



***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, May 25, 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, Sabra Mayo, Rep. Jonathan Steinberg

Other participants: Lois Berkowitz (DCF), Carlos Blanco (Beacon, translation services), Neva Caldwell (CFAC), Teresa Carmen, Roberta Cook, Pat Cronin (DSS), Sandra Czunas (Office of the State Comptroller), Kim Davis (OHA), Maureen O'Neill Davis, Michael Dugan, Kathy Flaherty (CLRP), Carmen Gonzalez (CHNCT-HUSKY Health), Bill Halsey (DSS), Brenetta Henry, Marilia Jose (Community Health Worker, Trinity Health Of New England), Tanja Larsen, Althea Mabayoje, Ellender Mathis, Sabra Mayo, Quiana Mayo, Tara McGovern (CONNIE), Marty Milkovic (CT Dental Health Partnership - HUSKY Dental), Callyn Priebe, Akriti Rai (VEYO), Brad Richards (DSS), Joe Ritter, Lashawn Robinson-Nuhu (Trinity Health Breast Outreach Coordinator), Jenn Searls (CONNIE), Tracey Saucier, Erika Sharillo (Beacon Health Options), Sharon Sipps, Sheldon Toubman (Disability Rights CT), Benita Toussaint, Mark Vanacore (DMHAS), Beresford Wilson (FAVOR), Rod Winsted (DSS), Carleen Zambetti (DMHAS)

1. Introductions and Announcements

- Co-Chair Janine Sullivan-Wiley convened the meeting at 1:04 PM via Zoom, and introduced the guest speaker, Jenn Searles, Executive Director of Connie.
- Spanish translation was available and the process described. All were advised that the meeting was being recorded.
- Bill Halsey (DSS) introduced Pat Cronin, the new NEMT manager for DSS. He noted that she

- has been with DSS for a long time.
- Marty Milkovic (CT Dental Health Partnership - HUSKY Dental) will be retiring. Janine thanked him for his participation and information at these meetings, and all of his work and advocacy.
 - Althea was welcomed back after a period of not attending these meetings.

The order of the agenda was modified.

2. Update on Public Health Emergency – Bill Halsey, DSS:

The situation remains status quo. Connecticut will get 60 days' notice from the federal government if there will be any changes. DSS is tracking this weekly as it will take significant work after that, because many people who were eligible for Medicaid through the Public Health Emergency will need to go through a re-determination process.

Janine expressed thanks and appreciation to both DSS and the CT General Assembly, very proud to note that Connecticut is a leader nationally in keeping telehealth even after the Public Health Emergency is over. Bill expressed his thanks to this group (Coordination of Care/Consumer Access) for sharing their experiences, which was an important part of Connecticut's process.

Bill's report was followed by some questions, answers and comments below:

- Regarding the date the end of the public health emergency will take place, Sheldon stated that the requirement is 60 days' notice, which would bring that to mid-October. Bill reassured him that no one would be cut off immediately; they have planned on a 12-month period to unwind this.
- Several people expressed their appreciation for DSS and its work on this.
- Bill was asked if "Covered Connecticut" was a new program. He responded that it is very limited right now but eligibility will grow as of July 1st.

3. Veyo (NEMT) General Updates with data on drivers and provider network and technology update: Akriti Rai, Marketing Director, Veyo

Akriti presented a PowerPoint that reviewed the data on drivers, the provider network and technology in place now. Please see full presentation, attached. Some details noted:

- Rides: 130-170,000 ambulatory and in wheelchairs each month
- Calls: 176,000 per month. This is roughly 30-40% of the pre-pandemic levels.
- On-time performance: was reported to be steadily going up and as of April 2022 at 96%. This was the first time Veyo has been able to meet the 95% or greater requirement.
- Provider network: added 15 providers since 2020; there are 10 in contract, with 8 discontinued due to negative performance.
- Independent driver network: has 2446 active, with most living in their area of service. They are still rebuilding the network from pre-pandemic numbers.
- Text notifications: this initiative makes a lot of information available to members. Text "START" to 77987 to initiate this option. It is also a way to rate drivers.

