**Columbia County Community Healthcare Consortium, Inc.  
Executive Committee  
Notes from the meeting of March 22, 2017**

**Attending Members**: Beth Schuster, Theresa Lux, Linda Tripp, Robin Andrews, Art Proper, Tam Mustapha

**Absent Members**: Leitha Pierro

**Staff Members**: Claire Parde, Lisa Thomas, Tony Markham

**CALL TO ORDER**Meeting was called to order at 9:05 a.m. by President Beth Schuster

Executive Director’s Report  
At this time, Claire Parde provided her Executive Director’s Report (see attached), offering the following highlights:

The Committee discussed the changes to the Medicaid portion of the transportation program, as detailed in the attached written Executive Director’s report.

Linda Tripp asked if there would be any reduction in force. All drivers are structured as temporary casual, or “per diem”, employees, rather than regular employees, meaning that they are not guaranteed any regular number of hours. With the recent passing of a driver, and the illness of two others, for the most part driver hours per week have been fairly steady for those remaining.

Claire also reported on a call she received from Supervisor Pat Gattan, Chair of the Health and Medical Committee of the Columbia County Board of Supervisors, who expressed his concern and support. He asked to be kept informed of developments. Beth Schuster recommended that client grievances resulting from these changes be tracked and submitted to the Justice Center for consideration.

In touching on her recent Legislative Day visits, Claire recognized the advantage of scheduling these visits 2-3 times per year in an effort to focus on relationship building without the backdrop of the budget.

Claire informed the Committee there remains an open question as to whether Marvin and Company will have the tax returns available by the annual meeting on April 5th. If the tax returns are not available, a motion will be made to grant the Executive Committee the authority to approve and file them.

It was reported that Deb at Camphill Ghent, has suggested a replacement for Nancy Benz on the Consortium’s Board. Onat Sanchez-Schwartz will be present and elected at the annual meeting.

The meeting concluded with additional discussion about the upcoming annual event on May 18, 2017 at The Falls in Greenport. Claire reported on her efforts to secure a potential speaker. These talks resulted in a decision to not book a speaker, as it was cost prohibitive at $3,000 - $5,000 for the engagement. It was further agreed by the Committee that the event would be built around the Friend of the Consortium Award. This year’s recipient is Art Koweek and the honor will be presented by Jim Campion. It was proposed to recognize Leitha Pierro as well for her long service to the Board of Directors, provided she is available to attend. The Committee agreed that if Leitha cannot attend May 18th, her recognition would be deferred to a later time. There was also a brief talk regarding the naming of this year’s event. Beth Schuster suggested “Spring Forward Event”.

**ADJOURNMENT**

The meeting was adjourned at 9:45 am.

The next Executive Committee meeting is scheduled for April 26, 2017.

Notes respectfully prepared and submitted by Tony Markham on March 23, 2017.

ENCL: **Executive Director’s Report**, Summary of recent changes to the **Children and Adults Rural Transportation Service (CARTS)**, Sample letter to **NYSDOH**

**Columbia County Community Healthcare Consortium, Inc.**

**Executive Committee Meeting**

**March 22, 2017**

**Executive Director’s Report**

**Change to the Consortium’s Medical Transportation Program**

On Friday, February 24th, we learned that all our “standing orders” for group rides—the transportation we have been providing on a daily basis, for over three years, to Medicaid enrollees with serious mental illness living in group homes and traveling to and from PROS (the day habilitation program offered by the Mental Health Association in Hudson, NY)—had been reassigned to Adirondack Cab Co. from Ticonderoga, NY in Essex County, effective Monday, February 27th.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unique Medicaid Clients | % of MA | % of total | Trips | % of MA | % of total | Revenue | % of MA | % of total |
| MA, PROS | 34 | 35% | 9% | 6,723 | 82% | 47% | $146,175 | 75% | 41% |
| MA, non-PROS | 64 | 65% | 16% | 1,469 | 18% | 10% | $48,039 | 25% | 13% |
| Non-MA | 299 | 0% | 75% | 6,239 | 0% | 43% | $165,782 | 0% | 46% |
| **TOTALS** | **397** | **100%** | **100%** | **14,431** | **100%** | **100%** | **$359,996** | **100%** | **100%** |

These group rides constituted a large part of the Consortium’s Medicaid service delivery—82% of all our Medicaid trips, 75% of Medicaid revenue, and approximately 40% of total program revenue (see table below). The loss of this business may have significant impacts on our ability to meet the transportation needs of Columbia County residents, including both Medicaid enrollees and non-enrollees.

