



2020 Annual Report



Behavioral Health Services of Somerset and Bedford Counties, Inc., (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. Beginning July 1, 2019, BHSSBC began partnering with Community Care Behavioral Health Organization (Community Care) as the Managed Care Organization for Behavioral Health Services in Somerset and Bedford Counties.

As part of BHSSBC's agreement with the Office of Mental Health and Substance Abuse Services (OMHSAS), BHSSBC has been required to move from a Fiscal Year reporting system to a Calendar Year reporting system effective January 1, 2020. Due to this change, the introductory period of our 18-month period of transition is from July 1, 2019 through December 31, 2019, only. This brief 'snapshot' captures a period that includes the transition in Behavioral Health Managed Care Organizations and implementation of a new claim submission process for our network providers. BHSSBC is proud to report that the partnership has been beneficial and was a smooth transition in part due to the dedicated staff of Community Care and their common commitment to the well-being of the residents in Somerset and Bedford Counties.

Following the initial summary period, the report covers Calendar Year 2020 which includes the Emergency Declaration Period relating to Coronavirus. Throughout this report, references will be made to the Alternative Payment Arrangements (APA) and Coronavirus (Covid-19) and the roles and responsibilities of BHSSBC, Community Care, and our Providers to meet the increased Mental Health and Substance Use needs of our communities. Calendar Year 2020 proved to be quite an unexpected challenge for our Members, Communities, Providers, and our Nation as a whole. Through this report, additional information relating to these challenges and the steps that BHSSBC and Community Care have taken to keep our network whole will be explored.

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, BHSSBC and
Bedford-Somerset County Administrator

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

Tia Mann, LSW
BHSSBC HealthChoices Coordinator

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BHSSBC ORGANIZATIONAL STRUCTURE

Corporate Members – County Commissioners

- Gerald Walker, Somerset
- Pat Terlingo, Somerset (End of term 12/2019)
- Pamela Tokar-Ickes, Somerset
- Collen Dawson, Somerset
- Josh Lang, Bedford
- Barry Dallara, Bedford
- Deb Baughman, Bedford
- S. Paul Crooks, Bedford (resigned 12/2019)

Corporate Board of Directors

- Mary Piatt-Bruner, Chairperson
- Leah Winegardner, Vice-Chairperson
- Amy Kimmel, Secretary/Treasurer (resigned 10/ 2020)
- Pam Humbert
- Larry Mazer (resigned 1/2020)
- Dr. Thomas Otis (resigned 1/2020)
- Dr. Barbara Uncapher (resigned 1/2020)
- Charla Chiappelli
- Denise Ickes
- Matthew Randall



Management Group

- Tia Mann, HealthChoices Coordinator
- Erin Howsare, Somerset SCA Director
- Adam Logsdon, Bedford SCA Director
- 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
- Cathy Harriman, LSW, Local Clinical Care Manager
- 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.

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 provided 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 remained an integral part of the Member Serving system. Community Care added additional Care Managers and Resources within the Bedford-Somerset Communities to allow a personal hands-on approach to treatment and wellness.

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.

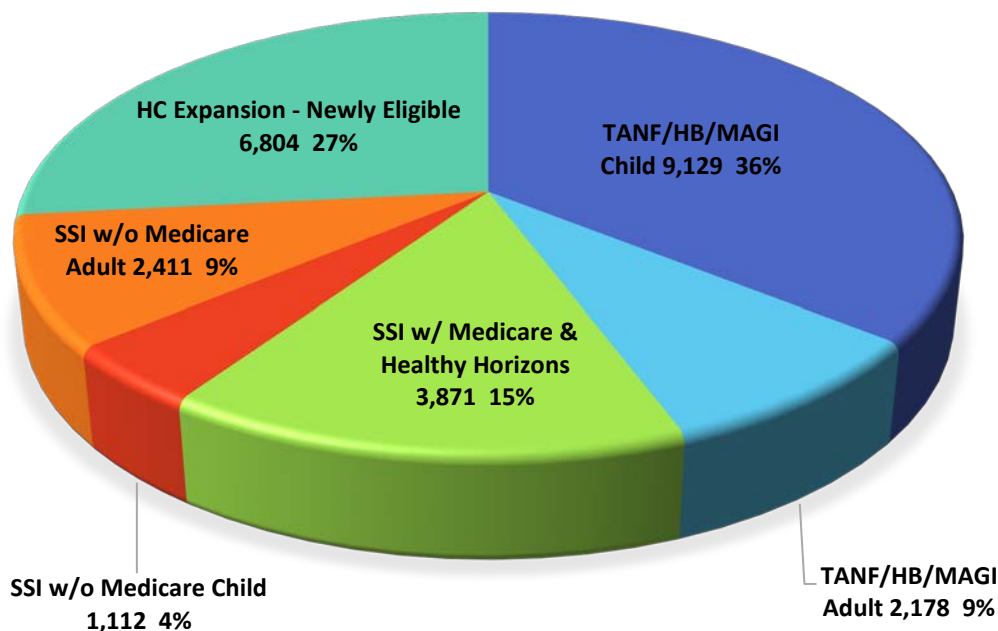
In 2015, Pennsylvania transitioned from the Healthy PA program to a traditional form of Medicaid expansion under the DHS HealthChoices program. The goals included:

- 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).

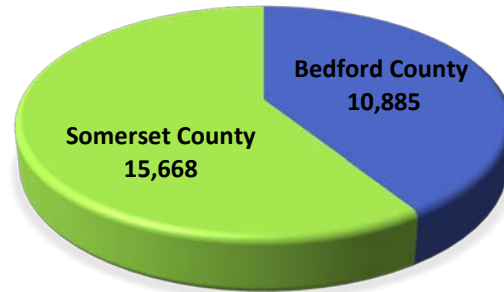
Enrollment by Medical Assistance Category of Aid

26,535 Members were enrolled in the Somerset and Bedford HealthChoices Program July 1–December 31, 2019.



