

Bill
5437



March 3, 2016

To the Committee members and all concerned:

Good Afternoon.

My name is Lauren Peretto and I am here today to testify on behalf of Caring Families Coalition, as I am a member of the organization. I would like to address the Committee members on a testimony we received from Cynthia Kovak: one of our board members and the former Regional Director at Connecticut Community Care, Inc.

During Cynthia's time at CCCI, she recorded a number of discrepancies in Logistcares's services. Cynthia writes that, "During my years of dealing with Logisticare's medical transportation problems I recall how attempts to resolve issues were so time intensive." Logisticare's lack of consistency and medical transportation failures have left members of our community further marginalized, at risk and anxious of arriving late to important medical appointments.

In her testimony, Cynthia, again someone who was a direct observer of Logisticare failures for a number of years, recalled the five recent and frustrating Logisticare medical transportation errors: Due to time constraints I will highlight two, however in Cynthia's testimony, which was submitted to the Human Services Committee, she recalls and details all 5 events.

1. January 2016 an individual called Logisticare the day prior to her appointment informing them of her weight, the manner in which she would need to be transported and that there were many stairs into her home. Logisticare arrived an hour late with a stretcher that could not fit into her bedroom. Logisticare then informed her that 2 people would be unable to transport her and that they would need to call for a second crew but that she would have to pay for the second crew. She missed her appointment and therefore did not receive her prescription for a needed hoier lift.
2. January 28, 2016 individual with lymphedema scheduled transportation for 1/29 to be measured for compression stockings. When she called to confirm, Logisticare informed her that transportation was canceled. To summarize, the care manager called Logisticare, the appointment was scheduled for 2/5, a confirmation number and pick up time were provided. Logisticare did not arrive for the transport. This was the third failed attempt by this individual to obtain the medically necessary compression stockings. The care manager contacted the Logisticare supervisor who stated vendor was assigned but wasn't sure why vendor did not provide transportation.

Caring Families Coalition also recorded and analyzed a survey of over 600 people. The survey found that of those 600 folks, 50 percent were on Medicaid. Less than half of that 50 percent knew what Logisticare was or what services they provided. There are obviously communication issues on what Logisticare can provide for Medicaid patients. This needs to be fixed immediately as well.

Lastly, I would like to turn your attention to the Mercer report that was released on June 26, 2014. Mercer was contracted consultant through Dept. of Social Services. The Mercer report was released as a way to assess the quality of Logisticare's Services. The report states the following: "underreporting of Logisticare issues has led to inadequate interventions" in order to fix the problems. "Logisticare does not appear to be actively reviewing available reports in order to identify problem areas or trends in order to make improvements."

In my hand I have the Mercer report, which again was released in 2014, and little to nothing has changed. In regards to this report and the Caring Families Coalition survey, CFC would be happy to provide copies in the following days after this hearing.

Caring Families Coalition and our members urge you to take action now on this Logisticare issue. People are unaware of the medical transportation services, and those who do utilize the service, have been failed many times leaving them at risk and underserved.

Again, I thank you for your time in this matter.

Lauren Peretto
Manchester, CT
Caring Families Coalition Member
Concerned community member

January 31, 2016

Re: Logisticare

To all concerned,

Mention Logisticare to a care manager or a physician's office and the response will often be negative; "transport is not dependable, they arrive too late or not at all". Ask individuals who are dependent upon medical transport and responses vary from having no problems to complaints of missing appointments because transport never arrived, pick-up was too late or was left at the doctors office for hours.

In 2014 I retired from Connecticut Community Care, Inc (CCCI). As part of care management, coordination of services is critical to maintain frail elders/disabled in the community. Included in the service of coordination is assuring that individuals follow-up with their physician as prescribed both to continue needed skilled services and to avoid exacerbation of medical conditions that place them at risk of hospitalization or institutionalization. During my years of dealing with Logisticare medical transportation problems, I recall how attempts to resolve issues were so time intensive. First was allaying the fear, anger and frustration of the elder/disabled individual who struggled to get ready for their medical appointment only to be left waiting for a ride that never arrived or due to late pick-up arrived too late for their appointment then to be told by the physician that the appointment would have to be rescheduled. The time and effort spent coordinating services that would assist individuals to get to and from their medical appointments many times were to no avail, requiring that the process be repeated. Coordination of medical appointments often involves arranging for services in addition to Logisticare transportation. Homemaker or home health services may be necessary to assist the individual to get ready for the appointment. When the transportation does not arrive as scheduled and a medical appointment is missed, it places the individual at risk, is cause for frustration and is a unnecessary expense for the State. The time and effort spent following up with Logisticare could have been spent more constructively. Most importantly, the needs of the individual requiring medical transport were not met.

