

A photograph of a paved path winding through a forest. The trees are tall and thin, with green and yellow leaves, suggesting autumn. The path is dark and has some fallen leaves on it. The sky is visible through the trees.

2018/2019 Annual Report



January 2, 2020

To Our Colleagues and Stakeholders:

Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC) is pleased to share the Fiscal Year (FY) 2018/2019 HealthChoices Program Annual Report. The report provides aggregate information related to Member enrollment, demographics, diagnoses, utilization, and costs. Pages 25 and 26 highlight some of the various initiatives implemented and accomplishments achieved by BHSSBC in FY 2018/2019.

BHSSBC started in July 2007 with the vision of providing quality care and timely access to HealthChoices Members in Somerset and Bedford Counties. BHSSBC has continued to work for our communities to ensure that evidence-based programs and the most up-to-date treatment options are available in our counties. From July 1, 2007 to June 30, 2019, BHSSBC worked diligently with PerformCare, the Behavioral Health Managed Care Organization, to bring the best to our communities. Over FY 2018/2019, BHSSBC issued a Request for Proposals to all NCQA Accredited Behavioral Health Managed Care Organizations within the United States. Community Care Behavioral Health Organization was chosen through our Board of Directors, Stakeholders, and BHSSBC Leadership. The transition began towards the end of FY 2018/2019.

We appreciate the important role you play in ensuring the success of the local HealthChoices Program. By working together, Members and families experiencing mental health and/or substance use complexities can live full, satisfying, and productive lives in our communities.

Should you have any questions, please contact Tia Mann, HealthChoices Coordinator, at 814-443-8182, extension 4121. **THANK YOU** for your continued commitment to our communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Piatt-Bruner".

Mary Piatt-Bruner, LPC
Executive Director

A handwritten signature in black ink, appearing to read "Tia Mann".

Tia Mann, LSW
HealthChoices Coordinator

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BHSSBC ORGANIZATIONAL STRUCTURE

Corporate Members – County Commissioners

- Gerald Walker, Somerset
- Pat Terlingo, Somerset
- John Vataavuk, Somerset (deceased 01/19)
- Pamela Tokar-Ickes, Somerset (interim 05/19)
- Josh Lang, Bedford
- Barry Dallara, Bedford
- S. Paul Crooks, Bedford

Corporate Board of Directors

- Mary Piatt-Bruner, Chairperson
- Leah Winegardner, Vice-Chairperson
- Amy Kimmel, Secretary/Treasurer
- Pam Humbert
- Larry Mazer
- Dr. Thomas Otis
- Dr. Barbara Uncapher



Management Group

- Tia Mann, HealthChoices Coordinator
- Erin Howsare, Somerset SCA Director
- Dawn Housel, Bedford SCA Director (resigned 12/18)
- Adam Logsdon, Bedford SCA Director (named 01/19)
- Leah Winegardner, DBHS Deputy Administrator

BHSSBC Management and Support Staff

- Tia Mann, LSW, HealthChoices Coordinator
- Melissa Shaffer, B.S., Finance Director
- Tina Heinrich, Ed.S., Clinical Director
- Melissa Lenart, B.S., Quality Management Director
- Debra Thomas, B.A., Community Relations Specialist
- Kris Snelson, LPC, Local Clinical Care Manager
- Kristy Hagan, LPC, Local Clinical Care Manager (resigned 4/19)
- Marion Kush, LSW, Local Clinical Care Manager
- Jackie McVicker, LSW, Local Clinical Care Manager
- Ayla Bowser, LSW, Local Clinical Care Manager
- Linda Hayward, Administrative Assistant
- Wendy Farkosh, Fiscal Technician
- Michele Courtney, Receptionist

INTRODUCTION

HealthChoices is the Commonwealth of Pennsylvania's mandatory Medical Assistance (Medicaid) managed care program administered by the Department of Human Services (DHS). The HealthChoices Program has three primary goals:

1. Improve access to health care services for Medical Assistance recipients;
2. Improve the quality of health care available to Medical Assistance recipients; and
3. Stabilize Pennsylvania's Medical Assistance spending.

This integrated and coordinated healthcare delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance use services to Medical Assistance recipients. The three components of the HealthChoices Program are:

1. Physical Health Services;
2. Enrollment Assistance Program; and
3. Behavioral Health Program (mental health and substance use treatment services).

The Office of Medical Assistance Programs (OMAP) administers the first two components. The Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the third component.

The DHS 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.

Because of the cross-cutting coordination needs of Medical Assistance recipients, the unique structure of the behavioral health and human services delivery systems administered by the counties, and their over 30 years' experience in administering behavioral health service programs, the DHS determined that county governments would be offered the right-of-first opportunity to enter into a capitated contract with the Commonwealth to manage the Behavioral Health Program.

Somerset and Bedford Counties accepted the opportunity to manage the local HealthChoices Program and entered into a full-risk capitation contract with the Commonwealth. In 2006, Somerset and Bedford Counties formed a 501(c)3 corporation called Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC). BHSSBC has the responsibility of overseeing the local mental health and substance use services funded through the Pennsylvania HealthChoices Program.

Effective July 1, 2014, BHSSBC changed to a full-risk model and contracted with PerformCare as an Administrative Service Organization (ASO) performing defined administrative functions. BHSSBC provides oversight and monitoring of all PerformCare's activities to ensure full compliance with its contract with the DHS. Through June 30, 2019, PerformCare completed all ASO functions as described below. During FY 2018/2019, BHSSBC conducted and completed a Request for Proposals process that led to a new Behavioral Health Managed Care Organization to fulfill the ASO functions beginning FY 2019/2020. Community Care Behavioral Health Organization (Community Care) was fully implemented in Somerset and Bedford Counties effective July 1, 2019.

Services provided by the Behavioral Health Managed Care Organization include:

- 24/7 Member Services;
- Care Management;
- Community Education;
- Provider Network Development;
- Advocacy Assistance; and
- Claims Management.



For more information about
Community Care, visit:
<https://www.ccbh.com/>

The needs of the high-risk populations included in the HealthChoices Program requires broad-based coordination to assure appropriate access, service utilization, and continuity of care for Members with serious mental illnesses and/or substance use disorders. To meet these needs, BHSSBC provides local clinical care management by employing Clinical Care Managers to manage and coordinate care for complex, high risk, and high cost Members.

The Local Clinical Care Managers (LCM) at BHSSBC reside in our communities and are familiar with the Members we serve and the resources available in Somerset and Bedford Counties. They use a person-centered approach to care management, following the Members on their caseload through the various levels of care they are receiving. Following July 1, 2019, implementation, BHSSBC's LCM will remain an integral part of the Member Serving system. Community Care is adding additional Care Managers within the Bedford-Somerset communities. This addition allows Member and Providers to work directly with care managers who know their Members and the Communities where they reside.

MEDICAL ASSISTANCE ENROLLMENT

Governed by federal regulations, Pennsylvania is required to cover a set of mandated services for specific groups of individuals to qualify for federal matching payments. There were many changes with Medical Assistance enrollment and categories of aid in FY 2014/2015, primarily driven by the Affordable Care Act (ACA).

A goal of the ACA is to ensure that every United States citizen has affordable access to healthcare coverage. One way of accomplishing this goal was to change Medical Assistance enrollment guidelines so that more citizens would qualify for Medical Assistance healthcare coverage.

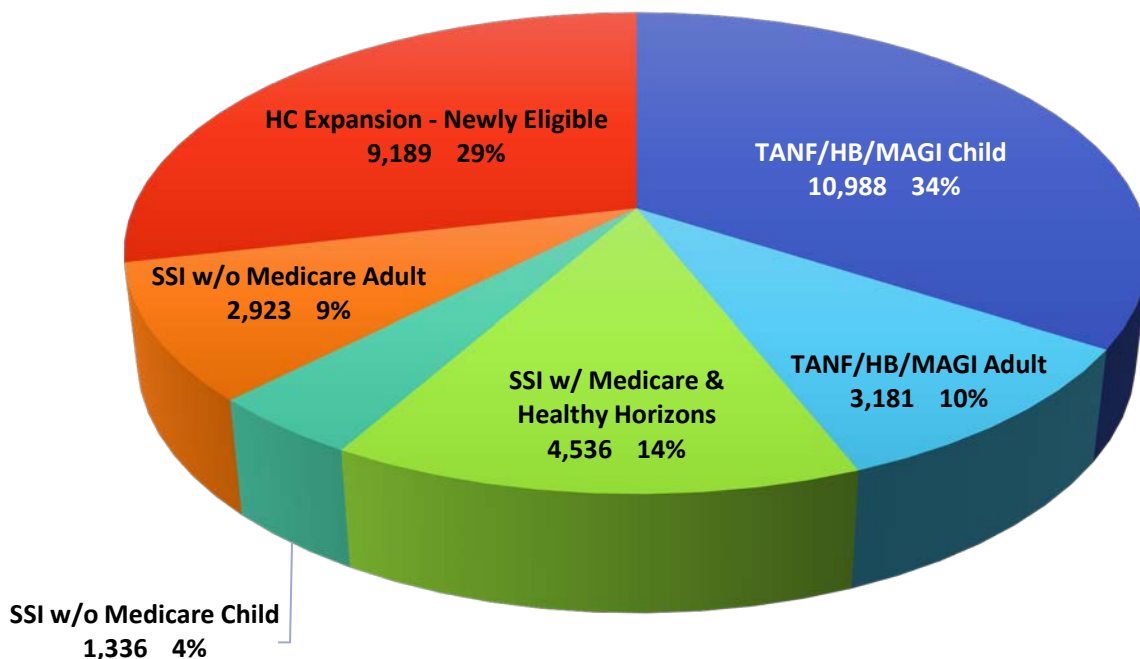
In 2015, Pennsylvania transitioned from the Healthy PA program to a traditional form of Medicaid expansion under the DHS HealthChoices program. The goals included:

- Covering Pennsylvanians without service disruption;
- Minimizing Member confusion; and
- Ensuring access to care.

This change took a multi-phase approach and transitioned all Medical Assistance recipients to the existing Medical Assistance Managed Care Program (HealthChoices).

Enrollment by Medical Assistance Category of Aid

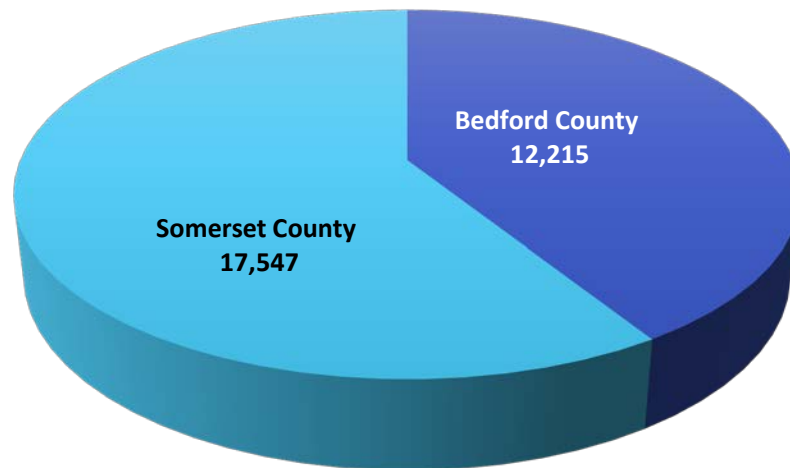
29,686 Members were enrolled in the Somerset and Bedford HealthChoices Program during FY 2018/2019



