

## 2021 Annual Report





Greetings Members:

As the new HealthChoices Coordinator at Behavioral Health Services of Somerset and Bedford Counties, Inc., (BHSSBC), I am pleased to provide you with access to our annual report.

BHSSBC began 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.

This report covers Calendar Year 2021 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 Behavioral Health and Substance Use needs of our communities. Calendar Year 2021 continued to provide unexpected challenges for our Members, Communities, Providers, and our Nation as a whole. Throughout 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 behavioral health and/or substance use complexities can live full, satisfying, and productive lives in our communities.

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

Sincerely,

A handwritten signature in cursive script that reads "Cathy Krinjeck MA".

Cathy Krinjeck, MA  
BHSSBC HealthChoices Coordinator

A handwritten signature in cursive script that reads "Mary Piatt-Bruner".

Mary Piatt-Bruner, LPC  
BHSSBC Executive Director and  
Bedford-Somerset County Administrator

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# **BHSSBC ORGANIZATIONAL STRUCTURE**

## **Corporate Members – County Commissioners**

- Gerald Walker, Somerset
- Pamela Tokar-Ickes, Somerset
- Collen Dawson, Somerset
- Josh Lang, Bedford (resigned February 2021)
- Barry Dallara, Bedford
- Deb Baughman, Bedford
- Alan Frederick, Bedford  
(appointed February 2021)

## **Corporate Board of Directors**

- Mary Piatt-Bruner, Chairperson
- Leah Winegardner, Vice-Chairperson
- Pam Humbert
- Rose Zajdel-McKay
- Charla Chiappelli
- Denise Ickes
- Matthew Randall



## **Management Group**

- Tia Mann, HealthChoices Coordinator (resigned October 2021)
- Cathy Krinjeck, HealthChoices Coordinator (hired November 2021)
- 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 (resigned October 2021)
- Cathy Krinjeck, M.A., HealthChoices Coordinator (hired November 2021)
- Melissa Baker, 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 (resigned May 2021)

# **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;
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, DHS determined that county governments would be offered the right-of-first opportunity to participate in 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 behavioral 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 five 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 LCMs remained an integral part of the Member Serving system.

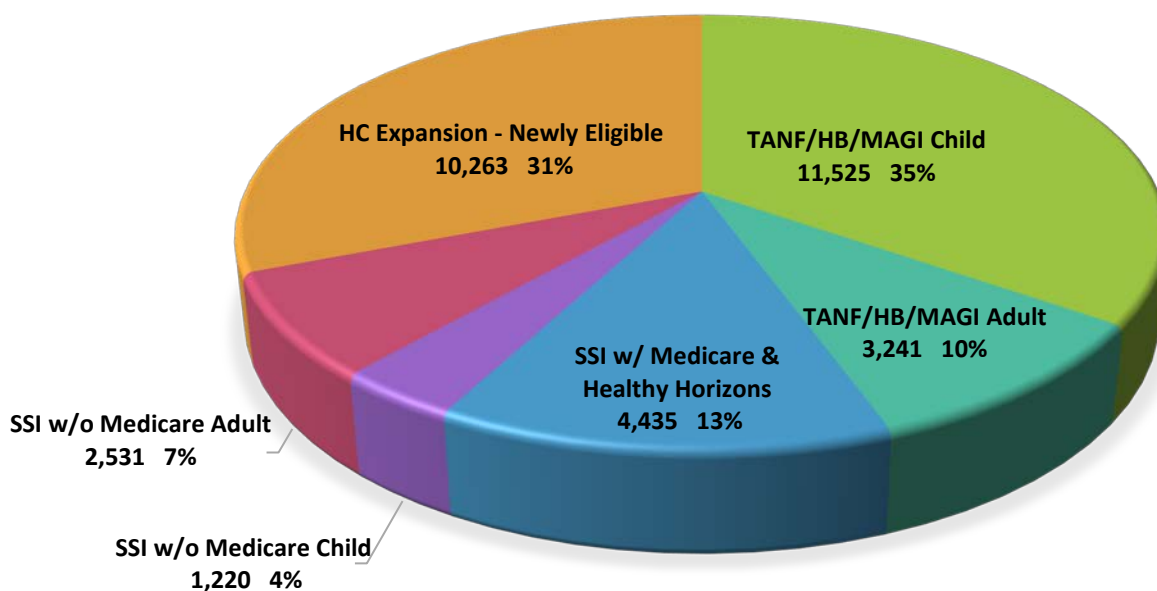
Community Care currently has three full-time Care Managers within the Bedford-Somerset Communities to allow a personal hands-on approach to treatment and wellness. BHSSBC and Community Care assigned one Care Manager each as a Pre/Post Natal Care Manager. BHSSBC's Care Manager is assigned the Pre/Post Care Management for Bedford County and Community Care's Care Manager is covering Somerset County.

## **DISCLAIMER REGARDING 2021 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. These payments continued throughout 2021. As a result, the number of claims reflected in 2021 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. As providers were able to provide more services, some providers were not receiving the same level of APA payments as received in 2020. The data for the Calendar Years 2020 and 2021 are incomparable to previous years.

### **Enrollment by Medical Assistance Category of Aid \***

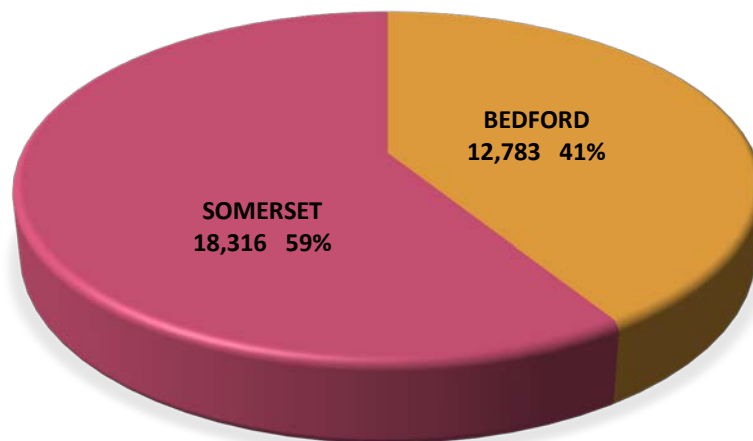
**31,026 Members were enrolled in the Somerset and Bedford HealthChoices Program during CY 2021.**



\*Some Members may have been enrolled through multiple categories during the Calendar Year.

