Co-Chairs: Christine Bianchi, Sharon Langer & Maureen Smith  
BHPOC & MAPOC Staff: David Kaplan and Olivia Puckett

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: January 23, 2013
1:30 – 3:00 PM
1E LOB

Next Meeting: March 27, 2013 @ 1:30 PM in *NOTE* Room Change: 2A LOB


Introductions
Co-Chair Sharon Langer convened the BHPOC Coordination of Care Committee and MAPOC Consumer Access Committee meeting at 1:37 PM and asked all members to reintroduce themselves to the Committee. She also asked members to sign the attendance list and reminded members if they give an email address, they will receive future updates and correspondence on committee matters.
Update on Processing Applications and Renewals by Marc Shok (DSS)
The Department of Social Services has been working for a number of years on the ConneCT project to modernize its system for processing applications and renewals in a timely matter. The Department has suffered from a lack of resources for years, and now is helped by utilizing overtime for staff, and has added one hundred eligibility workers. Individuals can now do a pre-screening eligibility test by going to the Department’s website and clicking on the "My Account" tool button. There will be a wide-spread announcement going out to members of this new program. The Interactive Voice Response (IVR) system will be in both English and Spanish is in the process of being tested. The Department expects continued steady progress and improvement in its eligibility processing as it rolls out the modernization process in the coming months. Marc explained that eligibility terminations are done at the end of the month only (and not during a month) in answer to a question from an attendee.

Discussion
Co-Chair Christine Bianchi asked if any of the newly hired eligibility staff were specifically working on issues for the elderly (Medicaid Waiver, CT Home Care for Elders and HUSKY C). Marc replied that out of the 100 eligibility workers, 40 of the new staff were allocated for the waiver section. There was a discussion on how federal law would affect application delays. Sheldon Toubman commented about the inadequate number of staff. He asked a question about the Modernization process and when the EMS system will be replaced. Marc said he will go back to the department with those questions. Co-Chair Maureen Smith commented that many people on HUSKY don't have online access. Marc said that people who do not have access to computers will be able to access the same information through the automated IVR system. There will also be staff at the call centers (benefit center) where a live staff person will be available. Co-Chair Christine Bianchi asked when will the full launch of the component be rolled out? When is a reasonable time frame to get evaluation and feedback on busy signals and dropped calls? Marc replied it would be in the next few weeks and tracking reports will be available. He said the My Account is similar to paying bills online. It is a secure account where clients can see all the information the Department has on them. It will tell clients who is covered under assistance and will remind clients when their re-determination is due. Marc said that he would check and get back to the Committee if this will include HUSKY B and Charter Oak clients. Alyse Chin of DSS asked if My Account will be available while a client is pending or after becoming eligible. Marc said it is set up when you are pending.

Update on Non-Emergency Medical Transportation (NEMT) by DSS-Judi Jordan and LogistiCare - Jim McMellon
Judi Jordan spoke about the transportation network. LogistiCare needs to have new agreements with the transportation providers. The agreements have gone out to the providers. On December 21, 2012 there was a meeting with the providers. The providers had concerns about the insurance requirements were higher because providers are required to have at least $500,000 insurance against sexual abuse and molestation claims. This significantly increases their cost. As-of-date, with sixty providers registered with the network, only one quarter has returned a signed contract. With the new contract, providers are now clear about what the requirements are. DSS says about 2.5% of the rides is shared and they are monitored closely. One reason why there are shared rides is after school programs.
Changes to Medicaid State Plan

The Medicaid State Plan will be amended to reflect new rates for wheelchair and livery providers. The Department will be setting these rates. NEMT will be arranged by a non-risk broker and will be paid by the Department per the fee schedule. The rates were posted and are available on the Department’s website on October 10, 2012. In addition, information on the Department’s rate methodology for shared rides (that is, the transportation of more than one client in the same vehicle) is now available on the website. Effective February 1, 2013, State Plan Amendment (SPA) 13-013 will revise the rate provisions for non-emergency medical transportation (NEMT). This is the second notice concerning this SPA, which was formerly designated as 12-025.

Discussion

In the future, the committee would like to review the draft proposed regulations before they are published in the Connecticut Law Journal. This is to have thoughtful consumer/client input. Trevor Ramsey commented about disagreeing about sharing rides. He said that ride sharing can cause a lot of problems down the road. He is concerned about the compatibility of clients with ride shares. Michelle Chase asked about a waiver that parents can sign that prevents their children’s transportation from being shared with other clients. Jim McMellan, Director of Operations for LogistiCare, said the “Consent to Travel Alone” form is for the child not to travel with an adult. Leslie Woods said clients should be given clarity about what the rules are. It would benefit them if the rules were written down and clients know what their rights are. They need to be aware about the grievance procedures they will need to follow if issues come up. Judi commented about the regulations and said she will get back to the group. Judi also admitted that in some cases, lateness in transportation pick-up time was still a problem. Benita Toussaint expressed her concern that people’s rights may be taken advantage of. She said that providers need to be trained specifically in the area of how to work with people who have mental health issues. Co-Chair Christine Bianchi asked if there are specific regulations for behavioral health. Are consumers aware of what the basic expectations are? What information is shared with providers regarding expectations? Co-Chair Sharon Langer asked about the contract. She wanted to know where it is posted. Judi said the Performance Targets section of the contract will be posted online.

Access to Applied Behavioral Analysis for children with autism under HUSKY A- Sheldon Toubman (CT Legal Services)

Sheldon Toubman, an attorney with New Haven Legal Assistance Association handed out a redacted client notice from the Department of Social Services regarding a request for authorization for applied behavioral analysis (ABA) services and a subsequent denial for
services because the services are not covered by Medicaid. He also handed out a copy of section 42 U.S.C. subsection 1396d(6-17). He discussed protections in federal law so that children up to the age of 21 on Medicaid receive all medically necessary. The Department will not authorize ABA services because it considers it “habilitative” and not “rehabilitative” and/or it is not conducted by “licensed” personnel. Individuals have challenged this interpretation of the law in other states and there is at least one administrative hearing pending in Connecticut. Anyone interested in participating in a coalition to support Medicaid coverage for ABA services should contact Sheldon at: SToubman@nhlegal.org

Other Business
Co-Chair Christine Bianchi discussed the next meeting’s agenda items: She requested that the Department’s contractors provide their complaint reports:
- “HUSKY Health” -CHNCT
- Dental - Connecticut Dental Health Partnership
- Transportation – Logisticare, and Behavioral Health - Value Options

In addition, the Joint Committee asked for an update about the transportation services (NEMT), the limited benefit program for family planning services, including the level of enrollment in this coverage group. The DSS is working with Planned Parenthood to engage more in the coverage group.

Hearing no other comments or questions, Co-Chair Sharon Langer adjourned the meeting at 2:54 PM.

Next Meeting: March 27, 2013 *NOTE* Room Change: 1E LOB
1:30 PM-3:00 PM