



***Behavioral Health Partnership
Oversight Council
Coordination of Care Committee
Council on Medical Assistance Oversight
Consumer Access***

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Co-Chairs: Christine Bianchi, Brenetta Henry, Janine Sullivan-Wiley & Benita Toussaint
MAPOC & BHPOC Staff: Richard Eighme & David Kaplan

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 Charter Oak Health Plan 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 the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: October 28, 2015
1:00 – 3:00 PM
1E LOB**

Next Meeting: **Wednesday, December 15, 2015 @ 1:00 PM in Room: 1E LOB**

Attendees: Co-Chair Christine Bianchi, Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Allyson Nadeau, Quiana Mayo, Sabra Mayo, Kelly Phenix, Eunice Stellmacher, Casey Tillman, Sheldon Toubman, Roderick Winstead (DSS), Judy Blei, Lois Berkowitz (DCF), William Halsey (DSS), Ellen Mathis, Bonnie Roswig, Kimberly Sherman (CHNCT), David White, Michael Dugan, LaShawn Robinson, Olivia Hathaway, Joseph Riter, Michael Harris, Linda Pierce (CHNCT), and Trevor Ramsey

Introductions

Co-Chair Benita Toussaint convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:07 PM.

Introductions were made by those in attendance.

Janine Sullivan-Wiley provided an update on the letter discussed at last month's meeting that is being sent from the full Behavioral Health Partnership Oversight Council to DSS requesting that the NEMT contract, currently with Logisticare, be re-bid.

CHNCT Quarterly Grievance Report

Linda Pierce began going through the presentation on Grievances for Husky Health (See Attachment).

[https://www.cga.ct.gov/med/committees/med3/2015/1028/20151008ATTACH_Grievance%20Presentation%2010-28%20\(1\).pdf](https://www.cga.ct.gov/med/committees/med3/2015/1028/20151008ATTACH_Grievance%20Presentation%2010-28%20(1).pdf)

She started with an overview of what Grievances are, how they are filed and what happens when they are filed. Linda went through several charts which represented reported grievances of Husky Health Program members and providers for the first 3 quarters of 2015. She explained that the other documents represent a full breakdown of data that CHNCT provides to DSS (See Attachments).

https://www.cga.ct.gov/med/committees/med3/2015/1028/20151028ATTACH_EXHIBIT%20E%20QM%20-%20Complaints%20Broken%20out%20by%20Reason%20Code%20-%20Mbr%20and%20Prvdr%20-%20135%20-%202015.pdf

https://www.cga.ct.gov/med/committees/med3/2015/1028/20151028ATTACH_EXHIBIT%20E%20QM%20-%20Complaints%20Meeting%20TAT%20-%20136%20-%203rd%20Qtr%202015.pdf

Christine asked about the 32 complaints for members being billed. Linda stated that all of the providers that bill members are enrolled and explained why there may be some additional billing from advanced services, initially not having coverage or other issues. Linda added that BHP would never refer members to a non-Medicaid accepting provider. However, if a person sees a provider that doesn't take Medicaid, that can be billed to the client. That would not be counted as a grievance. A covered provider cannot bill for medical records – that would be a grievance.

Sheldon Toubman asked what the process was to make sure that when a member reports an issue it becomes recorded. Linda explained the difference between a request and a grievance, and where a member is in the process. If a member has tried to find a provider and is unsuccessful, it would be reported as a grievance. If they are unhappy, it is reported as a grievance though there is not an exact definition.

Sheldon asked if NEMT has always had the most number of complaints for provider types. Linda stated that for NEMT, the number of complaints was consistent with other ASO's, due to the volume and nature of transportation.

Brenetta Henry asked a specific question about seeking a very specific service and what would be a grievance. Linda explained the process and dependency on the timing of the member seeking a provider. If the member hasn't taken certain steps with their PCP then they will be given information on how to contact them and what the proper steps are. If there is an access issue it would be a grievance.

Kelly Phenix explained that for her HUSKY was a long process but not difficult. She asked about a situation where a provider is sending you a bill for covered services, and you resubmit, but still receive the bill. Linda believed that the situation was most likely due to a

person being retroactively covered. Bill Halsey added that the claim wouldn't go to CHN, unless it was through a grievance complaint. A situation like this can be escalated and looked into. Linda added that if a member is registered that day, DSS can talk to a provider on the phone or send a representative out. She explained what they do in these situations.

Brenetta asked if someone could be reimbursed if they paid a bill received from a provider. Linda explained that if the provider received payment from HUSKY, they would then reimburse the member.

Follow-up on NEMT/Logisticare and Quarterly Grievance Report

Roderick Winstead reintroduced himself and stated that he would be filling in as the manager at DSS of NEMT. He went over the meeting held last Thursday at Logisticare. The Department agrees with advocates that there is improvement needed in how concerns are reported and tracked; previous grievance reports and complaints may have been under reported. They are committed to improving the process. He asked for conversation on grievance report collection and how information is displayed. He went over the draft of a monthly report for grievances going forward (See Attachment).

Casey Tillman of Logisticare asked the committee for input on the reports and what the committee would like to see. The draft was provided to be reviewed and commented on. He started with a definition of a complaint grievance. Bill Halsey went through the three documents and the information that they contained (See Attachments). DSS and Logisticare would appreciate feedback from members.