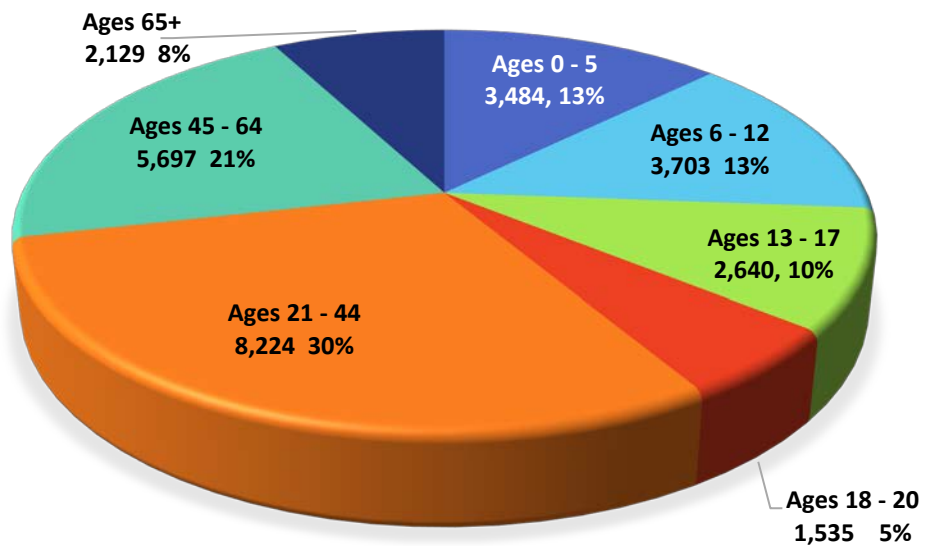
2019 HEALTHCHOICES ENROLLMENT

Enrollment by County

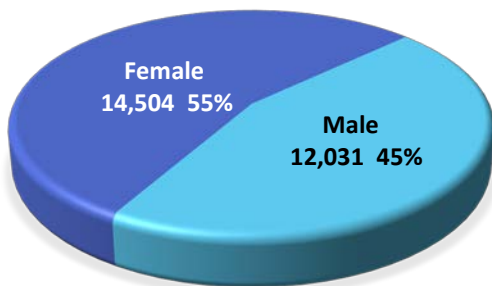


2019 MEMBER DEMOGRAPHICS

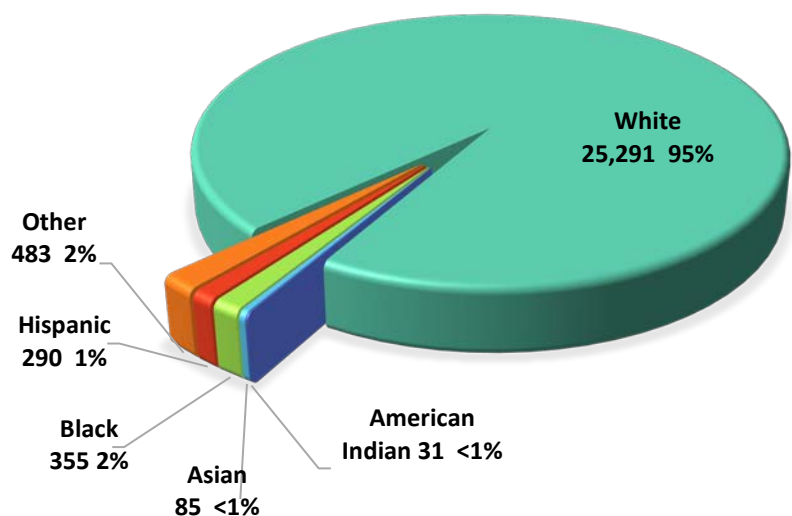
Enrollment by Age Group



Enrollment by Gender



Enrollment by Race

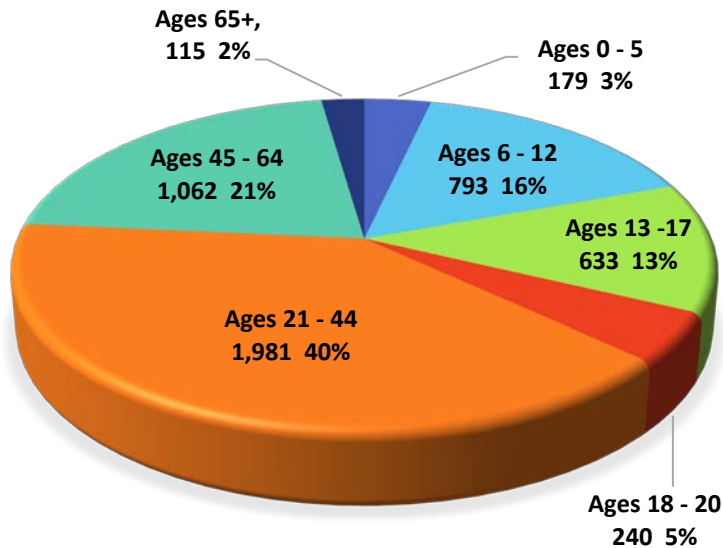


2019 UTILIZATION BY DEMOGRAPHICS

Distinct Members Served: **4,889**

Total Expenditures: **\$10,685,835**

Members Served



MALE

2,234
46%

FEMALE

2,655
54%

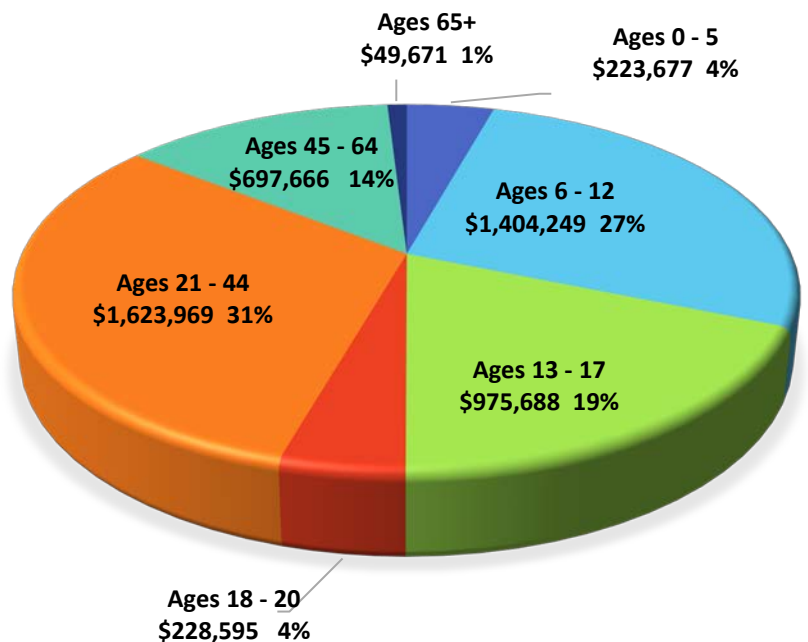
Expenditures

FEMALE

\$4,485,307
42%

MALE

\$6,200,528
58%

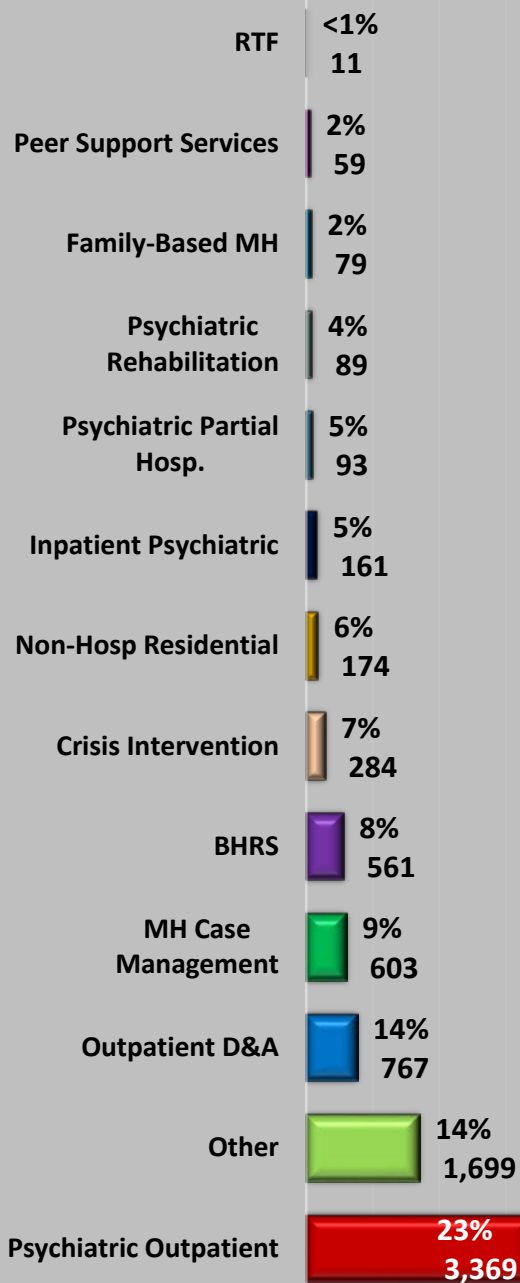


2019 UTILIZATION BY LEVEL OF CARE

Distinct Members Served: 4,889*

Total Expenditures: \$10,685,835

MEMBERS SERVED



EXPENDITURES

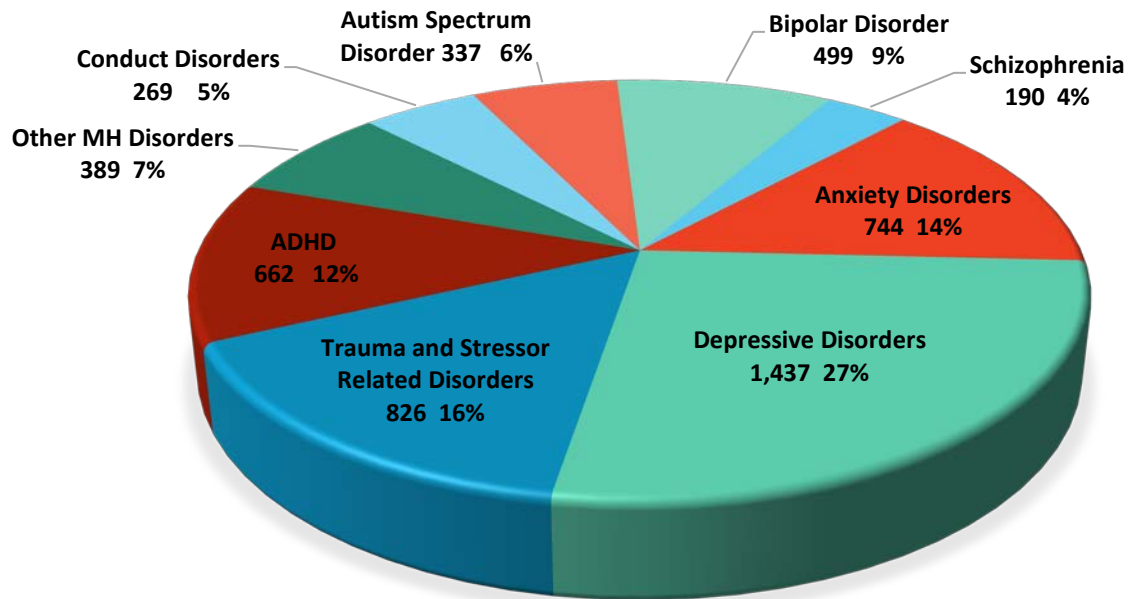


2019 UTILIZATION BY MENTAL HEALTH DISORDER

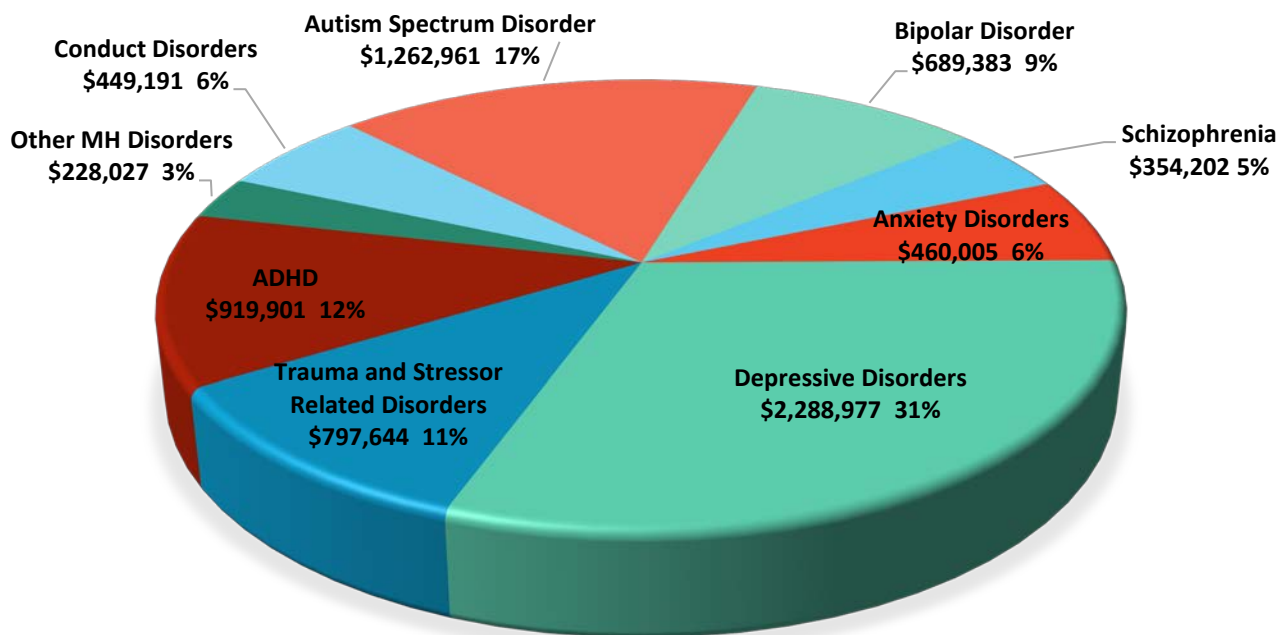
Distinct Members Served: 5,353*

Total Expenditures: \$7,450,291

Members Served



Expenditures

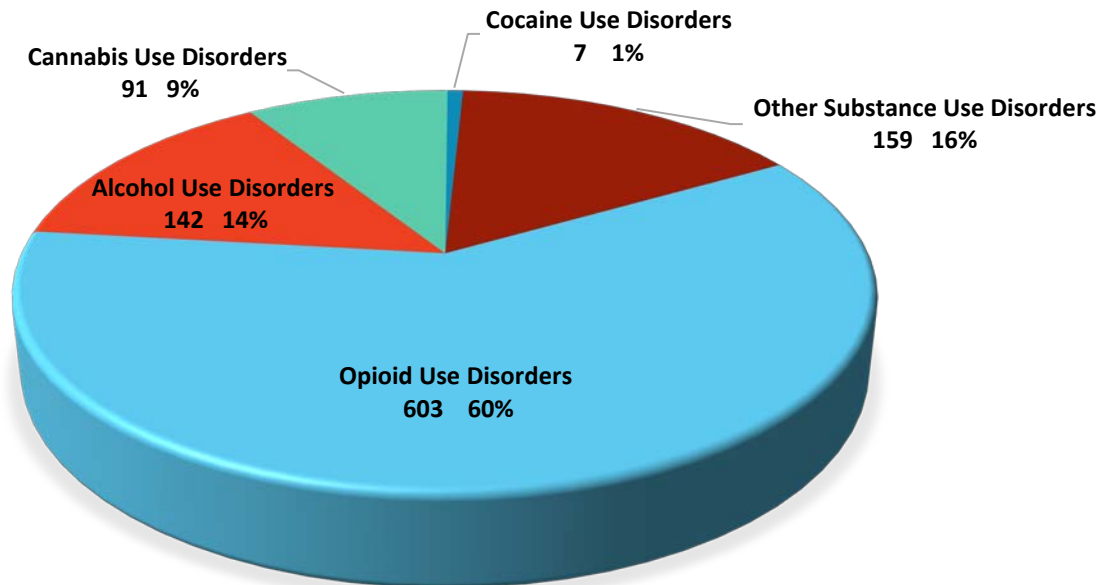


2019 UTILIZATION BY SUBSTANCE USE DISORDER

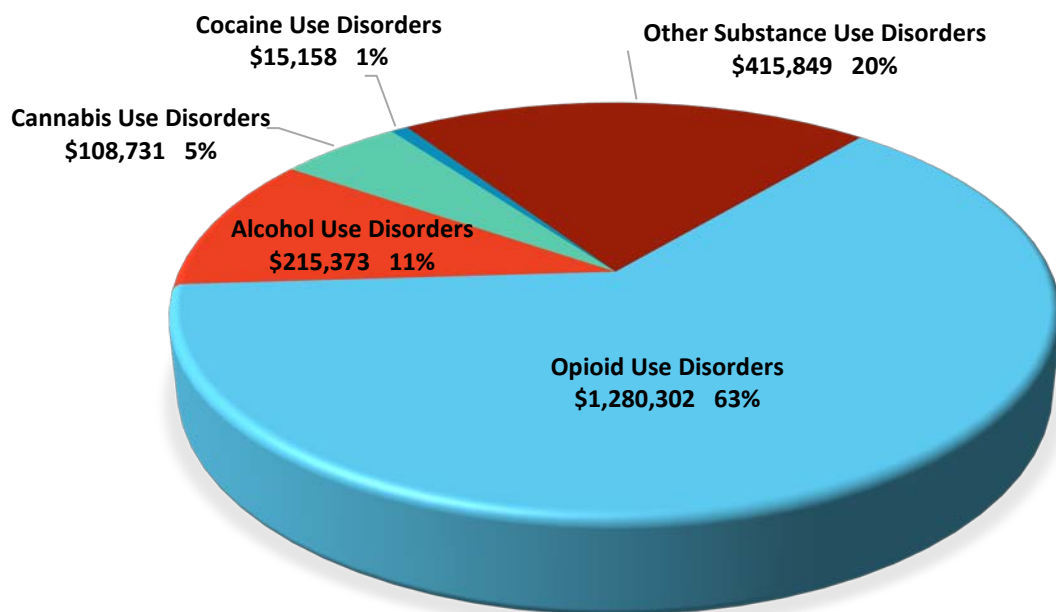
Distinct Members Served: 1,002*

Total Expenditures: \$2,035,413

Members Served



Expenditures

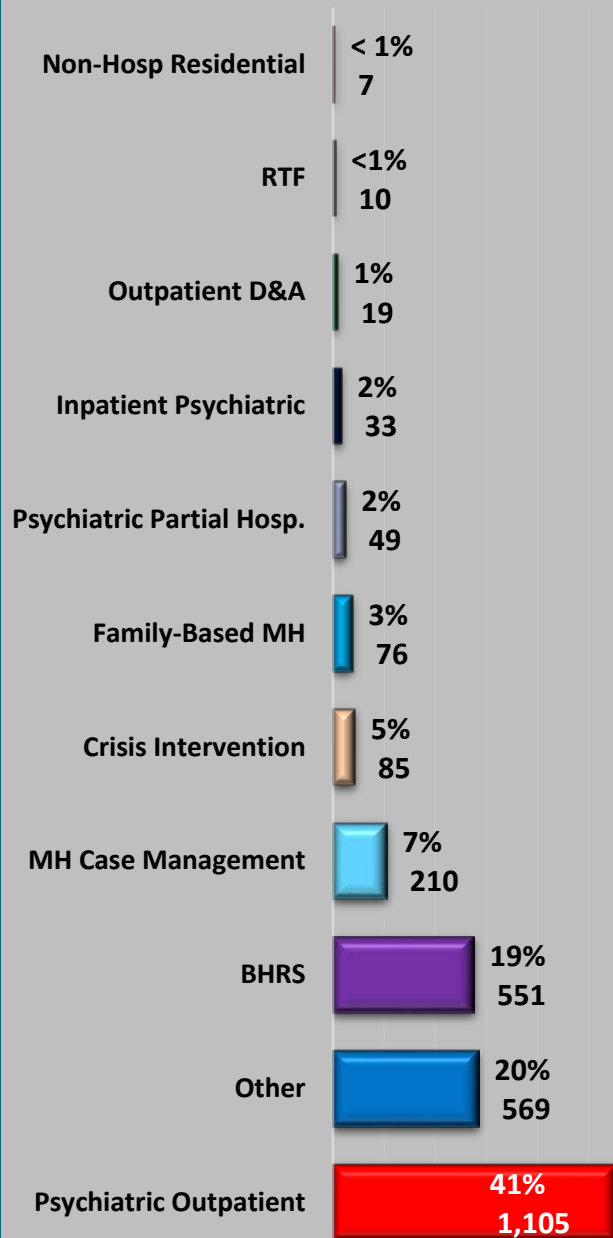


2019 YOUTH: UTILIZATION BY LEVEL OF CARE

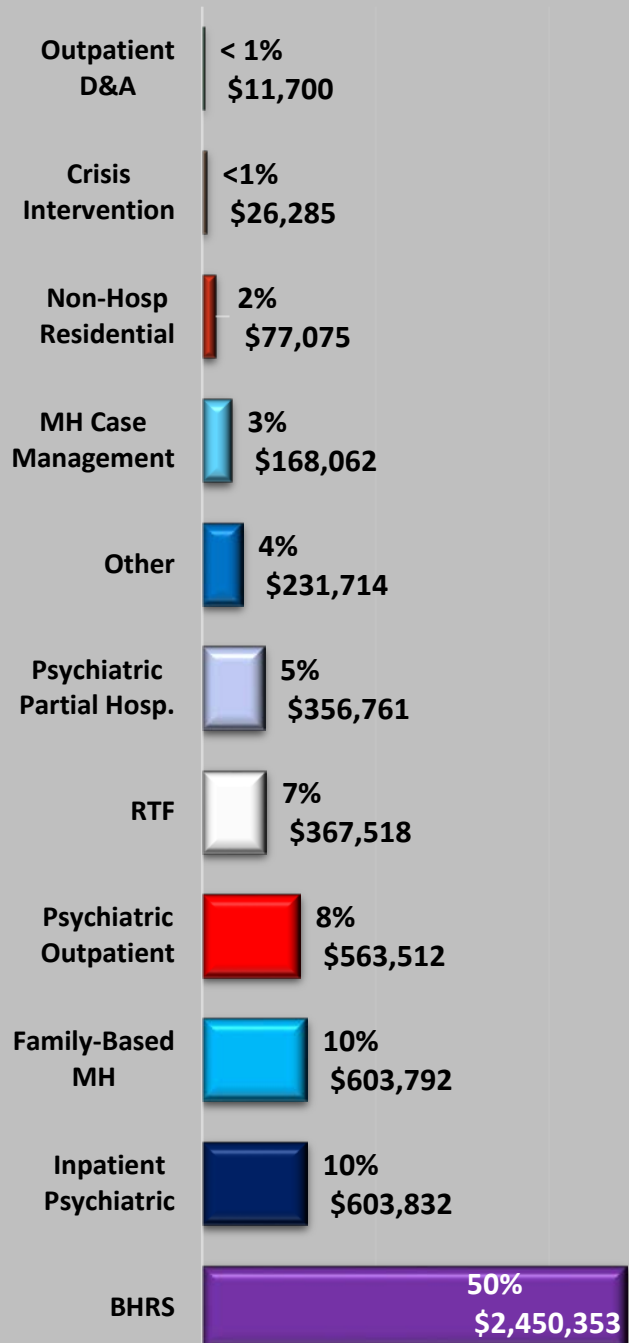
Distinct Members Served: 1,555*

Total Expenditures: \$5,460,603

MEMBERS SERVED



EXPENDITURES

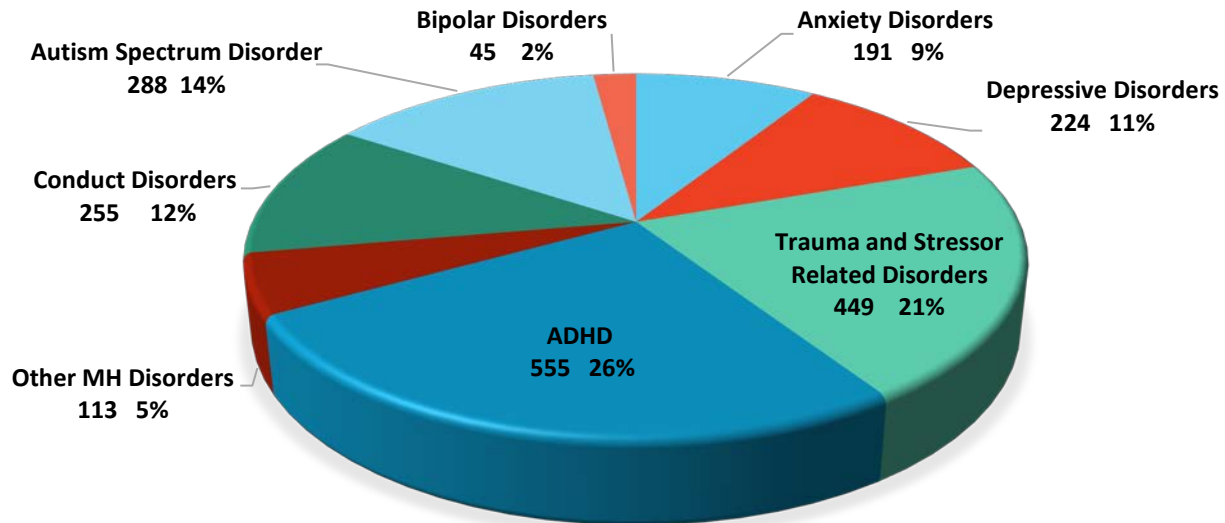


2019 YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

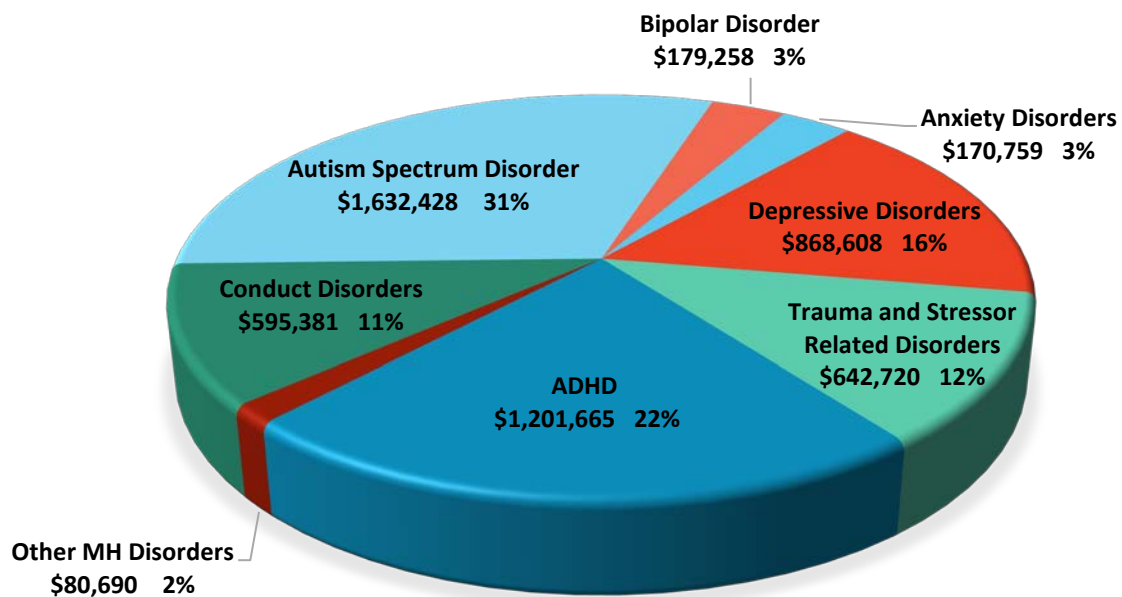
Distinct Members Served: 2,120*

Total Expenditures: \$5,371,509

Members Served



Expenditures

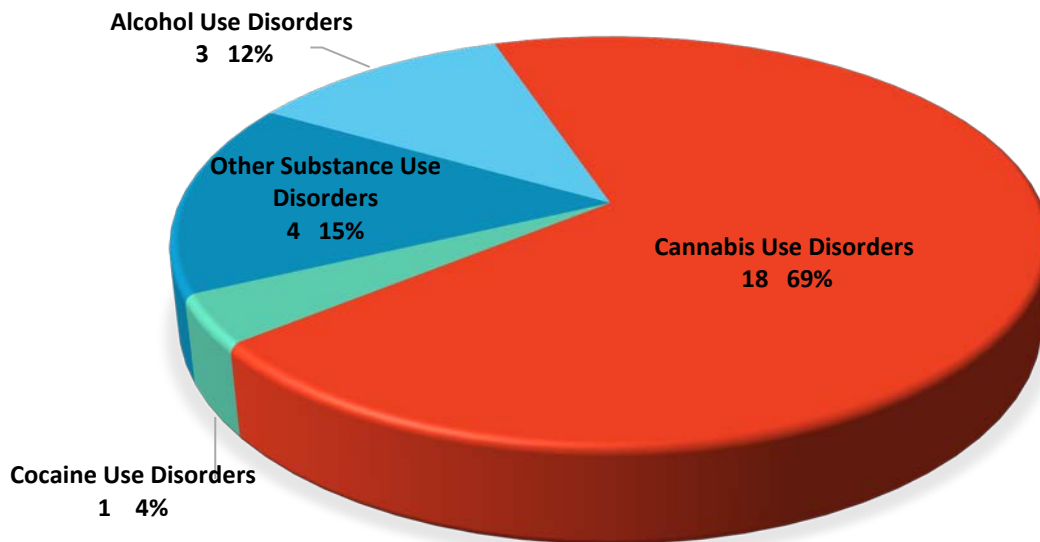


2019 YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

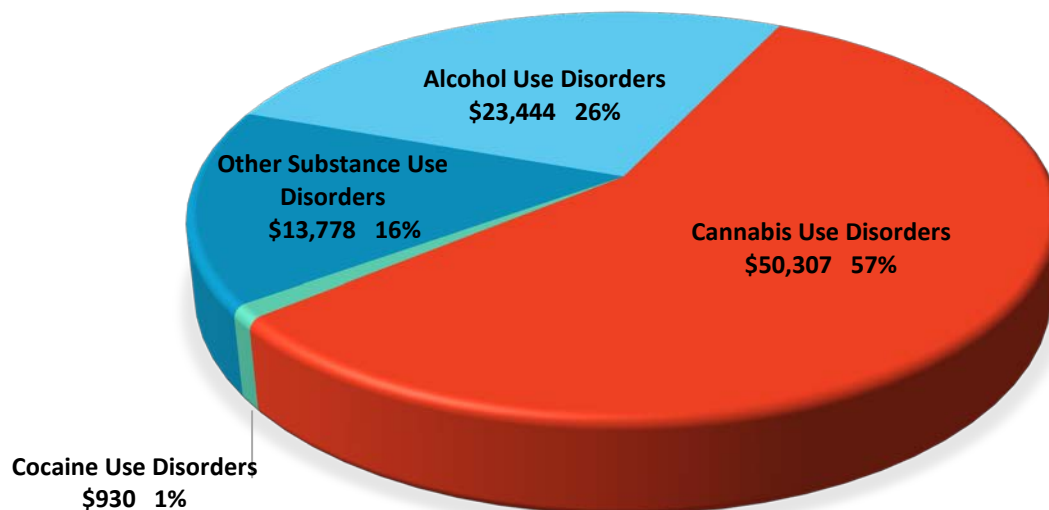