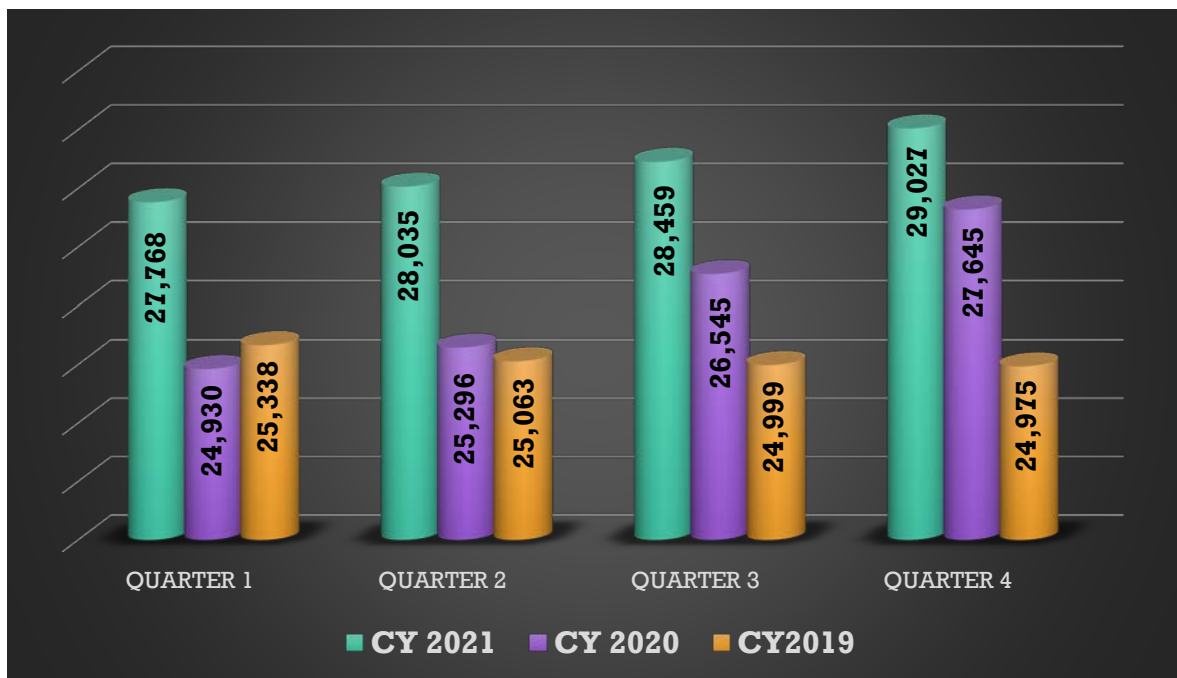
## Enrollment by County \*

**Calendar Year 2021 enrollment reflects a 6% increase in HealthChoices enrollment.**



\*Some Members may have lived in both counties at different times during the Calendar Year.

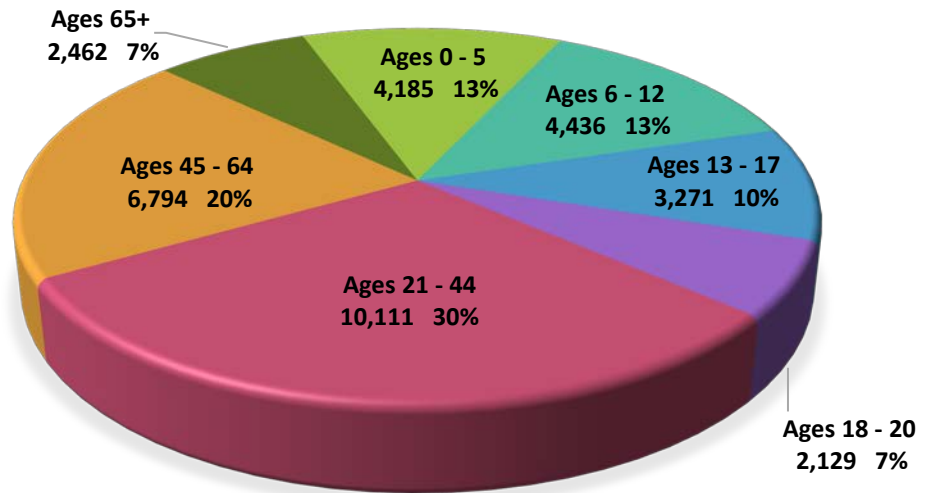
## Enrollment by Quarter



# MEMBER DEMOGRAPHICS

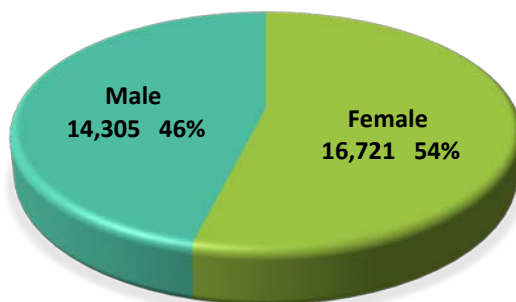
**31,026 Members were enrolled in the Bedford and Somerset HealthChoices Program during CY 2021.**

## **Enrollment by Age Group\***

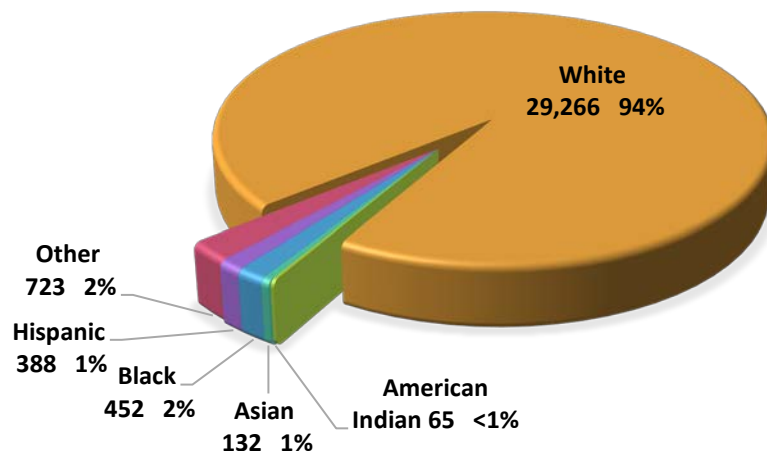


\*Some Members may fall into more than one Age Group during the Calendar Year.