HEALTHCHOICES ENROLLMENT

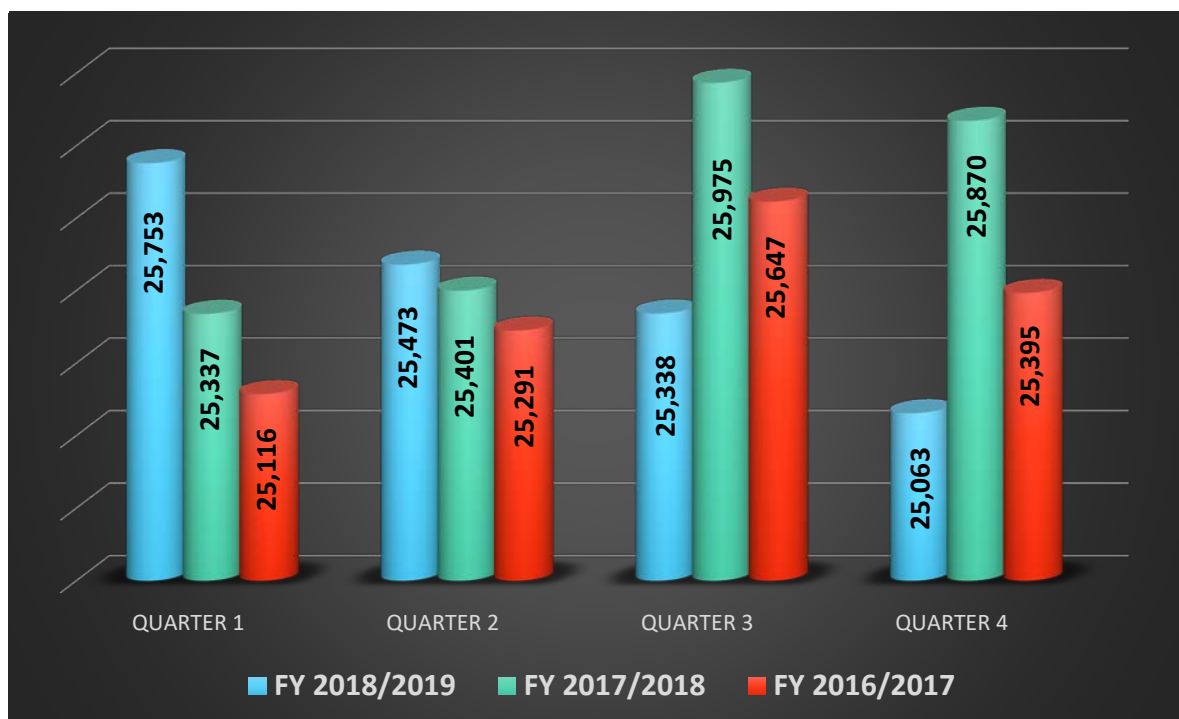
Enrollment by County*

Fiscal Year 2018/2019 enrollment reflects a 1.84% decrease in HealthChoices enrollment from last fiscal year.



**Some Members may have lived in both counties at different times during the fiscal year.*

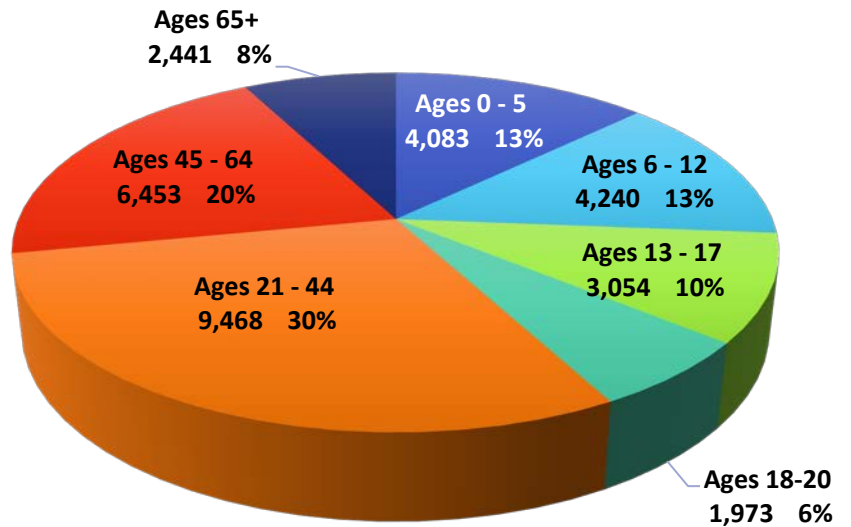
Enrollment by Quarter



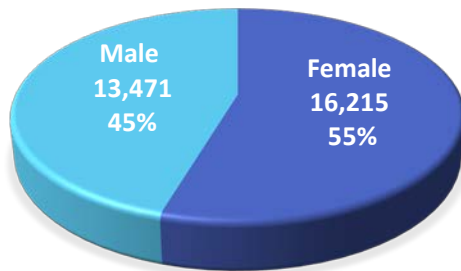
MEMBER DEMOGRAPHICS

29,686 Members were enrolled in the
Somerset and Bedford HealthChoices Program during FY 2018/2019

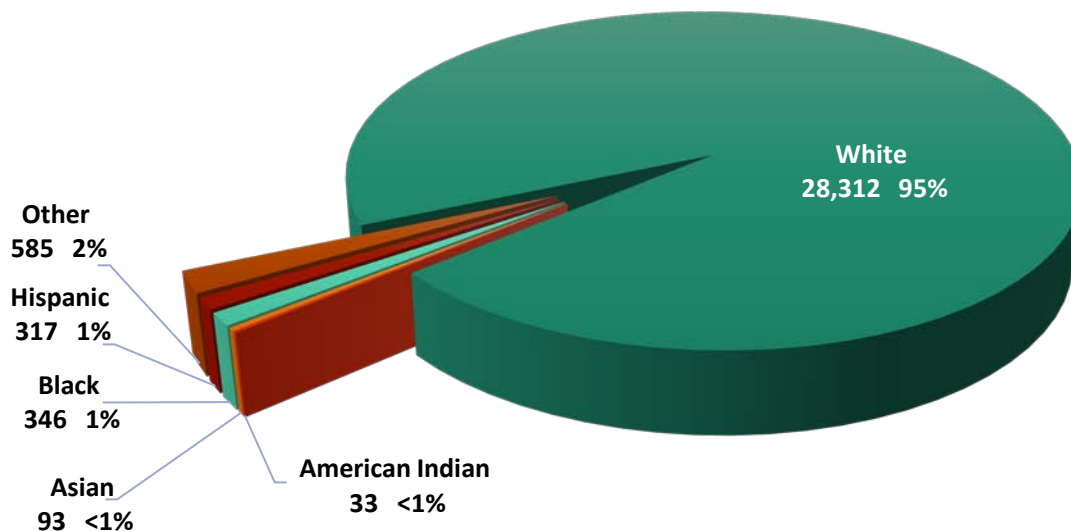
Enrollment by Age Group



Enrollment by Gender



Enrollment by Race



SERVICES

HealthChoices Members are eligible to receive state-plan services offered by their choice of at least two service providers as well as additional supplemental services that have been approved for use by the Somerset and Bedford HealthChoices Program. Visit our website (www.bhssbc.us) for a description of each service.

State Plan Services

- Behavioral Health Rehabilitation Services for Children and Adolescents (BHRS)
- Crisis Intervention Services
- Community Residential Rehabilitation Host Home (CRR-HH)
- Family Based Mental Health Services (FBMHS)
- Functional Family Therapy (FFT)*
- Inpatient Drug and Alcohol Withdrawal Management and Treatment
- Inpatient Psychiatric Hospitalization
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Mental Health Targeted Case Management
- Methadone Maintenance and Support
- Mobile Mental Health Treatment
- Multisystemic Therapy (MST)*
- Outpatient Mental Health/Drug and Alcohol Counseling

- Parent-Child Interaction Therapy (PCIT)*
- Peer Support Services
- Psychiatric Evaluation and Psychological Testing
- Psychiatric Partial Hospitalization Program (PHP)
- Residential Treatment Facilities (RTF)
- Telepsychiatry

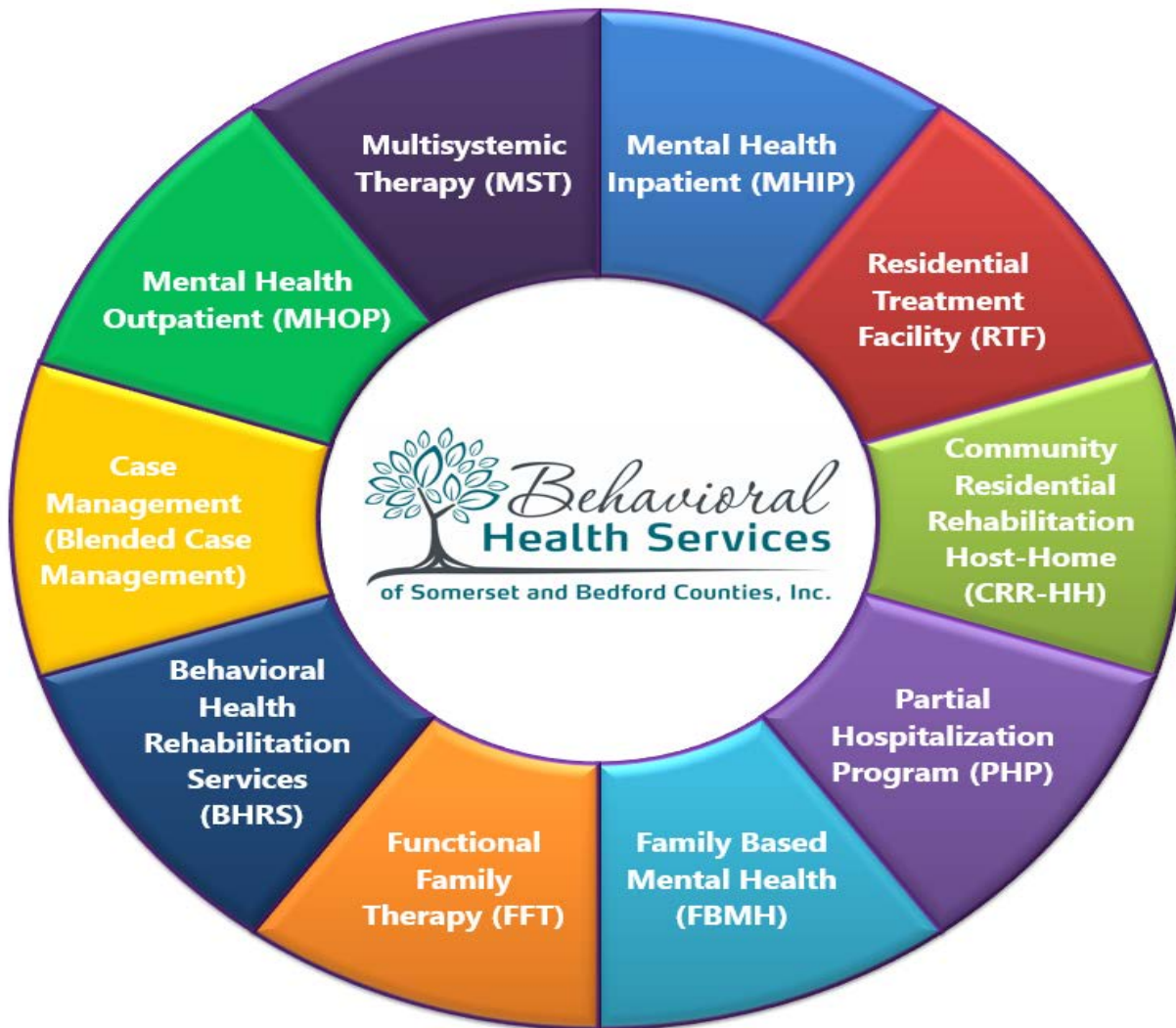
Supplemental Services

- Certified Recovery Specialist Services (CRS)
- Children's Services Enrolled as Program Exceptions
- Drug and Alcohol Intensive Outpatient
- Drug and Alcohol Level of Care Assessment
- Drug and Alcohol Partial Hospitalization
- Drug and Alcohol Targeted Case Management
- Non-Hospital Drug and Alcohol Rehabilitation and Halfway House
- Psychiatric Rehabilitation

*Evidence-Based Practice

BEHAVIORAL HEALTH CHILD/ADOLESCENT CONTINUUM OF CARE

Services can be accessed at any level of care based on need.



Visit www.bhssbc.us for a description of the available services.

