



***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.

Tri-Chairs: Janine Sullivan-Wiley, Sabra Mayo and Kelly Phenix  
MAPOC & BHPOC Staff: David Kaplan

**Wednesday, September 27, 2023  
1:00 PM – 3:00 PM**

**Via Zoom (hosted by Carelon, formerly Beacon Health Options)**

**Present on call:**

Staff: David Kaplan (BHP-OC)

Tri-Chairs: Janine Sullivan-Wiley, Kelly Phenix, Sabra Mayo

Lois Berkowitz (DCF), Carlos Blanco (translation services), Thomas Burr (Public Policy Manager, NAMI CT), Sheila Gallo, (ABLE Child), Carmen Gonzalez, (Community Health Network of CT/CT HUSKY Health), Brenetta Henry, (Tri-Chair CFAC), Yvonne Jones (CTBHP at Carelon, CFAC Advisor), Sean King, (OHA); Jennifer Krom (Carelon), Ellender Mathis, Quiana Mayo, Alexis Mohammed, (DSS-CT), Kate Parker-Reilly (CT Dental Health Partnership- HUSKY Dental), Cynthia Petronio-Vazquez (Carelon Behavioral), Akriti Rai (Veyo/MTM), Erika Sharillo (Carelon), Rep. Jonathan Steinberg, Benita Toussaint, Mark Vanacore, (DMHAS), Bangalore S, Bonnie Roswig, Rep. Susan Johnson, CT-N, Callyn D. Priebe, K Hunter, Kathy Flaherty, L. Nahu, Lisa Slater, Massaro H, Sallie Pinkney, Sheldon Toubman, Sourah Ahmed, Dr. Stephney Springer (DCF), Tanja Larsen, LaShawn Robinson, Robert Haswell (DMHAS), and Tiffany Minakhem

**1. Introductions and Announcements**

- Co-Chair Kelly Phenix convened the meeting at 1:06 PM via Zoom.
- Spanish translation was available and the process described. All were advised that the meeting was being recorded and on CTN.
- Kelly asked if there were any questions from the last meeting. None raised.

**2. Quarterly update for NEMT, and Rebranding of the service from Veyo to**

## **MTM – Akriti Rai**

Akriti shared and reviewed the 2023 second quarter membership satisfaction data. She emphasized that – with the change to MTM - there was a reversal of how the responses were ordered (satisfaction on a one to five scale) and that seemed to change a lot of previously “excellent” responses. Overall satisfaction was 77.9 % in August, with driver satisfaction 4.8 out of 5. Overall, 97% of people with IEPs expressed satisfaction.

As of September 1<sup>st</sup>, they have transitioned to all MTM technology. There was still “a few bumps in the road” that were expected to last only another few weeks. They experienced high staff attrition and are aggressively recruiting. Issues include long call wait times (average 25 minutes) and call attrition (giving up on the call).

Her presentation was followed by comments and questions.

- Kelly noted that Akriti has been there from the beginning of Veyo’s contract in Connecticut. However, she felt that we were “right back where we started”. She relayed an email from UCONN about extreme problems for dialysis patients.
- Janine added that these issues were not “a bump in the road” but a failure to provide essential health care services to Medicaid recipients.
- Providers have been left on hold for four hours trying to book rides.
- Rep. Johnson said she had gotten calls from people needing dialysis and behavioral health care and had a four-five hour wait for their ride. This has been a problem “since day one.”
- Brenetta spoke of a situation with in the last three months where a person discharged from the hospital was left in the lobby for three and a half hours. Then a Lyft driver came.
- Bonnie Roswig agreed that this was back to the beginning. She described a situation where a child had a pre-scheduled appointment for a bone marrow transplant at Boston Medical Center, transportation was confirmed multiple times, then the ride was a no-show. The parents called a cab, then MTM refused to provide the ride home since they did not get the child there. She has seen ride after ride for appointments cancelled. It is “shockingly dysfunctional and worse than before.”
- There was some concern that the expiration of the consent decree for Veyo and DSS, and that has been part of the deterioration in services,
- Change in protocols has removed a prompt for health care providers.
- Others were concerned that the contract had been extended.
- There is a need for consumer input.
- DSS can and should enforce the conditions of the contract.
- What will the future contract look like? The RFP was first issued over a year ago. There were concerns that it is a capitated contract, giving MTM a financial incentive to cut services.
- Independent contractors can choose to not provide a ride; contracted companies (like a cab company) did not have that option.
- Perhaps a regional process would work better.
- It seems like ambulance services are less available.

