



DATE: March 8, 2018  
TO: Human Services Committee  
FROM: Melanie Berzins, Public Policy Intern  
RE: HB No. 5256 An Act Requiring The Department Of Social Services To Collect And Maintain Data Concerning The Transportation Needs Of Medicaid Recipients

Good morning Senator Moore, Senator Markley, Representative Abercrombie, Representative Case and distinguished members of the Human Services Committee:

My name is Melanie Berzins, Public Policy Intern at the CT Community Nonprofit Alliance. The Alliance is Connecticut's statewide association of community nonprofits. Our members deliver essential services to more than a half a million people each year and employ almost 14% of Connecticut's workforce.

I am here to testify in support of House Bill No. 5256 "An Act Requiring the Department of Social Services to Collect and Maintain Data Concerning the Transportation Needs of Medicaid Recipients".

#### **Background on NEMT Transition-related Problems**

On January 1<sup>st</sup> of this year, the provision of Non-Emergency Medical Transportation (NEMT) services transitioned from LogistiCare to Veyo. This new contract was sought by DSS to address a history of complaints from Medicaid recipients regarding LogistiCare's service delivery and to provide more economical NEMT services to Connecticut.

It quickly became clear, however, that Veyo was not adequately prepared for the transition. Training and staffing problems with Veyo's call center, ride-scheduling, and bus pass-issuing services prevented many Medicaid beneficiaries from accessing transportation, particularly in the first weeks of the transition. This led to numerous missed healthcare appointments, jeopardizing the wellbeing and safety of children and adults who rely on NEMT services for behavioral healthcare, addiction treatment, and basic medical care.

One community provider reported 19 scheduled rides for children's Intensive Outpatient (IOP) treatment were not delivered in the first three weeks of January. These children missed out on essential behavioral health services, while the provider lost time and resources that were diverted to addressing transportation issues with Veyo's Quality Assurance team.

In January, reports from community providers regarding call wait times for ride-scheduling ranged from 20-90 minutes, exceeding of the 3-minute wait-time limit defined in Veyo's contract. This made ride-scheduling inaccessible to many beneficiaries whose cell phones plans have a limited number of minutes and could not afford the cost to wait for this long on hold for each ride. It also cost community providers valuable resources, as they were forced divert staff hours toward waiting on hold to schedule rides and when clients did not arrive for scheduled appointments, were not able to bill for their services.

While there is an option to book multiple trips online, there is no online option to book individual trips as there was with LogistiCare, meaning providers and consumers have had to contend with these long call wait times to book or cancel each individual trip over the phone. Even after spending hours on the phone scheduling rides, however, many clients were still not getting picked up for those rides, despite

receiving a confirmation number for their ride reservations. When providers and consumers inquired about the no-shows, they reported being told by Veyo that the reservations are sometimes cancelled at midnight by their system.

Additionally, many NEMT beneficiaries' transportation needs were misidentified. Many clients who are unable to use public transportation due to mobility issues, cognitive impairments, or simply residing too far from the bus line, were suddenly told they were only eligible for bus passes, even when supplied with signed forms from a healthcare provider stating the client's need for taxi transport. An elderly client living with schizophrenia who uses a walker was among those told she was ineligible for cab service since the transition.

### **DSS' Response to NEMT Transition-related Problems**

Upon reports from our members and other providers about these issues, DSS took swift action, demanding a corrective action plan from Veyo specifying how they will come into compliance with their contractual obligations, including reducing call wait times, reducing the number of abandoned calls, and increasing the fulfillment rates of scheduled rides. DSS has been responsive to our members' complaints and has been transparent in their efforts to hold Veyo accountable to their contract. For example, DSS is now monitoring live calls at various intervals throughout the day and is reporting out Veyo's weekly metrics on the MAPOC website, soon to be posted on the DSS website as well.

### **Data Collection will Improve DSS' NEMT Vendor Oversight Capacity**

DSS has reported that Veyo has made improvements since the corrective action plan was developed. However, DSS's oversight of Veyo is only as good as the information they have about the needs of the people Veyo serves. This bill would require DSS to track "(1) The number and location of Medicaid recipients in need of [NEMT] transportation, (2) the number of such recipients with medical conditions or disabilities that require regular, multiple visits to medical providers, the regular schedule for such visits and the locations of such providers, and (3) whether such recipients require special vehicles, medical equipment or escorts in order to be safely transported to nonemergency medical appointments." These requirements would directly address the reported discrepancies between certain clients' transportation needs and the level of transportation provision they are currently able to access.

This bill would also require more robust monitoring and reporting on recommendations for improvement, including reporting by the DSS Commissioner on "(1) Any problems reported by Medicaid recipients with the provision of such services, (2) the cost to provide such services, and (3) any recommendations for improvement of such services." This ensures ongoing oversight of Veyo's service delivery and attention to the concerns of NEMT beneficiaries.

NEMT services exist to provide healthcare access to Medicaid beneficiaries, including those most vulnerable to lack of access to healthcare: people with disabilities, people fighting addictions, and people experiencing homelessness. This bill would allow DSS to collect the necessary data to exercise more robust oversight over Veyo's service delivery, to swiftly address barriers to NEMT access, and to ensure the health and safety of NEMT clients. **I urge you to support H.B. no. 5256.**

Thank you for your consideration and the opportunity to testify. Please feel free to contact me with questions or for more information.

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