



Behavioral Health Partnership Oversight Council

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www.cga.ct.gov/ph/BHPOC

Co-Chairs: Rep. Mike Demicco, Pat Rehmer & Beresford Wilson

Meeting Summary: June 13, 2018

1E LOB

***NOTE: July and August Meetings are CANCELED: Next Meeting is September 12, 2018 @ 2 PM in 1E LOB**

Attendees: Representative Mike Demicco (Co-Chair), Pat Rehmer (Co-Chair), Beresford Wilson (Co-Chair), Paul Acker, Dr. Lois Berkowitz (DCF), Dr. Elliot Brenner, Rick Calvert, Alyse Chin (DMHAS), Terri DiPietro, Dr. Andrew Feller, Deborah Fuller (Jud), Dr. Alice Forrester, Dr. Frank Fortunati, Jr., Heather Gates, Dr. Steven Girelli, William Halsey (DSS), Dr. Charles Herrick, Susan Kelley, Barbara Lanza (Jud), Judith Meyers, Maureen O'Neill-Davis, Kelly Phenix, Bert Plant (Beacon), Julie Revaz (Jud), Charlene Russell-Tucker (SDE), Janine Sullivan-Wiley, Lori Szczygiel (Beacon), Meryl Tom (DPH), Dr. Jeff Vanderploeg, Susan Walkama, Rod Winstead (DSS), Valerie Wyzykowski (OHA), Dr. Benjamin Zigun

BHP OC Administration

Co-Chair Pat Rehmer convened the meeting at 2:02 PM, and introductions were made. Next, Pat asked audience members if they had any public comments and there were none. She then asked Council Members for a motion to accept the May 2018 summary. Terri DiPietro made the motion and was seconded by Paul Acker. All voted to accept the May summary as written with no nays or abstentions. Pat also announced that the July and August BHPOC meeting dates were canceled and the meetings will resume on September 12, 2018.

Action Items

None

Connecticut Behavioral Health Partnership Agency Reports:

State Budget Update:

Department of Mental Health and Addiction Services –Alyse Chin

No report was given.

Department of Children and Families – Dr. Lois Berkowitz

Dr. Lois Berkowitz gave the report. She said that DCF was in the midst of re-aligning the service array to accommodate the essential services that were removed from the DCF budget

following the transfer for responsibility for Juvenile Justice programming to the Judicial Branch. They are working to finalize those plans and will be in contact with the provider community shortly. They are also enhancing certain services that are specifically related to meeting Juan F outcome measures. The funding for other services that have shown low utilization will be adjusted to assist in supporting these essential services.

Co-Chair Beresford Wilson thanked Lois for the report and stated he would like to hear as a parent, the clear and transparent strategy on how DCF and CSSD plan on working together to ensure a smooth transition of services when both agencies are working with the same families and communities. He concluded by saying that data sharing, aggregation and transparency are the best ways of supporting better outcomes for this intended work. Susan Kelley pointed out that once the state budget was passed, behavioral services for youth still came up short. It has been hard to track which services did get funded and which did not. She would like to hear a more detailed report on service funding. This is essential for children. Susan Walkama agreed and would like to know specifically what the department is focusing on. Lois said that she will bring back the Council's concerns to the Department. Steve Girelli asked about a timeline. Lois said that it will be sooner rather than later.

Judicial Branch – Barbara Lanza

No department report was given on the adult system. See the report below on the update on Juvenile Justice Transfer from DCF to CSSD by Julie Revaz (Jud) and Deborah Fuller (Jud).

Department of Social Services-Bill Halsey and Rod Winstead

Bill Halsey (DSS) said that due to fixes in the budget more parents and caretaker relatives will qualify for HUSKY A health coverage beginning July 1, 2018 and the Medicare Savings Plan (MSP) was fully restored. Information regarding changes to the HUSKY A income guidelines for parents and caretaker relatives can be found here:

MSP guidelines

Information regarding the funding restoration for Connecticut's Medicare Savings Programs (MSP), including the current income guidelines can be found on the DSS website here:

www.ct.gov/dss/medicaresavingsprograms

HUSKY A guidelines: www.ct.gov/huskychanges

Updated June 4, 2018--State budget legislation signed by Governor Dannel P. Malloy is raising the income limit for parents and caretaker relatives to qualify for HUSKY A health coverage. The change will begin on July 1, 2018, reversing a cut in the eligibility level that took effect this past January.

As a result:

- Parents/relative caretakers who lost HUSKY A coverage as of January 1, 2018, may be eligible again as of July 1, 2018, because of the income limit going up.
- Parents/relative caretakers who have not been able to qualify for HUSKY A coverage since January 1, 2018, may be eligible as of July 1, 2018, because of the income limit going up.

