

**South Carolina Department of Health and Human Services
 Transportation Advisory Committee
 Quarterly Meeting Agenda**

October 12, 2021– 2:00 p.m.

I. Welcome and Attendance

In attendance:

Eunice Medina	X
Shadda Winterhalter	X
Brian Lawson	
Katherine Watts	
Cyndi New	
Scott Jones	
Lynn Stockman	X
Kay Hightower	
David Eliot	
Tom Allen	X
Jo Pauling-Jones	X

Lydia Hennick	X
Carla Corona	X
Celeste Crocker	X
Andre Wickham	X
Troy Sapp	
Ken Welch	
Doug Wright	
Jeremy Faulkenburg	X
Channell Webster	X
Sandra Hudson	

II. Channell:

- 9/24 reports are available on the TAC website to view
- 6/24 Meeting Minutes are on the TAC website for review

III. Eunice:

- Introduced herself to TAC
- She has been reviewing all stakeholder meetings and trying to revamp the Medical Care Advisory Council (MCAC)



- Acknowledged services such as dental and transportation have requirements for council meetings.
- To streamline the information being shared at MCAC, Eunice wanted to gauge interest in developing a better approach where TAC would be invited to MCAC meetings and then breakout into subcommittee meeting.
- This would ensure TAC is receiving the same information that is being shared with all providers.
- A MCAC Board Member would also participate in TAC subcommittee meeting to ensure more buy-in/investment into the subcommittees.
- Believes this would allow for better scheduling and participation, leading to more productive meetings.
- Meetings are typically 60-90 minutes virtually (due to COVID & space restrictions)
 - Ground floor of Agency building is being redone for meeting space; future MCAC Meetings will be held here.
 - Breakout rooms will also be constructed for subcommittee meetings
- Standard Agenda topic: happenings since last quarter meeting
- If MCAC component is accepted by TAC, the first MCAC meeting will be 11/9 at 10 a.m. (tentative agenda)
 - Telehealth Legislative Report due 10/1 (where telehealth is going)
 - COVID flexibilities
 - General State Plan updates
 - Quality Information (metrics around Agency health services on a national level)
- Followed by subcommittee breakout sessions ~60 minutes
- Copy of MCAC presentation, notes/minutes sent to all participants
- Comments will be welcomed
- Focus of MCAC is promoting interaction with Members, soliciting feedback/concerns/questions, share updates and recent happenings in whatever mode we can

IV. Feedback from TAC Members:

- Andre W.-thanked Eunice for providing insight to her direction to create more information exchange allowing for TAC to be more involved. On board with taking advantage of the opportunity presented.
- Lynn S.-been on committee in 2006; as long as it meets TAC statutory requirements, she is okay with it.

V. Eunice Q&A:

- **Q:** What types of things has the committee been trying to focus on/trying to accomplish/maintain?
 - **A:** Lynn-TAC has focused on Broker system and how it affected the providers throughout S.C. Broker system was a complete change for S.C. providers. A lot of providers could not maintain in their status in NEMT. Emergency Procurement focus-no increase in several years. Has affected smaller providers. Look at regulations to ensure providers are following the regulations.
 - **A:** Lydia-the reports that are shared with TAC are intended to track components like quality of service, member safety, accountability & oversight. Program changed from county-run to broker program. With SCDHHS overseeing that relationship consistently. TAC represents a diverse group. As we look to potentially change the format and setting, maintain that perspective would be appreciated from a healthcare, EMS, ambulatory/wheelchair & commercial Stakeholders.
 - **Eunice Response:** there isn't any intent to decrease the TAC participation in any way. Just evaluate additional participation from the Agency & MCAC Board to link the two.
- **Q:** What about access to care?
 - **A:** Lydia-there has been conversations as some of the rural communities/hospitals are limited in the services they offer. Some have even closed in recent years. Conversations centered around how services maintain consistency, or Members getting to their care. There is also the distance component of Members bypassing care nearby and choosing to travel to the other end of the state for the same services. In the same token, distance doesn't matter if that's the closest location. For example, in rural areas, if a specialty is no longer offered in the local hospital and Members have to travel farther.
- **Q:** Is there enough volume of transportation providers to handle the demand?
 - **A:** Lydia-Broker will always engage new contracts. Have been tracking whether its broker-initiated or provider-initiated contract termination. Mix of reasons, but insurance costs requirements in S.C. is sighted approx. 50% of the time as why providers are choosing to leave the network. COVID changed things from a capacity perspective. Leading to a reduction in drivers (not necessarily vehicles) in several communities. Definitely a challenge to maintain standard.
- **Q:** Are you starting to see things get back to normal as far as COVID is concerned?
 - **A:** Unique first few months but starting to stabilize. Hardest hit in S.C. from a month's perspective was May & June 2020. Due to the significant closure rate among Adult Day Health which is a huge component of trip volume in the state. Many opened back up in July 2020, so the trip volume started to return. It hasn't

gotten quiet to where it used to be. But have seen return along with a cost impact as well. For individuals who are potentially being transported in a contact precaution mode/trip isolation (those that cannot be multi-loaded) with other individuals.

Eunice Response:

Consideration for subsequent MCAC meeting(s), allow vendor who is helping the agency create unique dashboards to come in with Medicaid data that could be useful for these discussions to let us know what key information we have about the program and trends we are seeing. This can lead the conversations in subcommittee meetings. Dashboards allows those easy/quick updates. More to come. Transportation Grievance data is all over the place. Want it centralized so we can identify service gaps.

Andre Response:

Not sure what "back to normal will look like". ModivCare working on ways to support network, their needs and address how they can support their needs, drivers, and deal with the real time issues that we are all facing. Those variables are having an impact on readiness and ability to support some of the trips.

Eunice Response:

The goal is to meet with all the vendors to catch up. Set up meetings where I can listen to experiences. Wants to be aware of the barriers so when decisions are being made, all information is being considered. This will be the first of many conversations. Eager to learn more about the issues are specific to S.C. Stay tuned, emails will be forthcoming about the MCAC.

Any concerns, issues you would like to share, please send to Operations@scdhhs.gov. Please include TAC or MCAC in the subject line.

Thank you.