## **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](http://www.bhssbc.us)) for a description of each service.

\*Evidence-based practice

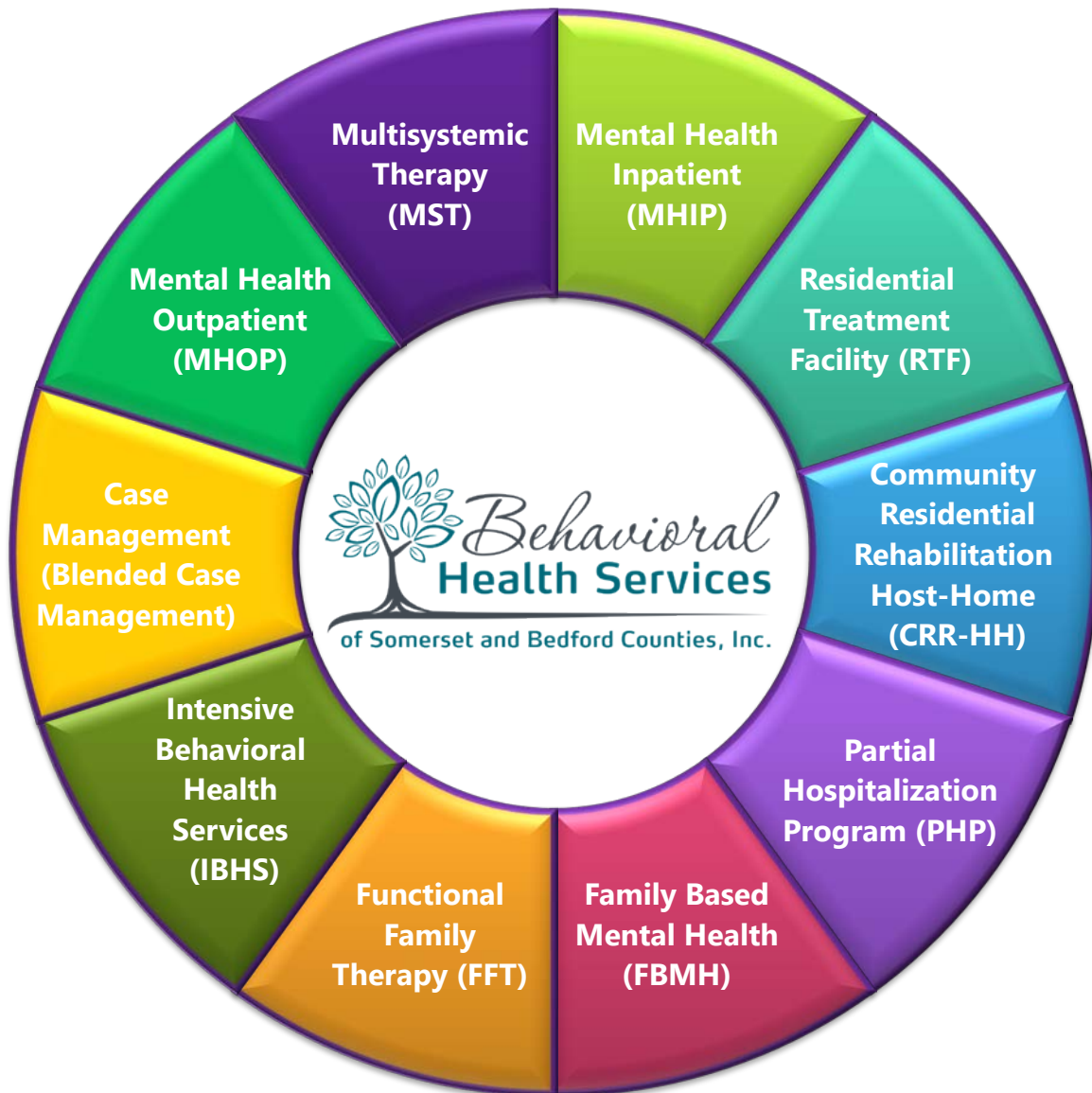
## **State Plan Services**

- Intensive Behavioral Health Services for Children and Adolescents (IBHS)
- 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](http://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:

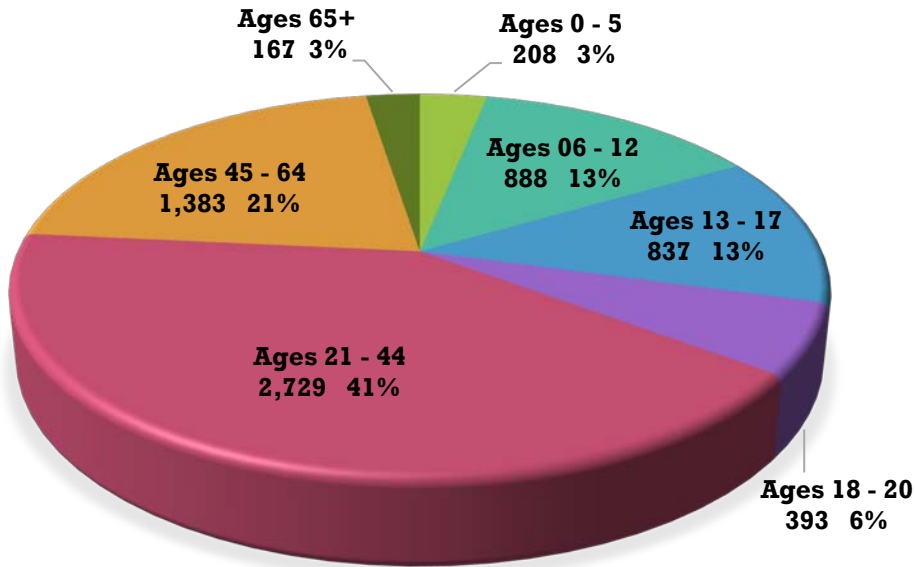
<https://members.ccbh.com/find-provider>

## UTILIZATION BY DEMOGRAPHIC

Distinct Members Served: **6,292**

Total Expenditures: **\$20,409,783**

### Members Served



### MALE

2,836

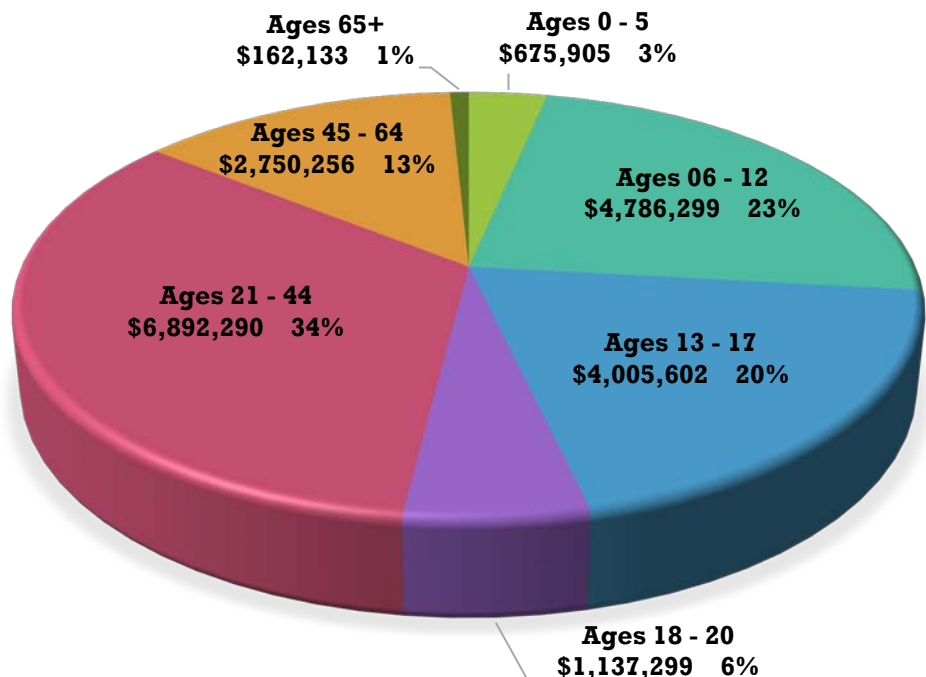
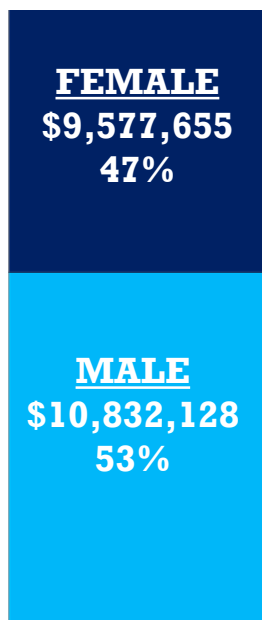
45%