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

- One person noted that people have called to cancel but the driver still showed up the next day. Akriti responded that if the ride is cancelled, that's it. The member is not responsible if the driver still shows up.
- A person from the Northwest part of CT reported that she hears that Veyo has gotten worse, with more late and no-show rides. This has included for people going to dialysis, methadone maintenance and chemotherapy appointments. She hears that "you can't count on Veyo" and wondered if the better numbers reported are because people have given up and no longer use Veyo. Akriti responded that early in the pandemic there were "some challenges" but that things are improved now. As for members not complaining, she said there have not been changes in the complaint volume. She will report more on that next time. She also noted that DSS has access to the complaints.
- There was a comment that the difference between client reports and the data reported seems common.
- There was a comment that calling Independent Driver Providers is like calling Uber. With Uber, if no one accepts the ride, there is no ride given. But that is not acceptable for Medicaid rides. What process exists to address that? Akriti said that there is an internal process for that. She was asked to share that at the next report.
- Another person reported a good experience with Veyo. If the driver was running late, the driver tried to get another driver. She responded that yes, she uses the text messaging process.

4. CONNIE (formerly HEIC) – the Connecticut Information Exchange:

Presentation by Jenn Searls, Executive Director of CONNIE

Jenn Searls began by noting that she would also be happy to come back, and happy to share the information about Connie. She used a PowerPoint presentation as she went through the details of this fairly new agency. (She attached.)

The presentation began with the example of "Robert" and his adult child, and the negative outcome when he had to go to the emergency room which did not have access to his Primary Care Physician or medical records. This kind of situation led to the development of the Health Information Exchange (HEIC) which became Connie (for Conn Info Exchange). It is an independent, private-non-profit, neutral and trusted organization that was established by the CT state legislature to do this work.

The goals of Connie are to improve care coordination, reduce cost, reduce errors, and reduce unnecessary treatment. They are a neutral and independent convener of data. Their board of directors is appointed by the state legislature and includes the Commissioner of DSS, and the Deputy Commissioner of the Office of Policy and Management.

They "went live" as of May 2021. The state statute requires hospitals and labs to join within one year i.e. by May 3, 2022. Within two years all providers should be part of it. The law also requires that eventually consumers will be able to access their own records – something that is rare in such state programs. It should include information blocking by the end of summer or early fall.

Ms. Searls demonstrated the process whereby providers can share information, and the provider directory. You can go to their website and see which organizations are sending data, and if you

don't see them there, ask your provider to join. The list is updated weekly.

The data there now includes:

- Admission, transfer and discharge data
- Lab results
- Radiology results
- Discharge summaries for hospitals and nursing homes.
- At this time, the system includes 1.2 million patients, and over 290 organizations.

Patient privacy and consent: Connecticut is an "opt out" state, meaning that people are in the system unless they opt out. Ms. Searles described how to do that, as well as how to get organizations connected.

Her presentation was followed by questions, responses and comments as follows:

- An individual's information will be all or nothing; you cannot have medical included but behavioral health information excluded.
- Behavioral health care notes are NOT included in Connie. Most providers are not sending in behavioral health information, only medical. For example, Hartford health Care is sending only medical information.
- The goal is better health care with all information included.
- As the system develops, there will continue to be focus groups with patients. There is a patient advisory group for the program. They have also used patient and family councils for feedback.
- There was a suggestion for a specifically mental health advisory group, noting concerns for discrimination based on mental health issues.
- There was deep concern that very private issues shared with a therapist or psychiatrist, not be able to be seen by any others.
- This kind of information is a good start to address the problems when providers do not communicate with one another.
- Another person felt that all of one's doctors should know about all medications, including behavioral health medications, as there can be interactions. It's about all of the doctors being "on the same page."
- Knowing about medications was generally seen as OK versus knowing the content of therapy sessions which was *not* considered OK.
- An example was given of a person's father almost dying until the emergency room doctor was advised by a family member of the father's recent medication history. But not everyone can have an informed family member or advocate with them all the time.
- This system will cover everyone in the state regardless of their insurance (public or private).

Jenn was thanked for her presentation, and she again noted her willingness to return.

5. Update on – BHP Consumer/Family Advisory Council:

Report by Neva Caldwell.

- There was a focus group about collaboration between behavioral health and medical health care, with participation by about 60 members.

- Rev. Robyn Anderson – a leader in the faith community about health care - gave a presentation on May 12th about the health care system working collaboratively with the faith community. Theresa Carmen reported that Rev. Robyn is working with her own church and forming a coalition with a lot of churches.
- The iCAN conference will be a virtual conference on 9/22/22, from 8:30 AM-2:30 PM.

6. Other and New Business:

- Benita said that there is a need for change addressing mental health and young people and violence.
- All present, held a moment of silence for all of the lives being lost needlessly to violence.

7. Adjournment: The Meeting was adjourned at 2:56 PM.

Next Meeting: 1:00 – 3:00 PM, **Wednesday**, July 27, 2022 via Zoom