

Clinical Quality Management Committee

February 27, 2020

UNITED WAY OF LONG ISLAND, DEER PARK, NY

MINUTES

MEMBERS PRESENT:

Darlene Rosch, Co-Chair
Joseph Pirone, Co-Chair
Gloria Allen
William Doepper
Ana Huezo
Kevin McHugh
Teresa Maestre
Rev. Loring Pasmore
Angie Partap
Jacqueline Ponce-Rovera
Christie Rode
Anthony Santella, DrPh
Hope Sender

MEMBERS ABSENT:

Wendy Abt
James Hollingsworth
Julie Grey-Owens
Johnny Mora
Traci Shelton
Crissy Witzke

GUESTS

Ana Abreu
Freddie Ayler
Nashon Clark
Susanee Cretelli
Deanna Davis-Jefferson
Adrisa Fassett
Ebony Hill
Kendra LaMonte
Stephanie Loehr
Christopher McVoy
Blanca Nunez
Victoria Osk, Esq
Ginger Russo
Felix Ruiz
Angie Santi
Nina Sculco
Melissa Shikora
Tanisha Smith
Tatiana Suarez
Katelin Thomas
Nakisha Toussaint
Janice Wernimont

STAFF:

Georgette Beal
JoAnn Henn
Myra Alston
Katie Ramirez
Stephanie Moreau

I. Welcome & Introduction

Ms. Rosch, Co-Chair, opened the meeting at 10:05am. Introductions were made, which was followed by a moment of silence to remember those whom we have lost and those who are still suffering. She then thanked all who came to the meeting which will address and seek solutions to the Medical Transportation increased utilization issue.

II. Meeting Minutes

The October 24, 2019 and November 21, 2019 meeting minutes were tabled to allow enough time for the Medical Transportation Quality Project presentations.

III. Medical Transportation Quality Project

Summary- Ms. Moreau gave a brief summary on Quality Improvement Project. **Medical Transportation** is a Ryan White Part A funded support priority that provides nonemergency transportation services which enable eligible clients access to their core medical and support services. Many clients depend solely on these services to get to their medical appointments. There are two Part A funded medical transportation providers: Circulo de la Hispanidad in Nassau County and EOC of Suffolk in Suffolk County. Both providers have experienced increased utilization and due to funding restraints have had to limit the number of scheduled trips.

The purpose of this meeting is to bring together the funded providers as well as representatives of other Nassau and Suffolk County transportation programs to address this issue and find solutions.

Ryan White Part A Transportation:

Ms. Blanca Nunez, RWT Program Director at Circulo de la Hispanidad, and Ms. Freddie Ayler, Senior Transportation Coordinator at EOC, Inc spoke about their medical transportation programs. Both agencies provide taxi service, Metro, and gas cards for eligible clients in Nassau County and Suffolk County, respectively. These Ryan White Part A medical transportation counterparts have similar programs.

Required documentation is part of the intake needed in order to be enrolled in both agency services. Both reported an increase of 41-42 new patients, mostly newly diagnosed. Ms. Nunez added that the newly diagnosed have more appointments than those individuals who have been in the system for a while. The increased utilization has resulted in limiting trips due to funding constraints.

Ryan White Part A agencies are a payer of last resort, meaning that other funding streams need to be exhausted before transportation can be arranged, one of these funding streams is Medicaid. Medicaid must be denied before transportation can be arranged by the agency. Medicaid can be less accommodating than the Ryan White Part Transportation providers, often requiring to schedule appointments a week in advance. Although Circulo transports Nassau residents and EOC transports Suffolk residents, exceptions can be made for cross-county transportation. RW Part B funds cross-county transportation.

Ms. Osk added that if Medicaid claims are denied, there may be recourse through an appeal and suggested contacting Nassau-Suffolk Law Services.

Logisticare (Medicaid Transportation)

Ms. Nakisha Toussaint, Facilities Outreach Manager and Ms. Janice Wernimont, Exceptions Supervisor, presented on Logisticare which has been providing Medicaid medical transportation for Long Island residents through the Department of Health since 2015. A Logisticare handout was distributed, which included website information.

Quick Overview: Logisticare has 70 contract dedicated employees, 23 years combined DOH program management experience, handled nearly 600,000 calls in 2018, and provided over

2,000,000 trips in 2018. The program had a savings of \$2.4 million in 2018 as a result of mass transit assignment.

Included in the information packet was a list of Mainstream Managed Care Plans Covered for Transportation in Nassau and Suffolk Counties and the insurance names and their codes to be Medicaid eligible. The corresponding code is on Medicaid cards.