### FEMALE

3,456

55%

### Expenditures

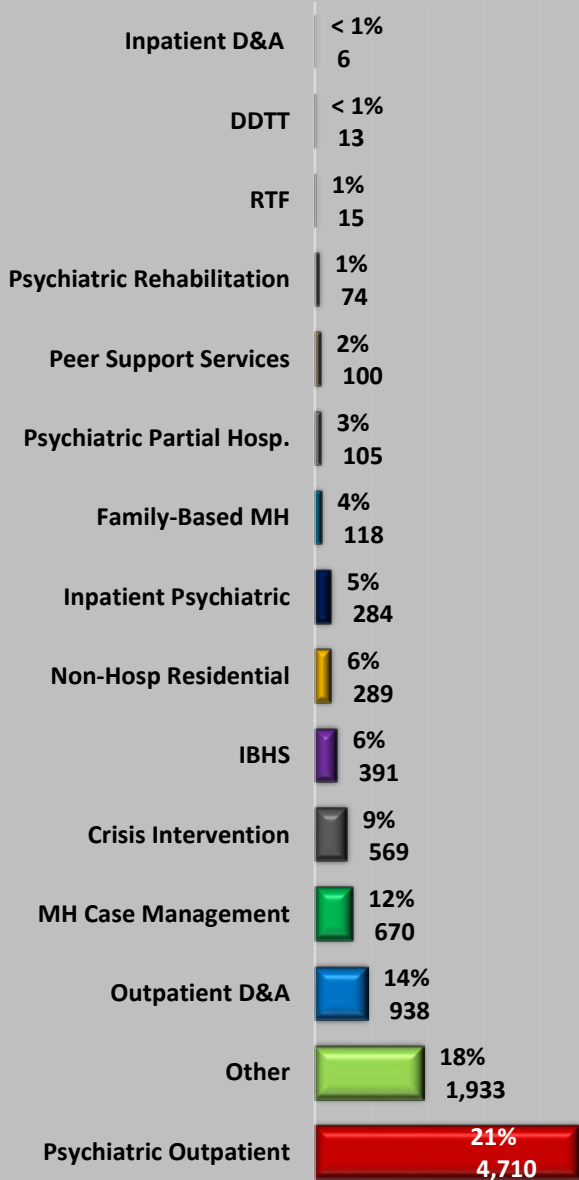


## UTILIZATION BY LEVEL OF CARE

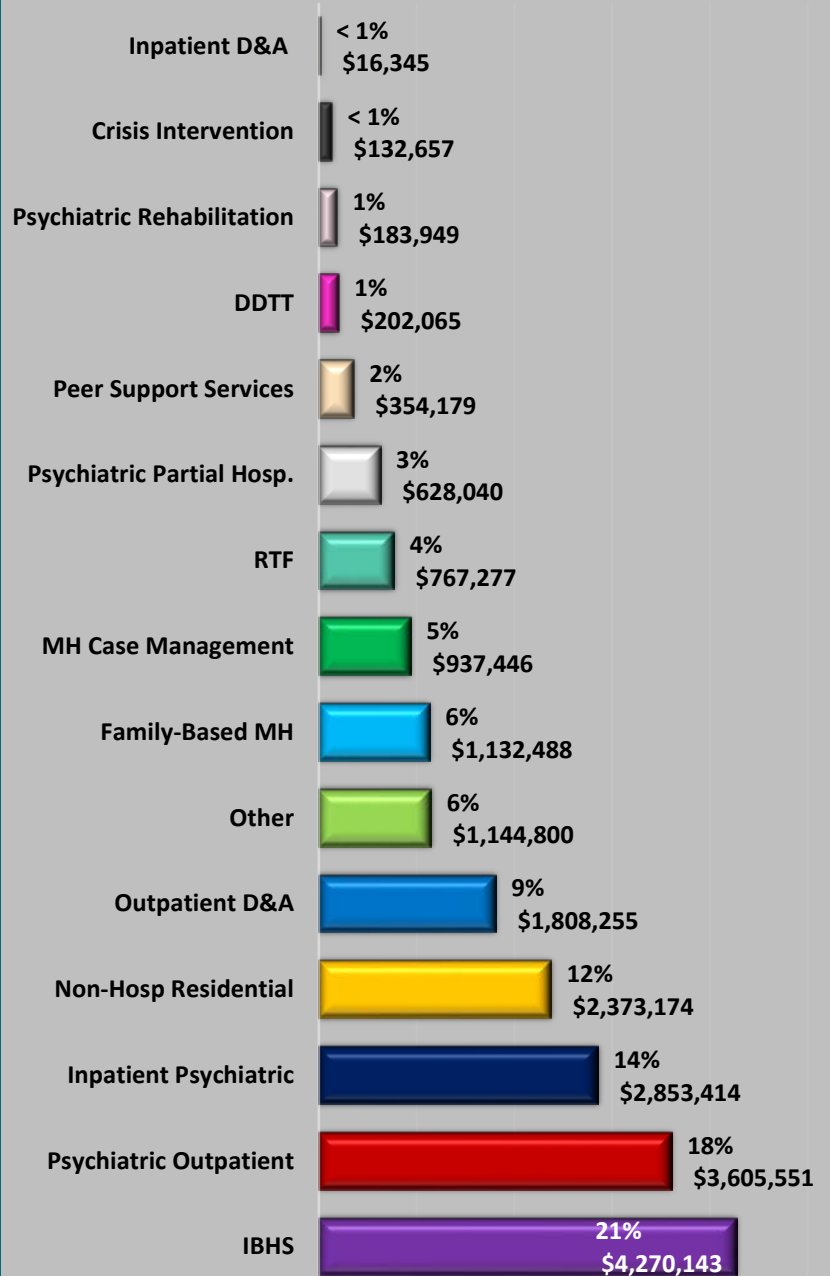
Distinct Members Served: **6,292**

Total Expenditures: **\$20,409,783**

### MEMBERS SERVED



### EXPENDITURES



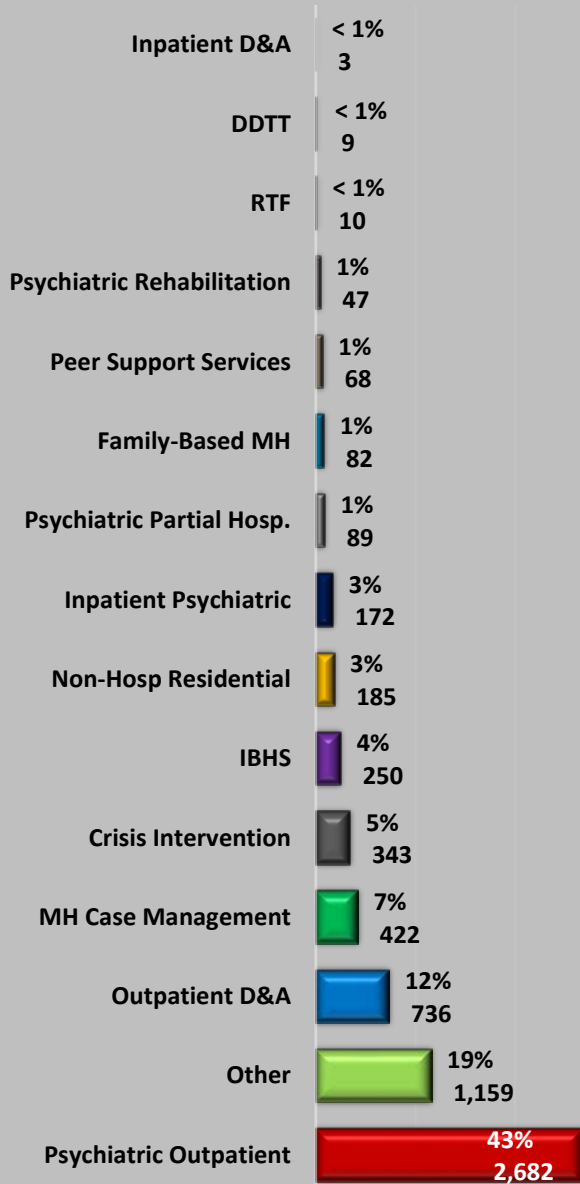
\* Some Members may have received multiple levels of care at different times during the Calendar Year.

