



Behavioral Health Services of Bedford and Somerset Counties, Inc.
HealthChoices Program
2008 - 2009 Annual Report



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HEALTH CHOICES

HealthChoices is the Commonwealth of Pennsylvania's mandatory Medicaid managed care program administered by the Department of Public Welfare (DPW). This new, integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse services to Medical Assistance (Medicaid) recipients.

The three components of the HealthChoices Program are:

- Physical Health
- HealthChoices Enrollment Assistance Program
- Behavioral HealthChoices

The Office of Medical Assistance Programs (OMAP) administers the first two components, while the Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the third component, the behavioral health program that provides mental health and substance abuse treatment services.

The needs of the high risk populations included in the HealthChoices managed care program requires broad-based coordination to assure appropriate access, service utilization, and continuity of care for persons with serious mental illness and/or addictive diseases. Because of the cross-cutting coordination needs of Medical Assistance recipients, the unique structure of the behavioral health and human service delivery systems administered by the counties, and their over 30 years experience in administering behavioral health services programs, it was determined that county government would be offered the right-of-first opportunity to enter into a capitated contract with the Commonwealth.

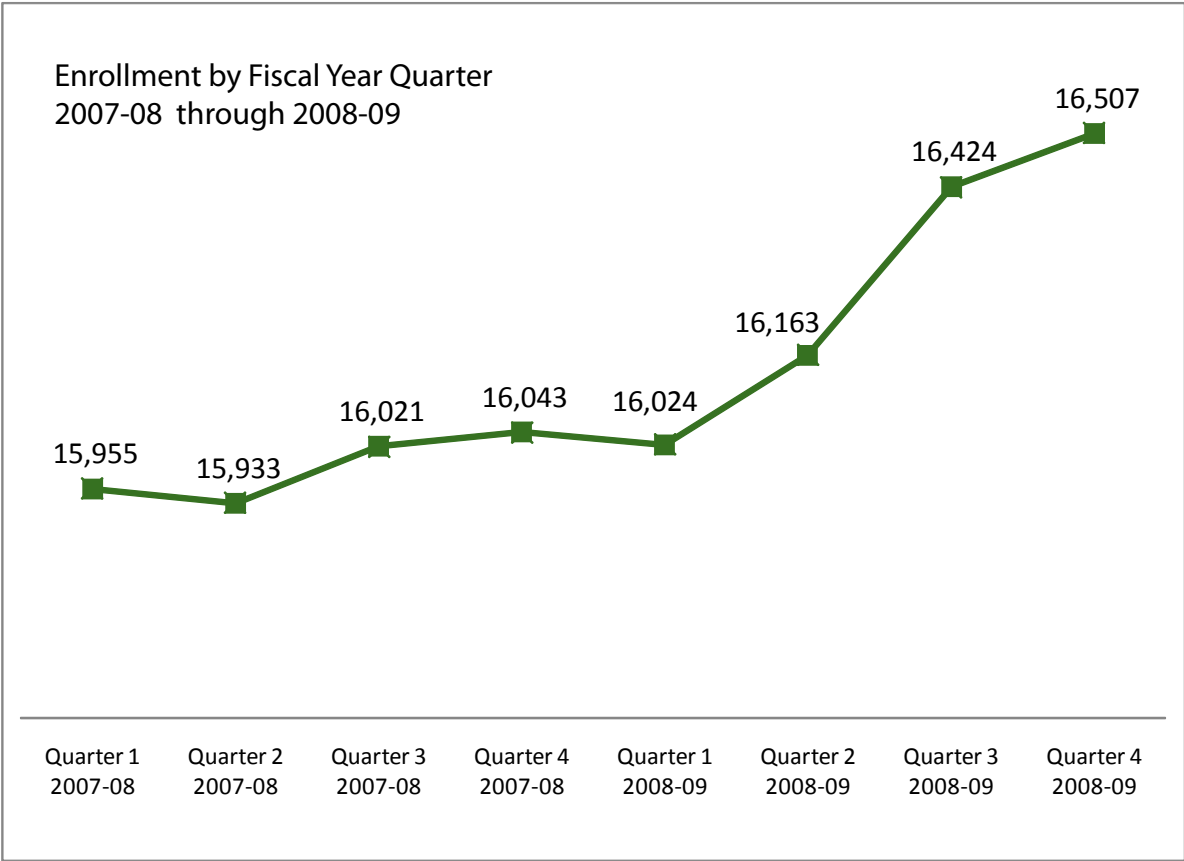
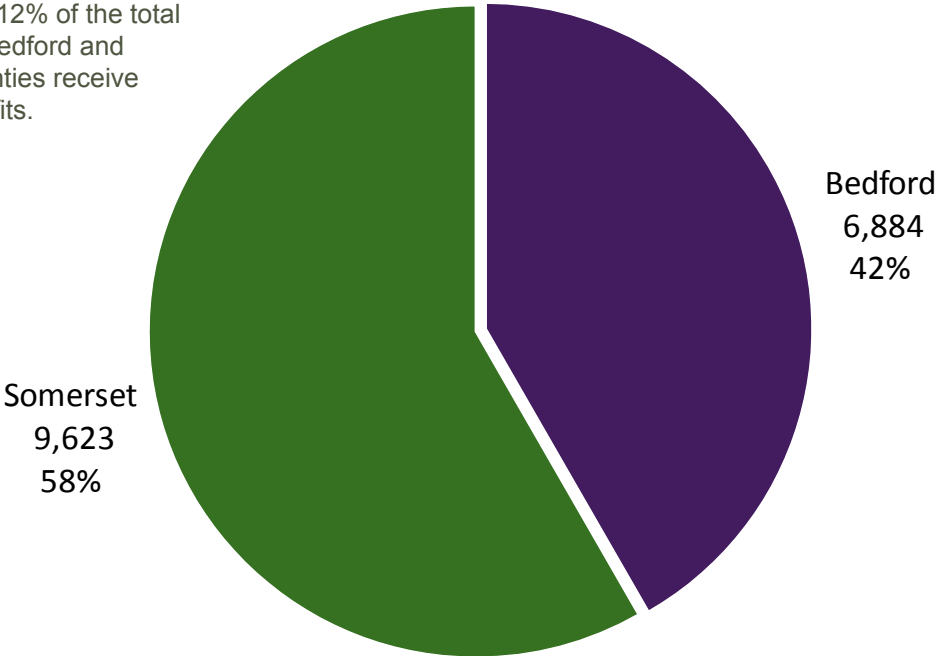
The Department of Public Welfare introduced the HealthChoices program on a staggered basis, starting first in southeastern Pennsylvania and expanding the program throughout the state over a period of ten years. As of July 1, 2007, the HealthChoices program was fully implemented throughout the Commonwealth. Bedford and Somerset Counties accepted the right-of-first- opportunity to manage the local program and entered into a full-risk capitation contract with the Commonwealth. The counties formed a 501(c)(3) corporation called Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC), which has the responsibility of managing the contract with DPW. BHSSBC, in turn, sub-

contracts with a behavioral managed care organization, Community Behavioral Health Network of Pennsylvania (CBHNP). Services provided by CBHNP include care management, provider network development, quality assurance, member services, and claims management. BHSSBC provides oversight and monitoring of all of CBHNP's activities to ensure full compliance with its contract with DPW.



Enrollment

Approximately 12% of the total population of Bedford and Somerset Counties receive Medicaid benefits.



Categories of Aid:

Temporary Assistance to Needy Families (TANF)

Assistance to families with dependent children who are deprived of the care or support of one or both parents.

Healthy Beginnings

Assistance for women during pregnancy and the postpartum period.

State Only General Assistance

State funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program. This includes the Categorically Needy (CNO) and Medically Needy Only (MNO) groups.

Federally Assisted Medical Assistance for General Assistance Recipients

Federal and state funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program.

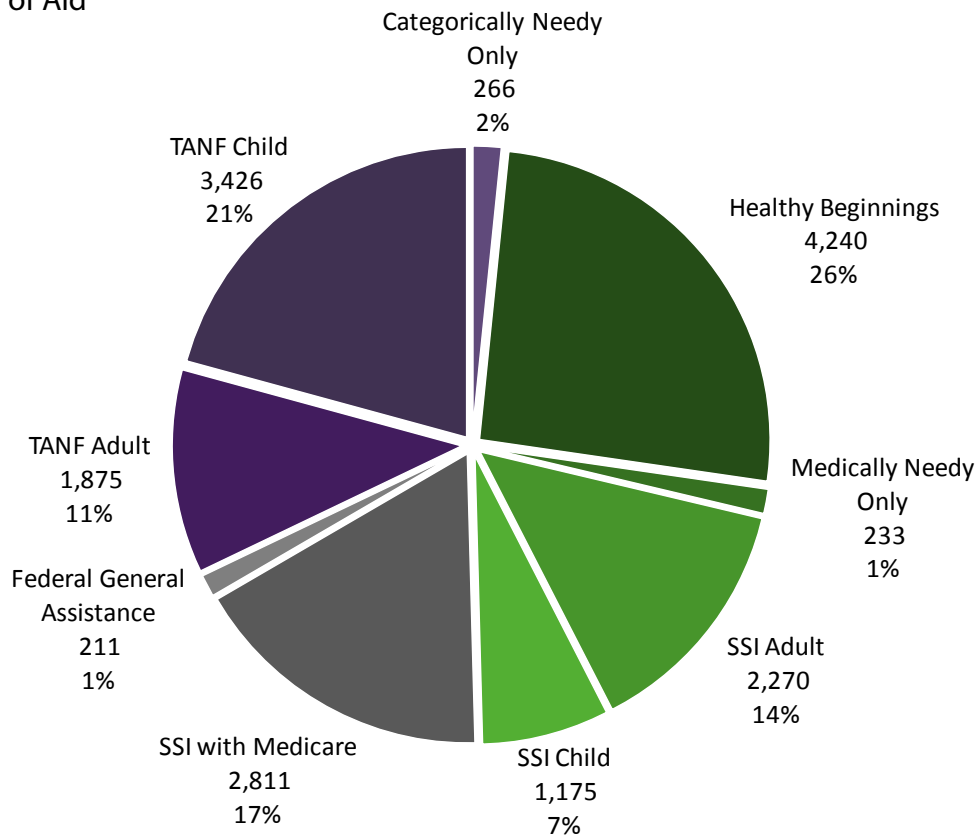
Supplemental Security Income without Medicare

Assistance for people who are aged, blind, or determined disabled for less than two years.

