



***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  
BHPOC & MAPOC Staff: David Kaplan

**Wednesday, March 23, 2022**

**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:** Donaices Alers (DSS), Neva Caldwell (CFAC), Dr. Lois Berkowitz (DCF), Carlos Blanco (Beacon, translation services), Sandra Czunas (OOC), Kathy Flaherty (CLRP), Brenetta Henry, Yvonne Jones (Beacon), Herman Kranc (DSS), Paul Lanza (DPH), Tanja Larsen, Keri Lloyd (DSS), Ellen Mathis, Quiana Mayo, Mzboray, LaShawn Robinson, Lisa Rogers (CHNCT), Carmen Theresa Rosario, Bonnie Roswig, Erika Sharillo (Beacon), Stephanie Springer (DCF), Sheldon Toubman, Benita Toussaint, Rod Winsted (DSS), Mark Vanacore (DMHAS), Carleen Zambetti (DMHAS)

**1. Introductions and Announcements**

Co-Chair Janine Sullivan-Wiley convened the meeting at 1:05 PM via Zoom, and introduced the guest speaker, Kathy Flaherty, Executive Director, CLRP. Spanish translation was available and the process described. Ms. Flaherty asked about closed captioning, which was not yet available. All were advised that the meeting was being recorded.

A bit later in the meeting, Co-Chair Kelly Phenix notified the group of the passing in January 2022 of Jackie Gibbs, formerly of Veyo. She was appreciated in this committee for her presentations here.

## **2. Update on Public Health Emergency – Rod Winsted, DSS:**

Rod reported that there had not been any change, nor any end date announced by the CMS. They anticipate it to continue until spring or even summer. There is a required 60 days' notice to the states before it is terminated, to give provider wind down time. The state is preparing a document of all the changes made during the pandemic. In response to a question, he noted that there IS a code for audio only health care, so that may be able to stay.

He also announced that Donaices Alers has joined his team on the behavioral health side. The RFP for NEMT services (currently provided by Veyo) is going out later this month.

## **3. RFPs 101: what is an RFP? What does it do and how does it work? – Kathy Flaherty, Executive Director, Connecticut Legal Rights Project (CLRP)**

Kathy provided some background on CLRP, noting that they provide legal services for people eligible for mental health services through DMHAS.

Kathy began her presentation about RFPs (Request for Proposals), emphasizing that she would not be referring to nor answering any questions about any *specific* RFP. She likened an RFP to the process a person might use in choosing something for their home, using advertisements and descriptions. When the state needs to buy something – such as a service – it uses a different process. The state will put out a Request For Proposals (RFP). That is a description of what they want to buy with very detailed specifications. This is a public document. The state (e.g. DSS, DMHAS, DCF, etc.) may also invite vendors (companies that might be interested in or want to provide those services) to submit letters of intent to get an idea of who the potential ones might be. From that point on, the state cannot provide any information, nor answer any questions, except in a very prescribed manner to assure that all vendors (companies) are on a level playing field. Everyone has to and gets the same information at the same time. The state may hold meetings to answer submitted questions. The questions and answers are published so that anyone can see them. They might make addendums to the RFP. The process is very careful as they are spending taxpayer money. Anyone interested can go to the DSS website and look at RFPs – including old ones (e.g. NEMT RFPs going back a decade) and new ones.

Her presentation was followed by a period of questions, answers and comments as follows:

- A proposal may state that a vendor must be or a preference for based in Connecticut. But the last few NEMT contractors were not based in CT. There may not be the level of expertise that is locally based.
- It is very important that the voice of the people is heard for any service that the state is bidding out (i.e., issuing an RFP).
- DSS should not do a capitated contract (i.e. the vendor is paid per member per month regardless of the amount of service provided to that member) as that is an incentive to cut care. Veyo's is a capitated contract; the former one (Logisticare) was not.
- When the RFP for the new NEMT contract is out, everyone will be able to see what it says.
- The length of the response to an RFP varies a great deal. One may be 10 pages, another 70. All are single space, very detailed, dense documents. Generally speaking, the larger the contract, the longer the RFP. The number of pages it can be is also specified in the RFP.