How to contact Logisticare to request routine services?

Routine trip is defined as an occasional episodic trip to a Medicaid covered service. Request for this service can be done online, by phone or FAX. The reservation line, 844-678-1103, is available between 7:00am-6:00pm, Monday-Friday. Reservations are not made on the weekend. Hospital discharge and Urgent Care transports are processed 24/7/ The Ride Assist is staffed 24/7. Logisticare requires at least a three day notice to arrange medical transportation. Public transit reservations should be scheduled 5 or more days in advance to allow for mailing time of bus passes. Every Medicaid enrollee is entitled to bus passes.

Required information in needed to make a reservation:

- Enrollee's Medicaid ID number, Name and DOB
- Enrollee 's pick up address and phone number
- Enrollee's drop off address and phone number
- Enrollee's level of service; appointment date and time

If applicable, be prepared to provide enrollee's preferred provider, height and weight for wheelchair or ambulance transport and special instructions for the driver. Provider needs to make a call for an urgent medical appointment

A Verification of Medicaid Transportation Abilities (Form 2015) is required for taxi/livery or higher levels of service. This form, in addition to the enrollee's contact information, includes questions about the mode of transportation enrollee uses for activities of daily living (school, worship, shopping), the enrollee's ability to utilize mass transportation, and to be transported in a group ride capacity. In addition, there is a check-off box for the mode of transportation deemed most appropriate. The six choices range from taxi, stretcher van, different ambulettes and ambulances. The follow-up question asks whether the mode of transportation required is because of an emotional and/or mental health diagnosis, a mobility issue, a health-related issue, or due to unique circumstances that may impact a medical transportation request such as, but not limited to, bariatric, unique housing situation or requirements for an escort. (check all that apply).

New terminology was introduced during this presentation. The Common Medical Marketing Area (CMMA) is the geographic area from which a community customarily obtains its medical care and services and is not necessarily set by geographic or county borders. The CMMA can vary depending on the medical specialty or services required that are accessible locally, as well as the individual needs of each enrollee. While every effort is made to arrange medical transportation within the CMMA, travelling outside of the CMMA is only appropriate when certain conditions are met:

- When the required medical care and services are not available within the CMMA

- When the medical need to continue a specialized regimen of care or services with a specific provider necessitates travel outside the enrollee's CMMA
- Any other circumstances which are unique to the enrollee and which the travel manager and/or NYSDOH determine that travel outside the CMMA is appropriate

In the instance that transportation is requested outside of the CMMA, a specific form needs to be completed, signed by the attending physician and submitted to transportation manager for review and approval. Please note that the physician's signature does not authorize transportation to the facility and the medical justification and diagnosis with care plan must be included with this form. A copy of that form was included in the information packet.

Although denial letters are sent, they are not sent when the requested services are not covered as mentioned on the website. Many denial letters are sent because of missing information and improperly completed required forms. An appeal process is included with the denial letter. It is becoming apparent that more training may be warranted to ensure forms are completely fully and accurately.

Suffolk County Department of Public Works (SCAT)

Mr. Christopher A. McEvoy, Principal Transportation Planner, accompanied by Ms. Ginger Russo, described the SCAT (Suffolk County Accessible Transportation) program. Several copies of SCAT application, request for more information form, and FAQs were made available.

Operating since 1994, the SCAT program has provided shared ride, curb-to-curb reservation transportation service to Suffolk residents who are unable to use the fixed route public bus service for some or all of their trips. Upon request, SCAT drivers will assist passengers who use wheelchairs while boarding and leaving, via lift.

SCAT was designed to increase mobility for people who cannot use the transit buses which are wheelchair-lift equipped to accommodate a wide range of disabilities. Eligibility for SCAT is determined using USDOT guidelines established for the American with Disabilities Act of 1990 (ADA). You are eligible to ride SCAT if you have a permanent or temporary disabilities that prevent you from using regular Suffolk County Transit (SCT) public bus service. All SCAT buses are wheelchair lift or ramp equipped. Temporary SCAT service is for a three or six month period. Your temporary eligibility will expire when you no longer have the disability. Permanent eligibility is recertified every three years.

To apply for SCAT service, complete the SCAT/Paratransit application in its entirety including a medical form which needs to be completed by a licensed healthcare professional. Include 2 photos for your ID card as proof of eligibility. Once the application is received, you will be notified of your eligibility status with 21 days. This application is also available in Spanish, large print, and even audio cassette.