Further information, including for parents/relative caretakers currently receiving HUSKY A 'Transitional Medical Assistance,' is below.

A new state law has restored the income limit for parents and caretaker relatives to qualify for HUSKY A health coverage. Specifically, the change increases the income-eligibility level for parents and caretaker relatives from 138% to 155% of the federal poverty level. **To see the new HUSKY A income levels, [please follow this link and look at the chart for your family size.](#)**

This change starts July 1, 2018.

What does this mean to you?

Under the new law, parents or caretaker relatives in your household may now be eligible for HUSKY A coverage starting July 1, 2018.

If you would like to see if you are eligible for coverage, please visit www.accesshealthct.com or call 1-855-805-4325.

What are the next steps if you receive HUSKY A – Transitional Medical Assistance?

If you are a Parent or Caretaker Relative and are currently enrolled in HUSKY A -Transitional Medical Assistance, you may qualify for HUSKY A – Parent & Caretaker Relative coverage again.

- The Department of Social Services will check for you using the new income limits.
 - If you qualify for HUSKY A Parent & Caretaker Relative coverage we will enroll you automatically in this coverage.
 - If you remain eligible for HUSKY A – Transitional Medical Assistance you do not need to do anything.
- Once we review your HUSKY Health coverage, you will receive a letter in 3-6 days telling you of our decision. This letter will tell you whether or not you qualify to keep HUSKY A Parent & Caretaker Relatives coverage or if you will remain on HUSKY A – Transitional Medical Assistance.

What are the next steps if you were denied HUSKY A – Parent & Caretaker Relative coverage?

If you are a Parent or Caretaker Relative and have been denied HUSKY A -Parent & Caretaker coverage since January 1, 2018 due to your income, you will receive a special notice instructing you to contact us.

One of two special notices will be mailed to affected households in a blue envelope based on your current status. [Please follow this link to view the two notices associated with this change](#) (in English and en Espanol).

Summary of Options:

<p>If You Already Receive HUSKY A – Parents & Caretaker Relative coverage</p>	<p>YOU DO NOT NEED TO DO ANYTHING.</p>
<p>If You <u>DO NOT</u> Receive HUSKY A – Parents & Caretaker Relative coverage and wish to apply.</p> <p>*See new income limits below.</p>	<p>YOU NEED TO CONTACT US anytime between July 1, 2018 and July 31, 2018 to see if you qualify under the new rules. If you are found eligible for HUSKY A – Parents & Caretaker Relative coverage, it will start July 1, 2018.</p> <p><u>Contact Information:</u></p> <p>Visit www.accesshealthct.com</p> <p>Call 1-855-805-4325</p>
<p>If You Receive HUSKY A – Transitional Medical Assistance.</p>	<p>You may qualify for HUSKY A – Parent & Caretaker Relative coverage again. We will check for you to see if you do using the new income limits below.</p> <p>If you are now eligible for HUSKY A – Parent & Caretaker Relative you will receive a notice telling you this.</p> <p>If you are still eligible for HUSKY A – Transitional Medical Assistance <u>you do not need to do anything.</u></p>
<p>If you bought a Qualified Health Plan with Financial Help for 2018.</p> <p>*See new income limits below.</p>	<p>You may qualify for HUSKY A – Parent & Caretaker Relative coverage. We will check to see if you qualify using the new income limits shown below.</p> <p>If you are eligible for HUSKY A – Parent & Caretaker Relative coverage on July 1, 2018, you will get a notice telling you this. We will</p>

	<p>automatically enroll you in HUSKY A – Parent & Caretaker Relative coverage on July 1, 2018, and end your Qualified Health Plan with Financial Help.</p> <p>If you are still eligible for a Qualified Health Plan with Financial Help, you do not need to do anything.</p> <p>If you have any questions, please call Access Health CT.</p> <p><u>Contact Information:</u></p> <p>Visit www.accesshealthct.com</p> <p>Call 1-855-805-4325</p>
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155% of Federal Poverty Limit by Household Size

Household Size	2	3	4	5	6	7	8
Annual Income	\$25,513	\$32,209	\$38,905	\$45,601	\$52,297	\$58,993	\$65,689
Under							

You always have the opportunity to re-enroll in HUSKY if your circumstances have changed (for example, lower household income or pregnancy).