Distinct Members Served: 27*

Total Expenditures: \$88,459

Members Served



Expenditures

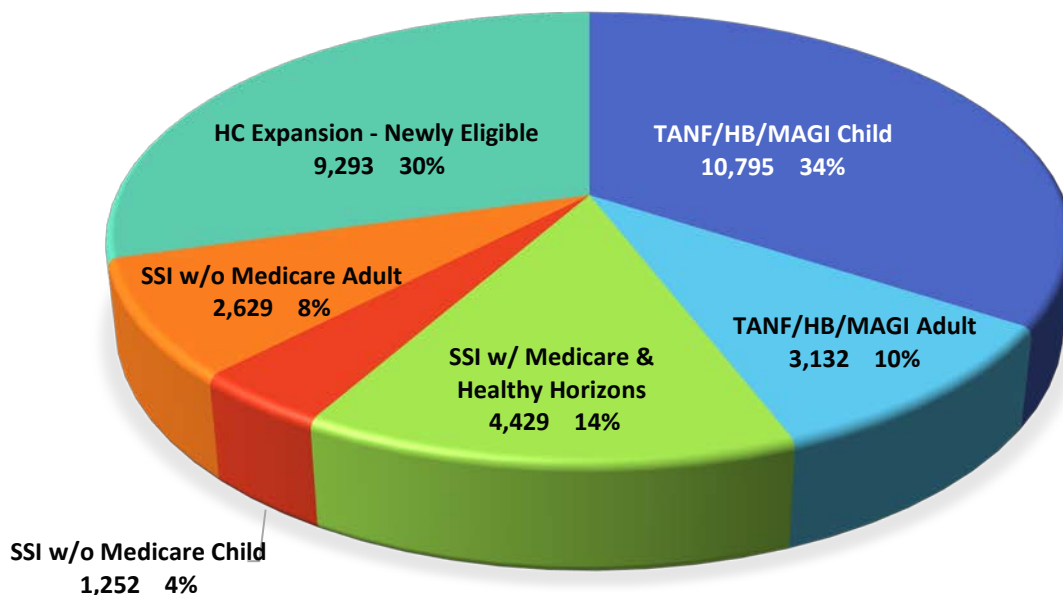


DISCLAIMER REGARDING 2020 DATA REPORTS

All previous annual reports are based solely on the claims data and utilization trends. Due to the Coronavirus Pandemic Emergency Declaration in Pennsylvania effective on March 20, 2020, Behavioral Health and Substance Use providers were directed to follow Center for Disease Control (CDC) directives regarding social distancing, masking, quarantine, and other guidelines. While OMHSAS allowed for providers to convert to services through telehealth and telemedicine, the initial impact of the Declaration resulted in drastic and substantial decreases in service delivery and utilizations. BHSSBC and Community Care worked to develop Alternative Payment Arrangements (APAs) for the provider network in order to keep providers' virtual doors open during decreased services. The APAs were created to bridge the gap between the number of services providers were delivering prior to the Pandemic and the number of services that they had been able to successfully deliver under CDC guidelines and Member fears relating to contracting the virus. As a result, the number of claims reflected in 2020 data vary substantially from previous years. Since the annual report is reflective of claims data, the claims submitted show a decrease while the funding remained similar under the APA contracts. The data for the Calendar Year of 2020 is incomparable to previous years and potentially future years depending on the continued impact of Coronavirus on service delivery.

Enrollment by Medical Assistance Category of Aid

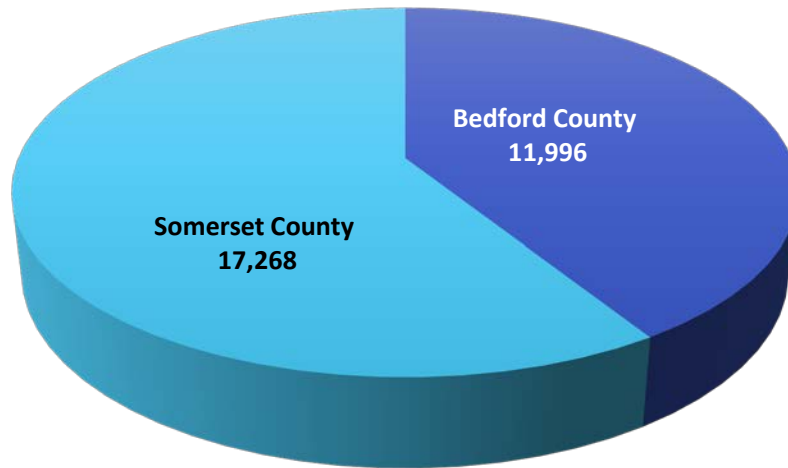
29,202 Members were enrolled in the Somerset and Bedford HealthChoices Program during CY2020.