Access the Community Care Behavioral Health Organization provider directory for Somerset and Bedford Counties by using the following link:

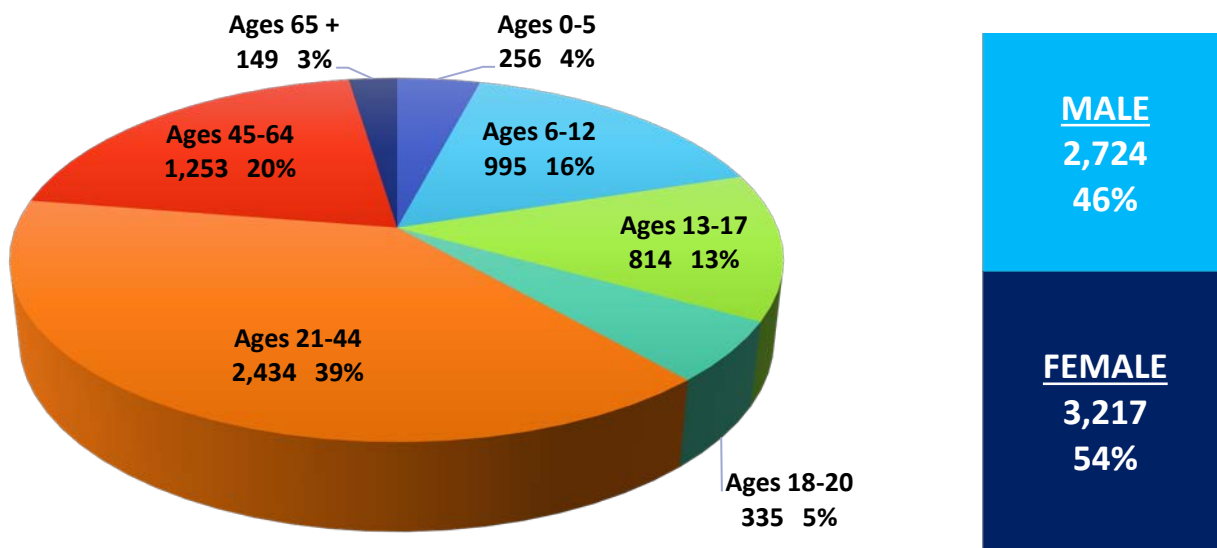
<https://members.ccbh.com/find-provider>

UTILIZATION BY DEMOGRAPHICS

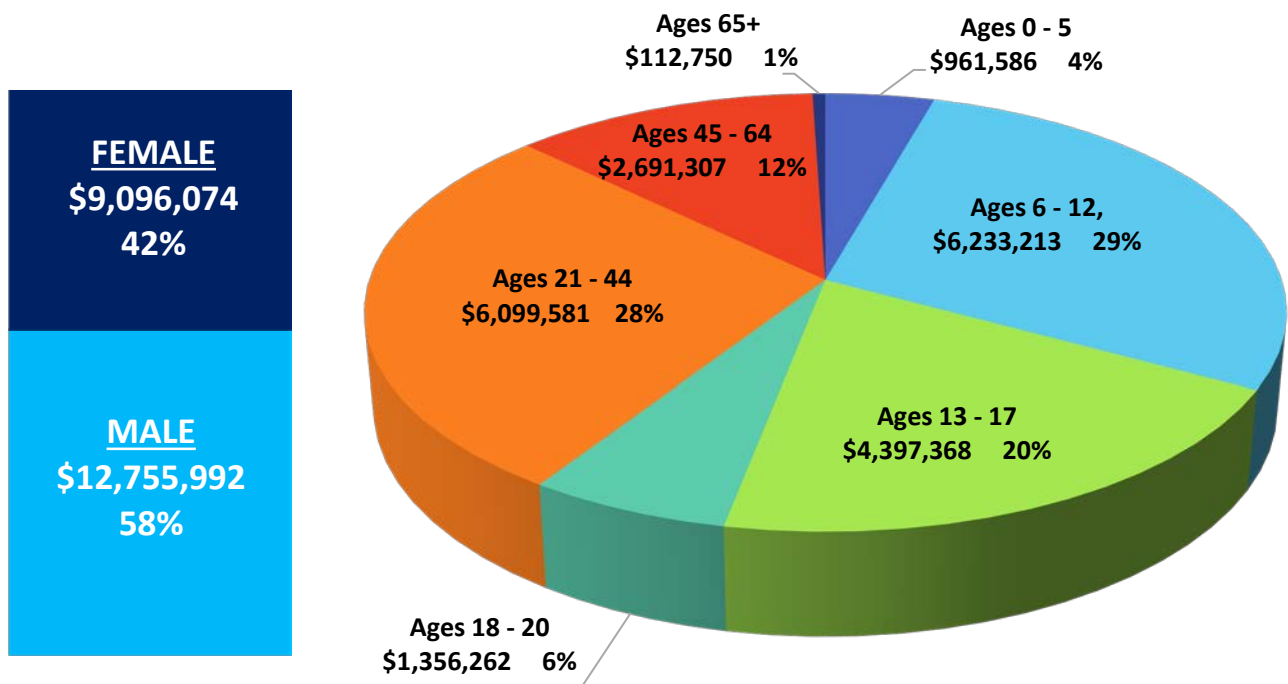
Distinct Members Served: 5,941

Total Expenditures: \$21,873,655

Members Served



Expenditures

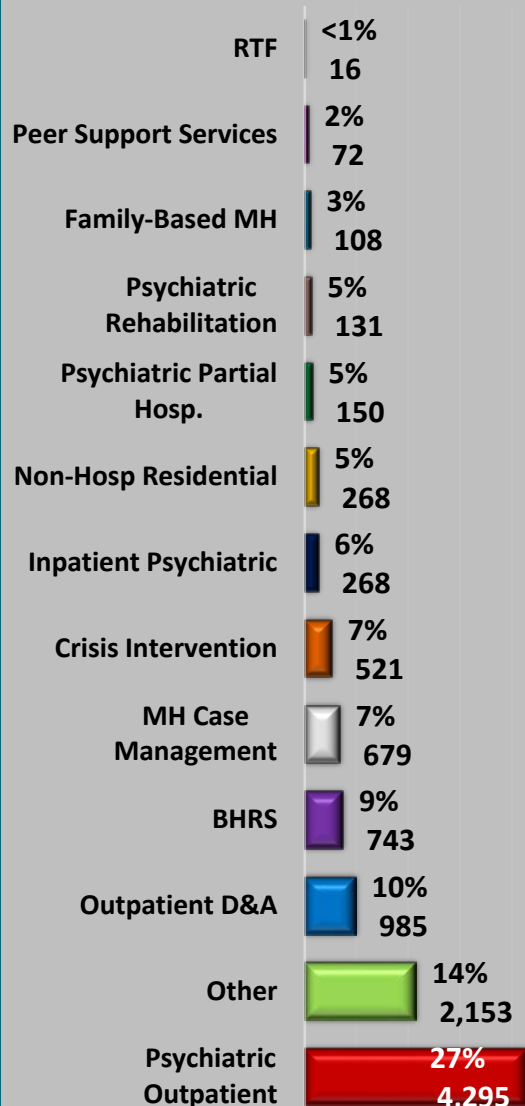


UTILIZATION BY LEVEL OF CARE

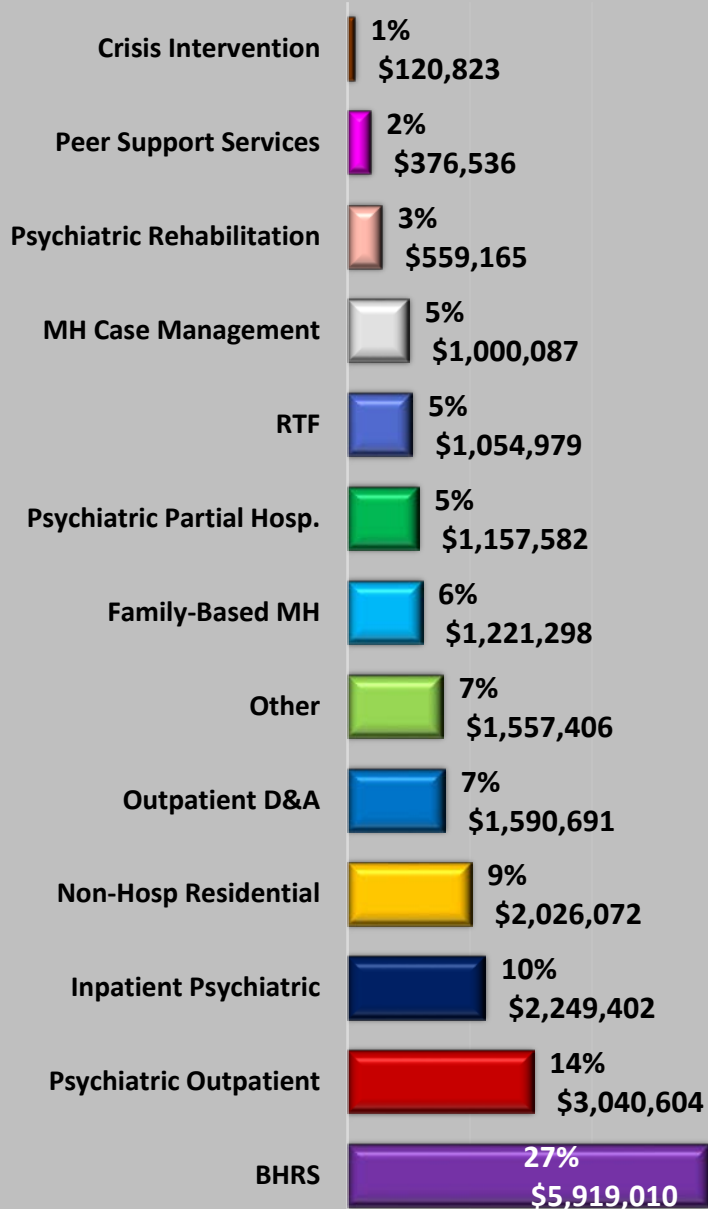
Distinct Members Served: **5,941***

Total Expenditures: **\$21,873,655**

MEMBERS SERVED



EXPENDITURES



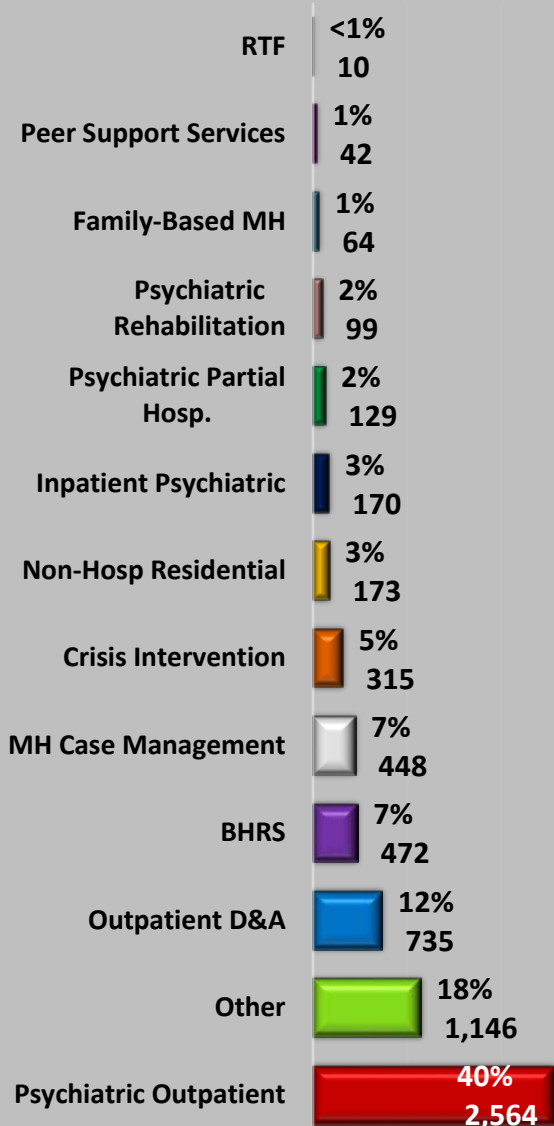
* Some Members may have received multiple levels of care at different times during the fiscal year.