- The attorneys and advocates (e.g. Kathy Flaherty, Bonnie Roswig, and Sheldon Toubman) that support the community in these processes were commended.
- Consumers were involved in the development of the NEMT RFP through all of the comments made by DSS consumers and discussions at committees such as this one. Consumers and advocates can also comment (publicly) on the RFP after it comes out.
- There is a formal process where potential vendors can ask questions after the RFP is released, called a bidder's conference. Anyone can attend those. DSS can't answer any other questions or comment in any other time or situation.
- The government/state cannot prevent a vendor from speaking directly to consumers including family and consumer groups if the latter want to know more about a vendor. But those conversations cannot and do not influence the legal process of the RFP.
- As for how consumers/families/advocates can influence the process, "that train has already left the station."
- Communities have a lot of wisdom that is not tapped. Consumers/family members/advocates often have a better sense of what is needed from a vendor as they have lived experience and are the end users. They understand the problems and issues. This input should be – but is rarely used – in the crafting of RFPs. Some seemed to be developed by people who did not know enough about the service and what it actually did and what the needs are.
- People (consumers/family members/advocates) can always send a letter to the state department involved expressing their point of view e.g. "please don't contract with \_\_\_\_\_."
- Small businesses can always bid on any contract, but they may not have the capacity/ experience/ background to meet the specifications of the RFP.
- The history (including past problems) of a vendor should be considered in the choice of a vendor.
- It was noted that before Veyo came in, a legislator commented that we would now see if the problems were all Logisticare or in the blueprint for NEMT.
- One lesson learned from the last contract: the new one will NOT start January 1<sup>st</sup> – in the snowiest part of the year – but in March or April.
- Contract negotiations are active now with the other Administrative Organizations (ASOs) such as CHN and Beacon.
- In a different transportation system, if the driver finds they will be late (traffic jam etc.) the driver is responsible for making the backup arrangement (such as a call to Uber) and that works better than the Veyo system where the driver contacts Veyo and Veyo needs to find another driver.
- Veyo does use consumer satisfaction surveys. They are not done directly by DSS.
- Getting to the doctor can be life or death. Some medical practices/ segments of the medical community are finding that Veyo just doesn't show up or "We'll try to find you a ride" so the doctors don't even use Veyo - they arrange for Uber rides themselves.
- It was suggested that people who use NEMT be part of the proposal review team. Those who serve in that capacity are subject to strict confidentiality about the proposals and any discussions there.
- Kathy was thanked and commended for her great presentation. She was encouraged to come to any/all of these meetings.

#### **4. Update – BHP Consumer/Family Advisory Council:**

Neva Caldwell (the new CFAC chair), Brenetta Henry and Yvonne Jones (Beacon) all contributed to the report.

There was a leadership retreat on March 3<sup>rd</sup> that covered a lot. Two-year goals for the workgroups were developed. Welcome packets and guidelines were developed. There will be a collaboration with DPH for a workgroup at the April meeting about behavioral health and maternal and child health resources. Yvonne will send a flyer to David for distribution. They are working on the 7<sup>th</sup> Annual iCan conference slated for September 22, 2022, it will be a virtual conference.

#### **5. Care Coordination Discussion continued:**

Janine had followed up on the request at the last meeting for more information about Connie (the Connecticut Information Exchange). While not available for today's meeting, the Executive Director of Connie – Jen Searles – has agreed to come to the May meeting to describe what Connie is, how it was developed, its focus on health disparities for minorities and how consumers and providers can opt in or out. This program is still evolving, so this is an exciting time to be able to hear about it and comment on it. Janine noted how this has much of an information and treatment Clearinghouse function.

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

-Co-Chair Kelly Phenix asked if members would be interested in having a presentation on/ learning more about Advanced Directives such as what do I want? what do I need? Several members liked the idea. Kathy Flaherty noted that a lot of people are exploring these for how to avoid conservatorships and developing these to protect their rights. At this time, Connecticut does not have a specific psychiatric advanced directive. There are rules. Such a presentation and discussion will be planned for an upcoming meeting.

#### **7. Adjournment:** The Meeting was adjourned at 2:45 PM, upon a motion by Kelly Phenix, seconded by Neva Caldwell.

**Next Meeting:** 1:00 PM, **Wednesday**, May 25, 2022 via Zoom