Akriti responded:

- They are aware of the issues and take full responsibility. They had pre-booked all dialysis rides

- before the change-over, and it has worked 95% of the time.
- They are working on the UCONN dialysis issues.
  - Regarding security of data and patient information: they have a compliance team.
  - She appreciated the feedback; they are aware of the two members mentioned and will make sure they are all set.
  - There are two different models: One is the “on demand” model, which is used in New Haven, Hartford, Waterbury. The other is a routed model for independent drivers, used in the eastern, north, eastern, northwestern part of this state. But they still struggle with the adequacy of the network in the eastern part of the state. They use local people who know the area.
  - Independent drivers (IDTs) are 40%, the rest is traditional. Independent drivers do not do any wheelchair service. They did not eliminate any wheelchair providers.
  - The provider prompt still exists it is #9, after language.
  - The functionality is different for the family and member portals; they are working on that.
  - She noted that she has been here since 2017 and put her name and email in the chat: Akriti Rai, arai@mtm-inc.net
  - Another concern raised was for people who have trouble walking but being required to take a bus. Akriti explained that they can give members a 15-day temporary certification to be able to use the mode that best fits their medical needs. After that, they just need to have a medical necessity form on file.
  - Another comment was that people who sit at these meetings know what to do, but what about for others? If they call in, do they get all this information? Akriti responded that this information is on their website. But members said that there needs to be more outreach such as to some of the hospital community health workers. Akriti said that she will investigate the information on the website and phone systems so people are advised of their options.
  - Akriti explained (as there were no DSS personnel available to do so) about the fiscal accountability. MTM (Veyo) gets the per member per month payment every month. At the end of the year there's a whole fiscal reconciliation process where DSS gets reporting on trips and on how much MTM spends on trips that are completed that are metered off, finalized, and paid out. There's a process for evaluating MTM's quality scores, and how much MTM can keep versus how much they need to return to DSS. So, there's a lot more complexity in the contract. They don't simply get paid for trips that are not happening. She was adamant to be on the record to say that “we're not cutting corners, we're not trying to reduce utilization for any sort of reason, but hopefully at the next meeting, DSS can provide lot more specifics on how this contract has been working, what they've been seeing, how that fiscal reconciliation process has been working, but I did want to address that we don't keep all of that money.”

### **3. Child Autism Services: DSS**

Alexis Mohammed from DSS and Jennifer Krom from Carelon introduced themselves, beginning the presentation on the state plan autism services that Carelon oversees. Jennifer noted that she would speak about Carelon's care coordination and peer support specifically for their adult members.

They support several members, across the state with Medicaid in a variety of different levels

of behavioral health levels of care, all the way from inpatient at the highest most intense level to outpatient. They also collaborate closely with DSS, DMHAS, and DCF. Their autism team collaborated very closely with DDS at the beginning of their contract back in 2015 when Connecticut was mandated to cover autism services.

Carelon's intensive care management team and clinicians work directly with DCF and in emergency room settings. Their family peers support all their members at a variety of levels and with a variety of mental health needs across the autism spectrum. There is a specific autism spectrum disorder program, with care coordinators and peer specialists.

She then went on to describe in detail the services available to children and youth, including diagnostic assessment, crisis plans and behavioral interventions. Different levels of need and services are provided.

Following her description of services for children, Janine noted that the presentation was supposed to describe services for adults and asked if that was available. Jennifer noted that she came today expecting to present on the Medicaid funded services which are up to 21; that's what Carelon oversees. She was not able to speak to services for adults.

Kelly reiterated that the request was to hear about what is available for adults with autism, including those who may age out of the services provided for children and youth. Alexis was asked to bring back to DSS the clarification of what was sought for the November meeting. That would include the waivers, any other assistance that might be available, and especially how parents access it including how this is communicated to Husky members.

