest and eastern parts of the state, who have been underserved, Akriti said that they have done a lot of work with providers to expand the fleet and added three new providers in Eastern CT. They have increased the independent providers. Now eastern CT has good capacity, but there are still some parts of the northwest that are underserved. They are adding incentives and working with local facilities (such as nursing homes) to be creative.
- All of the companies working in this state are local.
- Responding to a concern that a lot of drivers in Hartford are lost or asking the patients where to go, Veyo asked that people please report such issues.

#### **4. State-wide Consumer Feedback, Access and Experience:**

Those present were asked their experiences with access and services. Some of the following comments were shared earlier in the meeting.

- One person, through the translator, spoke of a client using phone-only service, and found the process very frustrating. While there were bilingual staff, the doctor could not be seen. There is a one month wait to see someone in person. The plus is that with the phone you can contact someone more quickly.

- Another person said that phone-only was helpful during the transition time after her pulmonary specialist moved from Hartford to Bloomfield. She added that “lots of doctors seem to be moving or leaving.”
- Another comment reported that several months ago a telehealth provider told her that they were no longer doing tele-video or phone. She was concerned about this as planned surgery will leave her homebound for at least six weeks. It took very strong personal advocacy for her to arrange what she needed.
- Bill Halsey noted that with Medicaid there is NO difference in the reimbursement (telehealth or in-person) but that may not be the case with some private health insurance. But DSS also cannot force a Medicaid provider to offer telehealth.
- There was a concern that there are not enough black and brown providers in the community.... providers who “understand us, our community and our culture.”
- Doctors change every three years; this has led to confusion. One example was a person who asked their primary care physician for a referral to a podiatrist and was given a referral to a physical therapist... an appointment not asked for or needed. Gail of CHN-CT said that for that kind of issue it can be helpful to call their center. Then CHN-CT would contact the PCP. This prompted some conversation about these issues.
- There is a continued backlog for elective but necessary surgeries due to Covid. People are expected to wait longer and see more distant providers.
- Family Forward has seen a lot of kids sent to the EDs with serious mental health issues. Children who need a higher level of care (such as residential or inpatient care) are not able to get those as everywhere in the state is full. Maureen said she knows of at least five families where the child needed a higher level of care but was discharged to the home. This can leave the family in an unsafe situation for 3-5 weeks. The S-FIT programs are not adequately staffed to fill in that interim need. Families and parents are struggling with extreme behaviors in homes... this is not just depression or anxiety they are dealing with. On a positive note, in the past, if a parent couldn't keep/care for the child it was called abandonment or neglect. DCF is now trying not to do that.
- The pandemic has had a negative impact on psychiatric beds for children/youth. Others agreed, noting similar situations. Rep. Steinberg will be speaking with Rep. Linehan about this and noted that the Speaker of the House has taken a special interest of this issue. It is too early to say what legislation might be proposed regarding this, but it will be high profile for the coming session.

It was also suggested that people contact Beacon Health Options and CHN-CT for advocacy and support in accessing services.

## **5. Report – BHP Consumer/Family Advisory Council – Brenetta Henry**

- CFAC is now involved in more workgroups, such as Diversity, Equity and Inclusion.
- They will be looking at all of the HUSKY benefits including Veyo, dental health, and behavioral health.
- There will be a presentation on 12/9 at 11 a.m. by Frank Fortunati.
- All those who attended the iCAN conference will be getting a link to the recordings of all the presentations and workshops.

## **6. Other Business:**

- Brenetta expressed her thanks to all who were in this meeting.
- There was a brief discussion of stipends, with Janine noting that the DMHAS stipends are a limited resource and any new individuals would have to be approved by DMHAS, contacting Mark Vanacore.
- Maureen noted that she attends this meeting as a community member, as the person who started Family Forward Advocacy.com. She gave some of her personal history.

## **7. Adjournment:** The Meeting was adjourned at 3:57 PM.

**Next Meeting:** 1:00 PM, **Wednesday**, January 26, 2022 via Zoom