SOMERSET COUNTY: UTILIZATION BY LEVEL OF CARE

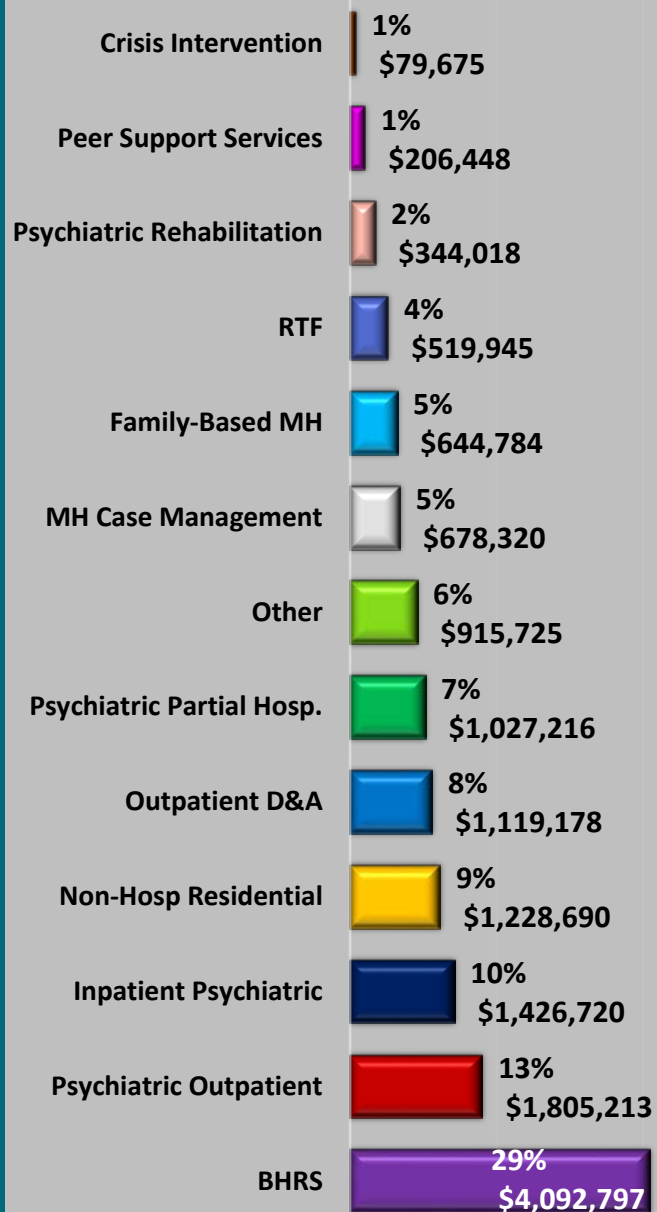
Distinct Members Served: 3,696*

Total Expenditures: \$14,088,729

MEMBERS SERVED



EXPENDITURES



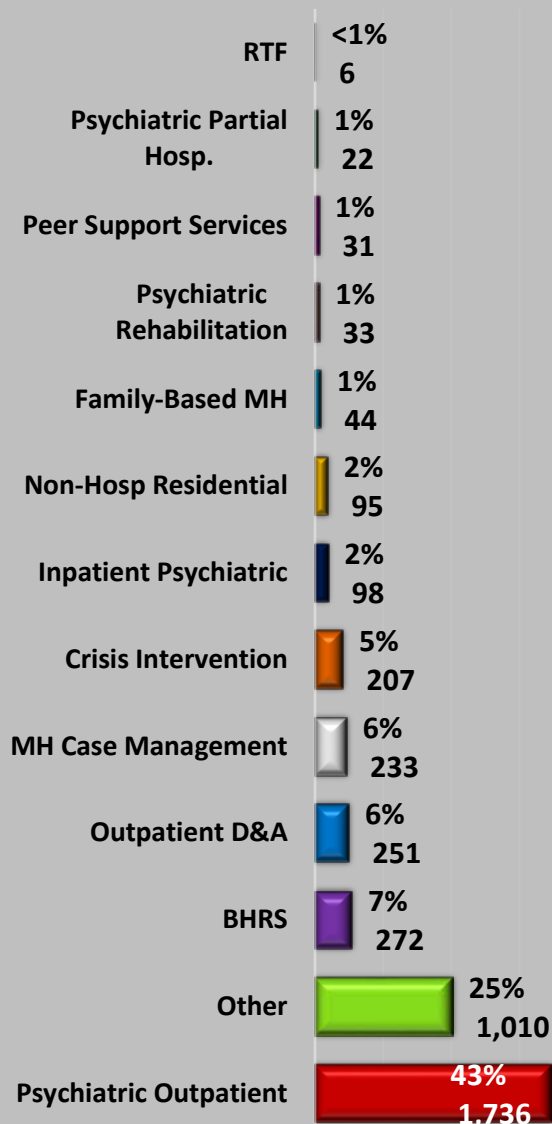
**Some Members may have received multiple levels of care and lived in both counties at different times during the fiscal year.*

BEDFORD COUNTY: UTILIZATION BY LEVEL OF CARE

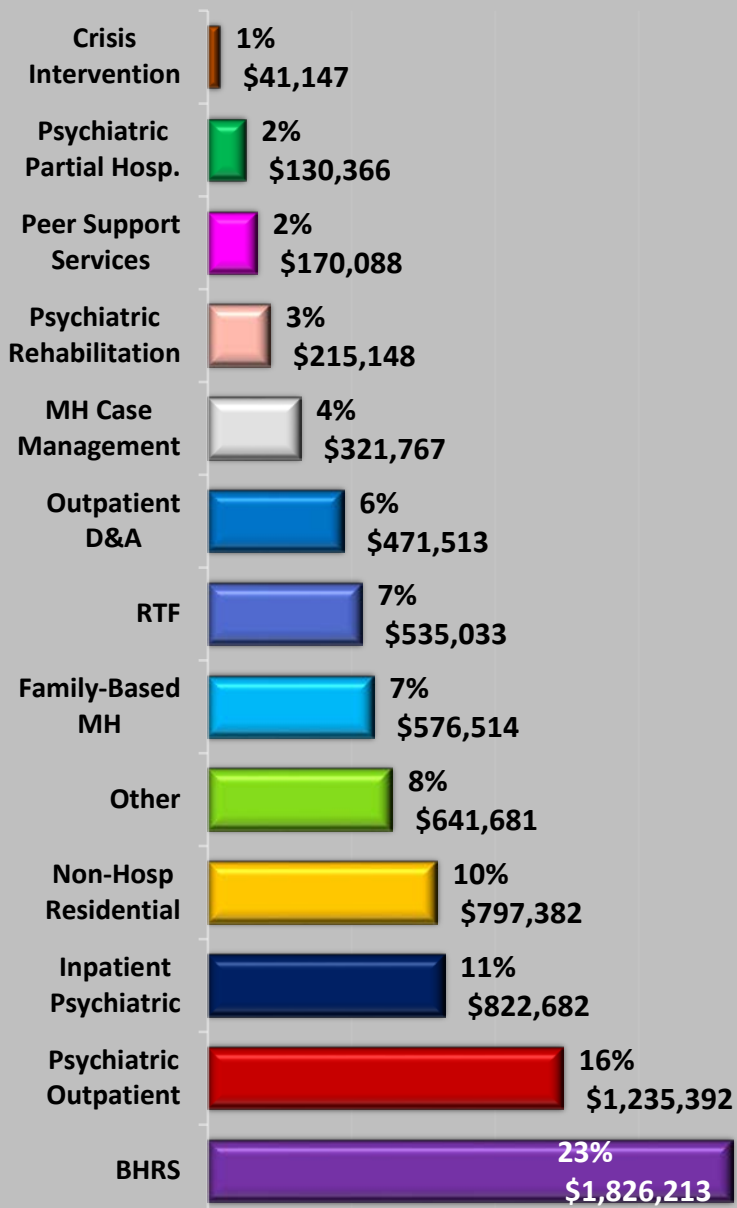
Distinct Members Served: 2,253*

Total Expenditures: \$7,784,926

MEMBERS SERVED



EXPENDITURES



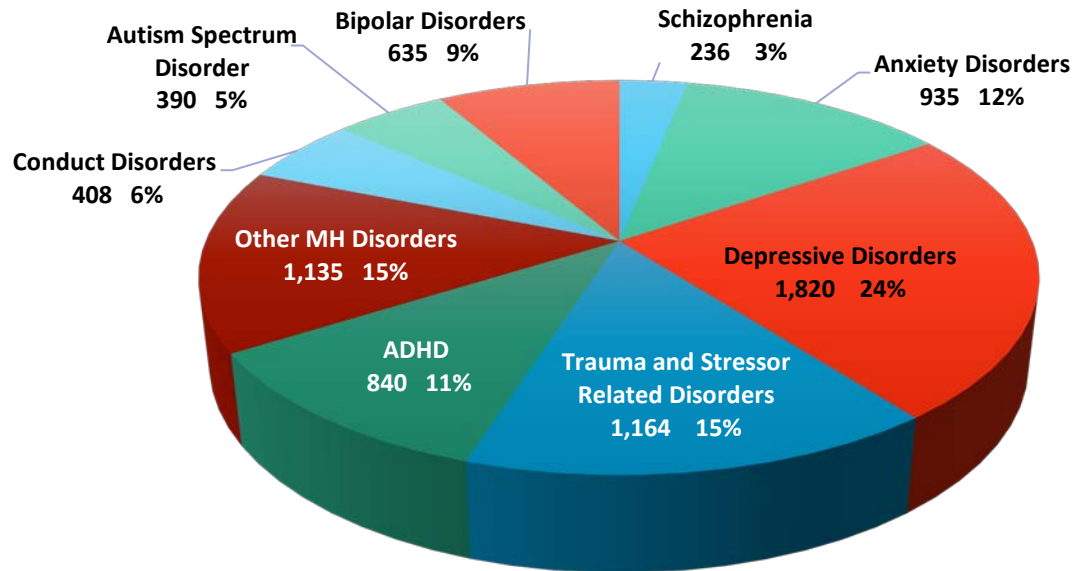
** Some Members may have received multiple levels of care and lived in both counties at different times during the fiscal year.*

UTILIZATION BY MENTAL HEALTH DISORDER

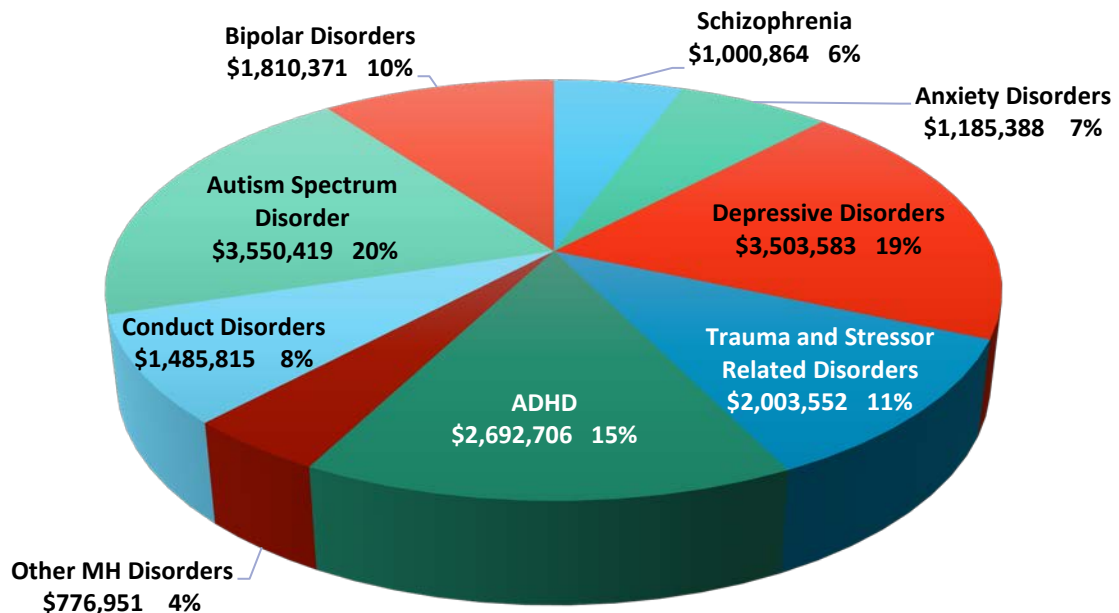
Distinct Members Served: 5,941*

Total Expenditures: \$17,946,649

Members Served



Expenditures



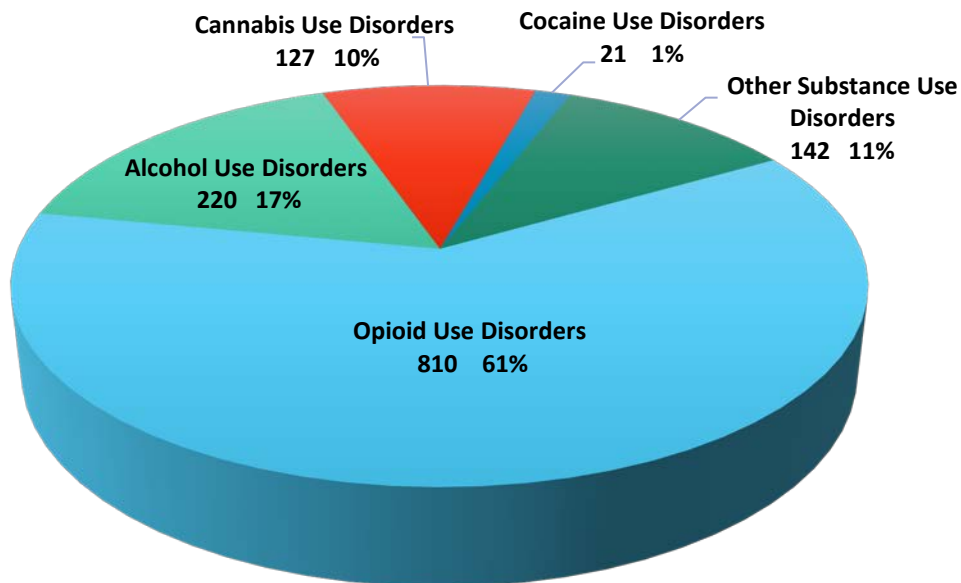
** Some Members may have more than one diagnosis.*