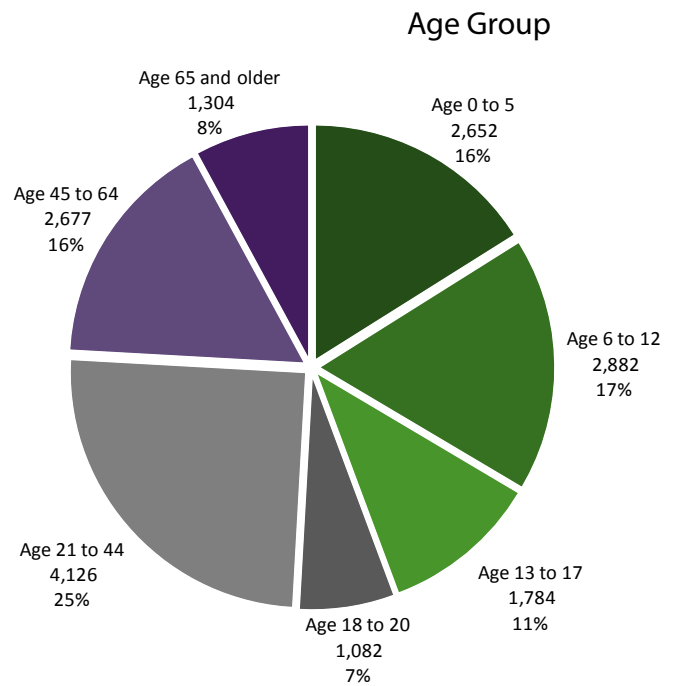
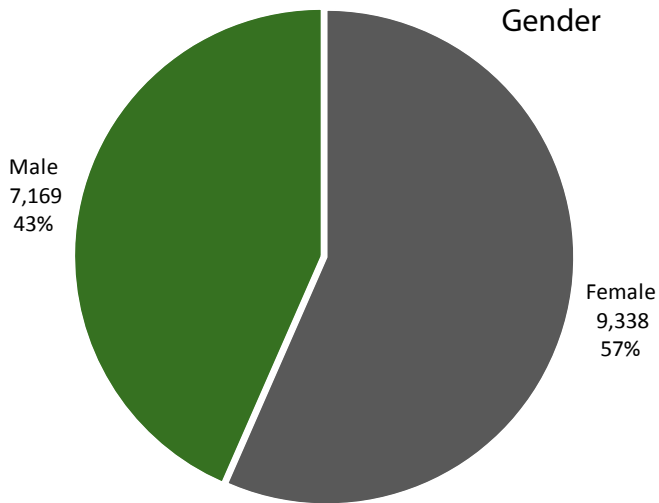
Supplemental Security Income with Medicare

Assistance for people who are aged, blind or determined disabled for over two years.

Enrollment by Medical Assistance Category of Aid

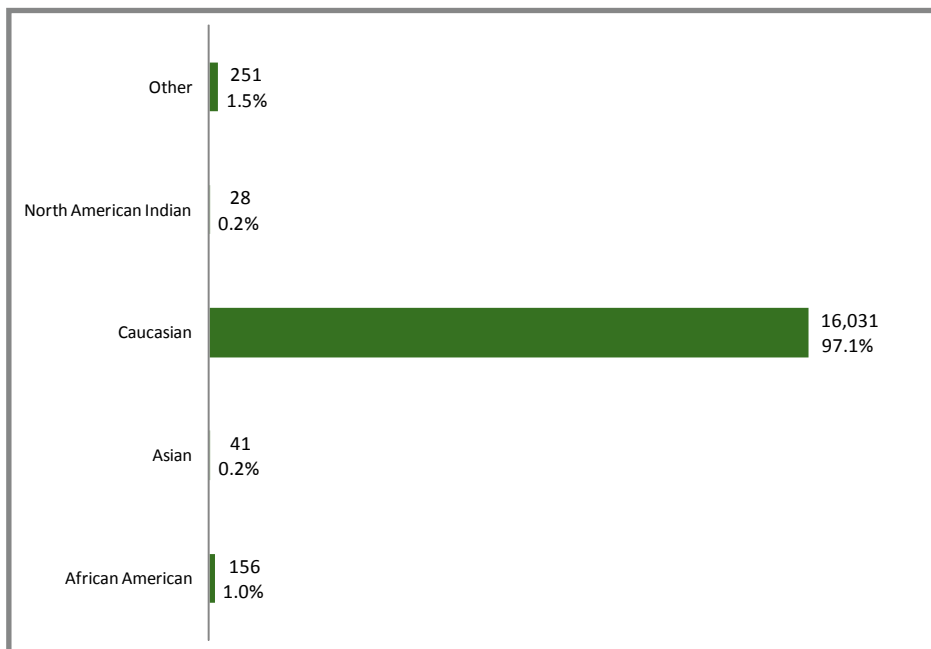


Member Demographics



16,507 individuals were enrolled in the Bedford-Somerset HealthChoices Program at the end of the 2008-09 Fiscal Year

Race



Services

HealthChoices members are eligible to receive in-plan services offered by their choice of at least two service providers as well as additional services that have been approved for use by the Bedford-Somerset HealthChoices Program.

In-Plan Services:

- Inpatient Psychiatric Hospitalization
- Inpatient Drug & Alcohol Detoxification, Treatment, Non-Hospital Rehabilitation, and Halfway House
- Psychiatric Partial Hospitalization Services
- Outpatient Mental Health and Drug & Alcohol Counseling
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Psychiatric Evaluation and Psychological Testing
- Residential Treatment Facilities for Adolescents (RTF)
- Behavioral Health Rehabilitative Services for Children and Adolescents (BHRS)
- Methadone Maintenance
- Intensive Case Management
- Resource Coordination
- Crisis Intervention
- Family Based Mental Health Services
- Peer Support Services
- Mobile Mental Health Treatment

Supplemental Services:

- Drug & Alcohol Level of Care Assessment
- Drug & Alcohol Intensive Outpatient
- Drug & Alcohol Targeted Case Management
- Drug & Alcohol Partial Hospitalization
- Children's Services enrolled as Program Exceptions
- Psychiatric Rehabilitation



Youth-Focused Services

Behavioral Health Rehabilitative Services (BHRS), the behavioral health component for Early Periodic, Screening, Diagnosis and Treatment, are services to children through the age of 21 years old designed to develop individual specific plans to care for social and emotional disturbances.

Family Based Mental Health Services are 24-hour, 7-days-a-week services designed to assist families in caring for their children or adolescents with emotional disturbance at home. As a licensed program, Family Based Mental Health Services offers mental health treatment, case work services, and family support for up to 32 weeks, and longer if medically necessary. Family Based services are delivered by a team of mental health professionals and mental health workers, primarily in the family home.

Residential Treatment Facilities (RTF) are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.

Continuum of Care for Children and Adolescents

Most Restrictive

Inpatient Hospital

high-security, high intensity treatment in a psychiatric facility

Residential Treatment Facility (RTF)

intensive treatment in a residential setting

Community Residential Rehabilitation Host Home

therapeutic foster-care in a family-like environment

Partial Hospitalization Program

services provided in a clinic or school setting for 3 - 6 hours per day to assist a child transitioning from, or prevent, inpatient treatment

Family-Based Treatment

provides intensive in-home services to prevent out-of-home placement

Behavioral Rehabilitation Services for Children and Adults (BHRS)

individualized services provided to the child in-home, in the community, or at school

Outpatient Services

community-based treatment services provided in a clinical setting, that includes therapy and medication management