SCAT provides services seven days a week between any two points in Suffolk County, except for Shelter Island and trips which begin and end in the town of Huntington which are serviced by the HART transit system. Reservations are made by calling Suffolk Transit at 631-852-5200 or the reservation office at 631-738-1150 and can be made five days in advance but no

later than one day prior to the day you want to travel; cancellations should be made within two hours of scheduled trip. Eligible users are issued a SCAT ID card and the cost of a one-way trip is \$4.00, in cash. Personal care attendants (which would be noted on the SCAT ID card) and children under 5 are free.

SCAT service is available system-wide during normal service hours, Monday through Friday 6:00am-8:30pm; weekends 7:00am-8:30pm. SCAT reservation times are based upon a 30-minute pickup window. Passengers must be ready to board 15 minutes before and 15 minutes after their negotiated pickup time. Suffolk customers can also travel from Suffolk County to points west in Nassau County by transferring to Nassau's Able Ride or connecting from the LIRR for longer trips.

Note: Able Ride, the Nassau version of SCAT was contacted about presenting at this meeting.

SCAT is not a substitute for medical transportation. It is available for most trips, including non-emergency medical trips. The buses are not equipped and the operators are not trained to handle what could be a serious medical emergency. There is no SCAT service on Thanksgiving, Christmas, or New Year's Day.

Ryan White Part D.

Ms. Katelin Thomas, Project Director (SPARC) gave some background information. Part D provides HIV-related medical and support services to women, infants, children, and youth, linking them to additional services available in the community. Realizing that lack of transportation is a barrier to care, solutions are sought to link women, infants and children to care. Youth is defined as under 25 years old. HRSA does not have specific funding for transportation and SPARC does not provide the actual transportation.

An agency providing a service for those living with HIV can arrange for transportation and bill SPARC. It is SPARC that pays the bill. There is not a restriction as to whether the client is picked up and dropped at home or work. There is a reliance on agencies to explore other transportation options, as SPARC is also a payer of last resort. Ms. Thomas has also seen an increase in medical transportation utilization.

Northwell Health Systems (Ryan White Part D)

Ms. Jacqueline Ponce-Rivera, Grants Manager, discussed the RW Part D program, specifically medical transportation. There are approximately 750 Part D clients. This program is collaborative with other agencies and transportation services include taxi service, gas and Metro cards. Ms. Rivera also reported an increase in utilization, a combination of new and existing clients. The pediatric and women adult program accounts for 70% of the transportation budget. How best to prioritize and accommodate those with pressing needs is a constant challenge. She informed the committee of a scheduled HRSA visit where this issue will be raised.

Mr. Pirone stated that this meeting is a fact-finding mission to address the issue of increased medical transportation utilization and be informed about the different resources available.

To summarize, reasons for the increased medical transportation utilization can be attributed to:

- Combination of new and existing enrollees
- Newly diagnosed have more appointments than existing clients
- Possible increased number of those returning to care.
- Sheer numbers, more people means more needed services.
- Changes in the region,
- Inability to transport in own vehicle

An overview of the various programs and services allows for better understanding of available resources, implementation of best practices, reduction of duplication of efforts, creation of partnerships, opportunities for training, and opens up dialogue for future discussion.

IV. Announcements/Adjournment

United Way of Long Island's Project Warmth program still has funds available to help struggling families and individuals who are unable to pay a heating bill. The program provides one-time grants to secure an oil delivery or prevent termination from National Grid or an electric company. Project Warmth opened in December and will remain open until funds are exhausted, generally in late March. Anyone interested, please contact JoAnn Henn.

AIDS Cancer Walk, Sunday, June 7 at 9am in Baldwin Park, Baldwin, New York
www.5kAIDSCancer.com for more information.

Dr. Santella made a motion which was seconded by Mr. McHugh to end the February 27, 2020 Clinical Quality Management meeting. All in favor-Motion carried.

Membership Sub-Committee

V. Membership

The Membership Sub-committee met to review a number of Planning Council applications. There were six brand-new applicants, two of which would replace members who have retired or were promoted. One of the applicants would fill the vacant Prevention Provider category. Three were second term nominations. Also on the ballot, will be a vote to remove a member who has not attended the last three planning council meetings and has not responded to any correspondence regarding the matter. Two interviews were scheduled directly after the March Planning Council meeting for individuals new to the Planning Council. Substance Abuse Provider remains the only vacant category. Current membership demographics were given. Membership demographics were projected for when these applicants are appointed, as well as for the end of September when three second-term members will cycle off. Unaligned Consumer recruitment efforts will continue.