There was also a question raised about what would happen to services for a person on the waiver who may get incarcerated. Could those services resume upon release?

Jennifer added that Carelon can provide care coordination of behavioral health care with an adult's DDS case manager if they just need support in doing that.

#### **4. Update on BHP Consumer/Family Advisory Council – Brenetta Henry**

Erika Sharillo of Carelon reported for Brenetta. She reminded the group that the iCAN conference is tomorrow (9-28-23), and that they're hopeful that many folks in attendance in today's meeting have registered. There will be breakout sessions and discussion. It begins at 8:30, runs to about 2:00. There's still time to register. Janine added that these are interesting, dynamic opportunities that no one should miss.

#### **5. Nomination for new consumer Co-Chair**

Janine reviewed that, as noted last month, the consumer co-chair position is up for election, and she began to review the process. Nominations would be at this meeting, election at the November meeting, with the elected person to begin in January. She read the requirements that this group had developed as follows:

- The consumer co-chair needs to be either a current Husky member, with a green connect card, a caregiver for or an immediate family member of a Husky member who shares the same residence. In the development of that criteria, this committee's members wanted to assure

that there would be strong representation of Husky issues.

- Ready, willing, and able to provide leadership and be a mentor to new leaders.
- Must study the issues and come prepared for discussion.
- Must have been present at 80% of these meetings.
- Must be able to set the agenda, conduct meetings, and work with the committee members.
- Nominations would be limited to those who have attended council meetings for a period of no less than a year, with an attendance rate of 5 to 6 meetings.
- The previous co-chair here must sit out a two-year term before running for another term.
- The position of consumer co-chair will have term limits of two, two-year terms, time served as retroactive.
- Nominations in September, elections in November and the term begins in January of every other year.

Brenetta then suggested that we table nominations and this conversation because she felt that a conversation needed to happen with the joint work group and brought to the Oversight Council because there were so many questions that need to an answer.

This prompted a long and strongly expressed conversation that covered many things including:

- Leadership of this group
- Janine's status as no longer qualifying as a provider since her retirement.
- Clarification that this committee chose to make that co-chair position from the BHPOC side a consumer position.
- A desire to re-visit the co-chair position, nomination process, term limits, the number of consumer seats, mentoring and mentoring other people.
- Janine noted that her position as a co-chair was an appointed one by the BHPOC, not an elected position. She clarified that she was not ever appointed as a provider, but as a member of the Behavioral Health Partnership Oversight Council, on which she continues to serve.
- The importance of consumer voice was stressed.
- To be appointed by MAPOC or the BHPOC, a person must be a member of that group.
- This group has no authority over MAPOC or their decisions.
- There are very few consumers or family members on MAPOC other than Kelly.
- This is a joint MAPOC and BHPOC committee: Coordination of Care (BHPOC) and Consumer Access (MAPOC). They were merged many years ago.
- There was concern about a lack of diversity, equity, and inclusion.
- Kelly was appointed by MAPOC as one of the co-chairs from that group, although she had served representing BHPOC before that (Kelly is on both).
- The criteria for the consumer co-chair were developed by this group, not by any other group. They were quite specifically designed over a period of several meeting, including the term limits and so that no one could become the consumer co-chair that wasn't a Husky member or a family member of a Husky member. But if the group wants to, they could change that.

Janine agreed that the nomination process be tabled at this time, as it was a timetable created internally to this group. She was also concerned that the tone of the discussion could discourage people from seeking nomination. She said she would also bring back to the Executive Committee the feelings of this group about her appointment.

Pending further discussion, Sabra was asked and agreed to continue as the Consumer Co-Chair. Janine will bring all these issues to the BHPOC Executive Committee. They will be asked to connect with MAPOC.

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

All were reminded that this is an open group, and suggestions about agendas are always welcome.

The next meeting will have Adult Autism Services.

Akriti's bravery was noted, as she presents for a service that has generated a lot of anger.

**The meeting was adjourned at 2:59 PM**

**\*NOTE: NEW DAYE: Next Meeting: 1:00 – 3:00 PM, Tuesday, November 21, 2023 via Zoom**