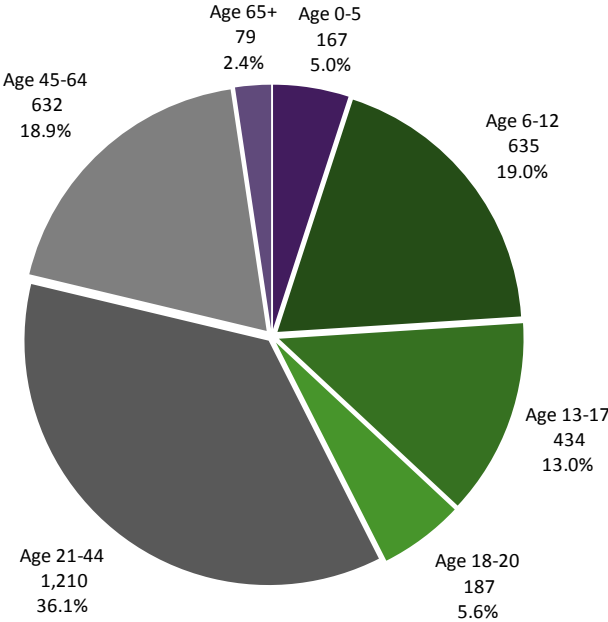
Least Restrictive



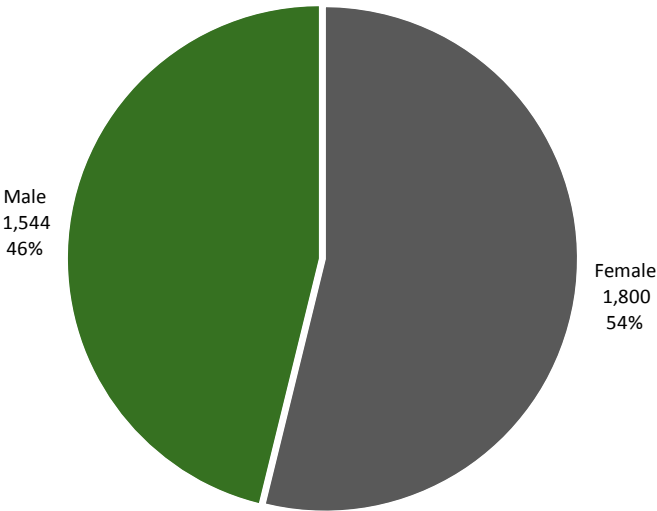
Utilization Members Served

Total Expenditures: \$16,691,284
Distinct Members Served: 3,344

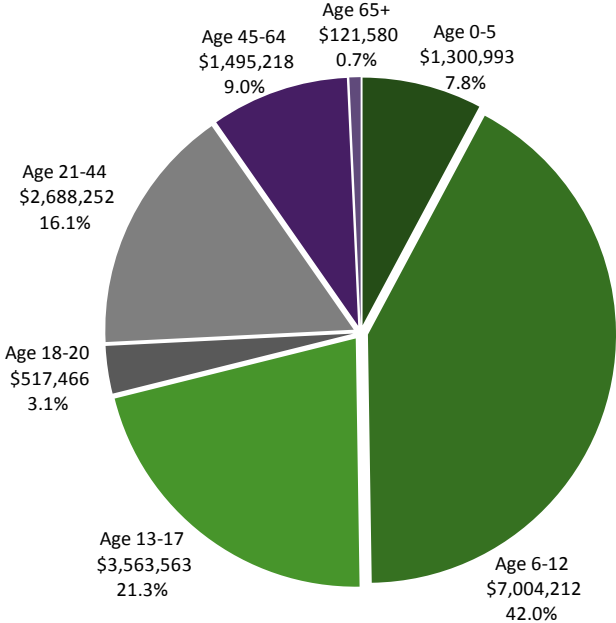
Age Group



Gender

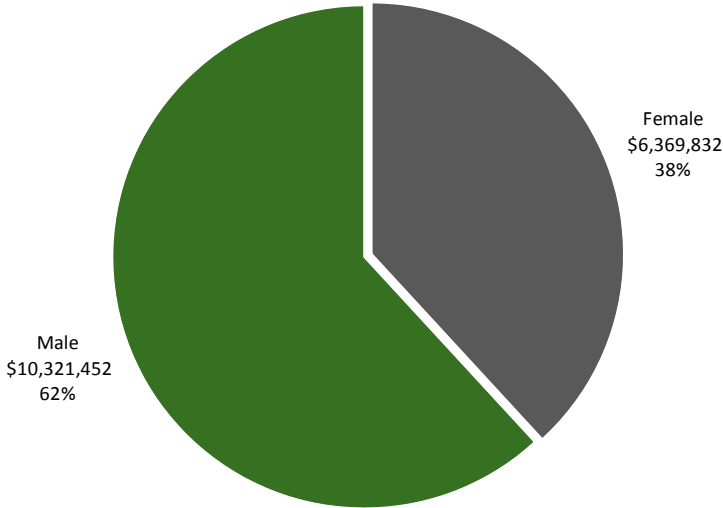


Age Group



Gender

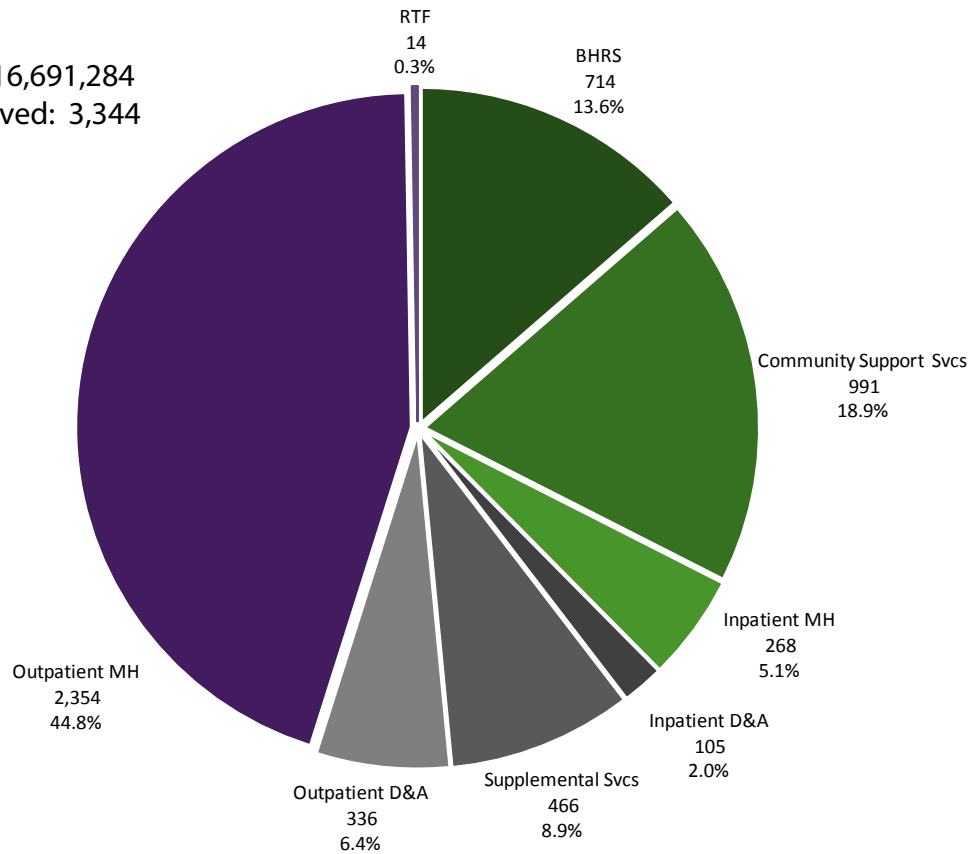
Expenditures



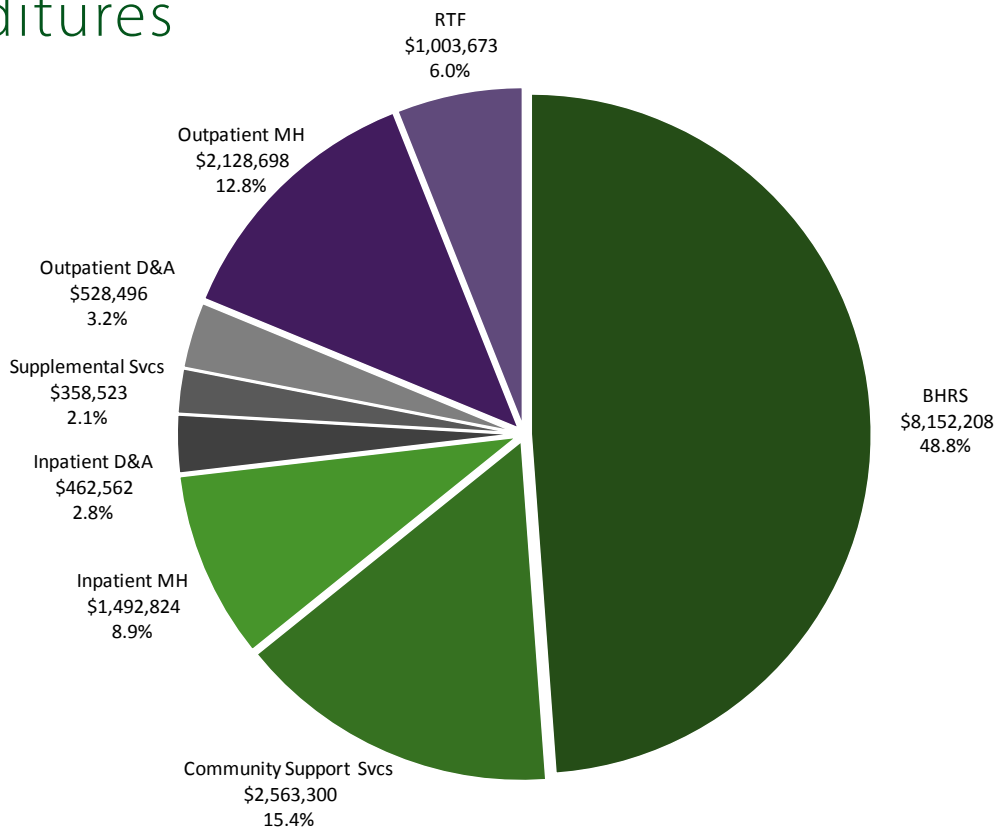
Utilization by Level of Care

Members Served

Total Expenditures: \$16,691,284
 Distinct Members Served: 3,344

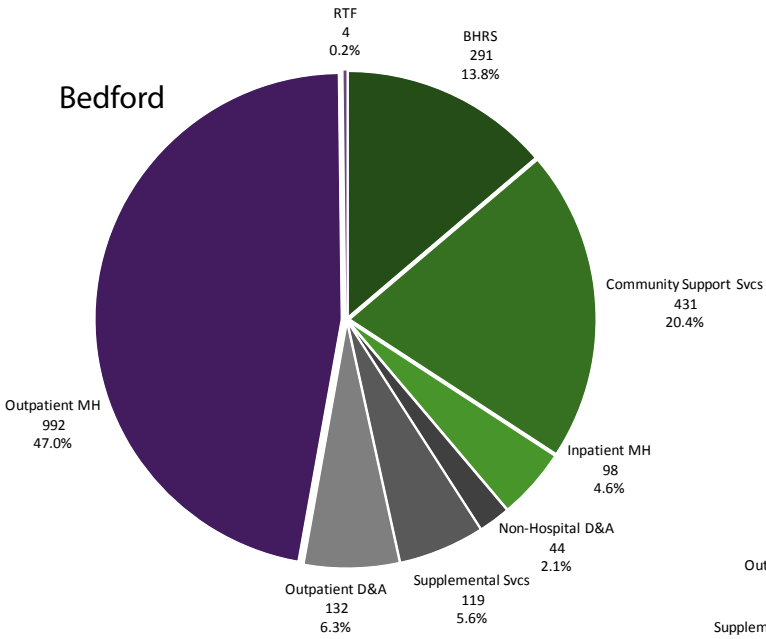


Expenditures

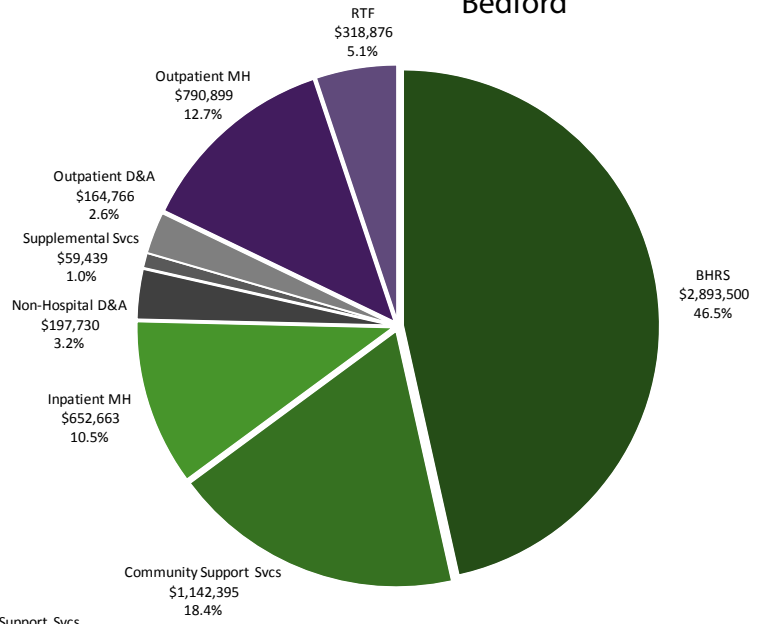


Total Expenditures:
 Bedford - \$6,220,268
 Somerset - \$10,471,016
Distinct Members Served:
 Bedford - 1,346
 Somerset - 2,008