# SOMERSET COUNTY: UTILIZATION BY LEVEL OF CARE

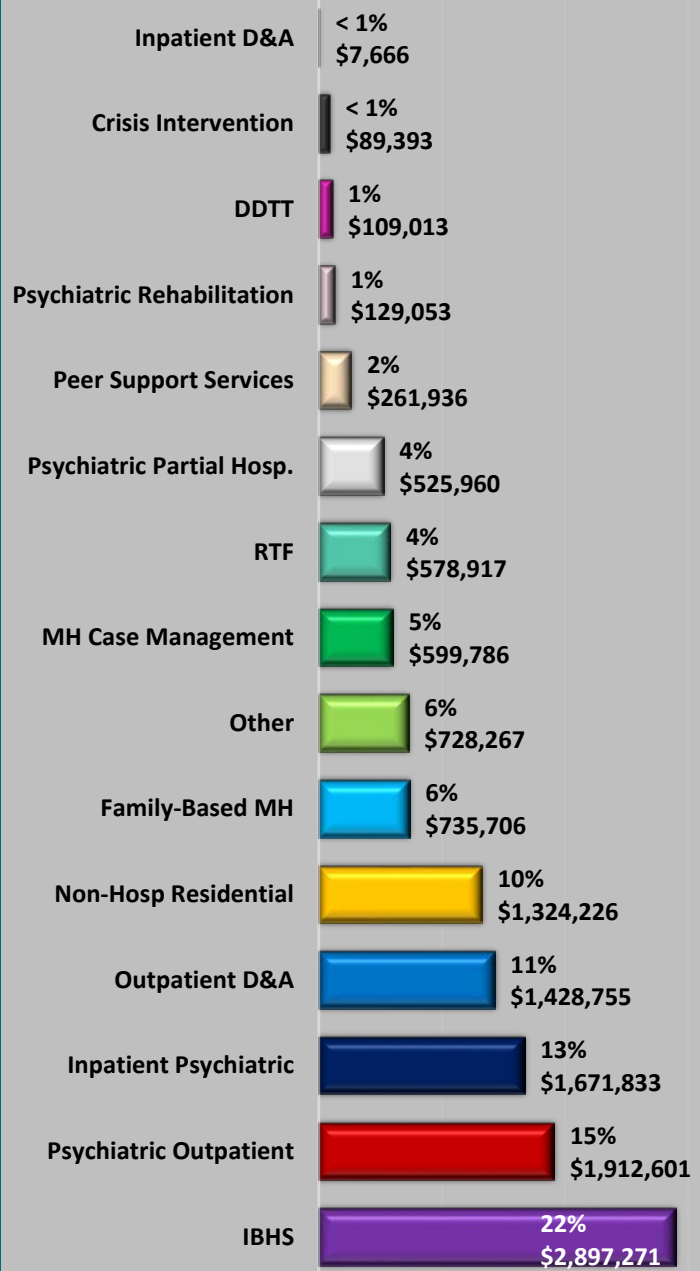
Distinct Members Served: **3,799**

Total Expenditures: **\$13,000,383**

## MEMBERS SERVED



## EXPENDITURES



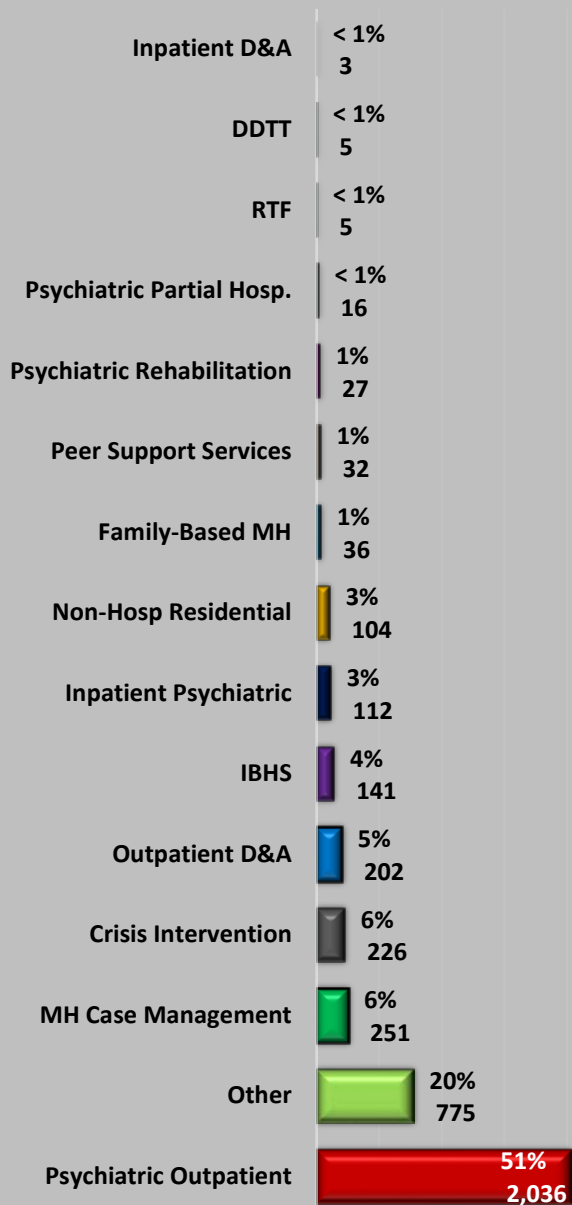
\*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