UTILIZATION BY SUBSTANCE USE DISORDER

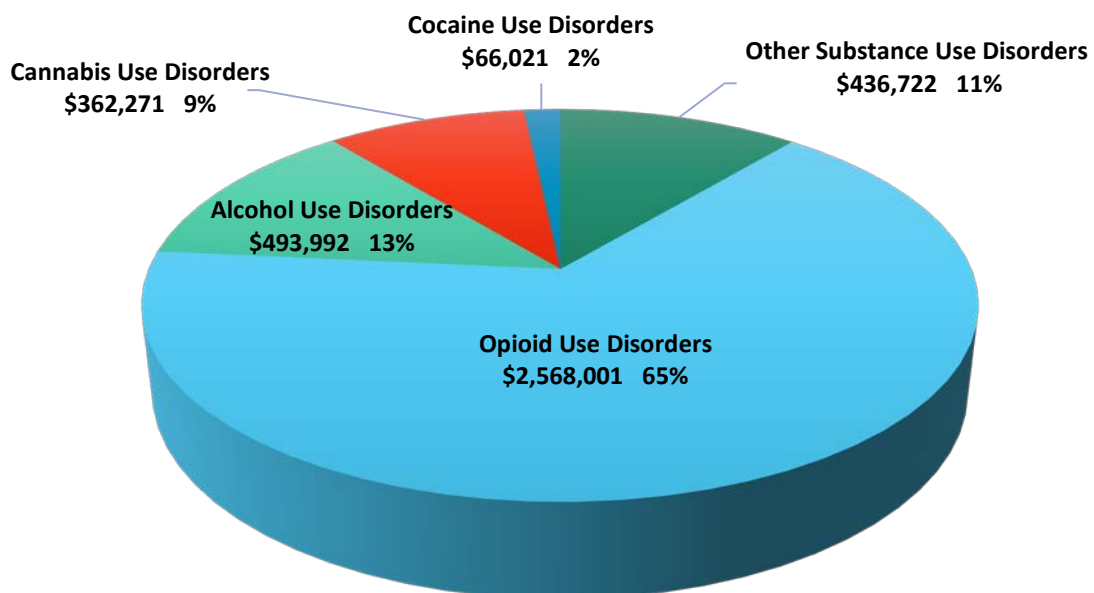
Distinct Members Served: 1,320*

Total Expenditures: \$3,927,007

Members Served



Expenditures



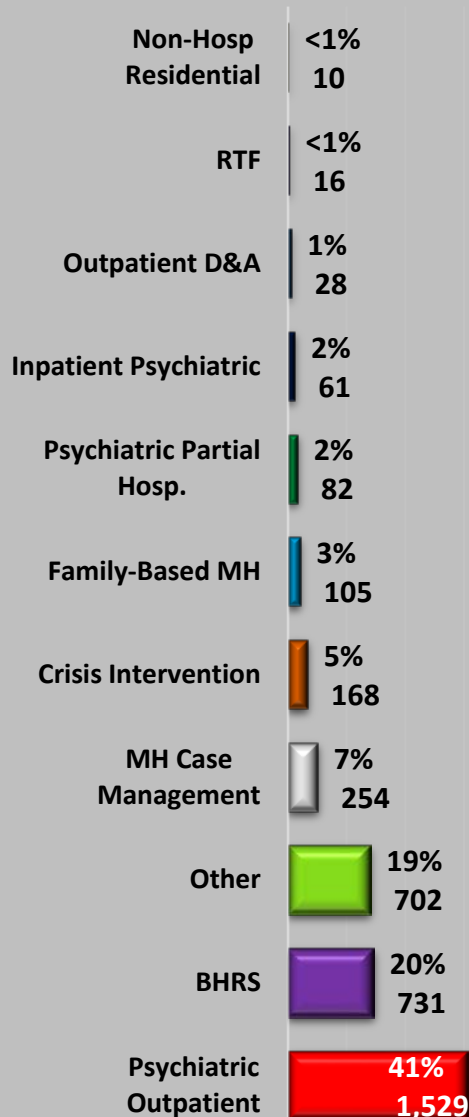
** Some Members may have more than one diagnosis.*

YOUTH: UTILIZATION BY LEVEL OF CARE

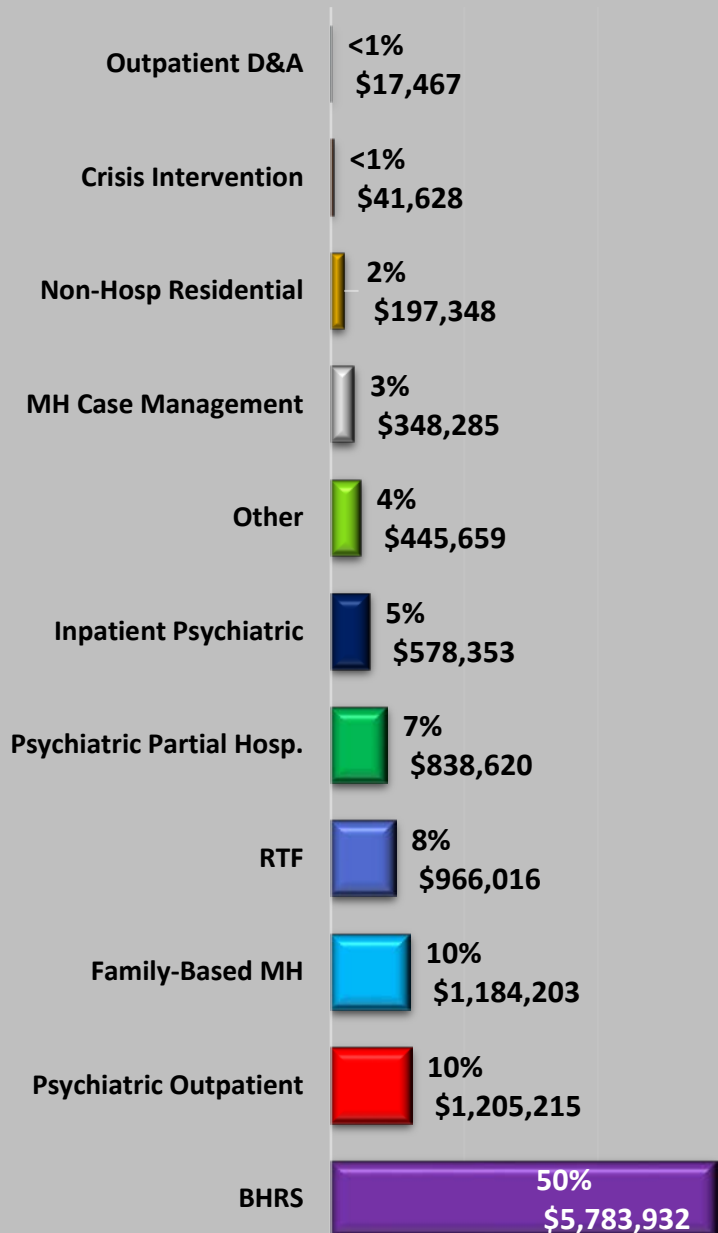
Distinct Members Served: 1,923*

Total Expenditures: \$11,606,726

MEMBERS SERVED



EXPENDITURES



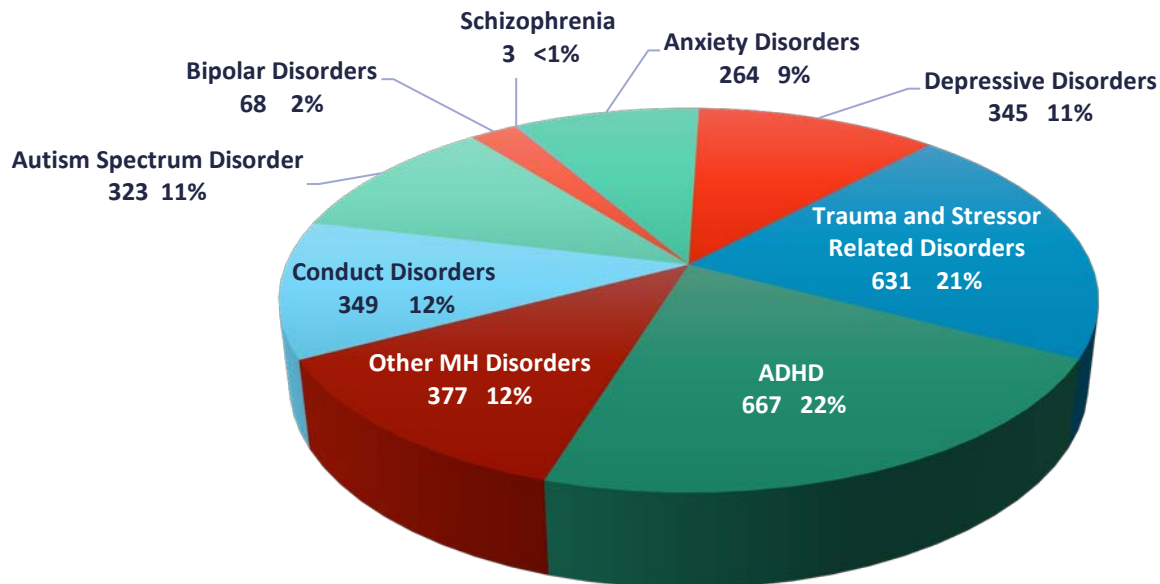
** Some Members may have received multiple levels of care at different times during the fiscal year.*

YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

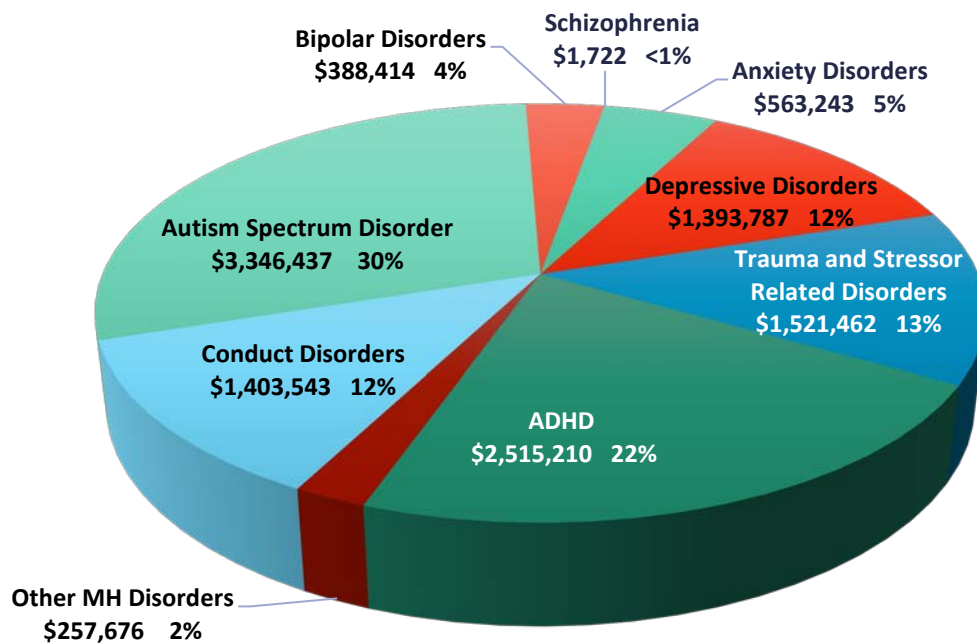
Distinct Members Served: 1,884*

Total Expenditures: \$11,391,494

Members Served



Expenditures



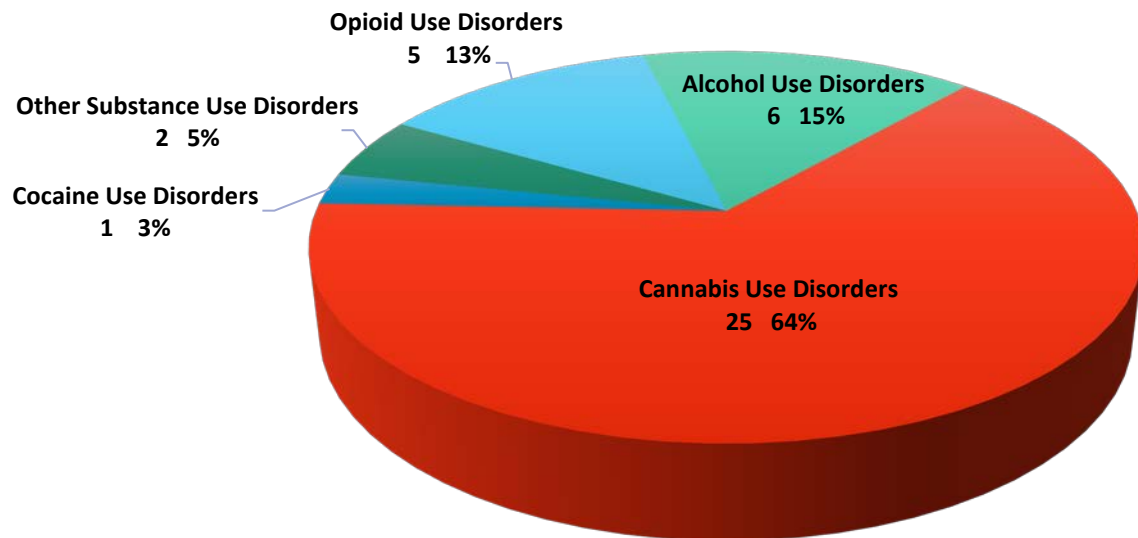
** Some Members may have more than one diagnosis.*

YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

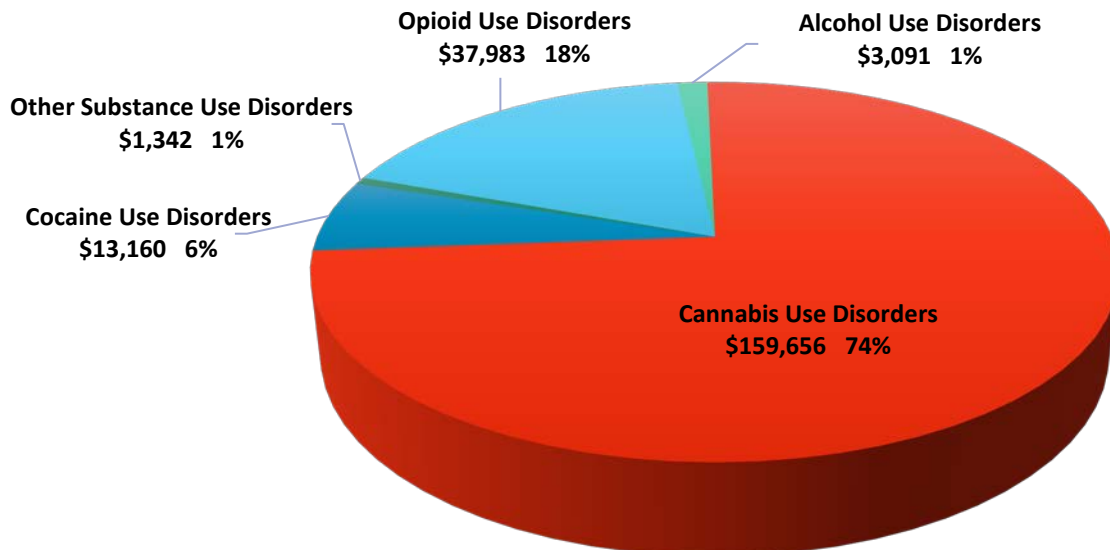
Distinct Members Served: 39*

Total Expenditures: \$428,059

Members Served



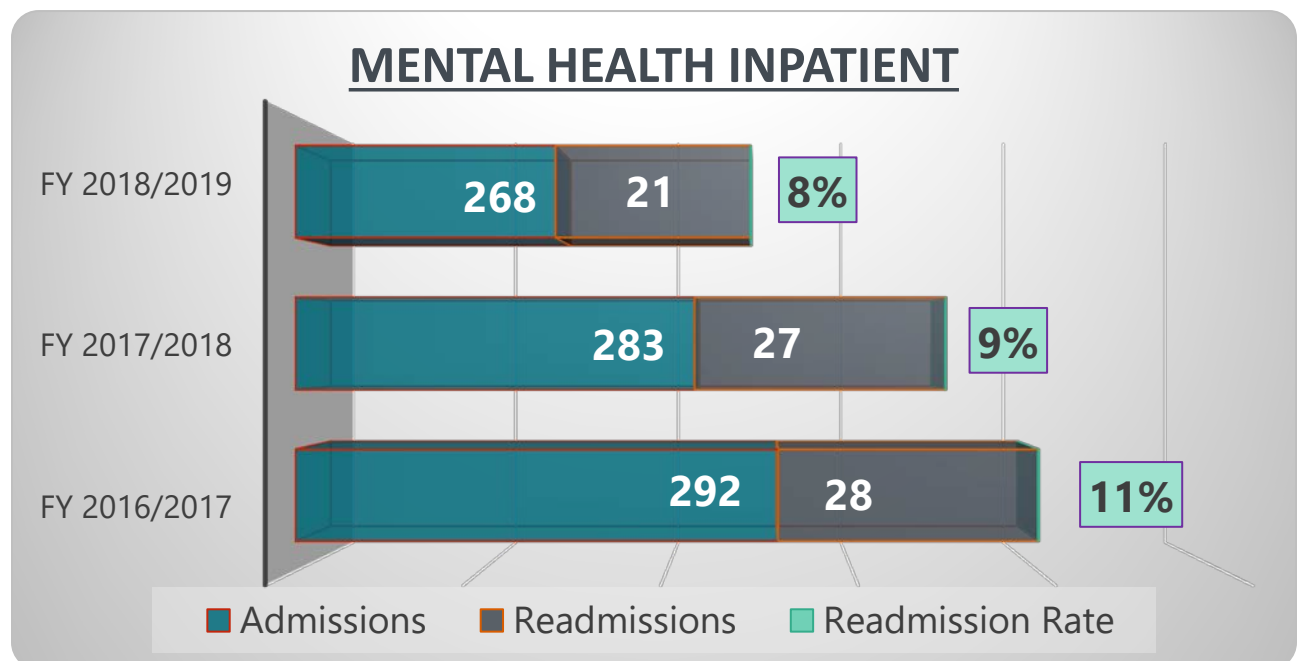
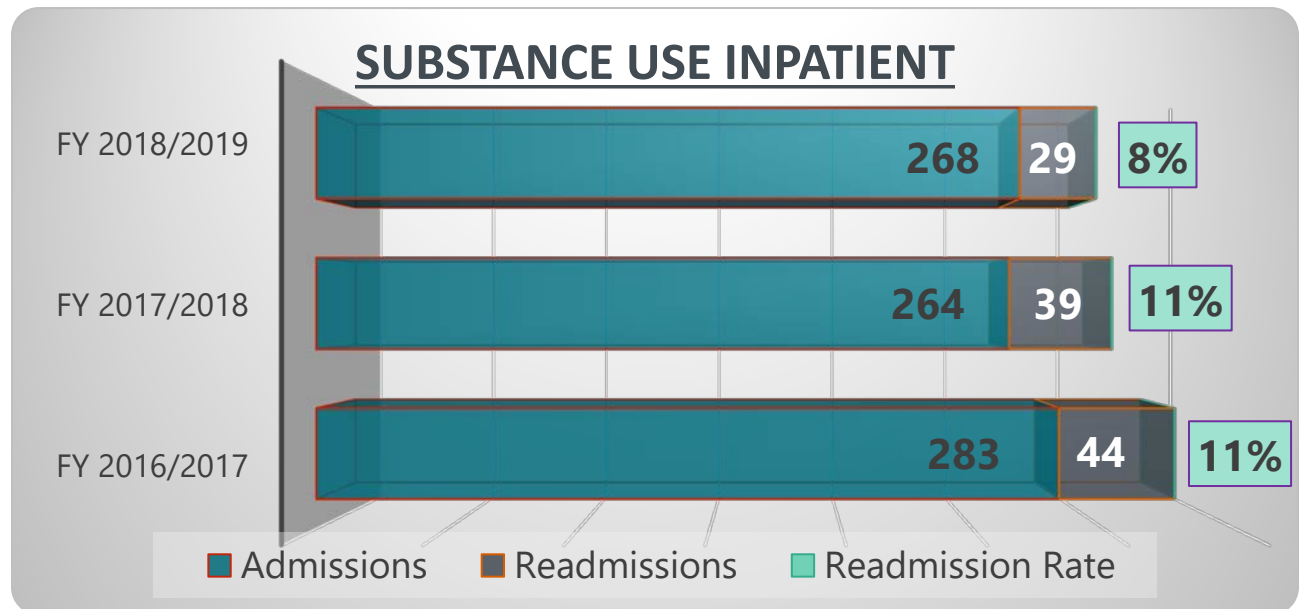
Expenditures



**Some Members may have more than one diagnosis.*

INPATIENT TREATMENT

The following charts show the total number of admissions (by unduplicated Members), the number of readmissions after 30 days, and the overall readmission rate for both mental health and substance use inpatient treatment.



QUALITY ASSURANCE

Complaints

A Complaint is a Member dispute or objection regarding a participating health care Provider or the coverage, operations, or management of a BH-MCO, which has not been resolved by the BH-MCO and has been filed with the BH-MCO or with Pennsylvania's Department of Health (DOH) or the Insurance Department, including but not limited to:

- A.** a denial because the requested service is not a covered service
- B.** the failure of the BH-MCO to meet the required time frames for providing a service
- C.** the failure of the BH-MCO to decide a Complaint or Grievance within the specified time frames
- D.** a denial of payment by the BH-MCO after a service(s) has been delivered because the service(s) was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program
- E.** a denial of payment by the BH-MCO after a service(s) has been delivered because the service(s) is not a covered service(s) for the Member
- F.** a denial of a Member's requests to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Member financial liabilities
- G.** a Member's dissatisfaction with the BH-MCO or a Provider.

If the Complaint disputes one of the above listed under A.-F., PerformCare classified the Complaint as a 6-Criteria Complaint. All other Complaints (G.), were classified as Dissatisfaction Complaints. All filed Complaints follow the BH-MCO's first level Complaint process. If the Member is dissatisfied with the BH-MCO's first level Complaint decision for a 6-Criteria Complaint, the Member may file a request for a Fair Hearing, a request for an External Review, or both a request for a Fair Hearing and a request for an External Review. For all other Dissatisfaction Complaints, the Member may file a second level Complaint. If the Member is dissatisfied with the BH-MCO's second level Complaint decision, the Member may file a request for an External Review.