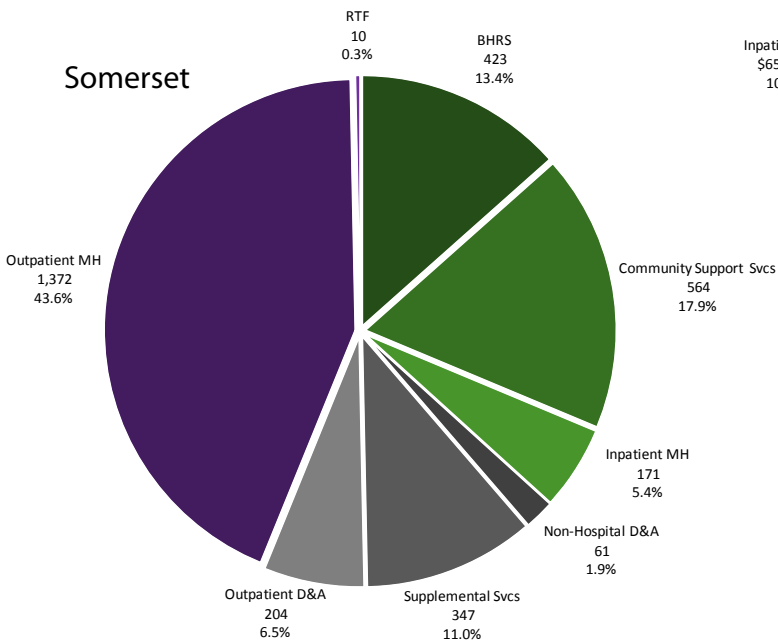
Bedford



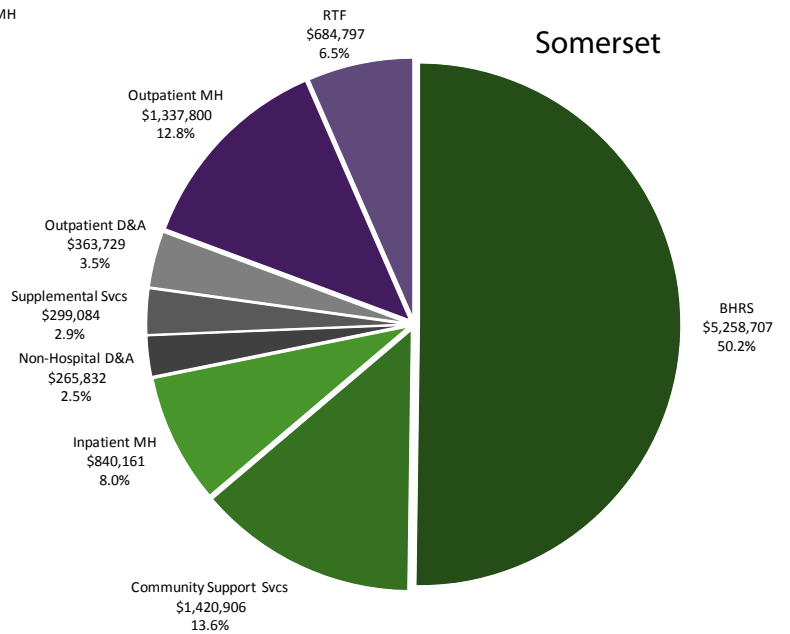
Bedford



Somerset



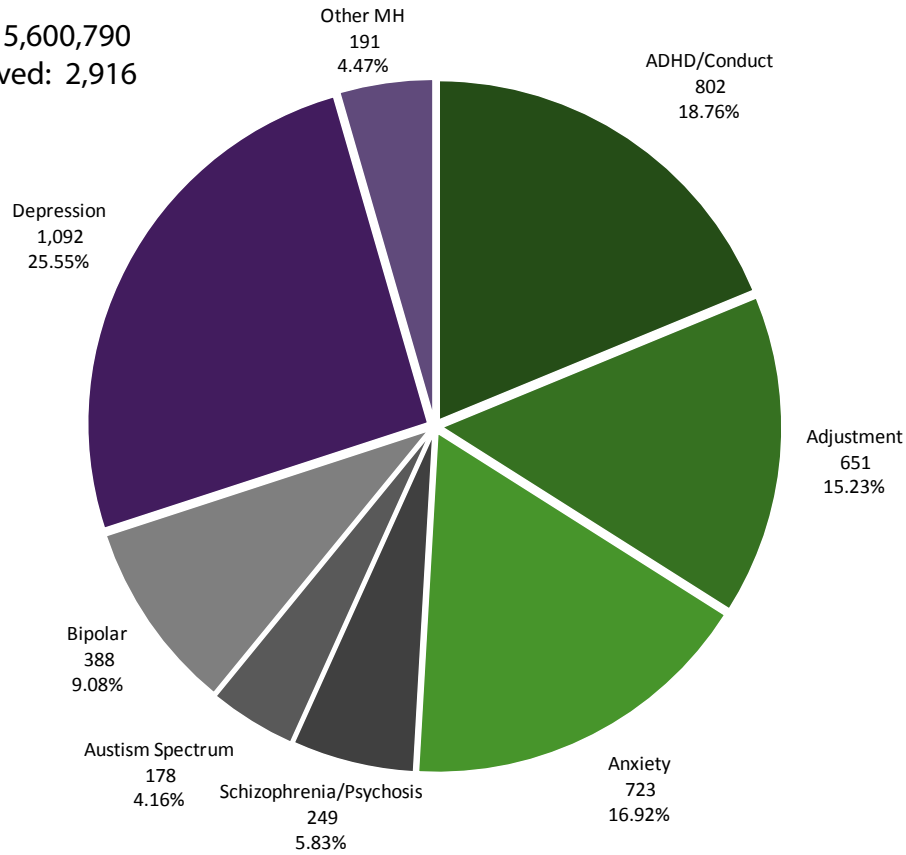
Somerset



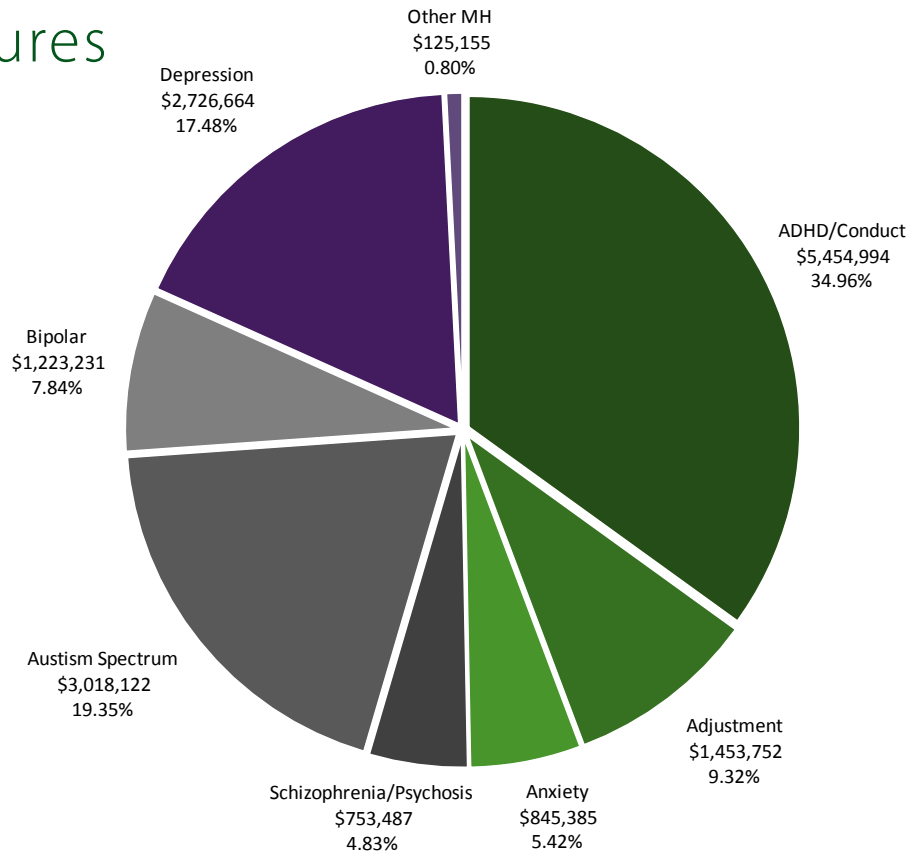
Mental Health Diagnoses

Members Served

Total Expenditures: \$15,600,790
 Distinct Members Served: 2,916

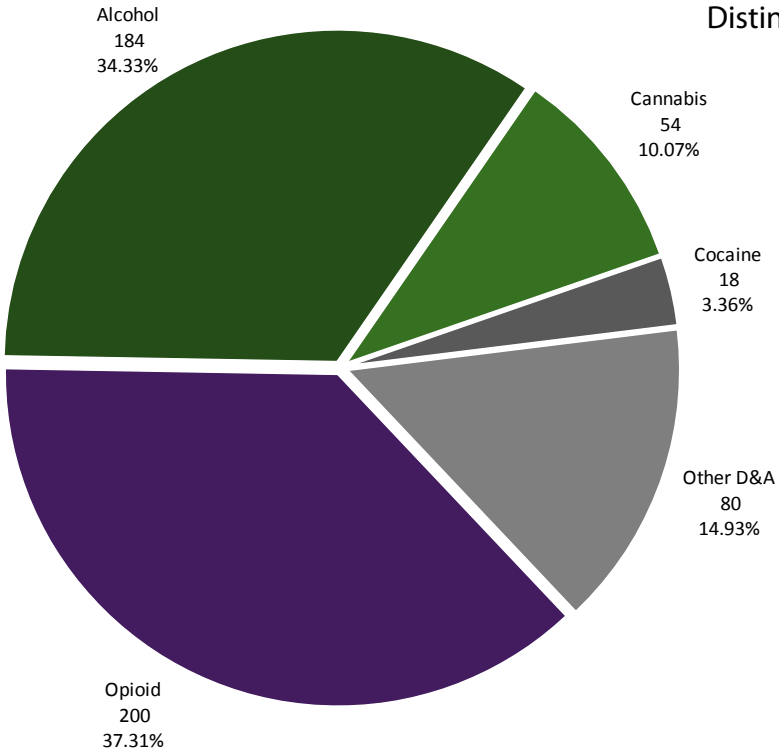


Expenditures

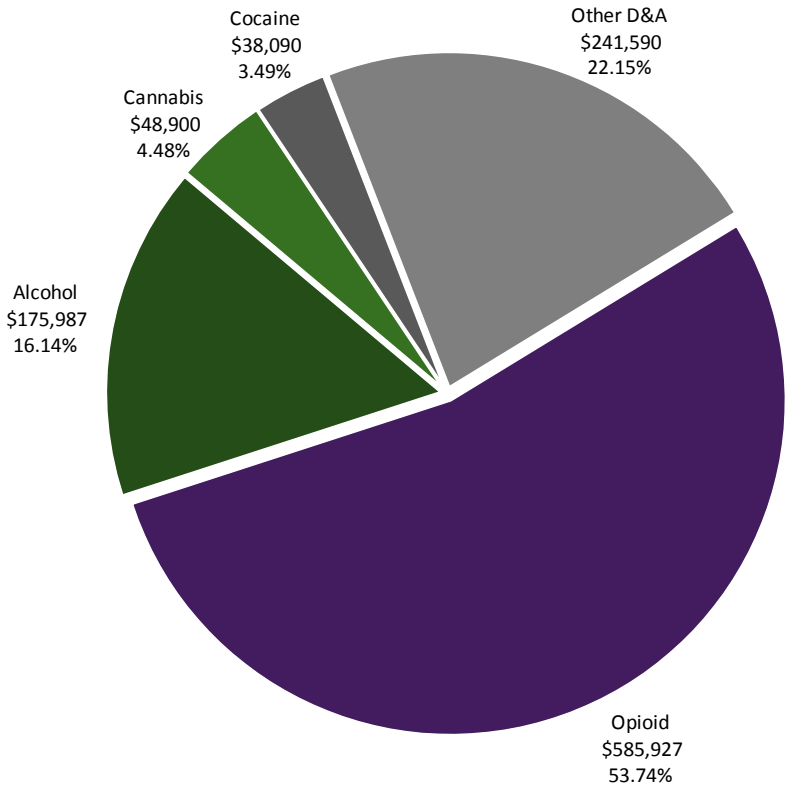


