

Lamont-Bysiewicz Transition Policy Committee Report

Committee Name: Human Services

Subcommittee: Barriers to Access to Services

Co-Chairs: GERALYNN MCGEE, Greater Hartford Legal Aid

1. How do you propose the Lamont Administration should prioritize the policy goals in this area, and on what timeframe?

Nonemergency Medical Transportation (NEMT) requires meaningful oversight and input, from the procurement process through service administration and delivery. There should be a transparent procurement process for which consumer or consumer advocate input is required. Both the administration and stakeholders should monitor service administration and delivery on an ongoing basis to evaluate the service for systemic problems. This must include a complaint process, of which members are adequately noticed, and which is supervised by a neutral third party. The Administration must direct the Department of Social Services (DSS) to invoke penalties for contract violations. Finally, enrolled members must have a meaningful option for redressing damages caused by an inefficient transportation system. (Please see the Appendix NEMT for more information on the policy proposals.)

The Department of Social Services must be a fully transparent and functional agency. Failure to provide access to apply for benefits to which eligible people are entitled may expose the agency to liability. (Please see Appendix Department of Social Services for more information.)

2. Which goals are achievable in the first 100 days of the Administration?

NEMT: Institute a complaint process which involves either a neutral third party company or a staff person of DSS to evaluate and report on complaint data. Convene a group of stakeholders to monitor service administration and delivery.

DSS - The agency should have an inclusive public process to hear about all of the current dysfunctions and for deciding how to address and prioritize the many areas of dysfunction. It should keep past studies and consultants in mind when considering what to do next. (Change and Innovation study, (circa 2012). Teracore evaluation funded by USDA in 2015. DSS Stress Study by Office of Skills Development in 2018.)

3. Which goals will require legislation to move forward? Which items can be advanced through the actions of the Administration alone? What is the fiscal impact of these legislative or executive actions?

- NEMT
 - Express private right of action (legislative)
 - Fiscal impact: Would depend on the number of complaints instituted per fiscal year
 - All other proposals may be advanced through the Administration alone.
 - Fiscal impact of penalty imposition: Will result in funds recouped by the state
- DSS
 - All proposals may be accomplished through the Administration alone

4. Are there specific challenges you can identify with regard to achieving the Lamont Administration's goals, and how would you suggest to address those?

NEMT - The challenge is to implement an oversight system that is not overly burdensome to the administration yet effective. This can be accomplished through a collaborative approach with consumers and stakeholders and by isolating complaint monitoring as an oversight function of the administration.

DSS – The administration of social supports, programs and services to populations with medically, economically and socially complex needs is a challenge in itself; however, some of these challenges may be overcome through collaboration with those who frequently use the services to design systems that work successfully.

5. How will implementation of policy in this area create jobs and spur economic growth?

A successful NEMT program requires an adequate transportation provider network. There may be opportunity to expand jobs in this area.

When DSS functions appropriately and eligible people are able to apply for medical assistance, food assistance benefits and cash assistance programs, the pecuniary impact to Connecticut's economy is significant. For example, SNAP food benefits are 100% federally funded. In 2015 when the statewide exemption for SNAP food benefits was ending, DSS anticipated that there were 53,000 ABAWD recipients potentially affected. At \$192 per month this would have translated to a \$12 million dollar loss from the Connecticut economy. There is even greater impact by Medicaid dollars, which fuels hospitals and health systems and supplies funding for salaries of medical professionals, among other things.

6. Are there opportunities for cost savings for CT state government in the context of implementing this policy?

Improved access to NEMT is cost-effective in terms of better healthcare for some of the state's most vulnerable populations. (Please see the Appendix NEMT for more information.) An efficient NEMT system may allow people with disabilities and the elderly to remain in community residential settings and avoid institutionalized care, which is more costly to the state. Medicaid members, like those who use dialysis or require cancer care and monitoring, may also avoid emergency care, hospitalizations, and long-term health issues.

There may be opportunities for efficiencies as DSS streamlines and evolves the processes it uses to administer services and supports.

7. What examples of success from other states, countries, or the private sector in this policy area should the Administration study?

New Jersey recently enacted legislation to improve oversight of their NEMT program, following an investigation by the Office of Inspector General and their state auditor that shed light on systemic problems like missed appointments, late pick-ups, and overpayments to the broker.

8. Are there any other issues/considerations you would like to highlight with regard to this policy area?

Please see the Appendix: Capitation in Medicaid payment, which highlights access as an important threshold consideration and expresses opposition to proposals that change how we pay for care in Medicaid. Barriers to optimal health for various populations in Medicaid, including people with disabilities, racial/ethnic minorities, and the elderly may be significantly worsened by proposals to capitate payment to medical providers.