BHSSBC closely monitors Complaints filed by HealthChoices Members. The number of Dissatisfaction and 6-Criteria Complaints filed in FY 2018/2019 increased to 43 (35 from Somerset County and 8 from Bedford County). There was 1 second-level Complaint filed from Somerset County. 40 Complaints (includes all 6-Criteria Complaints, 4 first level Complaints and 1 second-level Complaint) were against the BH-MCO for denying a service because the requested service is not a covered benefit. The Complaint resolutions during FY 2018/2019 were: 2 substantiated, 42 unsubstantiated (includes 2 second-level Complaints), 3 withdrawn.

Fair Hearings

There were 11 Fair Hearings filed against the BH-MCO for denying a service because the requested service is not a covered benefit. The resolutions were 7 unsubstantiated and 4 withdrawn.

Denials

A denial of service is a determination made by the BH-MCO in response to a Provider's or Member's request for approval to provide a service of a specific amount, duration, and scope which: disapproves the request completely, or approves provision of the requested service(s) but for a lesser amount, scope, or duration than requested, or disapproves provision of the requested service(s), but approves provision of an alternate service(s), or reduces, suspends, or terminates a previously authorized service. The number of service denials increased significantly in FY 2018/2019, with a total of 88 service denials. The highest number of denials (60) were because the requested service (Targeted Case Management) is not a covered benefit.

Grievances

A Grievance is a Member request to have a BH-MCO or utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service. All filed Grievances follow the BH-MCO's internal Grievance process. If a Member is dissatisfied with the BH-MCO's Grievance decision, the Member may file a request for a Fair Hearing, a request for an External Review, or both a request for a Fair Hearing and a request for an External Review. FY 2018/2019 had the lowest number of Grievances filed since the implementation of the local HealthChoices Program, with 5 total; 4 from Somerset County and 1 from Bedford County. All 5 Grievances were due to the denial of BHRS. The Grievance resolutions were: 1 upheld, 4 partially overturned.

*“Grow through,
what you go through.”*

CONSUMER/FAMILY SATISFACTION TEAM (C/FST) **SURVEY RESULTS**

The purpose of the Consumer and Family Satisfaction Team (C/FST) Program is to determine whether adult behavioral health service recipients and children and adolescents with serious emotional disturbance and/or substance use disorders and their families are satisfied with services and to help ensure that problems related to service access, delivery, and outcome are identified and resolved in a timely manner.

BHSSBC contracts with Center for Behavioral Health Data Research, Inc. (CBHDR) to conduct C/FST surveys. During FY 2018/2019, there were a total of **603** C/FST surveys completed (39% by face-to-face interview; 61% by phone) with **402** adults, **113** families, and **88** youth. A special survey focusing on Inpatient Mental Health was also completed with **92** Members.

What Are We Doing Well?

- **OVERALL PROVIDER SATISFACTION: 98%** of Adults, Families, and Youth are satisfied with their provider.
- **ACCESS TO SERVICES: 99%** of Adults, Families, and Youth feel their provider scheduled their first appointment to occur within a reasonable amount of time.
- **RECOVERY ORIENTATION: 99%** of Adults believe their provider staff treats them with respect and sees them as an equal partner in their treatment.
- **TREATMENT EXPERIENCES: 99%** of Adults and Youth feel welcomed by their treatment provider.

Where Can We Improve?

- **BEHAVIORAL HEALTH/PHYSICAL HEALTH COORDINATION: 80%** of Youth report their behavioral health provider asked them to sign a Release of Information to coordinate with their Primary Care Physician (PCP).
- **RECOVERY ORIENTATION: 46%** of Adults report that their provider has talked to them about a Mental Health Advance Directive.
- **TREATMENT EXPERIENCES: 75%** of Families report their child has a written crisis/safety/wellness plan.

REINVESTMENT

HealthChoices reinvestment funds:

- provide a unique opportunity for a financial incentive to reward sound financial management practices;
- allow the creative use of funds to fill identified gaps in our service system;
- test new innovative treatment approaches;
- develop cost effective alternatives to traditional services; and
- develop supplemental services and approved specialized services that are not in the state plan and would not be available in the state plan.

The Commonwealth uses reinvestment funds to achieve continuous quality improvement of a comprehensive treatment system that supports recovery for persons and families with mental health or substance use treatment needs. At the end of the fiscal year, BHSSBC can apply to OMHSAS to retain capitation revenue and investment income that was not spent during the contract year. Once a reinvestment plan is approved, these funds can be used to reinvest in programs and services in our communities.

Dual Diagnosis Treatment Team (DDTT)

Reinvestment funds were utilized to implement DDTT starting July 2018. DDTT is a program that provides all-inclusive care for Members who are diagnosed with both a mental health disorder and intellectual/developmental disability. These Members, who are often in crisis or admitted into inpatient mental health facilities, need more intensive treatment and support than a traditional outpatient program can provide. DDTT includes a psychiatrist, pharmacist, psychiatric nurse, therapist, and recovery/service coordinator who work together with the Member. The treatment team is available 24/7, including holidays.

DDTT supported 6 unduplicated Members during FY 2018/2019. The team was able to collaborate with individuals and their supports to find solutions to the instability of housing, primary care physicians, pharmacies, psychiatric care, and medication assistance.

Supportive Housing Program

HealthChoices reinvestment monies funded the supportive housing initiative within both Somerset and Bedford Counties. In FY 2018/2019, 44 distinct Members benefitted from the Supportive Housing Program. This number fell short of the goal of serving 60 Members or above. However, the provider of the Supportive Housing Program is known to have undergone an electronic records system transition throughout the Fiscal Year that required training hours for staff.

Housing Support employees provide tenancy support for persons moving into housing including skill development, budgeting, and recovery support through goal planning and teaching Members to be responsible tenants.

Drop-In Centers

Drop-In Centers were funded in Somerset and Bedford Counties through HealthChoices reinvestment funds. Somerset's Drop-In Center, *Our Place*, and Bedford's Drop-In Center, *HOPES*, provide a social setting for Members with self-identified behavioral health issues.

The Drop-In Center setting promotes peer-to-peer interaction to support each other in their recovery. This includes self-empowerment, socialization activities, support groups, education and outreach, and assistance with linking to professional services and other community supports.

The Drop-In Centers assist Members with gaining information and skills that help them remain healthy in the community, reduce/eliminate stigma regarding behavioral health, and build positive relationships. Each month, 25 to 56 Members utilize these centers and participate in activities.

Over FY 2018/2019, the Drop-In Centers Membership remained consistent and have provided activities or a social opportunity to 59 Members in Bedford County and 70 Members in Somerset County. These numbers exceeded the anticipated overall goal that was set at the initiation of the reinvestment plan.



ACCOMPLISHMENTS

BHSSBC is committed to ensuring that Members and families experiencing mental health and/or substance use complexities can live full, satisfying, and productive lives in our communities. The following outlines the various initiatives and accomplishments achieved by BHSSBC during FY 2018/2019.

Value Based Purchasing (VBP)

BHSSBC in conjunction with PerformCare initiated Value Based Purchasing strategies in compliance with DHS regulation. BHSSBC's initial VBP plan was implemented during the FY 2018/2019. During this VBP program, five of the top utilized Inpatient Mental Health Hospital Units participated and were given an opportunity to earn an incentive payment for managing expenditures while working diligently with Members in our counties to secure appropriate Mental Health treatment. All participating facilities received a portion of the payment based on their performance.

As BHSSBC moves forward into the Year Two implementation, Mental Health Inpatient coordination and support remains a priority for our counties. BHSSBC and Community Care Behavioral Health have submitted plans that include coordination of care, preparation for discharge, synchronization of follow-up treatment, and care management. Working together, it is anticipated that Blended Case Management and Inpatient Mental Health units can prepare County Members for successful transitions back into the community following their times of greatest need.

Peer Support Pilot

In a plan to improve Member follow-up with services following mental health inpatient discharge, BHSSBC coordinated the implementation of Peer Support Services as part of discharge coordination through Pilot Programs for Somerset and Bedford HealthChoices Members in Somerset and Conemaugh Memorial Hospitals. Two Peer Support providers, PeerStar and Alternative Community Resource Program, worked with both hospitals to develop processes for referring interested individuals to the Peer Support provider of their choice. FY 2018/2019 involved data collection and identifying barriers in linking individuals to the service. FY 2019/2020 will focus on addressing barriers and improving the process.

Training

As part of our on-going commitment to our provider network, BHSSBC offers free behavioral health trainings on various topics that promote service excellence. During FY 2018/2019, BHSSBC coordinated 23 trainings (114 training hours) with 583 participants. The overall average evaluation rating for all trainings was 4.8 (5 being the highest score).

Integrated Care Planning (ICP)

Beginning January 2016, Integrated Care Planning (ICP) began between PerformCare and the Physical Health Managed Care Organizations (PH-MCO). These include UPMC, Aetna, United, and Gateway. PerformCare has agreements with all four PH-MCO and data sharing began, as required by DHS in Appendix E of the Program Standards and Requirements.

For FY 2018/2019, OMHSAS and OMAP held meetings to discuss the format of the ICP. OMHSAS, OMAP, the PH-MCO and the BH-MCO met and agreed upon ICP core data elements and operational definitions. These elements and definitions are to be used to guide the coordination between Behavioral Health and Physical Health Managed Care Organizations.

Community HealthChoices (CHC)

On January 1, 2018, CHC was implemented for Members in Somerset and Bedford Counties. CHC is for Members who are 21 or older and have both Medicare and Medicaid or who receive Long-Term Support Services (LTSS) through Medicaid. CHC covers the same physical health benefits that are part of the current Medicaid Adult Benefit Package. If a Member is eligible for LTSS, he/she can also receive all services now available in waivers offered by the Office of Long-Term Living (OLTL). With one exception, CHC will replace these waiver programs. As of June 21, 2019, 257 Members were enrolled in CHC.

BHSSBC has met with UPMC CHC to help determine any difficulties relating to access. BHSSBC continues to attend CHC HealthChoices Partners collaboration meetings to discuss barriers of implementation, Pennsylvania Homecare Association staff are in attendance. All BHSSBC Local Care Managers (LCM) have completed the Older Adult Certification process. BHSSBC also partnered with peer support provider agencies to provide the opportunity for staff to attend. Two Peer Support providers had staff participate and complete the Older Adult Certification program through Optimize Aging LLC.



LOOKING AHEAD

BHSSBC is committed to ensuring that quality services are available to HealthChoices Members. BHSSBC has several projects being developed and coordinated for FY 2019/2020.

Community Care Behavioral Health Organization (Community Care)

BHSSBC contracted with Community Care Behavioral Health Organization in March of 2019 to begin providing BH-MCO functions July 1, 2019. Community Care is the only nonprofit BH-MCO created in response to Pennsylvania's Medicaid behavioral health managed care program. Community Care is a proud part of the UPMC Insurance Services Division, a 501(c)(3) health care organization headquartered in Pittsburgh, Pennsylvania. Community Care was incorporated on October 3, 1996 and holds a Certificate of Authority to operate as a Health Maintenance Organization. Community Care has been helping people throughout Pennsylvania recover from mental health conditions and addiction for more than 20 years.

BHSSBC and Community Care have a shared vision to ensure that Somerset and Bedford County Members have access to services that best meet their needs. Through this partnership, BHSSBC and Community Care will look at all possible services available to the Members, identify service gaps and access needs, and work collaboratively to add new services as needed. Community Care offers a wide array of programs that they can bring to Somerset and Bedford County Members and Communities. BHSSBC looks forward to this new partnership and the benefits that it can bring to Somerset and Bedford Counties.



Suicide Awareness

In FY 2019/2020, BHSSBC will participate in a newly formed Somerset County Suicide Prevention Task Force. Based on the most recent 2017 data, there were 2,030 deaths by suicide in Pennsylvania. On average, one person dies by suicide in Pennsylvania every four hours. Suicide is the 2nd leading cause of death for ages 15-35 and the 4th leading cause of death for ages 35-54. The task force goal will be to promote awareness, support families affected by suicide, and increase knowledge with a goal of decreasing suicide rates and stigma associated with suicide.