Substance Abuse Diagnoses Members Served

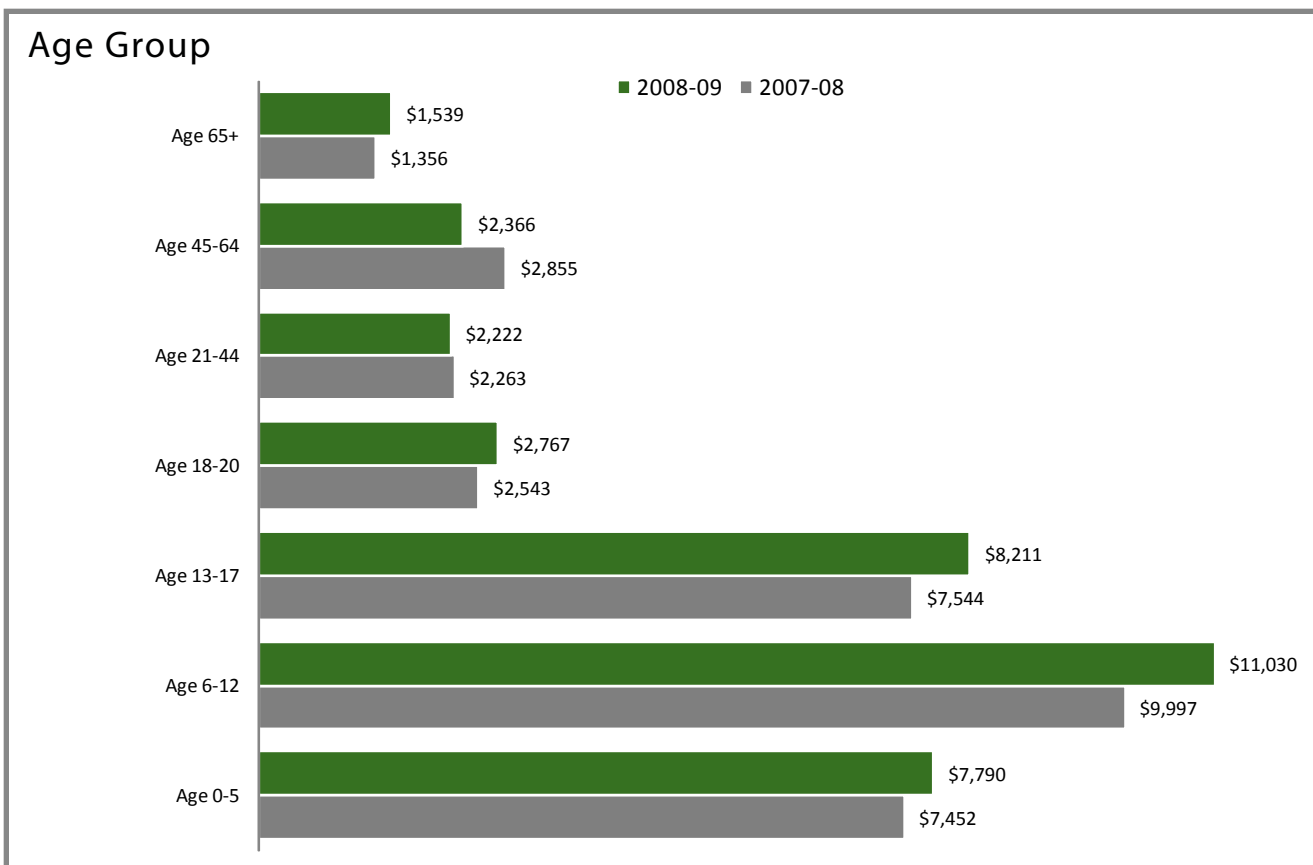
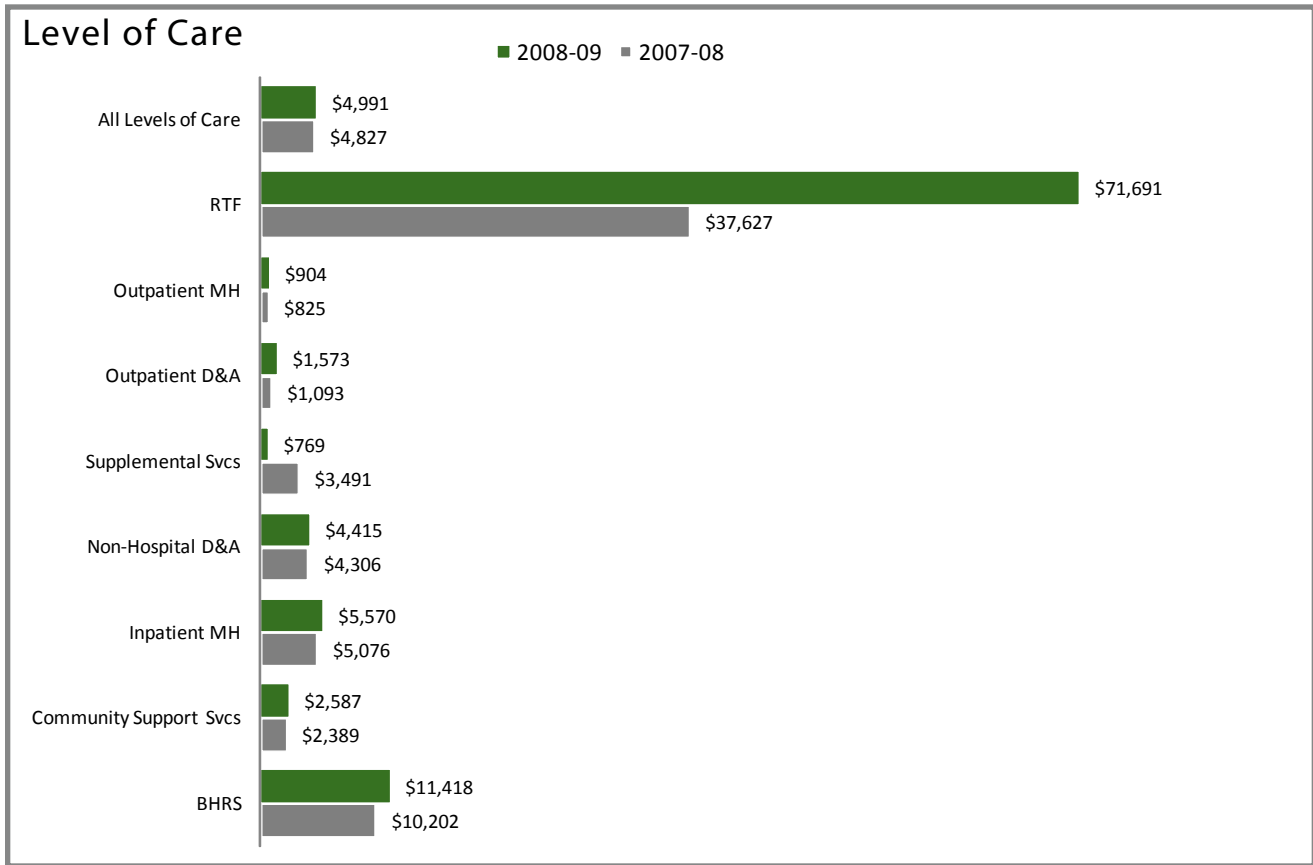
Total Expenditures: \$1,090,494
Distinct Members Served: 428



Expenditures



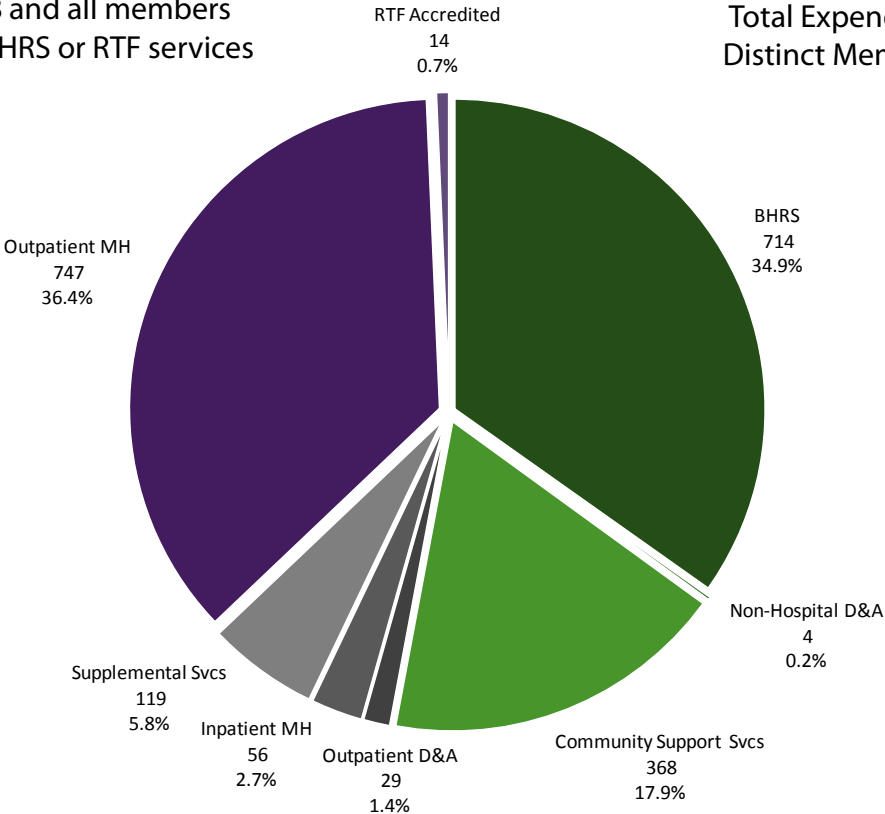
Average Cost per Member



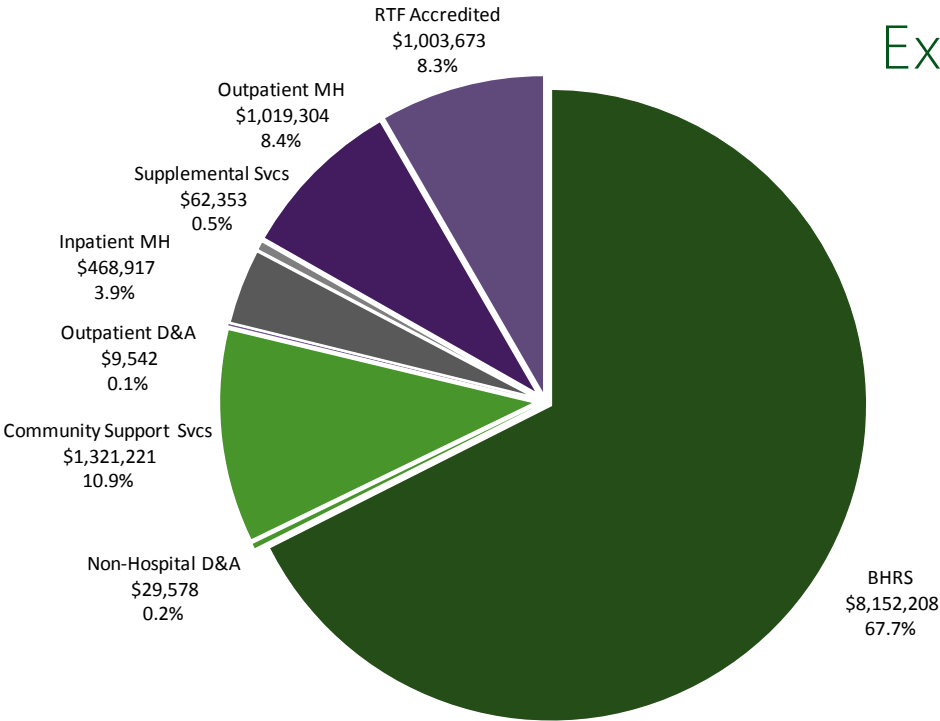
Youth Members Served

Included in the Youth category are all HealthChoices members under age 18 and all members involved in BHRS or RTF services