# **BEDFORD COUNTY: UTILIZATION BY LEVEL OF CARE**

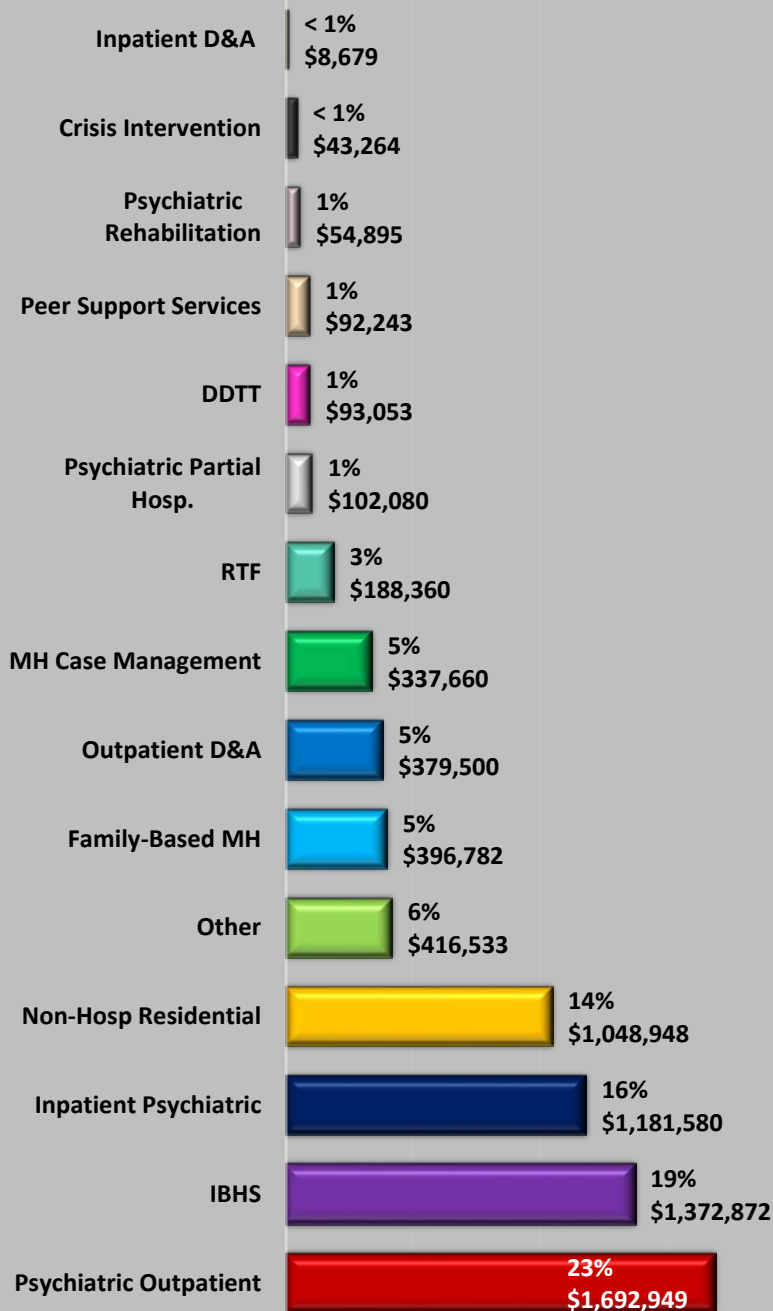
**Distinct Members Served: 2,504**

**Total Expenditures: \$7,409,399**

## **MEMBERS SERVED**



## **EXPENDITURES**



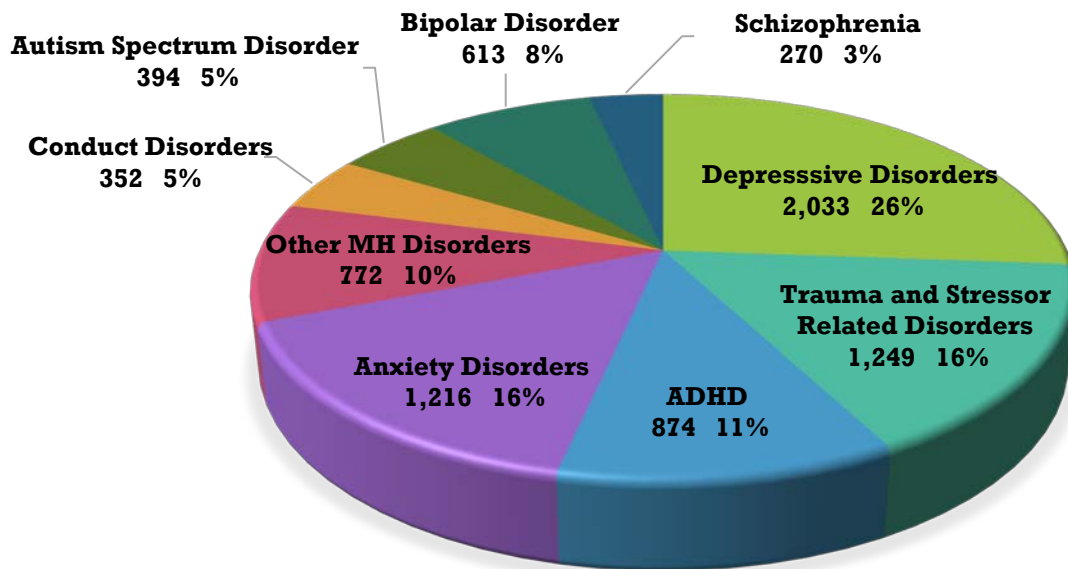
\*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

# UTILIZATION BY MENTAL HEALTH DISORDER

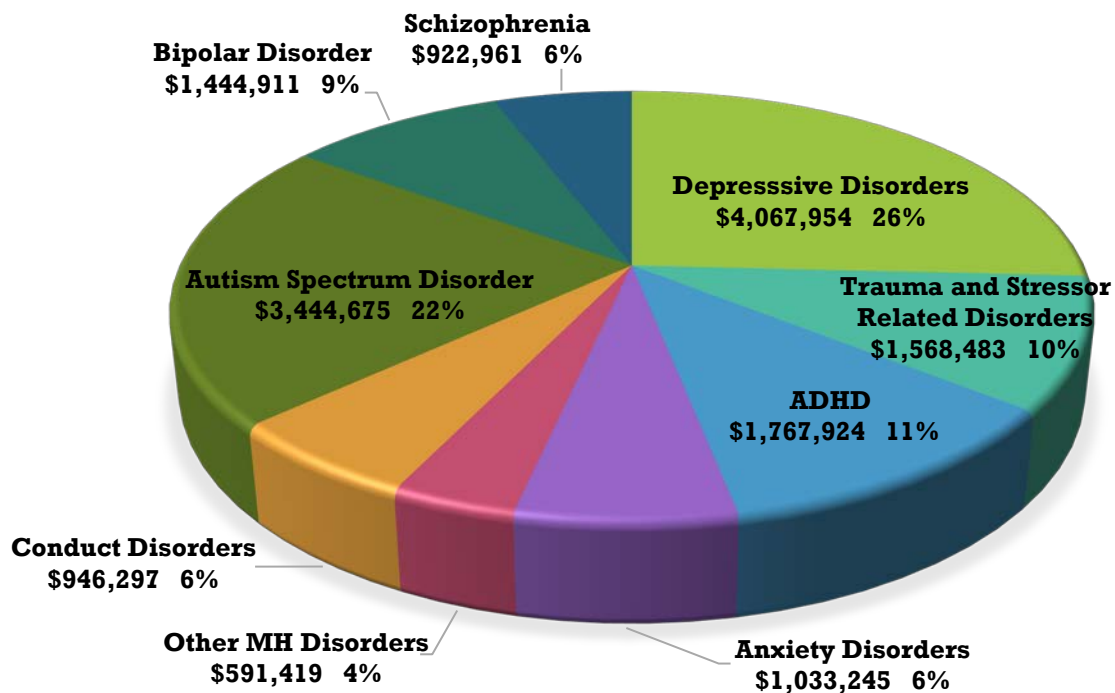
Distinct Members Served: 5,012

Total Expenditures: \$15,787,869

## Members Served



## Expenditures



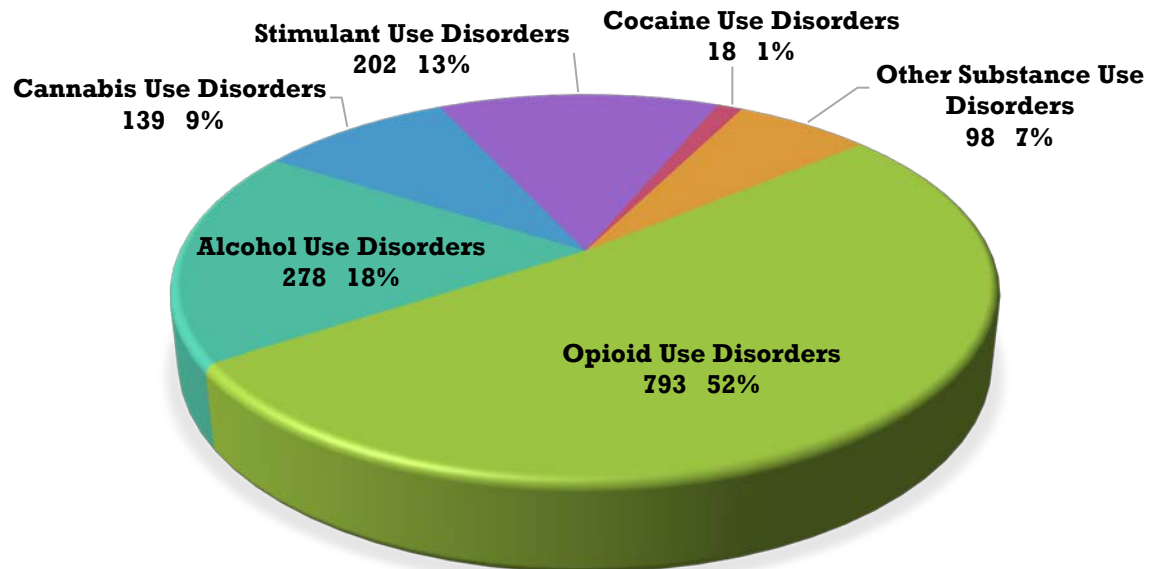
\*Some Members may have more than one diagnosis.