Adirondack Cab Co. “won” these group rides through a bid process initiated by the New York State Department of Health (NYSDOH), which oversees Medicaid Transportation, and managed by Medical Answering Services, or MAS, the state’s contracted Medicaid Transportation Manager. The bid process trumps the Medicaid provision called “freedom of choice” which permits enrollees to select their preferred transportation provider.

Since this has transpired, we have done a few things:

* Visited directly with our elected officials in Albany (Lopez, McLaughlin, Barrett, Marchione and Amedore) to advise them of the situation and request their assistance in advocating for policy changes at NYSDOH. Subsequent to those visits, I provided a one-page overview and sample letter to their offices (see attached).
* Estimated the potential financial impact to the program. At this time, we project a change in unrestricted net assets of ($33K) and a net cash flow loss of $29K, though we will undoubtedly find that we must update these numbers to reflect actual revenues and expenses in the weeks since the loss of standing orders. Happily, we have a strong cash position and healthy fund balance to help us absorb this loss.
* Started to explore our options, including different service models, fees, etc., in the interest of ensuring that the program not only survives the current challenge but is viable in the long term.

**Board and Community Relations**

* On Thursday, February 23rd, I spoke to the members of Greenport Seniors
* On Friday February 24th, I attended an event sponsored by the Greene County Sheriff’s Office, where we received $2K+ raised by them through “Forget to Shave February” to benefit the Greene Co. Cancer Fund.
* My membership in the CMH Board of Trustees has been ratified by Albany Medical Center. I had the first of two days of orientation on Monday, March 13th and will have the second on Thursday, March 23rd. I will attend my first meeting on Monday, March 27th.
* Board member updates: Leitha Pierro has indicated her intention to resign from the Board effective 4/1

**Program Planning**

* Our Opioid Epidemic Response Plan was approved by the Health and Medical Committee last week and will hopefully be approved by the full Board of Supervisors on April 12th. We are working with Joe Fillippone of Project SafePoint and Supervisor Bill Hughes to offer a Narcan training to the Supervisors before their meeting.
* We are also involved in planning Narcan trainings for restaurant owners, managers and staff.
* We have been meeting with a group intent on supporting Chatham Cares 4U and building other capacities for supporting individuals in pursuit of treatment.
* We have also been meeting with a group, led by Commissioner Gibson at DSS, about a housing initiative

**Policy and Strategy**

* I attended the Rural Health Policy Advocacy Day, organized by the New York State Association for Rural Health, on March 7th, where I met with Assemblymembers Lopez, McLaughlin, and Barrett and Senators Amedore and Marchione. I advocated for the restoration of the monies to the Cancer Services and Rural Health Network programs following the cuts proposed in the Governor’s budget. I also spoke about the recent changes to the Consortium’s transportation program and subsequently followed up with their offices.

**Resource Development**

* We continue to await a response to the proposal we submitted to OASAS on December 13th in response to the Community Coalitions RFA.
* We continue to await a response to our application for ongoing financial support for the Greene County Community Cancer Fund from the Bank of Greene County Charitable Foundation.
* Our work plan, budget and budget justification for the next and final year of funding from the Rural Health Network Development Program (RHN) has been approved.

**Fiscal Management**

Marvin and Company provided us with draft financial statements and the required communication to those charged with governance for our review.  They did not have any internal control findings, so there is no management letter to review. They have to wait on the return of confirmations and some other small items before we can finalize, but are otherwise prepared to present on the audit at the April 5th meeting.

**Personnel Management**

* Susan Ortabas, our Office Receptionist and Program Assistant, is scheduled to return on April 3rd.
* Susan Long starts as our part-time Fiscal Clerk on Thursday, March 23rd.

**Upcoming events**

* SUNY Women’s Health Project breakfast on 3/23; CSB Annual Dinner on 3/29; Speaking engagement with Chelly Hegan, President/CEO of Upper Hudson Planned Parenthood and a Consortium Board Member, at Time and Space Limited on April 4th; Women in Business Event sponsored by the Greene Co. Chamber on 4/13; vacation week of April 17th

**Summary of recent changes to the**

**Children and Adults Rural Transportation Service (CARTS),**

**a program of the Healthcare Consortium.**

The Healthcare Consortium is a charitable organization founded in 1998 that aims to increase access to health care services for residents of Columbia and Greene Counties.