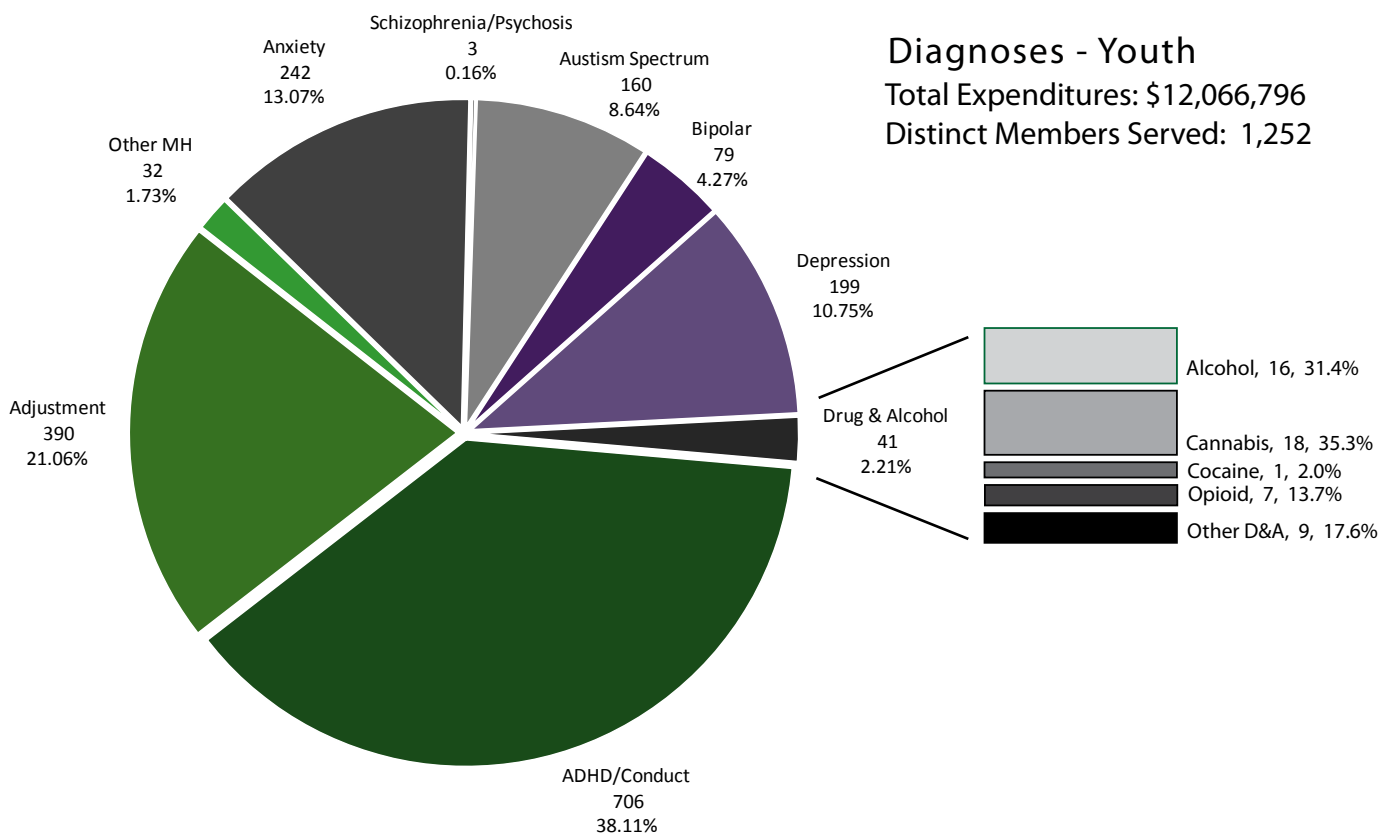
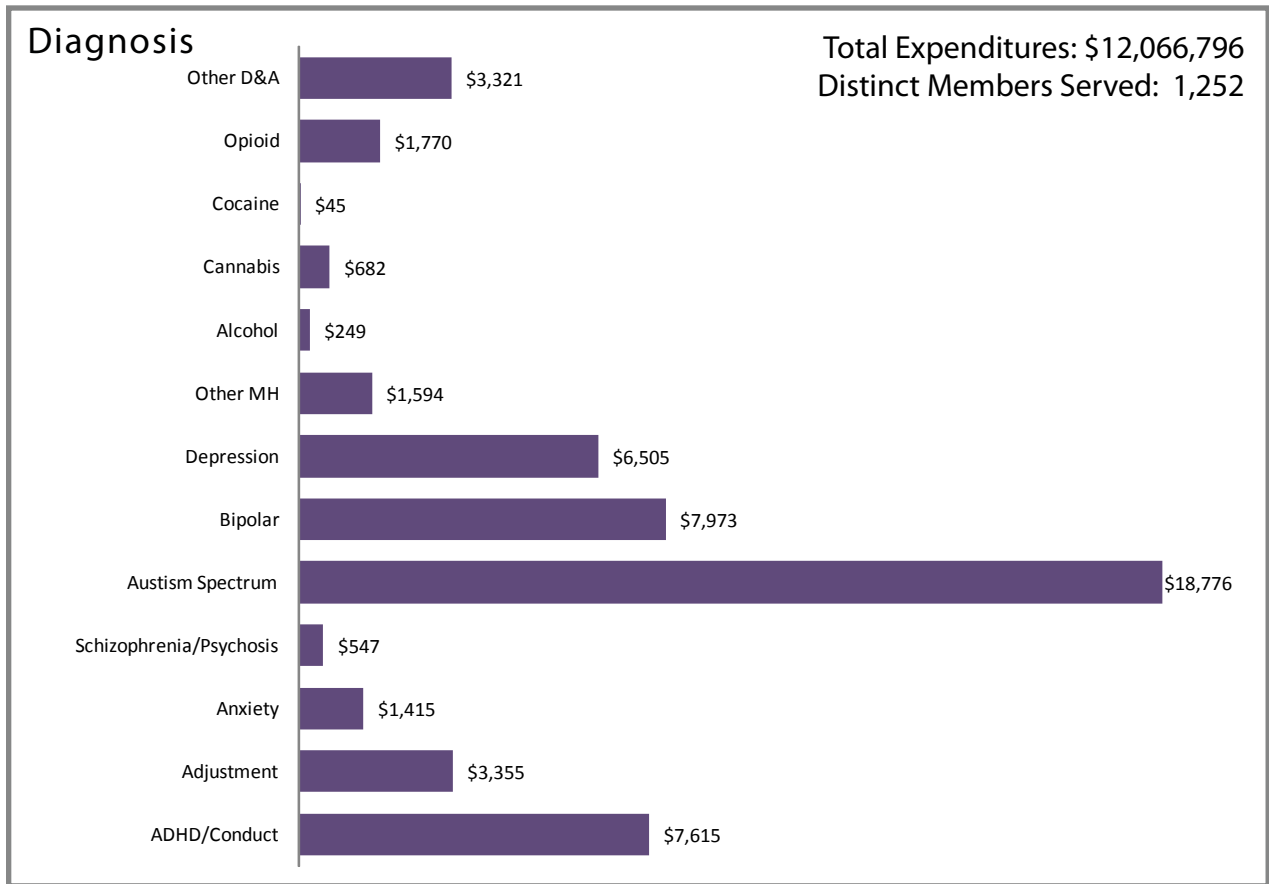
Total Expenditures: \$12,066,796
Distinct Members Served: 1,252