## UTILIZATION BY SUBSTANCE USE DISORDER

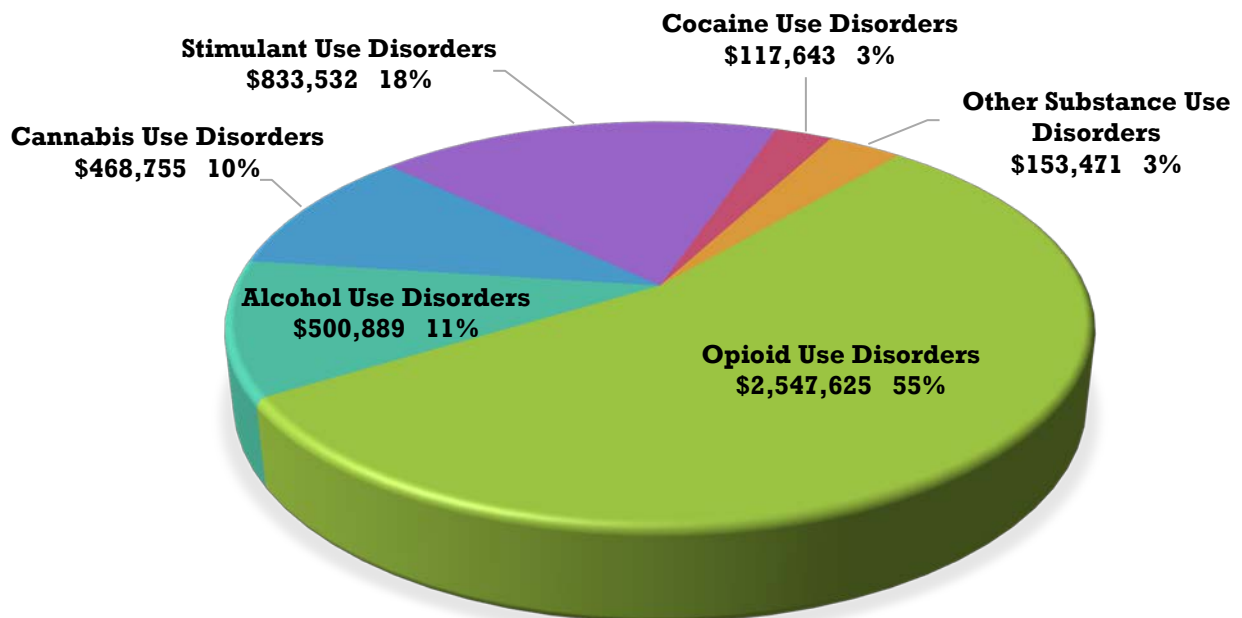
**Distinct Members Served:** 1,280

**Total Expenditures:** \$4,621,915

### Members Served



### Expenditures



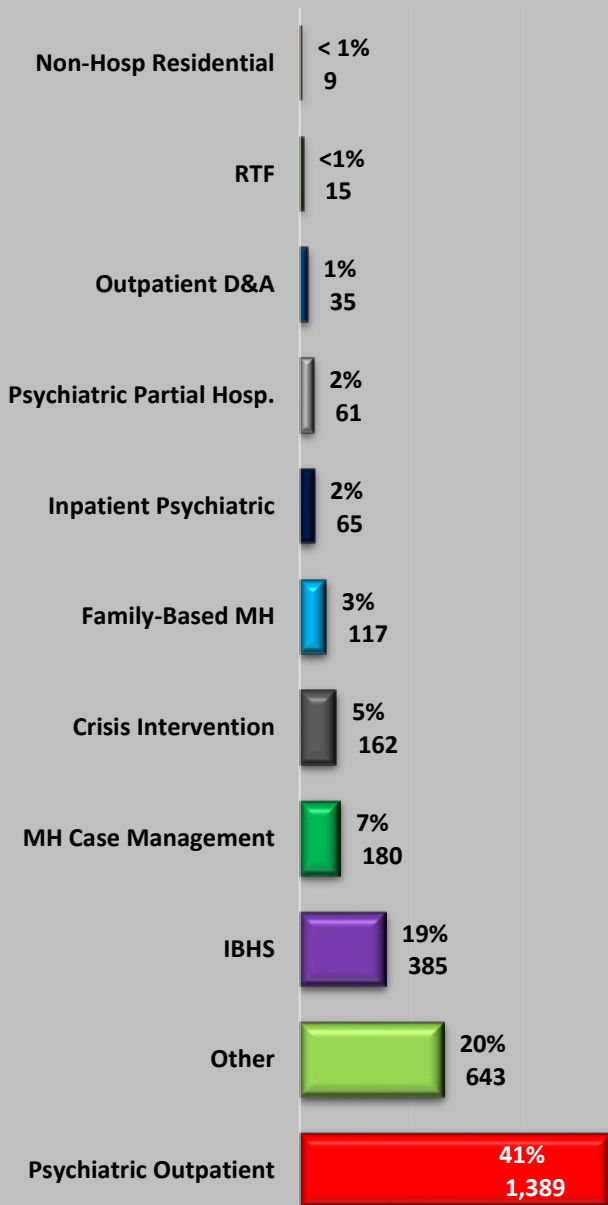
\*Some Members may have more than one diagnosis.