Intensive Behavioral Health Services (IBHS)

Intensive Behavioral Health Services (IBHS) will be implemented in FY 2019/2020. The IBHS regulations will supersede the BHRS bulletins. IBHS is made up of three different service categories to assist children and adolescents with their behavioral health needs. The three categories are Individual, Applied Behavior Analysis (ABA), and Group services. Individual Services can include use of a Behavior Consultant (BC), Mobile Therapist (MT) and Behavioral Health Technician (BHT). ABA services can include Behavior Analytic (BA) services, Behavior Consultation–ABA (BC-ABA) services, Assistant Behavior Consultation–ABA (Asst. BC-ABA), or Behavioral Health Technician–ABA (BHT-ABA) services. Group Services can include Community and School Based Behavioral Health Programs as well as After School Programs. Evidence Based Treatment (EBT) is also part of IBHS and can be provided through Individual, ABA or Group services dependent on the service delivery model. Key changes with the new regulations are as follows: an Interagency Service Planning Team (ISPT) meeting is no longer required, services do not require a best practice evaluation but instead require a written order and assessment, and there will be changes to supervision, training and qualifications.

teen Mental Health First Aid (tMHFA)

BHSSBC is moving towards implementation of the teen Mental Health First Aid (tMHFA) program with 2 School Districts in each county for the 2020/2021 School Year. During FY 2019/2020, BHSSBC will complete assessments to determine which schools and grade(s) to target, establish Cooperation Agreements with the selected School Districts, and train appropriate school staff in Youth - Mental Health First Aid, as required. BHSSBC will attend tMHFA Train the Trainer when the National Council releases training dates for certification.



APPENDIX A: ACRONYMS

- ABA: Applied Behavioral Analysis
- ACA: Affordable Care Act
- ADHD: Attention Deficit Hyperactivity Disorder
- ASAM: American Society of Addiction Medicine
- ASD: Autism Spectrum Disorder
- ASO: Administrative Service Organization
- ASP: After School Program
- BCM: Blended Case Management
- BH: Behavioral Health
- BH-MCO: Behavioral Health Managed Care Organization
- BH-PH: Behavioral Health/ Physical Health
- BHRS: Behavioral Health Rehabilitation Services for Children and Adolescents
 - BSC: Behavioral Specialist Consultant
 - MT: Mobile Therapist
 - TSS: Therapeutic Staff Support
- BHSSBC: Behavioral Health Services of Somerset and Bedford Counties, Inc.
- C/FST: Consumer/Family Satisfaction Team
- CAO: County Assistance Office
- CASSP: Child and Adolescent Service System Program
- CBHDR: Center for Behavioral Health Data Research, Inc.
- CBT: Cognitive Behavioral Therapy
- CCBH: Community Care Behavioral Health
- CCM: Clinical Care Manager
- CHC: Community HealthChoices
- CI: Crisis Intervention
- CMS: Centers for Medicare and Medicaid Services
- COB: Coordination of Benefits
- COD: Co-Occurring Disorder
- CQI: Continuous Quality Improvement
- CRR: Community Residential Rehabilitation
- CRR-HH: Community Residential Rehabilitation Host Home
- CRS: Certified Recovery Specialist
- CSP: Community Support Program
- CYS: Children and Youth Services
- D&A: Drug and Alcohol
- DBHS: Developmental and Behavioral Health Services
- DDAP: Department of Drug and Alcohol Program
- DDTT: Dual Diagnosis Treatment Team
- DHS: Department of Human Services
- DOH: Department of Health
- DRN: Disability Rights Network
- DSM: Diagnostic and Statistical Manual
- EBT: Evidence Based Therapy
- EMDR: Eye Movement Desensitization and Reprocessing
- EPSDT: Early and Periodic Screening Diagnostic and Treatment
- ER: Emergency Room
- FBA: Functional Behavioral Assessment
- FBMHS: Family Based Mental Health Systems
- FFS: Fee-For-Service
- FFT: Functional Family Therapy
- FPL: Federal Poverty Level
- FQHC: Federally Qualified Health Center
- FY: Fiscal Year
- GA: General Assistance
- HB: Healthy Beginnings
- HC: HealthChoices
- HEDIS: Healthcare Effectiveness Data and Information Set
- HIPAA: Health Insurance Portability and Accountability Act
- HMO: Health Maintenance Organization
- HOPES: Helping Our People Emotionally and Socially Drop-in Center
- IBHS: Intensive Behavioral Health Services
 - Asst BC-ABA: Assistant Behavior Consultant- Applied Behavior Analysis
 - BA: Behavior Analytic
 - BC: Behavior Consultation
 - BC-ABA: Behavior Consultation- Applied Behavior Analysis
 - BCaBA: Board Certified Assistant Behavior Analyst
 - BCAT: Board Certified Autism Technician
 - BCBA: Board Certified Behavior Analyst
 - BHT: Behavioral Health Technician
 - BHT-ABA: Behavioral Health Technician- Applied Behavior Analyst
 - MT: Mobile Therapy
 - RBT: Registered Behavior Technician

- ICD: International Classification of Diseases
- ICM: Intensive Case Management
- ICSP: Individualized Child Services Plan
- IDD: Intellectual or Developmental Disability
- ICP: Integrated Care Plan
- IOP: Intensive Outpatient Program
- IP: Inpatient
- ISP: Individualized Service Plan
- ISPT: Individualized Service Plan Team
- JCAHO: Joint Commission on the Accreditation of Healthcare Organizations
- JPO: Juvenile Probation Office
- LCM: Local Clinical Care Manager
- LCSW: Licensed Clinical Social Worker
- LMFT: Licensed Marriage and Family Therapist
- LOC: Level of Care
- LOS: Length of Stay
- LPC: Licensed Professional Counselor
- LSW: Licensed Social Worker
- LTSS: Long-Term Support Services
- MA: Medical Assistance or Medicaid
- MAGI: Modified Adjusted Gross Income
- MAID: Medical Assistance Identification Number
- MAT: Medication-Assisted Treatment
- MATP: Medical Assistance Transportation Program
- MCO: Managed Care Organization
- MH: Mental Health
- MHFA: Mental Health First Aid
- MHIP: Mental Health Inpatient
- MHOP: Mental Health Outpatient
- MNC: Medical Necessity Criteria
- MST: Multisystemic Therapy
- MSW: Master of Social Work
- NCQA: National Committee for Quality Assurance
- OCYF: Office of Children, Youth, and Families
- ODD: Oppositional Defiant Disorder
- ODP: Office of Developmental Programs
- OLTL: Office of Long-Term Living
- OMAP: Office of Medical Assistance Programs
- OMHSAS: Office of Mental Health and Substance Abuse Services
- OP: Outpatient
- OVR: Office of Vocational Rehabilitation
- PC: PerformCare
- PCIT: Parent-Child Interaction Therapy
- PCP: Primary Care Physician
- PHI: Protected Health Information
- PH-MCO: Physical Health Managed Care Organization
- PHP: Partial Hospitalization Program
- PMHCA: Pennsylvania Mental Health Consumers Association
- PMPM: Per Member Per Month
- POMS: Performance Outcome Management System
- PROMISE: Provider Reimbursement and Operations Management Information System in electronic format
- PSS: Peer Support Services
- PTSD: Post Traumatic Stress Disorder
- QA: Quality Assurance
- QI: Quality Improvement
- QM: Quality Management
- QPR: Question Persuade Refer
- RC: Resource Coordination
- RFP: Request For Proposal
- RHC: Rural Health Clinic
- RTF: Residential Treatment Facility
- SAMHSA: Substance Abuse and Mental Health Services Administration
- SAP: Student Assistance Program
- SCA: Single County Authority
- SCO: Support Coordination Organization
- SED: Serious Emotional Disturbance
- SSA: Social Security Administration
- SSDI: Social Security Disability Income
- SSI: Supplemental Security Income
- SSN: Social Security Number
- SU: Substance Use
- TANF: Temporary Assistance to Needy Families
- TCM: Targeted Case Management
- TF-CBT: Trauma Focused Cognitive Behavioral Therapy
- TPL: Third Party Liability
- VBP: Value Based Purchasing
- WRAP: Wellness Recovery Action Plan
- YYA PSS: Youth and Young Adult Peer Support Services

APPENDIX B: **TERMINOLOGY**

ADMISSION RATE

The number of admissions into services per 1,000 HealthChoices enrollees.

AUTHORIZATION

A process that is related to the payment of claims by which a provider receives approval from the BH-MCO to provide a service. Authorizations typically limits 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.

BEHAVIORAL HEALTH

As defined by SAMHSA: Mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

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 PMPD (per Member per day) of PMPM (per Member per month). Under the HealthChoices program, capitation rates vary by categories of assistance.

CLAIM

A request for reimbursement for a behavioral health service.

COMMUNITY RESIDENTIAL REHABILITATION (CRR) HOST HOME

Family homes that provide 24-hour living arrangements and mental health treatment for youth whose emotional or behavioral needs cannot be treated effectively in their own home but can still benefit from treatment in a home-like setting within their community. Families are expected to be involved in treatment.

COMPLAINT

A Member dispute or objection regarding a participating health care Provider or the coverage, operations, or management of a BH-MCO, which has not been resolved by the BH-MCO and has been filed with the BH-MCO or with Pennsylvania's Department of Health (DOH) or Insurance Department.

DENIAL

A denial of service is a determination made by the BH-MCO in response to a Provider's or Member's request for approval to provide a service of a specific amount, duration, and scope which: disapproves the request completely, or approves provision of the requested service(s) but for a lesser amount, scope, or duration than requested, or disapproves provision of the requested service(s), but approves provision of an alternate service(s), or reduces, suspends, or terminates a previously authorized service.

DIAGNOSIS

A behavioral health disorder based on DSM or ICD diagnostic criteria.

DIAGNOSTIC CATEGORIES

Subgroups of behavioral health disorders. These subgroups include:

- **ANXIETY DISORDERS:** a group of disorders that includes: Panic Disorder, Social Phobia, Generalized Anxiety Disorder, and other specified and unspecified Anxiety Disorders
- **BIPOLAR DISORDERS:** a group of mood disorders that includes: Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder and other specified Bipolar Disorders
- **DEPRESSIVE DISORDERS:** a group of mood disorders that includes: Major Depressive Disorder, Persistent Depressive Disorder, and other specified Depressive Disorders

- **DISRUPTIVE IMPULSE CONTROL and CONDUCT DISORDERS:** includes Intermittent Explosive Disorder, Conduct Disorder, and Oppositional Defiant Disorder
- **NEURODEVELOPMENTAL DISORDERS:** includes Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual Disability, and Tic Disorders
 - **AUTISM SPECTRUM DISORDER:** A neurodevelopmental disorder that affects social interaction, communication with others, and may include behavioral challenges
 - **INTELLECTUAL DISABILITY:** A disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. Includes mild, moderate, severe, and profound intellectual disability.
- **SCHIZOPHRENIA AND PSYCHOTIC DISORDERS:** a collection of thought disorders such as Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, and Psychotic Disorder
- **SUBSTANCE USE DISORDERS:** Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
- **TRAUMA AND STRESSOR RELATED DISORDERS:** Includes Posttraumatic Stress Disorder (PTSD), Reactive Attachment Disorder, Acute Stress Disorder, Disinhibited Social Engagement Disorder and Adjustment Disorders

DSM

The Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental health and substance use disorders.

ENROLLMENT

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

FAIR HEARING

A hearing conducted by the Department of Human Services' (DHS) Bureau of Hearings and Appeals or a Department designee. A Member must file a Complaint or Grievance with the BH-MCO and receive a decision on the Complaint or Grievance before filing a request for a Fair Hearing. If the BH-MCO failed to provide written notice of a Complaint or Grievance decision within the specified time frames, the Member is deemed to have exhausted the Complaint or Grievance process and may request a Fair Hearing.

GRIEVANCE

A Member request to have a BH-MCO or utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service.

ICD

The International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

MEDICATION-ASSISTED TREATMENT

Combines behavioral therapy and medications to treat substance use disorders.

MEMBER

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

QUALITY ASSURANCE

The maintenance of a desired level of quality in a service, especially by means of attention to every stage of the process of delivery.

READMISSION RATE

An admission to an acute care hospital within 30 days of discharge from the same or another acute care hospital.

RESIDENTIAL TREATMENT FACILITY (RTF)

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

UTILIZATION

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

DON'T BE
*ashamed of
your story*
IT WILL
INSPIRE OTHERS





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