2020 HEALTHCHOICES ENROLLMENT

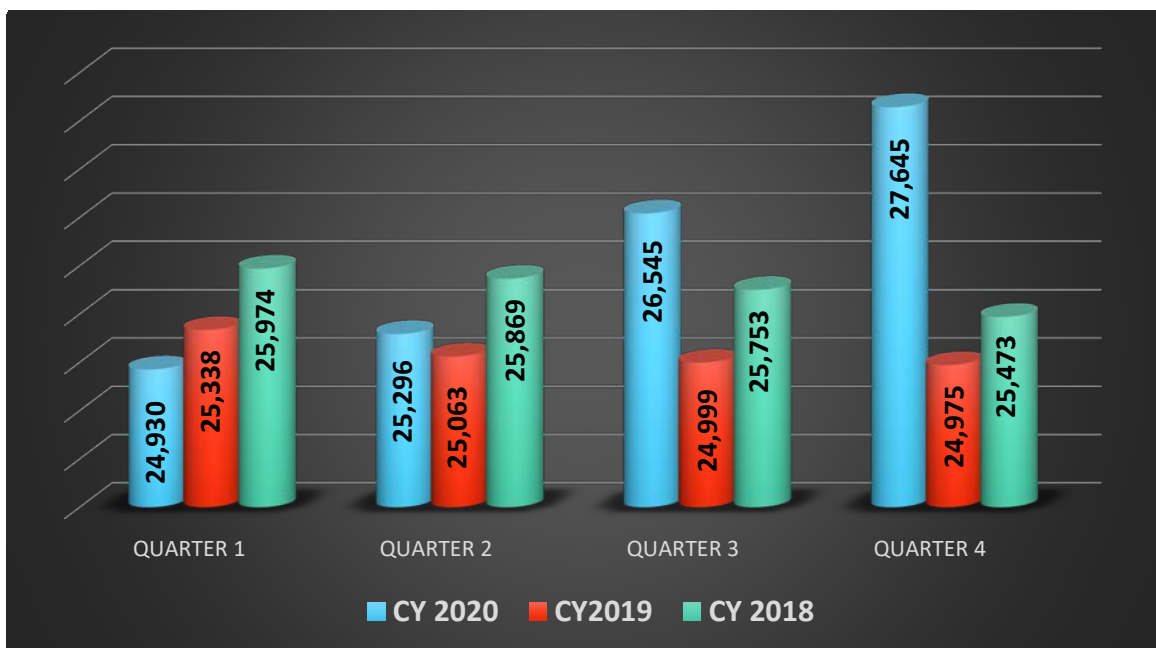
Enrollment by County*

Calendar Year 2020 enrollment reflects a 10% increase in HealthChoices enrollment from Calendar Year 2019.



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

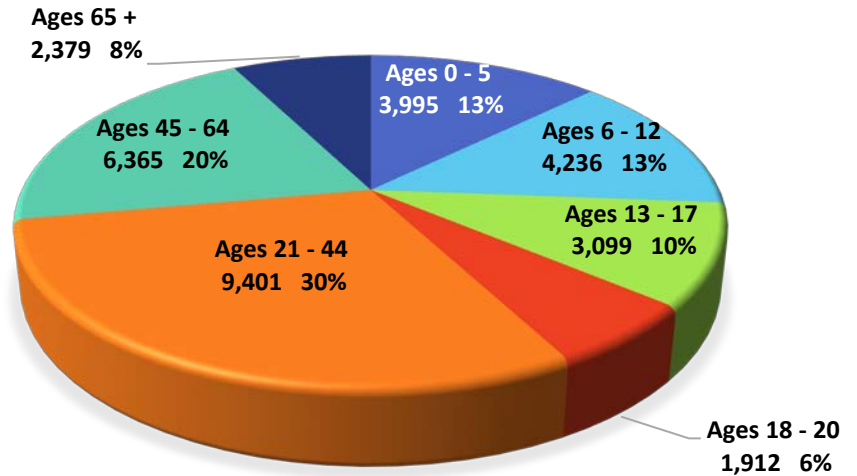
Enrollment by Quarter



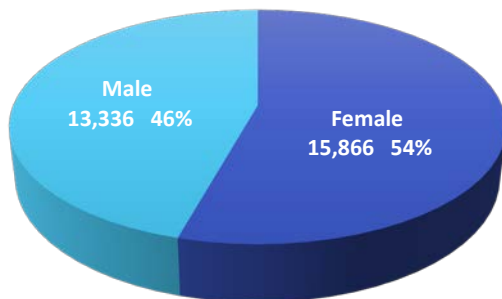
2020 MEMBER DEMOGRAPHICS

29,202 Members were enrolled in the Somerset and Bedford HealthChoices Program during CY 2020

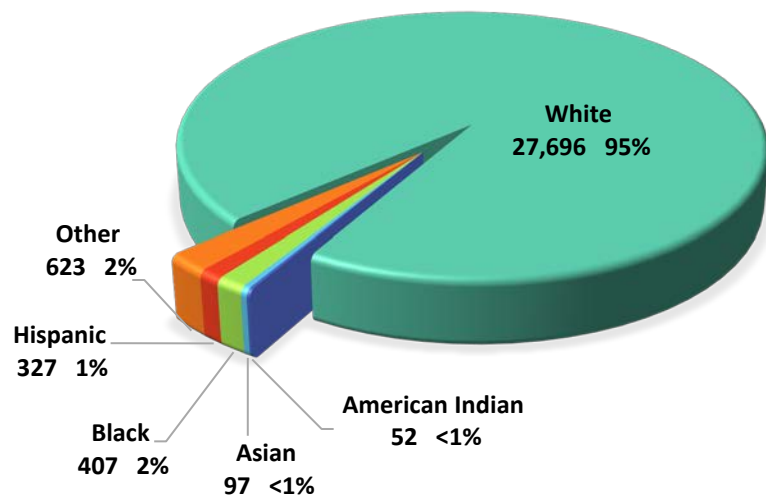
Enrollment by Age Group



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.

*Evidence-based practice

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

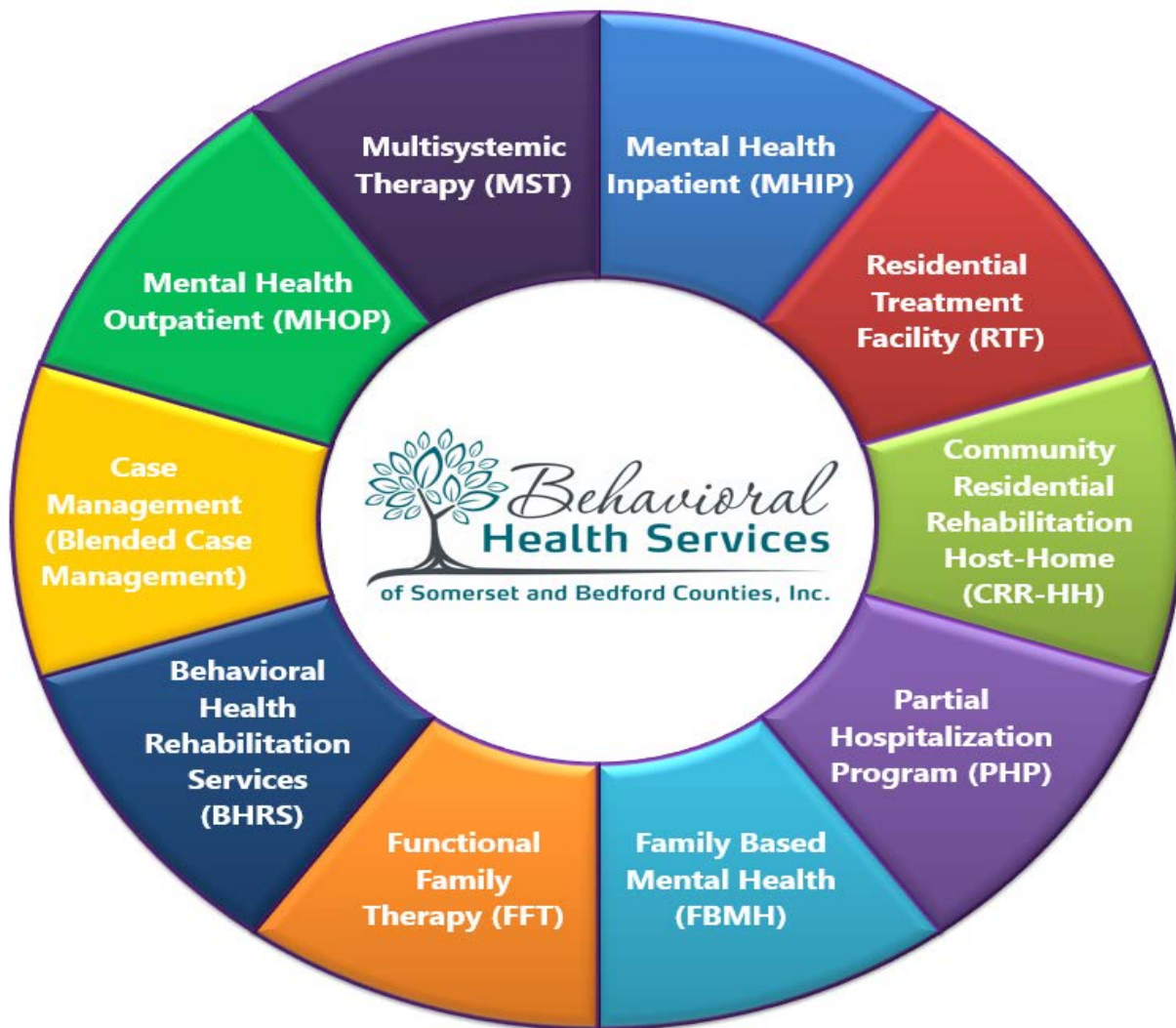
- Parent-Child Interaction Therapy*
- Peer Support Services
- Psychiatric Evaluation and Psychological Testing
- Psychiatric Partial Hospitalization Program (PHP)
- Residential Treatment Facilities (RTF)
- Telepsychiatry

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
- Dual Diagnosis Treatment Team
- Non-Hospital Drug and Alcohol Rehabilitation and Halfway House
- Psychiatric Rehabilitation

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:

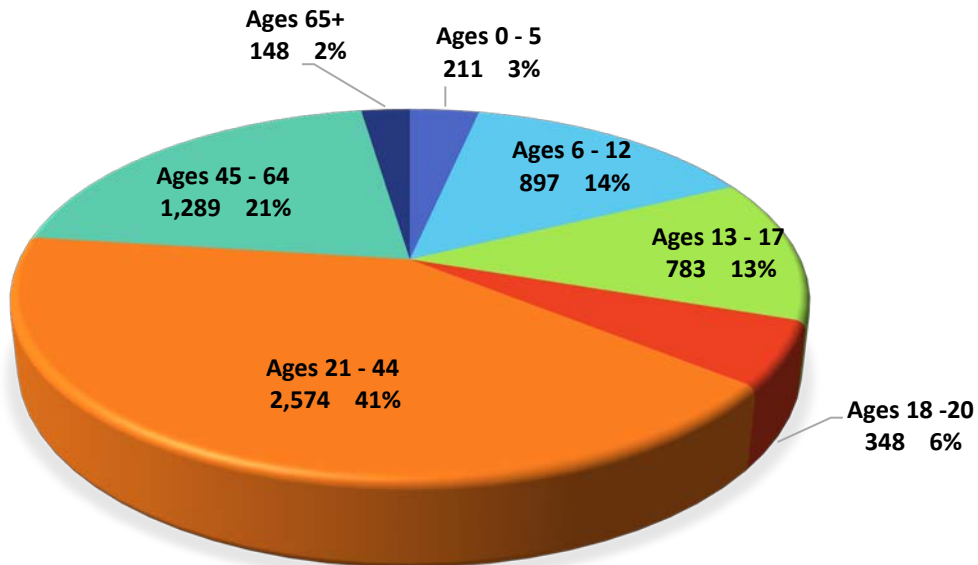
<https://members.ccbh.com/find-provider>