If your income is too high for HUSKY A Parent & Caretaker Relatives Coverage, but you have high medical bills, you may qualify for HUSKY A 'Spend-down' coverage. Applicants must meet the income limits, household composition rules and asset limits. If you are interested in applying for HUSKY A spend-down coverage, please submit an application at www.Connect.ct.gov.

If you are over income for HUSKY Health, you may qualify for Family Planning Services. This is a limited Medicaid benefit that covers services related to family planning like birth control. If you are interested in applying for Family Planning Services, please submit an application at www.Connect.ct.gov.

If you have a disability you may ask for and receive a reasonable accommodation or special help from Access Health CT, when it is necessary to allow you to apply for and receive services through Access Health CT.

Rod Winstead gave the update on **Non-Medical Emergency Transportation services (NEMT):** **On May 16th**, the working group met for the first time to discuss the group's mission and focus areas for future meetings. A period for public comments was held at the beginning of the meeting (and is intended to be held at the beginning of every meeting). During this period:

Two advocates shared their concerns with the membership structure of the group which they find is not open, does not have any transportation providers, does not have any members of the disbanded Quality Assurance Committee and features a chairperson who works for DSS. One of the advocates shared his distress with the new "capitated" contract model, which he believes gives Veyo financial incentive to deny proper services. He also worries Veyo's business model is using more independent drivers, and pushing out other transportation providers.

Several providers spoke of their hardships under the new vendor and contract; where they have seen a reduction or freeze in the volume of NEMT ride requests. They reported having to lay employees off, and being on the verge of going out of business. Two providers questioned the insurance necessary to transport persons to medical appointments, and if independent drivers met the same standards. One provider described a poor communication process, where Veyo gave no notice and would not provide any information following multiple phone calls and emails.

An occupational therapy provider discussed the struggle her practice is having with patients being abandoned by transportation providers; though the issue has improved. She also expressed concern over multi-loading which can cause serious problems with her patients who have ASD and other developmental disabilities.

A single mother described not having seen her son in over two months, because Veyo would not provide her transportation to see him at a psychiatric facility. She reported that the previous vendor provided her rides to see her son, who is a Medicaid recipient.

The Department of Social Services provided a presentation with an overview of the NEMT Implementation Working Group and the values, goals and structure of the current program (See Attachment).

https://www.cga.ct.gov/med/committees/med8/2018/0516/20180516ATTACH_NEMT%20Overview%20Presentation.pdf

The working group discussed the presentation and the comments provided during the public comment period. In response to public comments, representatives from Veyo discussed the vendor's structural/ financial model, provider network and what is permitted and not permitted through CMS. Members then reviewed the group's mission statement and focus areas, as outlined in the working group plan, and shown below:

Mission Statement:

To facilitate a working collaborative between members, advocates, consumers, providers, DSS and Veyo, the NEMT vendor, to identify opportunities for improvement in the NEMT structure and provide feedback regarding the implementation of the new NEMT contract.

Focus areas include:

- *Basic operations under the new NEMT vendor*
 - *Call Center interactions*
 - *Scheduling trips*
 - *Completed trips*
 - *Modes of transportation and supportive services*
- *Communication of NEMT procedures*
 - *To Medicaid members*
 - *To facilities/providers*
 - *Utilizing the DSS and Veyo website as a means for broad communication*
- *Data Collection and Data Sharing*
 - *Content and methods*

Following discussion on future meetings, members decided to have the next meeting on **June 20th** with a focus on **basic operations** under Veyo. A tentative future meeting schedule was established as follows; with meetings starting at 12:30PM in Room 2A of the LOB (unless informed otherwise.):

June 20th, July 18th, No August Meeting, September 19th, October 17th, November 14th, December 19th

Further information:

- Documents related to working group meetings will be posted on the MAPOC website: www.cga.ct.gov/med → Committees → NEMT
(A more detailed summary of the May meeting will be posted here before the June meeting)
- The May meeting is available for viewing on CT-N's website: <http://ct-n.com/ctnplayer.asp?odID=15300>
- NEMT information (including April's monthly reporting package) can be found on the Department's NEMT webpage (under Document/Forms): <http://portal.ct.gov/DSS/Health-And-Home-Care/Non-Emergency-Medical-Transportation>
- Veyo's Connecticut website is: <https://ct.ridewithveyo.com/>

Discussion:

After much discussion of individual examples and issues with NEMT services by members, Dr. Frank Fortunati, Jr. proposed a two-part motion to have 1.) DSS present at the next Council meeting a report on the *key performance indicators* (KPI) on NEMT and whether or not there has been any sanctions on Veyo and 2.) Have DSS provide solutions on how to more easily report on any problems with NEMT. Rick Calvert seconded the motion-all voted and it was approved unanimously.