Expenditures

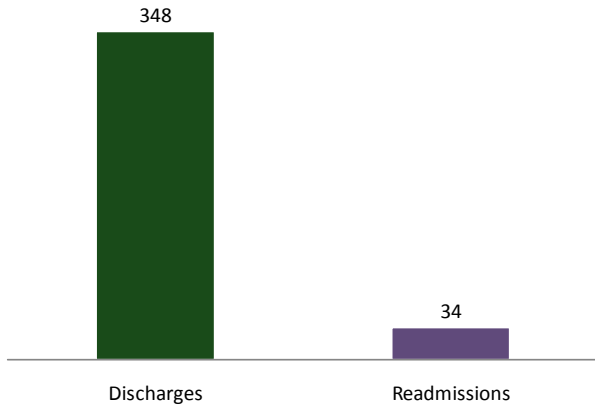


Average Cost per Member - Youth

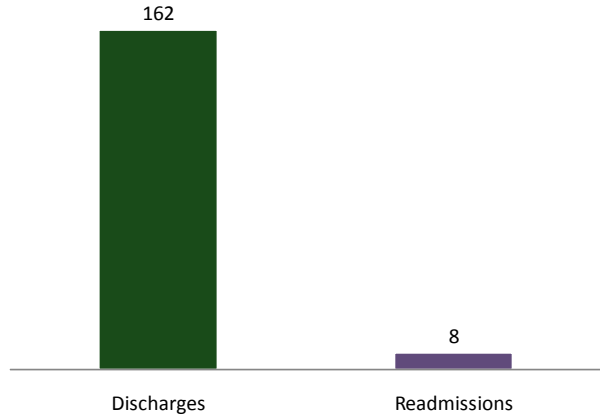


Inpatient Treatment

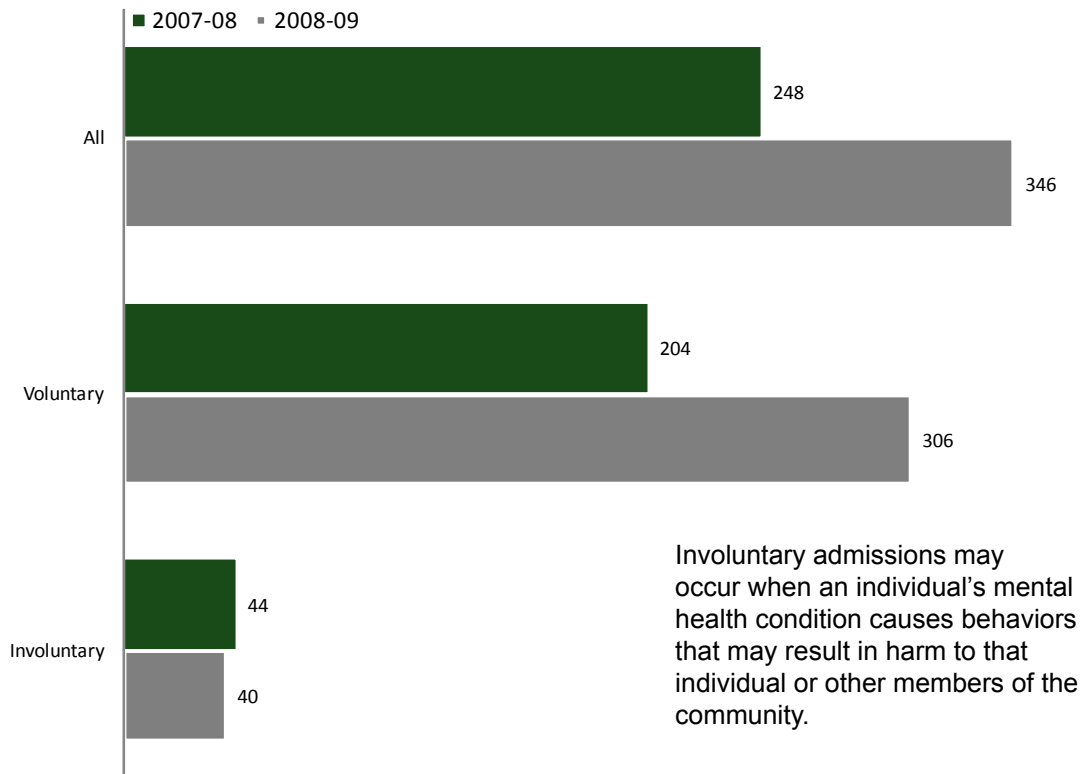
Mental Health Inpatient
Readmission Rate - 10%



Substance Abuse Inpatient
Readmission Rate - 5%

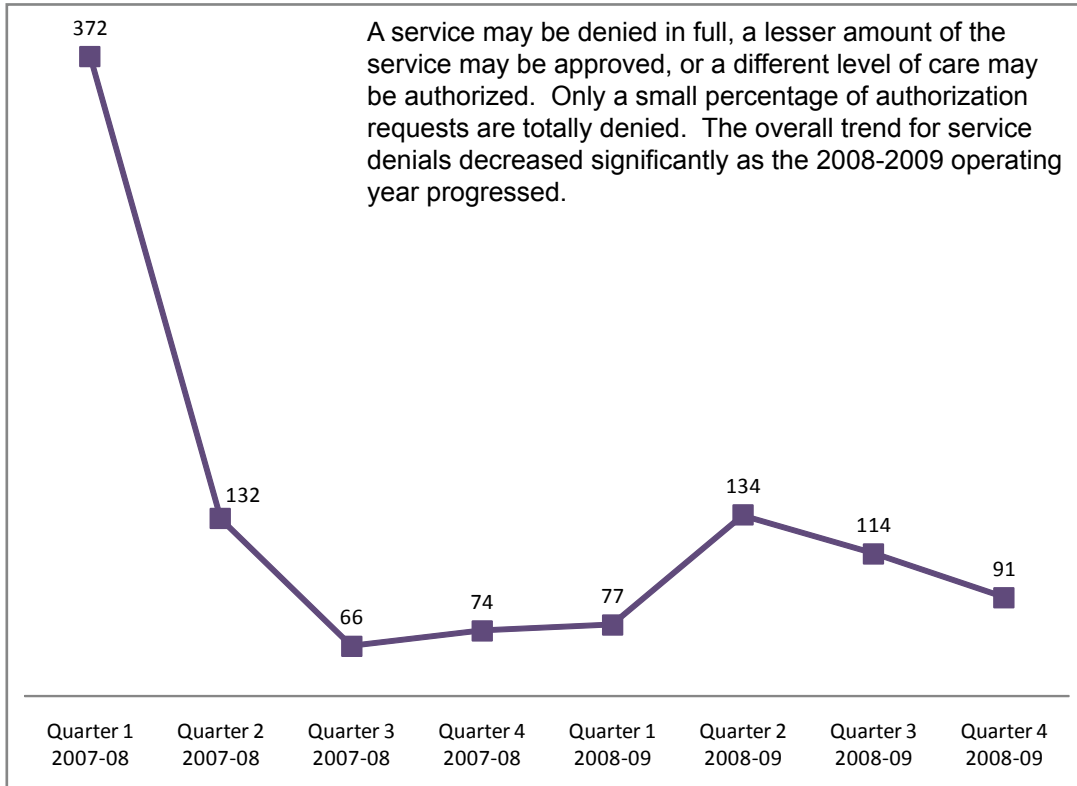


Voluntary and Involuntary Admissions

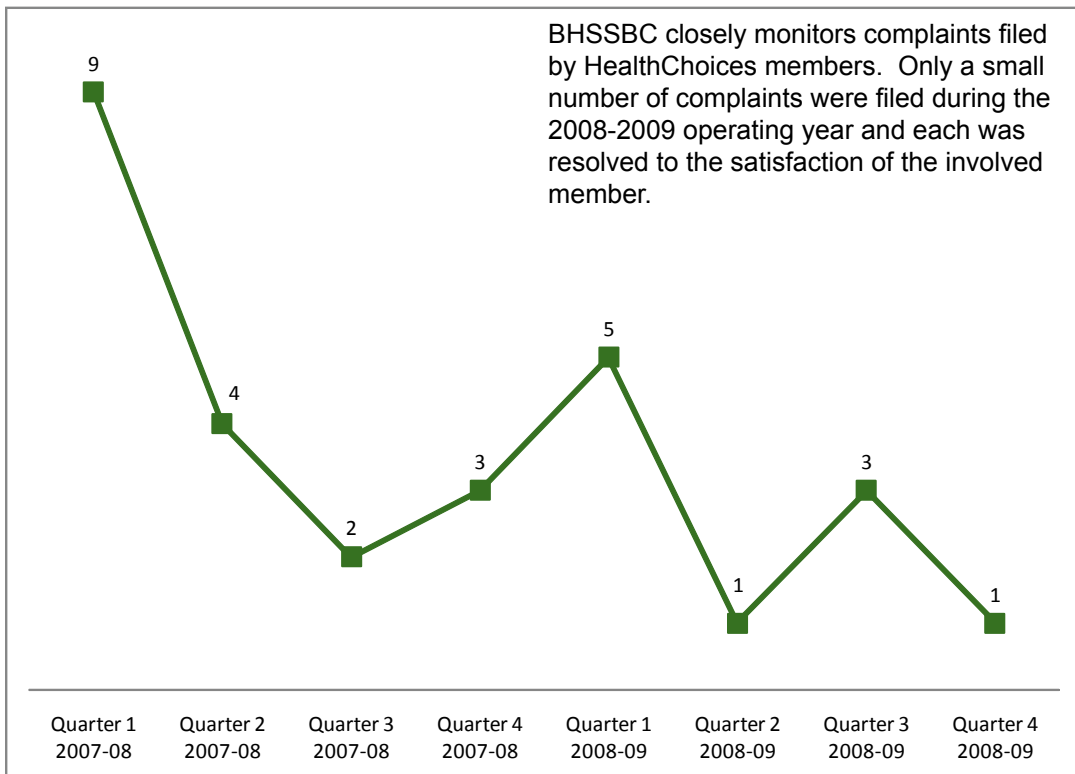


Quality Assurance

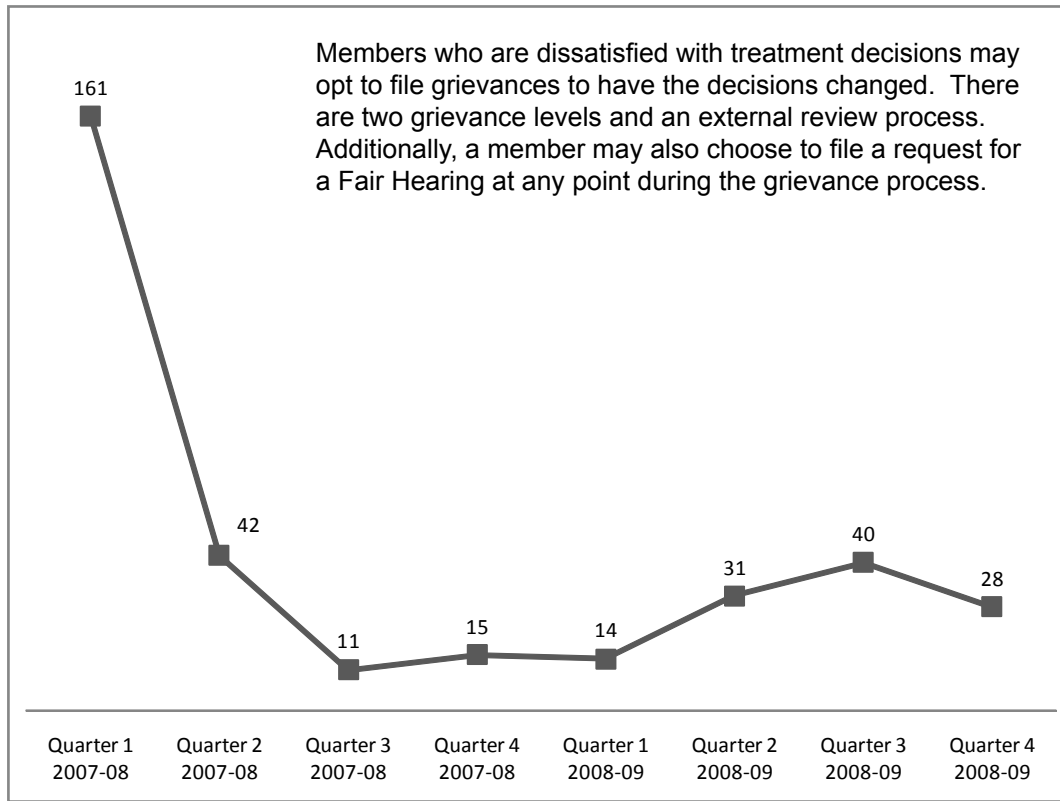
Authorization Denials by Fiscal Year Quarter