2020 UTILIZATION BY DEMOGRAPHICS

Distinct Members Served: 5,970

Total Expenditures: \$19,374,451

Members Served



MALE

5,690

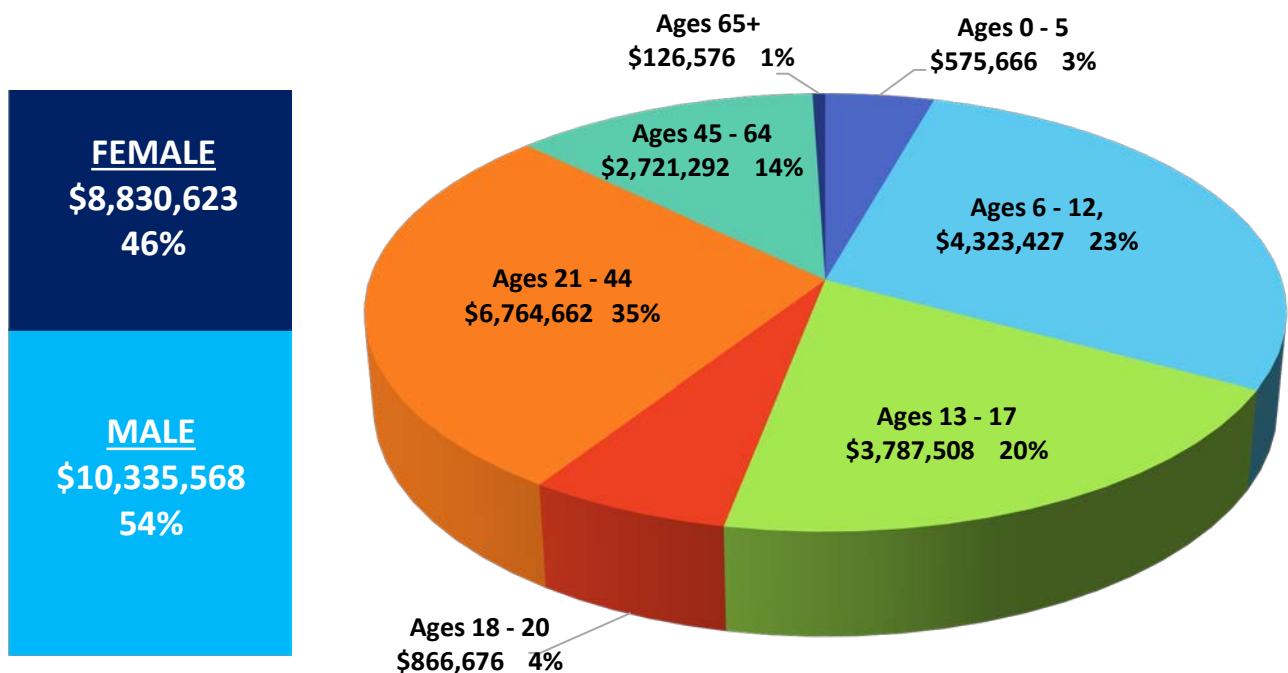
63%

FEMALE

3,267

37%

Expenditures



FEMALE

\$8,830,623

46%

MALE

\$10,335,568

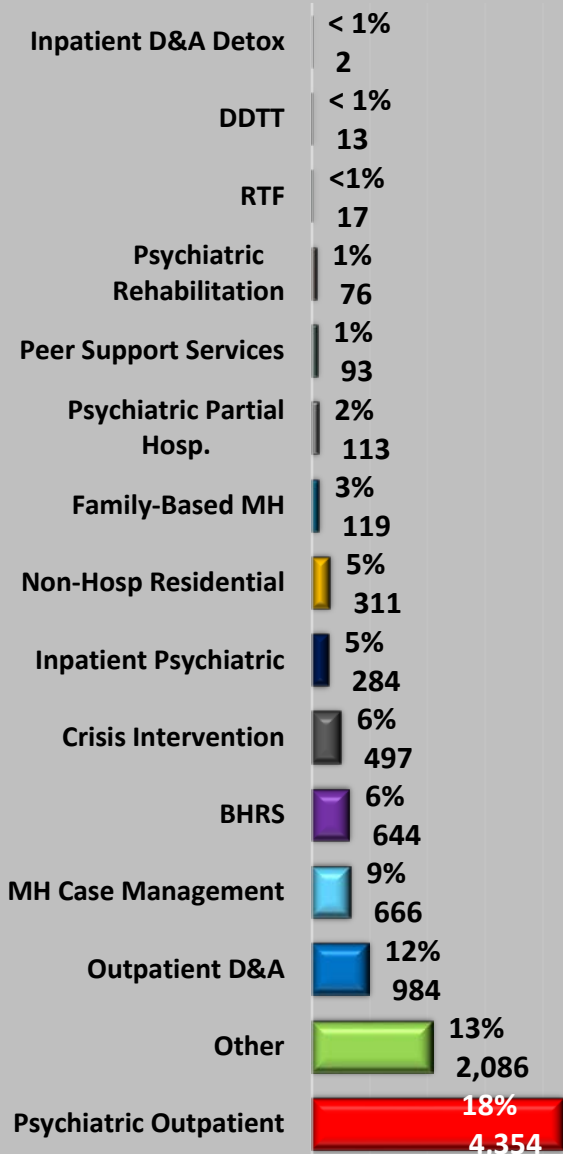
54%

2020 UTILIZATION BY LEVEL OF CARE

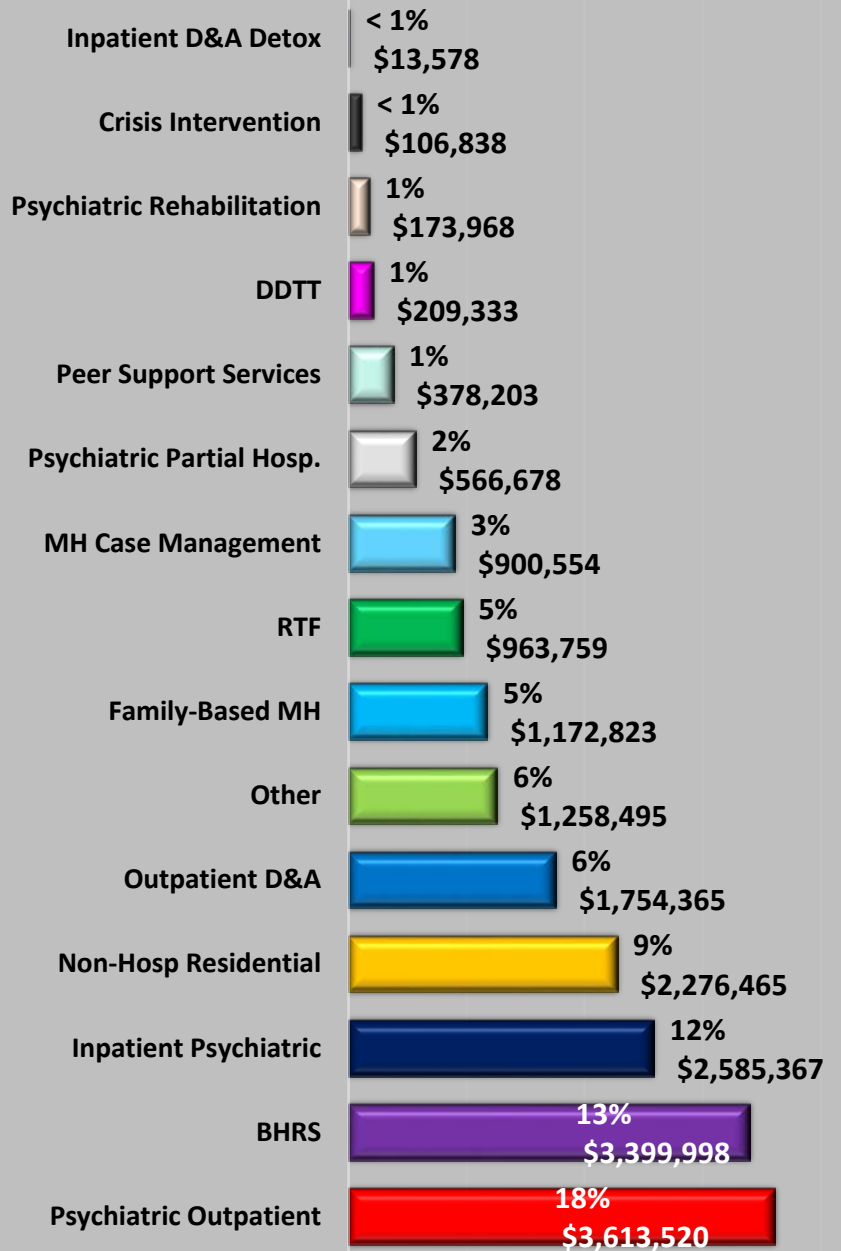
Distinct Members Served: 5,970*

Total Expenditures: \$19,374,451

MEMBERS SERVED



EXPENDITURES



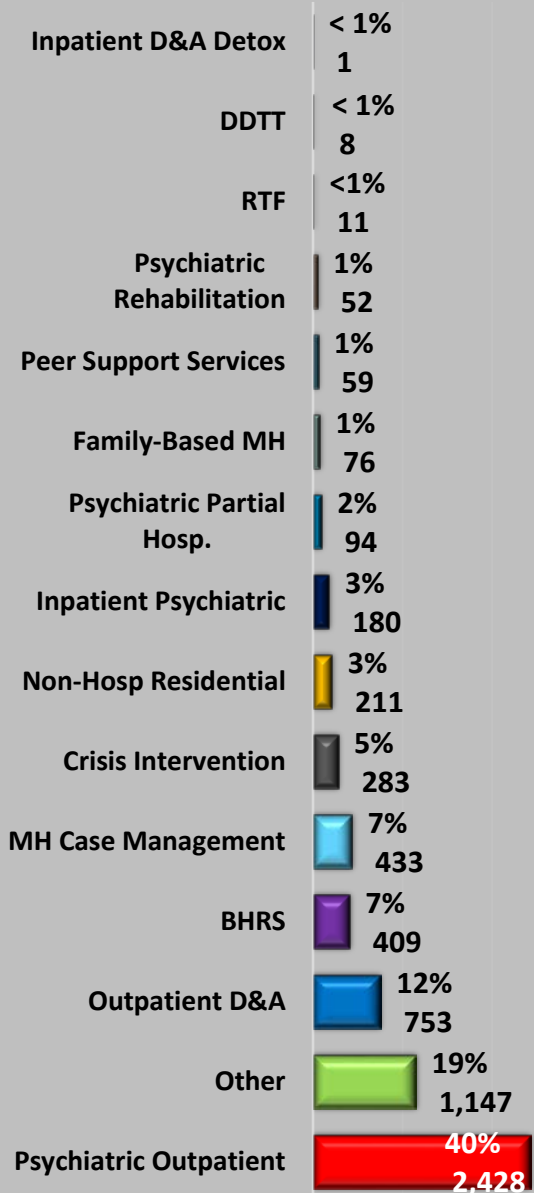
** Some Members may have received multiple levels of care at different times during the fiscal year.*

SOMERSET COUNTY: UTILIZATION BY LEVEL OF CARE

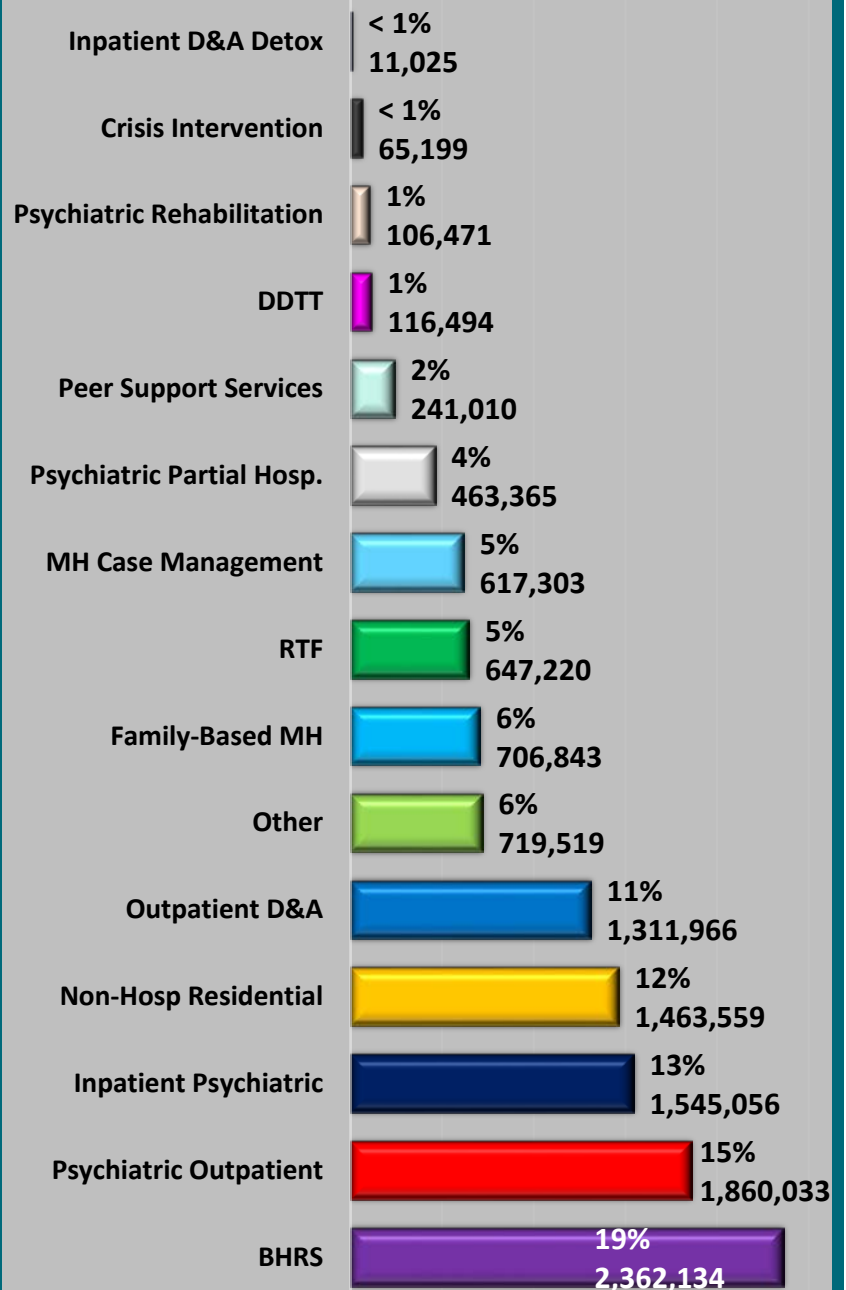
Distinct Members Served: 3,548*

Total Expenditures: \$12,238,391

MEMBERS SERVED



EXPENDITURES



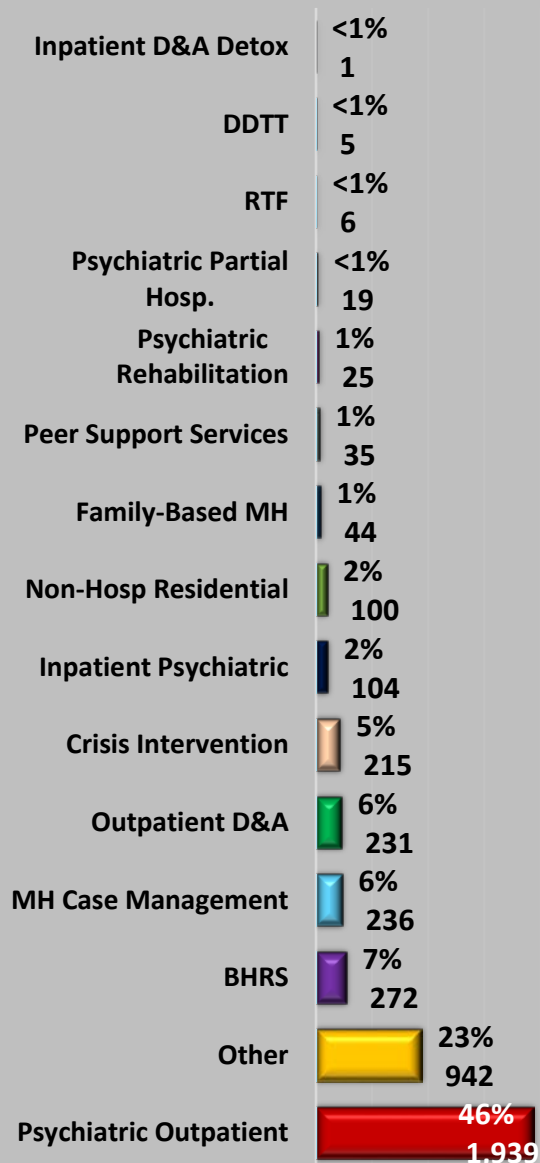
**Some Members may have received multiple levels of care and lived in both counties at different times during the fiscal year.*