Update on Juvenile Justice Transfer from DCF to CSSD- Julie Revaz (Jud) and Deborah Fuller – Director of Family and Juvenile Services (Jud)



BHPOC6-13-18CSSD
JJ transfer.pptx

For the full report, see above icon. The scheduled transfer is slated for July 1, 2018. Case transfer meetings are currently happening. Since last fall and through the spring, there has been coordination between DCF, CSSD and OPM for policy development, procurement exercises, creating new forms, managing new responsibilities like interstate compacts, etc.

Discussion on Health Equity- State Agency Partners, Beacon, Committee and Council Co-Chairs

Due to lack of time, this discussion was tabled for the September meeting date.

Committee Reports:

Coordination of Care: - Rep. Jonathan Steinberg, Co-Chair, Janine Sullivan-Wiley, Co-Chair, Kelly Phenix, Co-Chair, Benita Toussaint, Co-Chair

Given the previous discussion on NEMT, Co-Chair Janine Sullivan Wiley announced the next meeting will be July 25, 2018 at 1:00 PM in 1E LOB. She also announced that new legislation now prevents automatic refills on prescription drugs that are no longer needed.

Child/Adolescent Quality, Access & Policy: – Steve Girelli and Jeff Vanderploeg, Co-Chairs

Co-Chair Dr. Steven Girelli announced that the May meeting was canceled and the next meeting will be on Wednesday, June 20, 2018 at 2:00 PM at Beacon Health Options. (Editor's Note: that meeting was canceled. The next meeting is scheduled for July 18, 2018 at Beacon.)

Adult Quality, Access & Policy: -Paul Acker, Dr. Frank Fortunati, Jr., Heather Gate, Co-Chairs

Co-Chair Heather Gates reported that at the June meeting there was a presentation on Behavioral Health Homes that has saved to date \$10 million. This report can be found on the BHPOC Website. The next meeting will be on *September 13, 2018 at 3:00 PM at the CT Community

Non-Profit Alliance office, 35 Cold Spring Road, #522, Rocky Hill, CT. *NOTE: This is a date and day change from the usual meeting schedule for this meeting.

Operations: – *Susan Walkama and Terri DiPietro, Co-Chairs*

Co-Chair Terri DiPietro said that the Operation Committee met on Friday, June 1, 2018. There was a status update (CMS request) on the BH regulations on methadone. Also, there was discussion on ECCs and possible expansion and then there was a review on the transmittal that came out on LMSWs (which has been since rescinded). The next meeting will be on September 7, 2018 at 2:30 PM in the Hartford Conference Room (third floor) at Beacon Health Options in Rocky Hill, CT. If any member has any future item topics for the agenda, please contact BHPOC Administrator, David Kaplan.

BHP Consumer Family Advisory Council (CFAC) Update- Lori Szczygiel (Beacon)



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Lori Szczygiel from Beacon Health Options gave the update for the Consumer Family Advisory Council. She reported that the fourth annual iCAN Conference will take place on Thursday, September 27, 2018 at the Artist's Collective at 1200 Albany Avenue in Hartford from 8:30 AM to 2:00 PM. The theme will be "*Step Up and Stand Out- Taking Action and True Partnership*" (see above icon). There will be six breakout sessions which will include: Fatherhood Initiative, Young Adults and Suicide Prevention, Adult Services, Faith-Based Talk, Trauma, and Wellness Discussion. They are still looking for donations and sponsorship from vendors by purchasing tables. If anyone is interested, please contact Yvonne Jones at Beacon health Options in Rocky Hill, CT. In addition, two CFAC members were named to the NEMT Workgroup, Brenetta Henry and Cindy Thomas.

New Business/Meeting Announcement/Adjournment

Co-Chair Pat Rehmer thanked all members for their participation in the discussions. She asked for any other announcements or new business. Janine Sullivan-Wiley said that Rose Fogelman (DMHAS) recently put out a report on death by natural causes and the trend is bending upward. Janine attributes this upward curve to better behavioral health services and smoking cessations programs. Hearing nothing else, Pat reminded members that the next two summer meetings for July and August are **CANCELED** and the next meeting will be on September 12, 2018 at 2:00 PM in **1E LOB**. Terri DiPietro made a motion to adjourn, seconded by Co-Chair Representative Mike Demicco. All voted in the affirmative. Pat wished everyone a good summer and adjourned the meeting at 3:55 PM.

***NOTE: July and August Meetings are CANCELED: Next Meeting:
Wednesday, September 12, 2018 @ 2:00 PM 1E LOB**