Over time, attempts to resolve scheduling and transportation issues with LogistiCare were met with varied results. Incident reports were filed and patterns of quality issues were reported to Logisticare supervisors and Quality Assurance. At one point, due to numerous complaints, the CHCP manager facilitated meetings with Logisticare, Access Agencies and DSS. Logisticare did implement changes in their scheduling process which helped to reduce complaints but problems of no shows and late pick-ups continued. I recall one incident of an individual with diabetes who had been left at the doctor's office for hours, the physician's office was closed and transportation had not yet arrived. The elder had not eaten and was at risk of low blood sugar. The office nurse provided food and followed up with Logisticare. Another incident involved an individual who used a wheel chair. The chair was not locked in the van, the wheel chair tipped over during transport and the individual sustained an injury.

Currently I serve on the United Connecticut Action for Neighborhoods (UCAN) Board of Directors. At the December meeting board members were informed that community members dependent upon medical transportation were voicing general frustration and dissatisfaction regarding the lack of quality service being provided by Connecticut's contracted provider, Logisticare. I contacted CCCI to inquire if they still encountered problems with Logisticare and I was informed that indeed they do. Following are recent examples of Logisticare medical transportation issues:

1. October 2015 an appointment with Gastrointestinal physician was missed because Logisticare did not arrive. The appointment was rescheduled at a later date for 11:15 AM. The taxi didn't pick her up until 11:17AM. The appointment was again rescheduled at which point the physician's office informed her that if she missed this appointment they would no longer see her. The care manager booked transportation with a private pay agency to ensure she got to appointment.
2. October 2015 individual had a scheduled appointment with her "kidney doctor". Transportation did not arrive. The individual called Logisticare, received an apology for driver not showing up and was told to reschedule her appointment.
3. January 2016 individual called Logisticare the day prior to her appointment informing them of her weight, the manner in which she would need to be transported and that there were many stairs into her home. Logisticare arrived an hour late with a stretcher that could not fit into her bedroom. Logisticare then informed her that 2 people would be unable to transport her and that they would need to call for a second crew but that she would have to pay for the second crew. She missed her appointment and therefore did not receive her prescription for a needed hooyer lift. Because she is 100% dependent on others for transfers the hooyer lift would have provided for safe transfers.
4. January 28, 2016 individual with lymphedema scheduled transportation for 1/29 to be measured for compression stockings. When she called to confirm, Logisticare informed her that transportation was canceled. That same day she attempted to reschedule transportation for 2/5 but was told that Logisticare wasn't accepting requests for more than 3 days out. The care manager then called Logisticare, the appointment was scheduled for 2/5, a confirmation number and pick up time were provided. Logisticare did not arrive for the transport. This was the third failed attempt by this individual to obtain the medically necessary compression stockings. The care manager contacted the Logisticare supervisor who stated vendor was assigned but wasn't sure why vendor did not provide transportation. Her August 2015 appointment had also been missed because Logisticare sent a cab instead of a wheelchair van; the appointment couldn't be rescheduled until October.
5. November 2015 individual had an eye appointment. She stood out in the rain waiting for Logisticare for 30 minutes. The neighbor saw her outside and eventually drove her to the appointment. Thank goodness for a kind-hearted neighbor.

The above examples reflect issues that have placed CHCP frail elder/disabled individuals at risk of harm. UCAN has been made aware of an even broader scope of frustration and dissatisfaction expressed by Connecticut citizens dependent upon medical transportation which relates to a lack of quality service by the state contracted provider, Logisticare. It is my recommendation that the state of Connecticut send out an RFP to other transportation providers who may provide a higher quality of service to the citizens of our state.

Thank you for your consideration.

Cynthia J. Kovak, RN, BSN
UCAN Board Member
Concerned Taxpayer
Former CCCCI Regional Director

cc: UCAN, Alta Lash, Executive Director
CCCI, Molly Rees Gavin, President