BEDFORD COUNTY: UTILIZATION BY LEVEL OF CARE

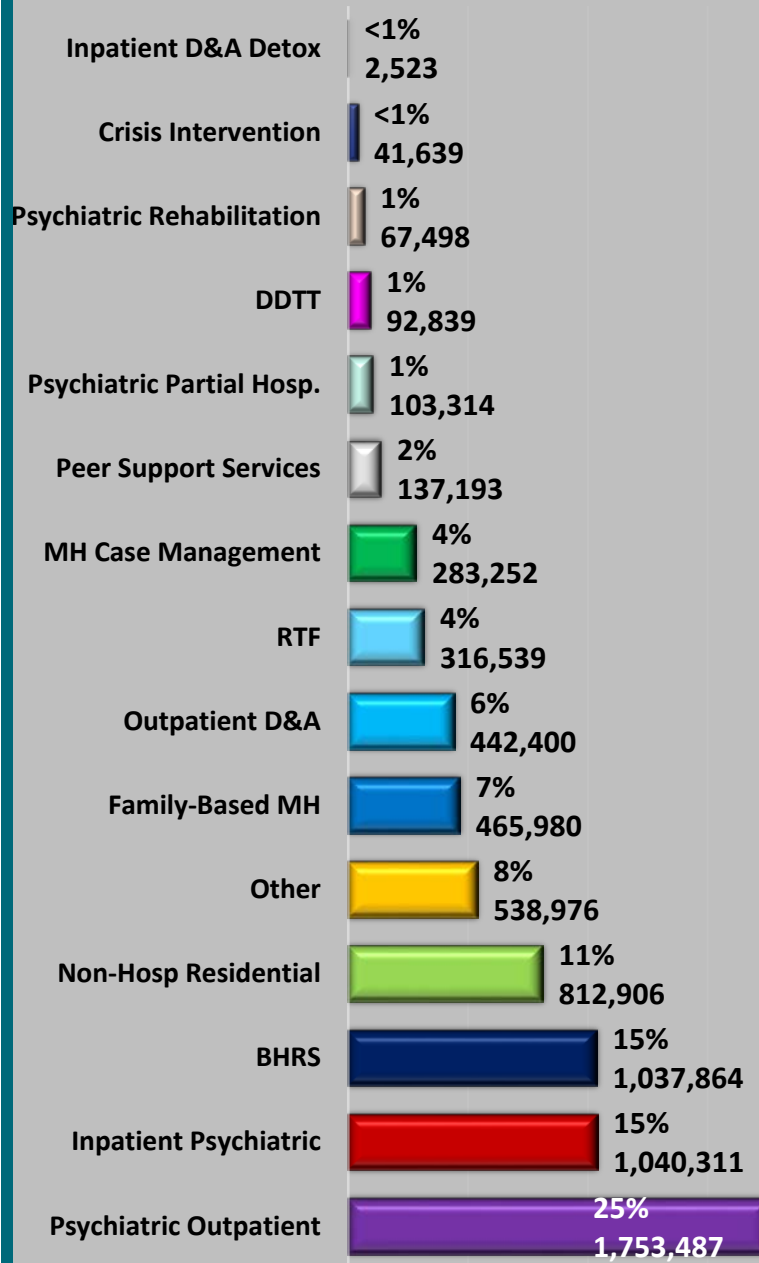
Distinct Members Served: 2,437*

Total Expenditures: \$7,136,719

MEMBERS SERVED



EXPENDITURES



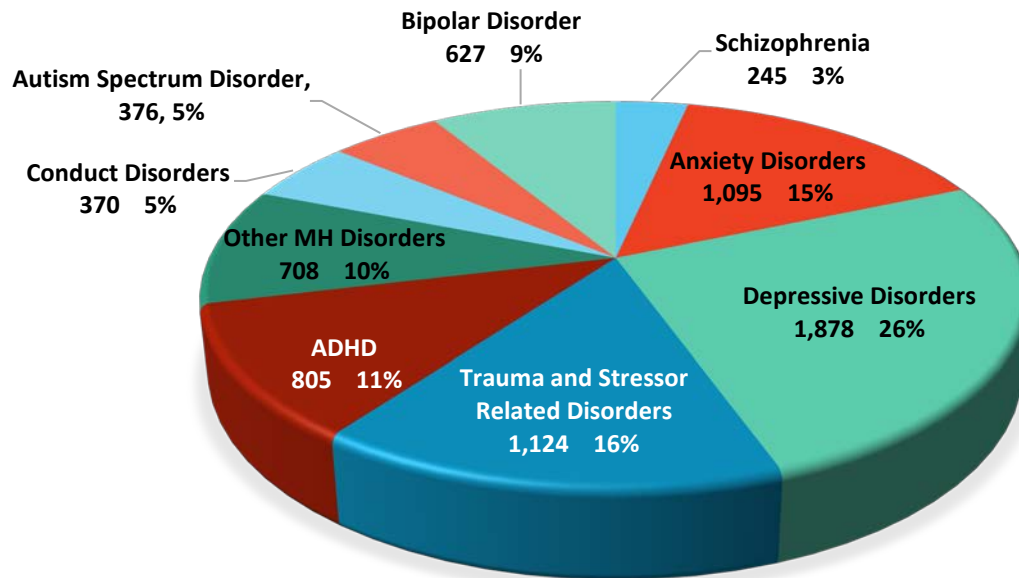
** Some Members may have received multiple levels of care and lived in both counties at different times during the fiscal year.*

2020 UTILIZATION BY MENTAL HEALTH DISORDER

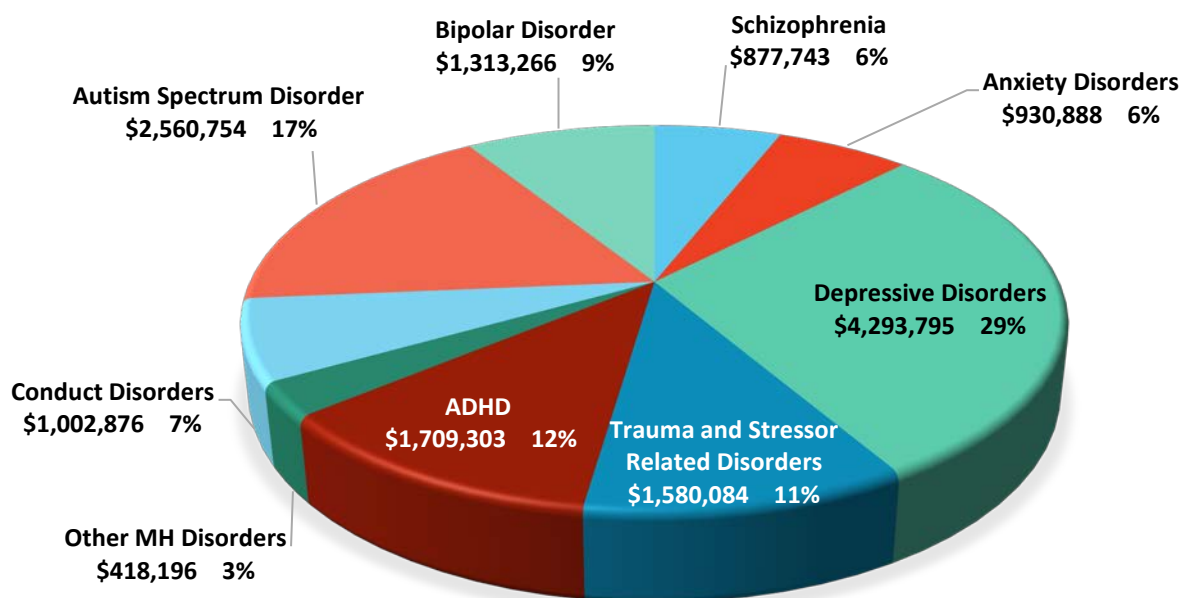
Distinct Members Served: 5,252*

Total Expenditures: \$14,686,905

Members Served



Expenditures



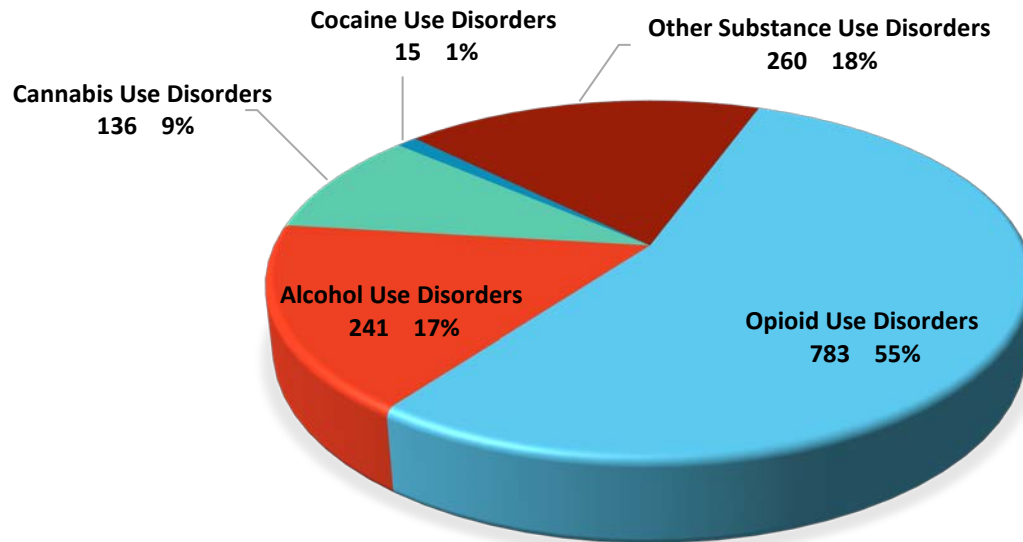
** Some Members may have more than one diagnosis.*

2020 UTILIZATION BY SUBSTANCE USE DISORDER

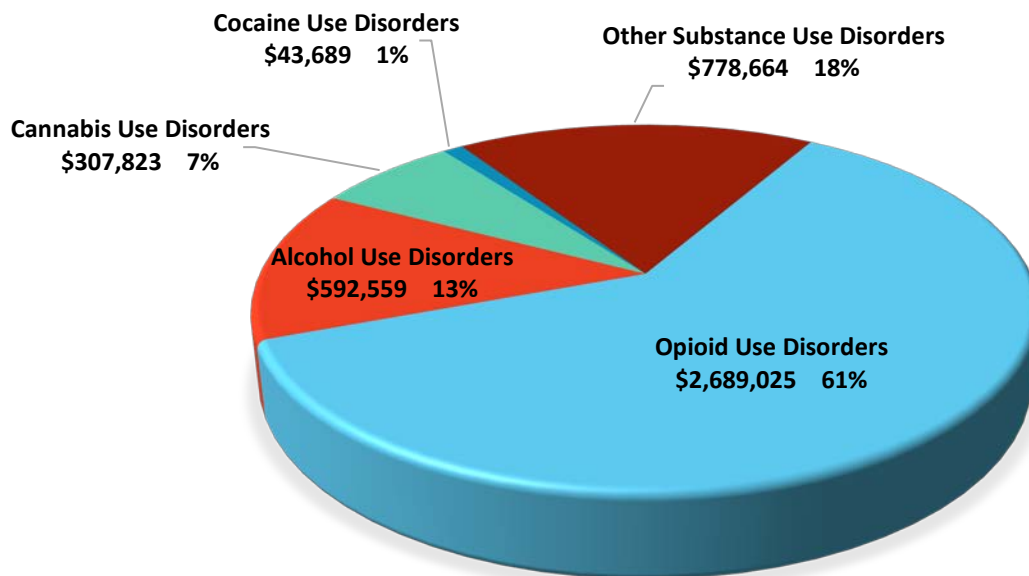
Distinct Members Served: 1,279*

Total Expenditures: \$3,927,007

Members Served



Expenditures



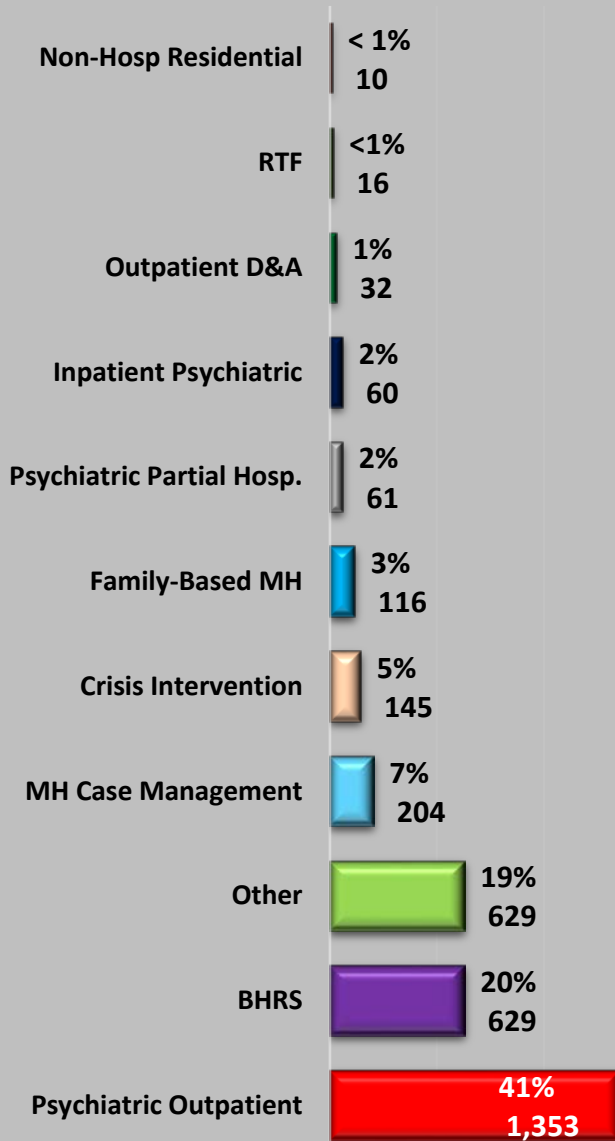
** Some Members may have more than one diagnosis.*