Janine asked if members would like to go through the items of the documents or ask questions. Kelly asked if these were reports that were supposed to have been given all along. Bill stated that grievance reports were given but that DSS wants more content and details. The details in the draft reports contain more than what is required in the contract.

Brenetta asked about non-member complaints of apparently inappropriate service or behavior of a Logisticare cab. Logisticare does not currently record that data. Christine added that because it is contracted out, there is no way to know who is in the car. Discussion followed that about how it could be reported to Logisticare or the particular transportation service. Christine asked for more clarification on the decision of whether it's a complaint. Casey gave clarification on what dissatisfaction is.

Sheldon provided background on last Thursday's meeting where it was reviewed that Logisticare was engaged in "Systematic underreporting." He added that he is pleased to see that they are making changes but finds that all of the information that has been given to date was "bogus."

Bill Halsey went through the QI and complaints/grievances documents and asked for feedback on what would be included/not included in future grievance reports. More information was given on many of the categories including what it means when reported, "No

provider available” and “Bus/Train pass late/not delivered.” Discussion followed on what the document was and what it would eventually be comprised of.

Kelly asked if the information tracked could be changed without approval from Logisticare Corporate. Bill stated that we should see how many new items there are and then that can be discussed.

Casey added that there would be an additional report of the timeliness of transportation providers. Discussion followed on the reporting of complaints of members and what a “No show” is. Casey added that when a trip is “No show” or as a cancellation, the times of the missed trip are reported to Logisitcare. There is currently a provider complaint field but it is not broken down further.

Bonnie Roswig shared that the problem many times is at the dispatch point and not by the individual providing transportation. She further asked about the relationship and communication to Logisitcare Corporate. Bill explained that the changes would be discussed in conversation between DSS and Logisticare. Christine added that the relevance of the data is based on how useful it is. For the language barrier there may be nothing that can be done with that information. Bonny talked about Federal and State law and access to services. Benita asked about the training of drivers.

Kelly expressed that the rate of abandoned calls should be tracked under quality of ASO’s services. Casey added that the call center meets requirements and that information is expressed in a different report on call centers.

Consensus was expressed that a provider’s conduct of professionalism should be included.

Sheldon asked about when a provider showed up early and a member is not able to get out within 10 minutes. Casey responded that the member would call and that will fall under no show. Sheldon stated that the more division in this area the better to properly review data .

Christine asked about Language and how someone could complain. Linda replied with the difference of ASO services and Provider services, and where complaints could be. Logisticare uses the language line.

Benita offered a suggestion for when transportation arrives and the member is not present. Casey added that the providers generally do everything they can to contact the member.

The section labeled “other” was discussed. The difference of a complaint/ grievance and when something goes through the Notice of Action process was explained by Casey.

Christine stated that she didn’t see anything in the document about when someone is complaining regarding an accompaniment and/or ride sharing. Bill added that from the transportation provider side those were included but that her point was well taken on the member aspect; it will be looked into by DSS/ Logisitcare.

Bill continued onto the next document, reviewing the different aspects of complaints from the transportation provider. Bonnie asked about the circumstances with a wrong address under “wrong pick up location.” Casey added that the numbers provided are generally not due to the provider.

Kelly referenced a report by Mercer that stated there were 7 contractually obligated reports that were not being submitted to DSS. Bill responded that with Donna being out, DSS will be going through and reviewing all of those requirements and outstanding reports.

Sheldon commented on the report from Mercer and that the information should be reported from Logisitcare.

Christine felt that the January meeting date was too far away and suggested that the combined committees should meet next month. Discussion followed and it was decided to meet in December, on Tuesday the 15th.

Casey offered for members to come to Logisitcare and see the operations for themselves in person.

It was reported later in the meeting that beginning in mid-November they will be giving people reminders the day before.

Update on Committee Membership Expansion for More Geographic State Representation

Benita approached the Children’s Behavioral Health Committee and asked for representation at our meetings.

Brenetta also extended such an invite to the BHP Consumer and Family Committee.

Janine invited members of the Region 5 Consumer Action group. She told members to extend an invite to whoever might be interested in the committee and from other geographical areas of the state.

Issues of Coordination of Care and Integration of Behavioral Health and Medical Care

Janine asked members what they thought could be reviewed to approach the listed agenda item issue. Bill talked about related initiatives that are currently happening and what the ASO’s are doing. DSS could frame these out and provide presentations on these initiatives.

Janine asked if it was possible to find a few individuals of these new coordinated services and if they could come and share their experiences. Kelly asked about what is brought to the full Oversight Councils. There are currently several initiatives underway. Janine asked the co-chairs to work with some of the agencies and ASO’s to get presentations.

Other Business and Adjournment

Co-Chair Janine Sullivan- Wiley announced the next committee meeting date would be on Tuesday, December 15, 2015 at 1:00 PM in 1E LOB and asked members to review the DSS information provided and discussed during the meeting to give feedback for changes.

Sheldon asked that the agenda for the next meeting item address the many deficiencies that are referenced in the Mercer report. Janine suggested the coordination discussion then be pushed back to the January meeting.

The meeting was adjourned the meeting at 3:06 PM by Benita Toussaint.

Next Meeting Date: 1:00 PM, December 15, 2015, Rm. 1E LOB