The Healthcare Consortium operates the Children and Adults Rural Transportation Service, or CARTS, which provides door-to-door, non-emergency medical transportation to Columbia County residents. As an approved Medicaid Transportation Provider, we provide this service to Medicaid enrollees on a fee-for-service basis; we also transport non-enrollees at no cost to the client.

In the late afternoon on Thursday, Friday 23rd, we learned that all our “standing orders” for group rides—the transportation we have been providing on a daily basis, for over three years, to Medicaid enrollees with serious mental illness living in group homes and traveling to and from PROS (a day habilitation program offered by the Mental Health Association in Hudson, NY)—had been reassigned to Adirondack Cab Co. from Ticonderoga, NY in Essex County, effective Monday, February 27th.

These group rides constituted a large part of the Consortium’s Medicaid service delivery—approximately 75% of both business and revenue--and approximately 40% of total program revenue. The loss of this business will have significant impacts on our ability to meet the transportation needs of Columbia County residents, including both Medicaid enrollees and non-enrollees.

Adirondack Cab Co. “won” these group rides through a bid process initiated by the New York State Department of Health (NYSDOH), which oversees Medicaid Transportation, and managed by Medical Answering Services, or MAS, the state’s contracted Medicaid Transportation Manager. The bid process trumps the Medicaid provision called “freedom of choice” which permits enrollees to select their preferred transportation provider.

We made inquiries of NYSDOH about the bid process, including the amounts of the winning bids and what, if any, criteria other than price were considered.  Through this inquiry, we learned that there are currently five criteria considered in the bid process, as follows: price; vehicle availability; hours of operation; past performance; and, quality.

We confirmed that the following are currently NOT considerations in the bid process: a transportation provider’s track record of service delivery in the proposed service area; roots in the community; linkages and established working relationships with other service providers; prior relationship with the clientele and the client’s satisfaction with their past service; or, ability to generate benefits to the local economy. In our view, these are critical considerations when attempting to deliver high quality, integrated and coordinated care.

We respectfully requested that NYSDOH consider these other critical features in future bid processes, by asking potential vendors to speak to these concerns in their application, and by gathering information from enrollees, their caretakers, and other providers through reference checks and Letters of Support. All are common elements in Requests for Bid Proposals for contracted services and could and should be used in bid processes with transportation providers to some of our most vulnerable citizens.

We prevail upon your office to reiterate this request with the NYSDOH Medicaid’s Transportation Unit. For your convenience, we have enclosed a sample letter which your office might use to do so.

Thank you for any action you make take in response to this issue.

**Sample letter to NYSDOH regarding their bid process**

March \_\_, 2017

Mr. Mark Bertozzi

New York State Department of Health

Office of Health Insurance Programs

Division of Program Development and Management

One Commerce Plaza, Room 810

c/o Empire State Plaza

Albany, NY 12237

Dear Mr. Bertozzi:

I/We am/are writing in regards to the recent changes to the provision of Medicaid Transportation to residents within my/our district(s). Effective Monday, February 27th, “standing orders” for group rides—the transportation provided on a daily basis to Medicaid enrollees with serious mental illness living in group homes and traveling to and from PROS, a day habilitation program offered by the Mental Health Association in Hudson, NY—that had previously been provided by the Healthcare Consortium, a charitable organization serving residents of Columbia and Greene Counties, were reassigned to Adirondack Cab Co. from Ticonderoga, NY (Essex County).

My/Our understanding is that Adirondack Cab Co. “won” these group rides through a bid process initiated by your office and managed by Medical Answering Services, or MAS. I/We further understand that the bid process trumps the Medicaid provision called “freedom of choice” which permits enrollees to select their preferred transportation provider.

Previous inquiries of NYSDOH about the bid process revealed that there are five criteria currently considered in the bid process, as follows: price; vehicle availability; hours of operation; past performance; and, quality. We confirmed that the following are currently NOT considerations in the bid process: a transportation provider’s track record of service delivery in the proposed service area; roots in the community; linkages and established working relationships with other service providers; prior relationship with the clientele and the client’s satisfaction with past service; or, ability to generate benefits to the local economy. In my/our view, these are critical considerations when attempting to deliver quality, integrated and coordinated care.

I/We respectfully request that your office consider these other factors in future bid processes. Direct inquiry of applicants, reference checks, and the solicitation of Letters of Support are just a few ways we can imagine collecting information to help you make a thorough and nuanced determination of the most best-suited and most-appropriate provider to serve the most vulnerable of our citizens in a particular area.

Thank you for your attention to this matter.

Sincerely,

Assembly Member(s)

And/or

Senator(s)