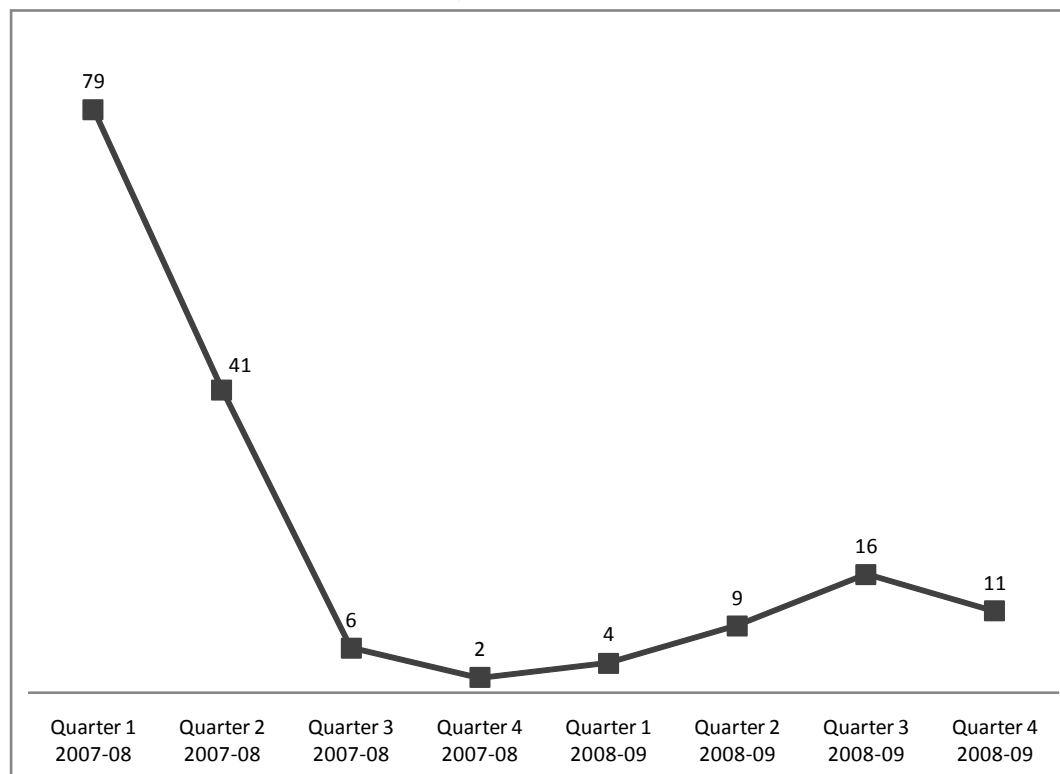
Complaints Filed by Fiscal Year Quarter



Level I Grievances Filed by Fiscal Year Quarter



Level II Grievances Filed by Fiscal Year Quarter



New Services

Peer Support

Based upon the fundamental principles of recovery, peer support services are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resilience through mentoring and service coordination supports. This allows individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities.

Peer support is designed on the principles of consumer choice and the active involvement of persons in their recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community. For this reason, the agreement of the individual to receive services is critical.

On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person-centered with a recovery focus. Peer support services facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support, skills training, effective utilization of the service delivery system, and coordination of and linkage to other service providers.

The purposes of peer support services are to:

1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy process;
2. Teach and support acquisition and utilization of skills needed to facilitate the individual's recovery;
3. Promote the knowledge of available service options and choices;
4. Promote the utilization of natural resources within the community; and
5. Facilitate the development of a sense of wellness and self-worth.

Specific service goals are based on individual needs and personal aspirations, which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. Goals pertaining to system advocacy will be limited to the coordination with or linkage to community resources. The relationship between the peer specialist and the individual served is intended to facilitate accomplishment of the goals specified in the Recovery-focused Individual Service Plan (Individual Service Plan).



Telepsychiatry

Access to psychiatric care has become increasingly difficult to secure for both HealthChoices and base-funded consumers in the local service areas. Established members, who have consistently remained engaged with their treating psychiatrists, are generally able to secure appointments as needed because they are able to schedule them far enough in advance. Members who show a newly identified need for psychiatric assessment, or members who are connected to a treating practice but routinely do not follow through with psychiatric appointments, experience the most difficulty. These individuals may have to wait up to four months for a psychiatric assessments.

Telepsychiatry is one specific application of telemedicine that has been researched extensively. Psychiatry is thought by many to be an ideal specialty for videoconferencing, because of the primacy of the face-to-face, question-and-answer interaction (Baer, Cukor, Jenike, Leahy, O'Laughlen, and Coyle, 1995). This interaction, researchers have contended, can be replicated by videoconferencing technology more easily than for other medical specialty applications. A 1994 report in *Telemedicine Today* listed 16 programs that were using or proposing to develop a telemental health component of their telemedicine program (Allen & Allen, 1994). This number has continued to increase as telepsychiatry has proven to be beneficial for consumers in underserved or rural areas.

On April 30, 2009, BHSSBC and CBHNP issued a Request for Proposals (RFP) to implement telepsychiatry in Bedford and Somerset Counties. This service is currently under development and will commence in January 2010. Individuals who would typically have to wait longer for face to face psychiatric services on site in both outpatient psychiatric clinics will be able to receive services more quickly using telepsychiatry. All consumers will be screened for participation. The therapists or psychiatric nurses assigned to the program will interview each client and review the case with the psychiatrist prior to the consumers' contact with the doctor. Not only will telepsychiatry offer easier access to psychiatrists, but will offer an increase in choices, specialties (child/adolescent versus adult), and flexibility.



Increased access to both psychiatric evaluations and medication checks will improve providers' ability to maintain clients on their medications while decreasing the stressors resulting from extended wait times. This increased stability will increase the overall quality of these members' lives. Reduced wait times will also result in fewer calls to the provider, improving efficiency and reducing their costs. Another benefit will be a reduction in the members' need to access medications through emergency room assessment.

Our counties are very excited to offer telepsychiatry to our HealthChoices members.

Terminology

ADMISSION RATE

The number of admissions into services per 1000 HealthChoices enrollees.

AUTHORIZATION

A process that is related to the payment of claims by which a provider receives approval from CBHNP to provide a particular service. Authorizations typically limit the number of units and the time in which the service can be provided. If a service requires authorization for payment, the lack of authorization will result in an unpaid claim.

CAPITATION

A set amount of money received or paid out; it is based on membership rather than on services delivered and is usually expressed in units of PMPM (per member per month) or PMPD (per member per day). Under the HealthChoices program, capitation rates vary by categories of assistance.

CLAIMS

A request for reimbursement for a behavioral health service.

COMMUNITY RESIDENTIAL REHABILITATION (CRR)

CRRs are residential programs designed and operated to assist persons with chronic psychiatric disability to live as independently as possible in the least restrictive setting.

COMPLAINT

A process by which a consumer or provider can address a problem experienced in the HealthChoices program.

CONSUMER

HealthChoices enrollees on whose behalf a claim has been adjudicated for behavioral health care services during the reporting period.



DENIAL

A denial is defined as “a determination made by a managed care organization in response to a provider’s request for approval to provide in-plan services of a specific duration and scope which (1) disapproves the request completely; (2) approves provision of the requested service(s), but for a lesser scope or duration than requested by the provider; (an approval of a requested service which includes a requirement for a concurrent review by the BHMCO during the authorized period does not constitute a denial); or (3) disapproves provision of the requested service(s), but approves provision of an alternative service(s).”

DIAGNOSIS

A behavioral health disorder based on DSM-IV-TR or ICD-9 diagnostic criteria.

DIAGNOSTIC CATEGORIES

Subgroups of behavioral health disorders. This report contains the following groupings:

Bipolar Disorders – a group of mood disorders that characteristically involve mood swings. This group includes: Bipolar I Disorder, Bipolar II Disorder, Bipolar Disorder Not Otherwise Specified, Mood Disorder, and Mood Disorder Not Otherwise Specified. Depressive Disorders – a group of mood disorders that includes Major Depressive Disorder, Dysthymia, and Depressive Disorder Not Otherwise Specified.

Schizophrenia and Psychotic Disorders – a collection of thought disorders such as Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, and Psychotic Disorder Not Otherwise Specified.

Anxiety Disorders – a group of disorders that includes: Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, and Anxiety Disorder Not Otherwise Specified.

Adjustment Disorder – the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors.

Impulse Control Disorders – includes Intermittent Explosive Disorder, Trichotillomania, and Impulse Control Disorder Not Otherwise Specified.

ADHD and Disorders in Children – includes Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, and Disruptive Behavior Disorder Not Otherwise Specified.

Other Mental Health Disorders – includes Tic Disorders, Learning Disorders, Communications Disorders, and Motor Skills Disorders.

Substance Abuse/Dependence Disorders – a group of disorders related to taking a drug of abuse. The DSM-IV refers to 11 classes of substances: alcohol, amphetamines, caffeine, cannabis (marijuana or hashish), cocaine, hallucinogens, inhalants, nicotine, opioids (heroin or other narcotics), PCP, and sedatives/hypnotic/anxiolytics.

Mental Retardation – includes Mild, Moderate, Severe and Profound Mental Retardation.

DSM-IV-TR

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental and substance abuse disorders (also see ICD-9-CM).

ENROLLMENT

The number of Medicaid recipients who are active in the Medical Assistance program at any given point in time.

FAIR HEARING APPEAL

A grievance process through which a HealthChoices member can file a written appeal, to the Department of Public Welfare, regarding a behavioral health care service decision.

GRIEVANCE

The process by which a consumer addresses a problem with a decision made about his/her behavioral health care service. This may include denial of a service, approving less service than what was requested, or approving a level of care different from that requested. There are two levels of grievances and an external review process.

1st Level Grievance: An issue which is subject to review within 24 hours for urgent care and 30 days for non-urgent care.

2nd Level Grievance: A 2nd Level Grievance may be filed if the member has not received satisfactory resolution to the 1st Level Grievance. The 2nd Level Grievance Committee reviews the issue within 30 days.

External Review: An External Review can be requested after the 2nd level Grievance decision. This process is independent from the managed care organization or the primary contractor.



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This is a Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives the Health and Human Services Department of the federal government the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

MEMBER

Eligible Medical Assistance recipients enrolled in the HealthChoices program during the reporting period.

MENTAL HEALTH COMMITMENT

An involuntary admission into a psychiatric hospital as per the Pennsylvania Mental Health Procedures Act. Also referred to as a '302 commitment'.

OUTPATIENT REGISTRATION

The process by which HealthChoices members are registered with CBHNP to receive specific outpatient services. eliminating the need for pre-authorization.

RESIDENTIAL TREATMENT FACILITY (RTF)

A self-contained, secure, 24-hour psychiatric residence for children and adolescents who require intensive clinical, recreational, educational services and supervision.

UTILIZATION

The amount of behavioral health care services used by Medicaid recipients. Utilization is based on encounter (paid claims) information.

Behavioral Health Services of
Somerset and Bedford Counties, Inc.

**The Bennett Building
245 West Race Street
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www.bhssbc.us



BHSSBC