2020 YOUTH: UTILIZATION BY LEVEL OF CARE

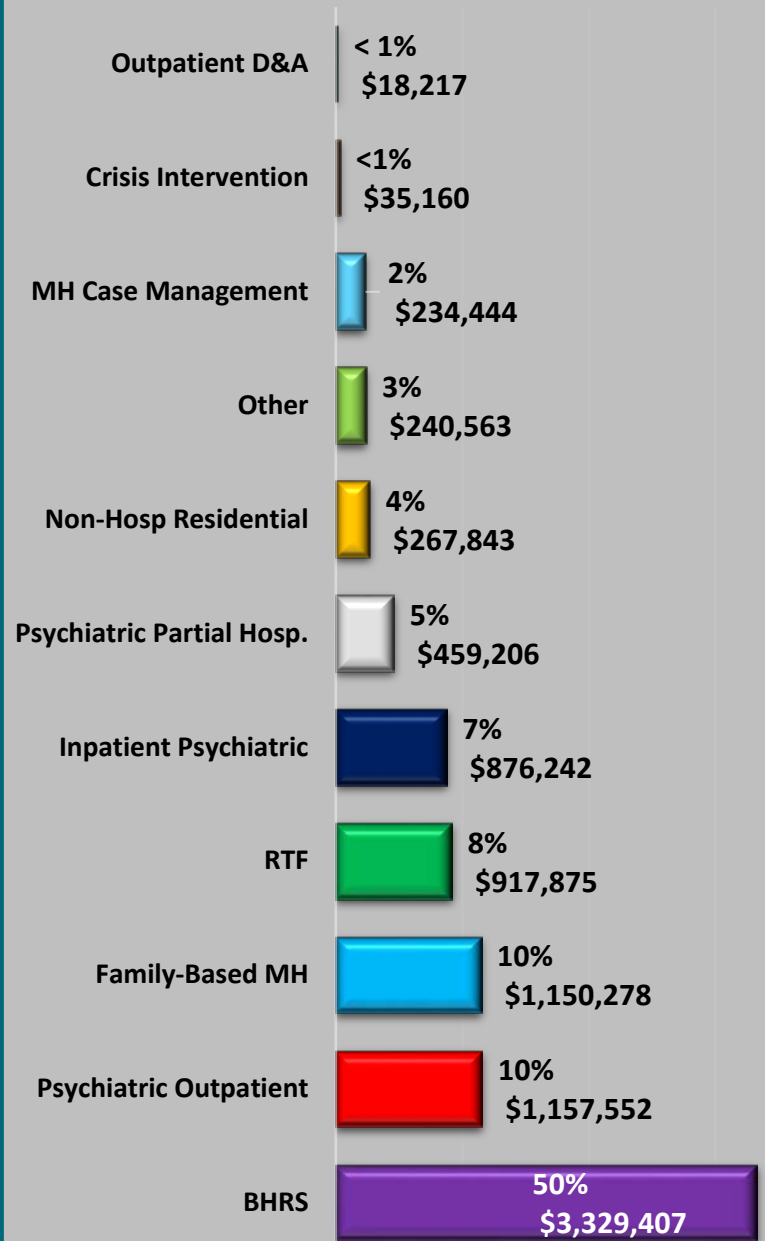
Distinct Members Served: 1,748*

Total Expenditures: \$8,686,787

MEMBERS SERVED



EXPENDITURES



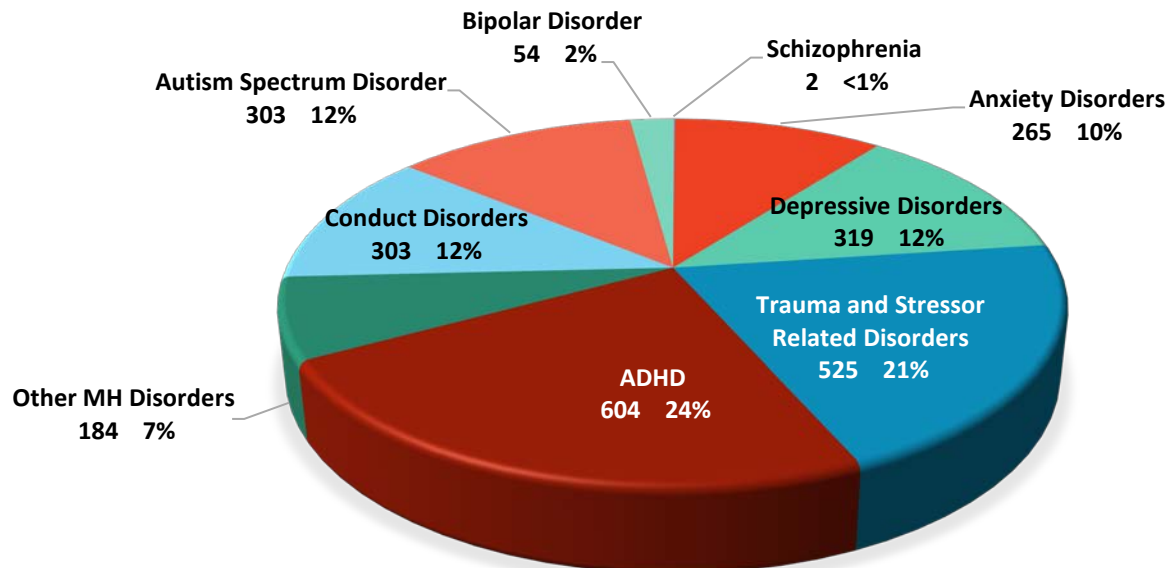
** Some Members may have received multiple levels of care at different times during the fiscal year.*

YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

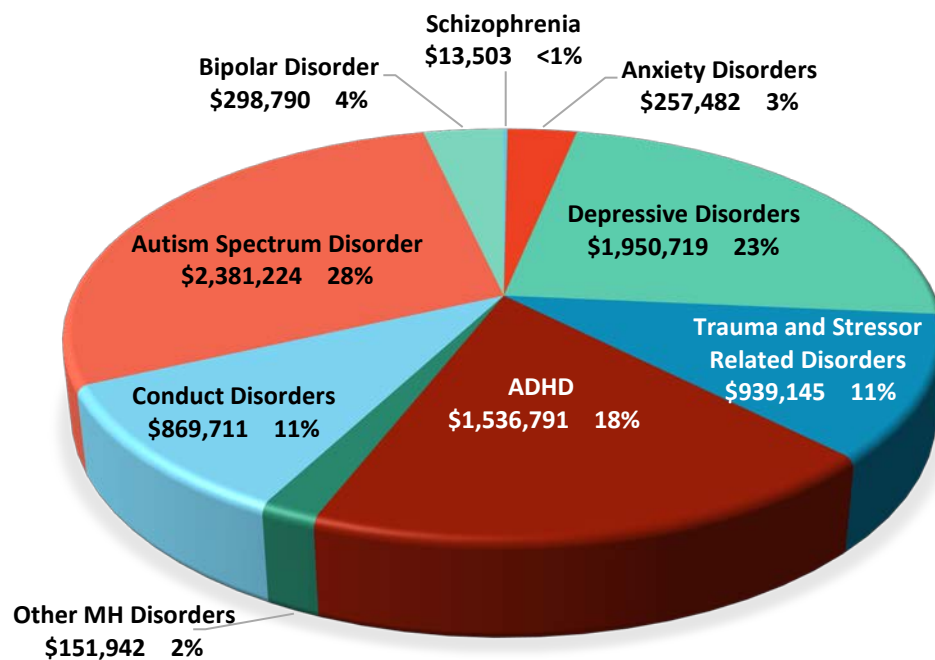
Distinct Members Served: 1,729*

Total Expenditures: \$8,400,277

Members Served



Expenditures



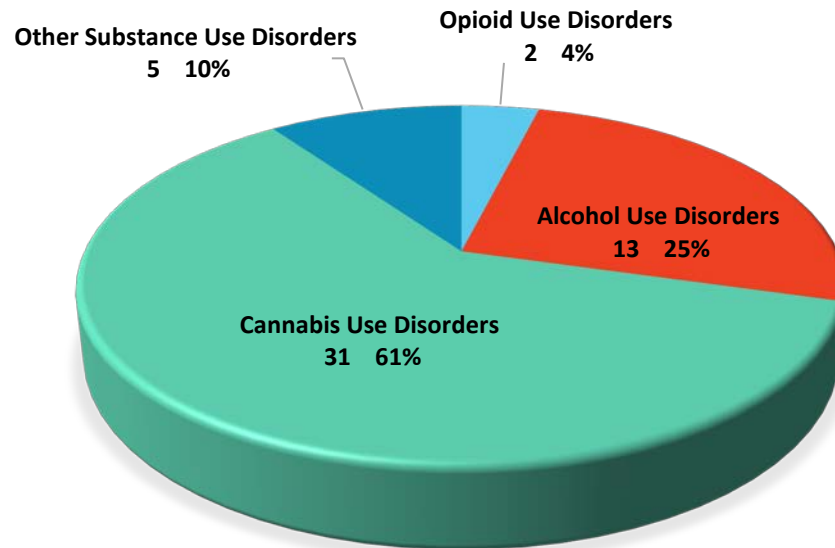
** Some Members may have more than one diagnosis.*

YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

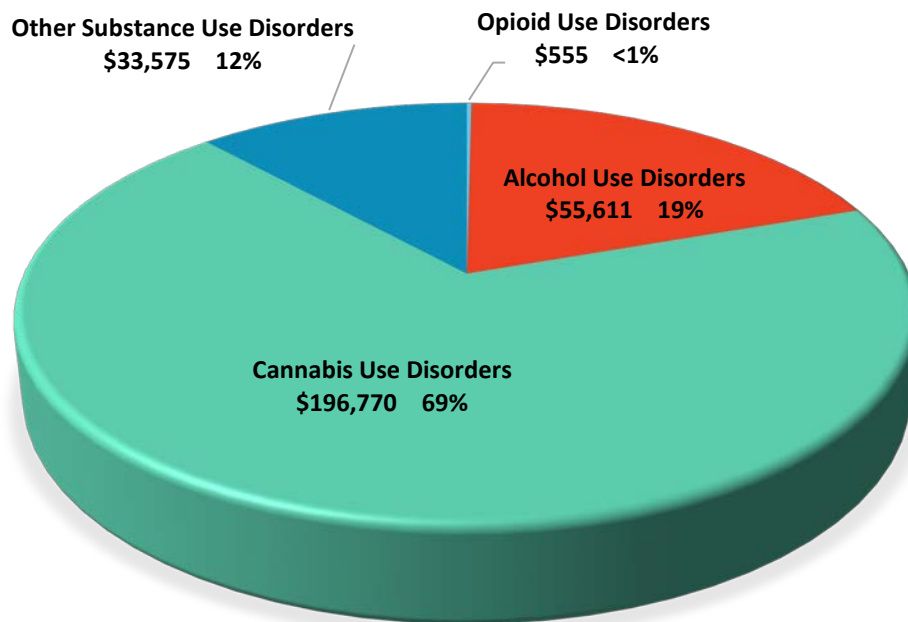
Distinct Members Served: 42*

Total Expenditures: \$286,511

Members Served



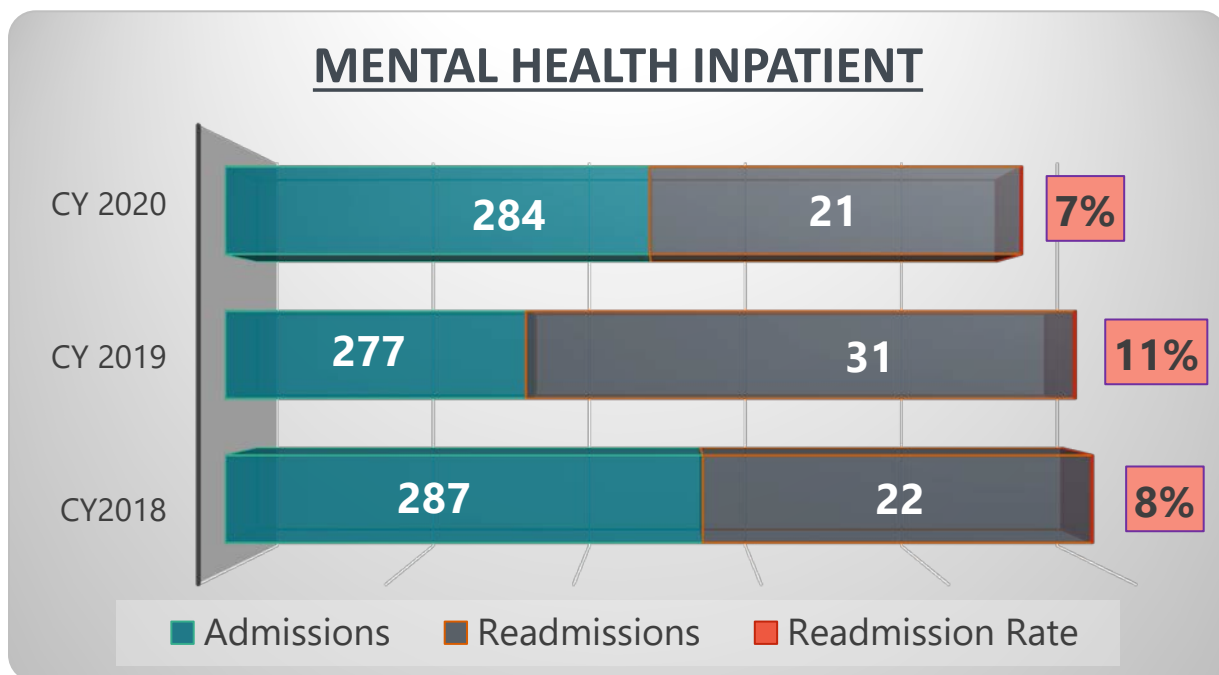
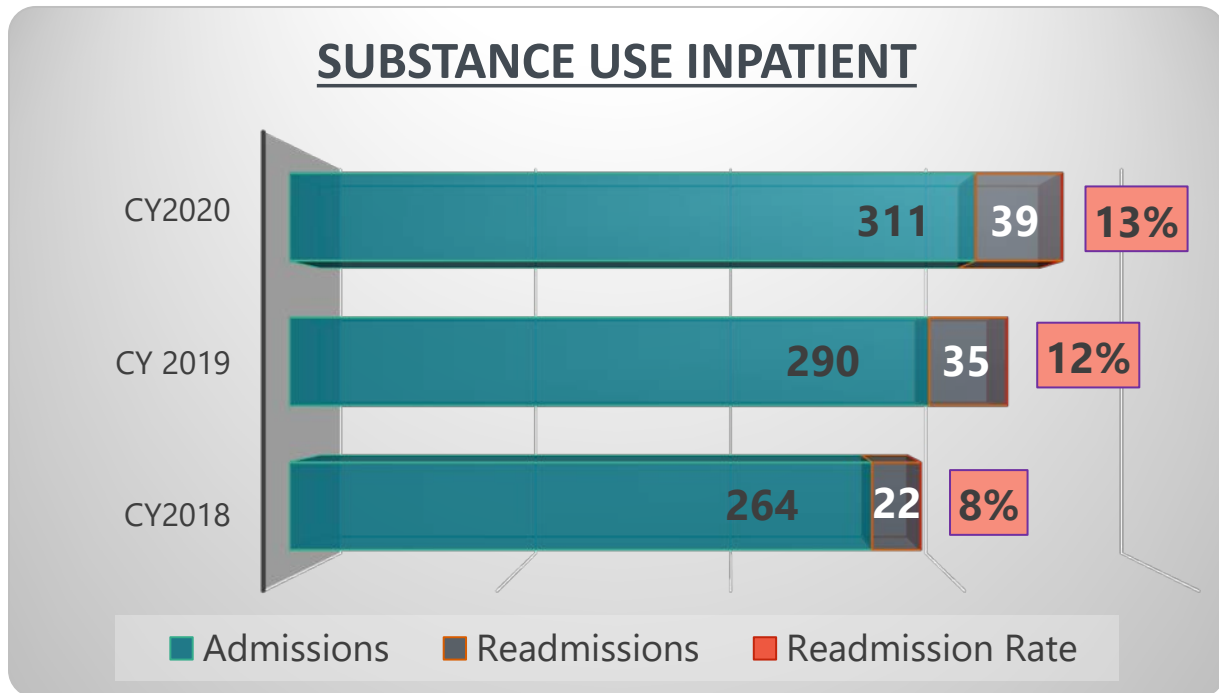
Expenditures



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

2020 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

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 decreased significantly in CY 2020, with a total of 14 service denials (3 Bedford County; 11 Somerset County). The highest number of denials (9) were for BHRS.

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. 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 of the BH-MCO's Grievance decision. CY 2020 had the lowest number of Grievances filed since the implementation of the HealthChoices Program for Bedford and Somerset Counties in 2007 with a total of 4 (all Somerset County). Three (3) Grievances were for the denials of BHRS and one (1) was for the denial of SU 3.5 level of care. The Grievance decisions were: 1 upheld and 2 overturned; 1 Grievance was withdrawn.

Complaints

A Complaint is a 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; or g. a Member's dissatisfaction with the BH-MCO or a Provider.

If the first level Complaint disputes one of a. – e. listed above, 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 of the first level Complaint decision. For all other Complaints (f.), the Member may file a second level Complaint. The Member may file a request for an External Review of the second level Complaint decision.

BHSSBC closely monitors Complaints filed by HealthChoices Members. There were 10 level one Complaints filed in CY 2020 (1 Bedford County; 9 Somerset County). The decisions were: 5 substantiated, 1 partially substantiated, and 3 unsubstantiated; 1 Complaint was withdrawn. There were no second-level Complaints, requests for Fair Hearings, or requests for External Reviews of Complaints.

External Reviews / Fair Hearings

An External Review is a review of the Complaint or Grievance by a doctor chosen by the Pennsylvania Department of Health.

A Fair Hearing is 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 Grievance process and may request a Fair Hearing.

There was 1 request for an External Review and Fair Hearing of 1 Grievance decision. The External Review upheld the Grievance decision. The Fair Hearing was not decided by the end of CY 2020.



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 CY 2020, there were a total of **764** C/FST surveys completed (32% by face-to-face interview; 68% by phone) with **456** adults, **208** families, and **100** youth.

What Are We Doing Well?

- **TREATMENT EXPERIENCES: 100%** of Youth report they are included in meetings about their treatment.
- **ACCESS TO SERVICES: 97%** of Adults, Families, and Youth feel they were able to get the help they needed within a reasonable amount of time.
- **RECOVERY ORIENTATION: 99%** of Adults and Youth believe their provider staff treats them with respect and sees them as an equal partner in their treatment program.
- **TREATMENT EXPERIENCES: 99%** of Families report their child's treatment plan was reviewed and shared with them.

Where Can We Improve?

- **BEHAVIORAL HEALTH/PHYSICAL HEALTH COORDINATION: 86%** of Adults, Families, and Youth report their behavioral health provider asked them to sign a Release of Information to coordinate with the Primary Care Physician (PCP).
- **RECOVERY ORIENTATION: 53%** of Adults report their provider has talked to them about a Mental Health Advance Directive.
- **TOBACCO CESSATION: 71%** of Adults, Families, and Youth report their provider has talked to them about options to help them quit using tobacco and vaping products.

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.

Supportive Housing Program

HealthChoices reinvestment monies funded the supportive housing initiative within both Somerset and Bedford Counties. In CY 2020, 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 had one less case worker for a portion of the year that required decreased capacity. This has since been remedied and the program is operational for fullest capacity. Due to COVID-19, the Supportive Housing Program moved to Telehealth visits with the option for in-person when requested.

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.

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. The reinvestment funding was utilized throughout 2018 and 2019. DDTT transitioned to medical spend dollars beginning January 1, 2020.

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. Community Care Behavioral Health assisted the Drop-In Centers by holding virtual wellness activities for members.

During CY 2020, the Drop-In Centers closed on March 17, 2020 due to COVID-19 restrictions. The staff of the Centers completed weekly phone calls to members and were open for members to call in when needed. Prior to closure the Drop-In Centers saw 42 Members in Bedford County and 37 Members in Somerset County.



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 CY 2020.

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 CY 2020, BHSSBC coordinated 19 trainings (69.5 training hours) with 249 participants. The overall average evaluation rating for all trainings was 4.8 (5 being the highest score). Beginning in March 2020, all trainings were converted to a virtual format to accommodate the restrictions due to COVID-19.

Suicide Awareness

In CY 2020, BHSSBC participated 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 goals are to promote awareness, support families affected by suicide, and increase knowledge with a goal of decreasing suicide rates and stigma associated with suicide. The taskforce was able to hold a virtual live music fundraiser to support awareness projects. A postcard campaign was launched to anonymously support those leaving hospital and mental health facilities. In CY 2021 a Bedford County Suicide Prevention Taskforce will be formed.



Community Care Behavioral Health Organization

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 began serving the Members of Bedford and Somerset Counties on July 1, 2019. With the knowledge and experience of serving diverse populations and meeting the needs of Members within Pennsylvania, the transition and implementation of Community Care within the Counties has been successful.

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. While the Coronavirus Pandemic has caused a delay in the exploration of expansion of services, BHSSBC continues to strive to meet any gaps in service provision and look towards expansion in the future.



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

LOOKING AHEAD

BHSSBC is committed to ensuring that quality services are available to HealthChoices Members. BHSSBC has several projects being developed and coordinated for CY 2021.

Community Based Care Management (CBCM) Program

In accordance with the HealthChoices Program Standards and Requirements of 2021, BHSSBC and Community Care will begin working towards a partnership with Community Action Organizations in both Bedford and Somerset Counties. While HealthChoices funding works to secure the behavioral health and substance use treatment services needed within the community, non-medical needs can increase the strains and barriers to successful recovery and resiliency. The CBO will assist BHSSBC and Community Care in encouraging the use of preventative services, mitigating social determinants of health barriers, and reducing health disparities. This partnership will work to increase the availability of non-medical services that meet the Social Determinants of Health for our Members including food insecurity, housing, transportation, childcare, employment, utility and clothing assistance, and financial strain. In addition, Community Care will add a Community Health Worker (CHW) who will work to bridge service delivery in the Medicaid system and CBO referrals and involvement. The CHW will work with providers and CBOs to ensure that whole health and wellness is addressed for Members.

Regional Accountable Health Council

BHSSBC will participate in the Regional Accountable Health Council (RAHC) for the Southwest region. RAHCs are regional Forums for strategic health planning and coordination of community wide efforts to improve health outcomes across the region. These forums work to address health disparities, address Social Determinants of Health, align initiatives, support population health improvement, and integrate Physical Health and Behavioral Health care in the communities that people live. The Councils are comprised of Community Based Organizations, County Mental Health Administrators, Single County Authorities, Community-Based Institutions, Federally Qualified Health Centers, Behavioral Health Primary Contractors (HealthChoices), Mental Health and Substance Use providers, Medical Assistance and Children's Health Insurance Program consumers, and Managed Care Organizations.

Intensive Behavioral Health Services (IBHS)

Behavioral Health Rehabilitation Services (BHRS) ended on January 17, 2021. Intensive Behavioral Health Services (IBHS) regulations 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. All the current BHRS agencies have been approved to provide IBHS services in Bedford and Somerset Counties. Community Care has met with the providers and provided guidance and answers related to IBHS.

Value Based Purchasing (VBP)

For Year 4 of the Value Based Purchasing Program, BHSSBC and Community Care will continue to look at successful community re-integration for members who have had a mental health inpatient stay. Previous year plans including Blended Case Management services as well as the most utilized Mental Health Inpatient providers for Bedford and Somerset Counties. The Inpatient Mental Health Ambulatory Transitions plan expands the breadth of the service array to include additional mental health and substance use levels of care following discharge as well as Community Based Organizations. This plan assesses for the readmissions criteria as well as the quality of delivered services to determine benchmarking goals and successful follow-up post-discharge. Through thoughtful and coordinated discharge planning, Members in both counties who have experienced an inpatient mental health crisis will have the supports and services to sustain goals achieved and set during their treatment.

Pre/Post Natal Care Management

Care Managers through Community Care and BHSSBC will outreach and engage pregnant members who have an identified behavioral health need and assist them with linkages and coordination. For those members who do not have behavioral health needs, the Care Managers will coordinate with the Physical Health MCO Maternal Health and Prenatal Health Programs to transfer the member for ongoing services and support. The Care Managers will work directly with pregnant members who:

- have identified behavioral health treatment needs
- have had frequent readmissions to emergent, acute inpatient mental health facilities or substance use facilities
- are engaged with high level behavioral health services

The Care Managers will link to behavioral health services and identify social determinants of health that are currently a barrier to care or will potentially become a barrier following delivery. The Care Manager will continue to follow up with the member for 3 months post-delivery to assess for Post-Partum Depression and to facilitate a warm hand off to any additional services and resources needed to support the member and child.

teen Mental Health First Aid (tMHFA)

In 2020, BHSSBC was approved as an implementation site and two staff earned their certification from the National Council to teach teen Mental Health First Aid (tMHFA) to adolescents in grades 10 – 12. Due to the pandemic, the tMHFA course will not be taught during the 2020-21 School Year. BHSSBC outreached to all school districts in Bedford and Somerset Counties to offer Youth Mental Health First Aid for school staff. BHSSBC's goal is to teach tMHFA in 2 School Districts within each county during the 2021-22 School Year.



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
- MNG: Medical Necessity Guidelines
- 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.

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.

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.

Resources are Available in Our Community to Help Cope with Social, Behavioral Health, and Substance Use Concerns During the COVID-19 Pandemic

Bedford & Somerset Counties Crisis Line <i>Available 24 hours a day, 7 days a week</i>	1.866.611.6467
DBHS Somerset	814.443.4891 (Toll-free: 877.814.4891)
DBHS Bedford	814.623.5166 (Toll-free: 877.814.5166)
National Suicide Prevention Lifeline	1.800.273.TALK (8255)
Línea Nacional de Prevención del Suicidio	1.888.628.9454
CrisisTextLine	Text "PA" to 741.741
Safe2Say (www.safe2saypa.org)	1.844.723.2729
Veteran Crisis Line	1.800.273.TALK (8255)
Disaster Distress Helpline	1.800.985.5990
Bedford County Substance Use Referrals	814.623.5009
Somerset County Substance Use Referrals	814.445.1530
Get Help Now Hotline (substance use disorders)	1.800.662.4357
To help manage anxiety and other challenging emotions due to the COVID-19 emergency; the toll-free, round-the-clock support line is available	1.855.284.2494 (TTY: 724.631.5600)
Community Care Member Services	1.866.483.2908



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