# YOUTH: UTILIZATION BY LEVEL OF CARE

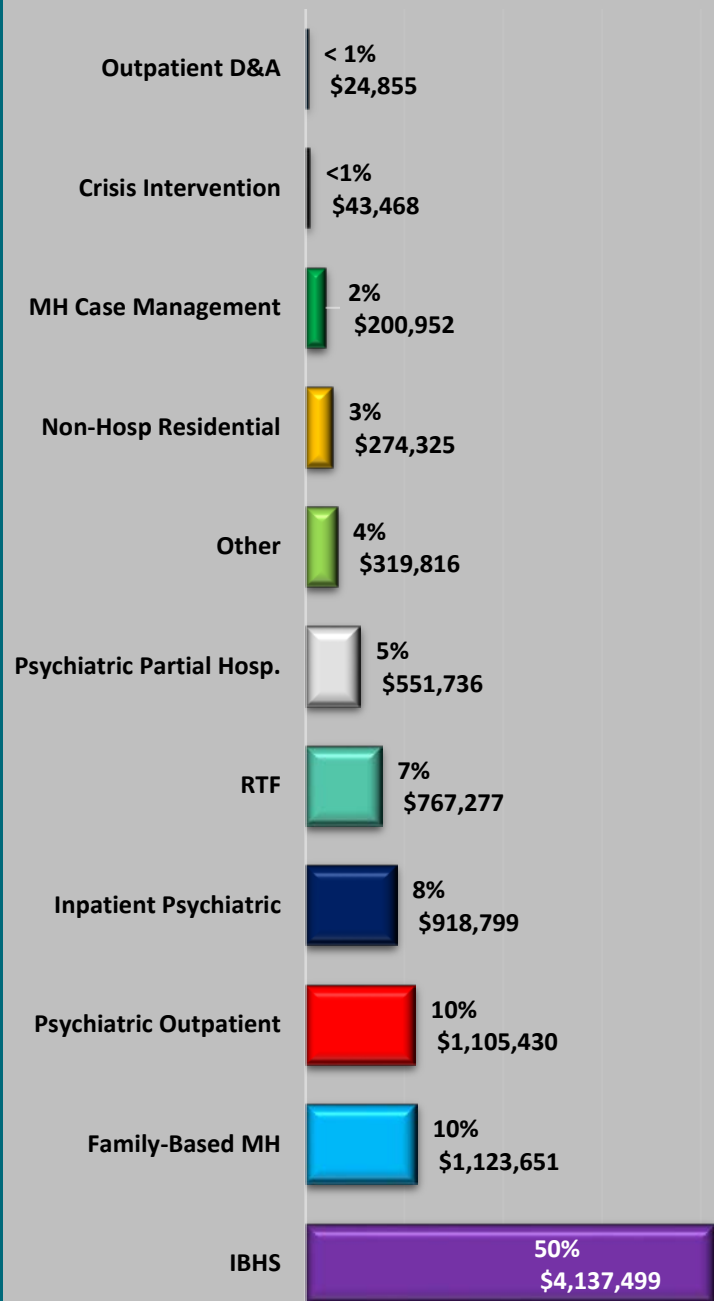
**Distinct Members Served: 1,805**

**Total Expenditures: \$9,467,806**

## MEMBERS SERVED



## EXPENDITURES



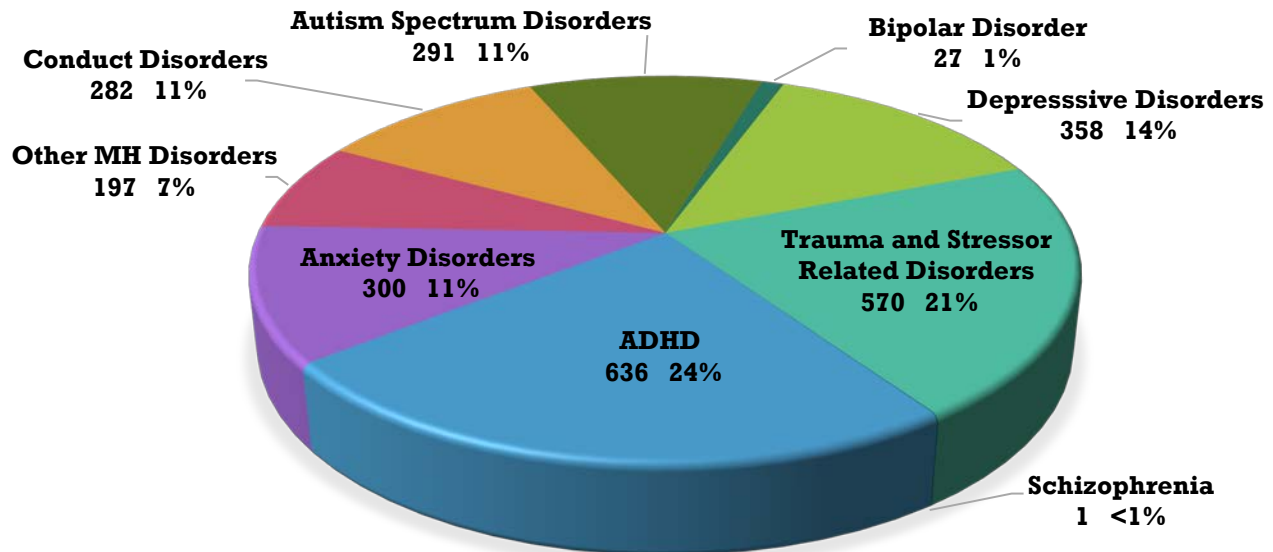
\*Some Members may have received multiple levels of care at different times during the Calendar Year.

# YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

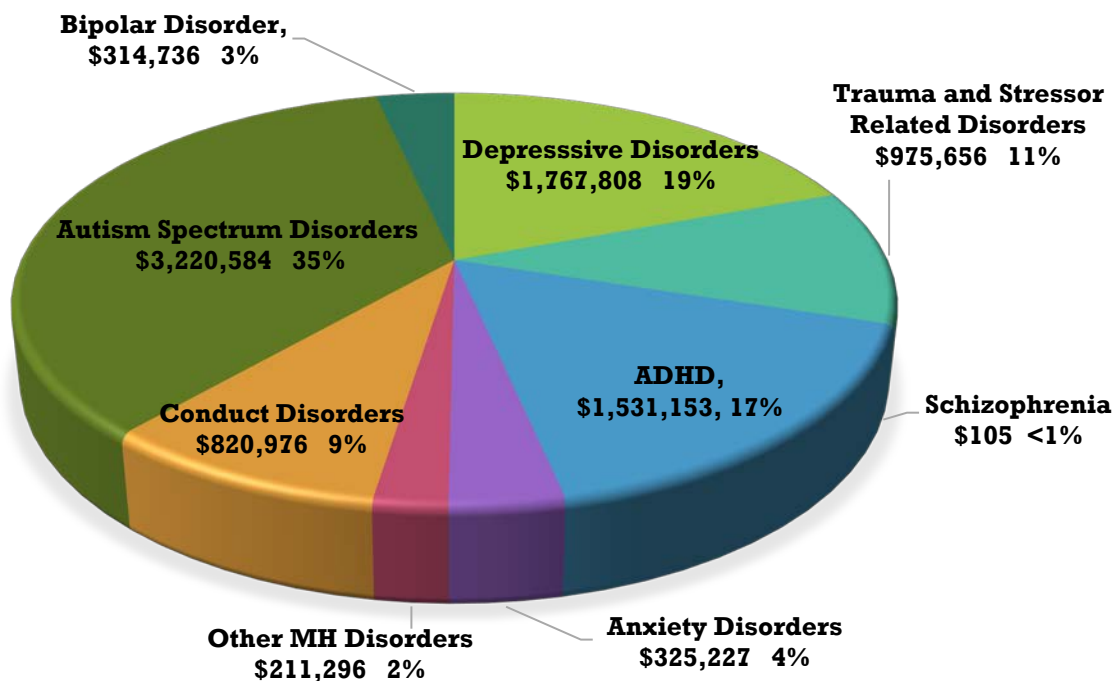
**Distinct Members Served: 1,790**

**Total Expenditures: \$9,167,541**

## Members Served



## Expenditures

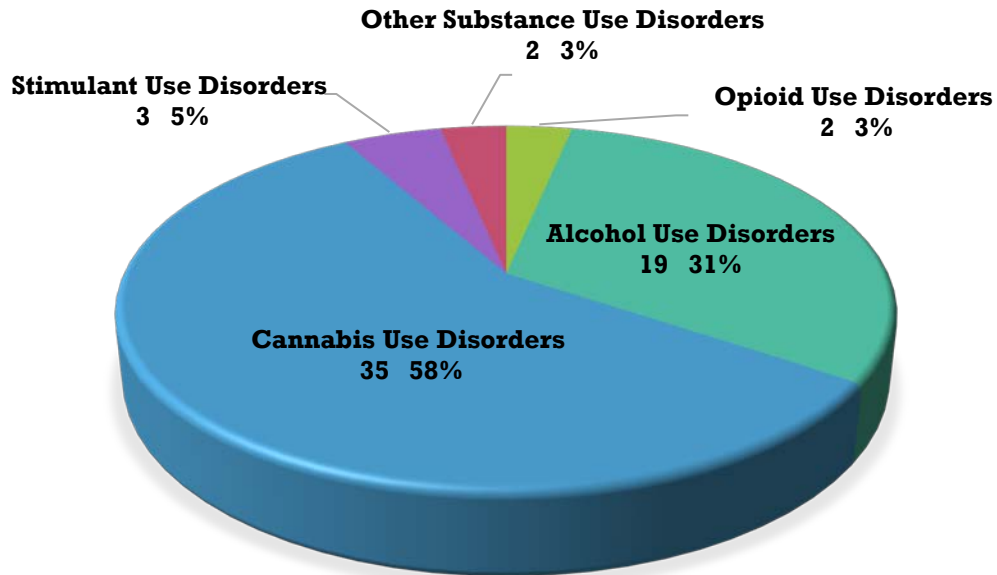


\*Some Members may have more than one diagnosis.

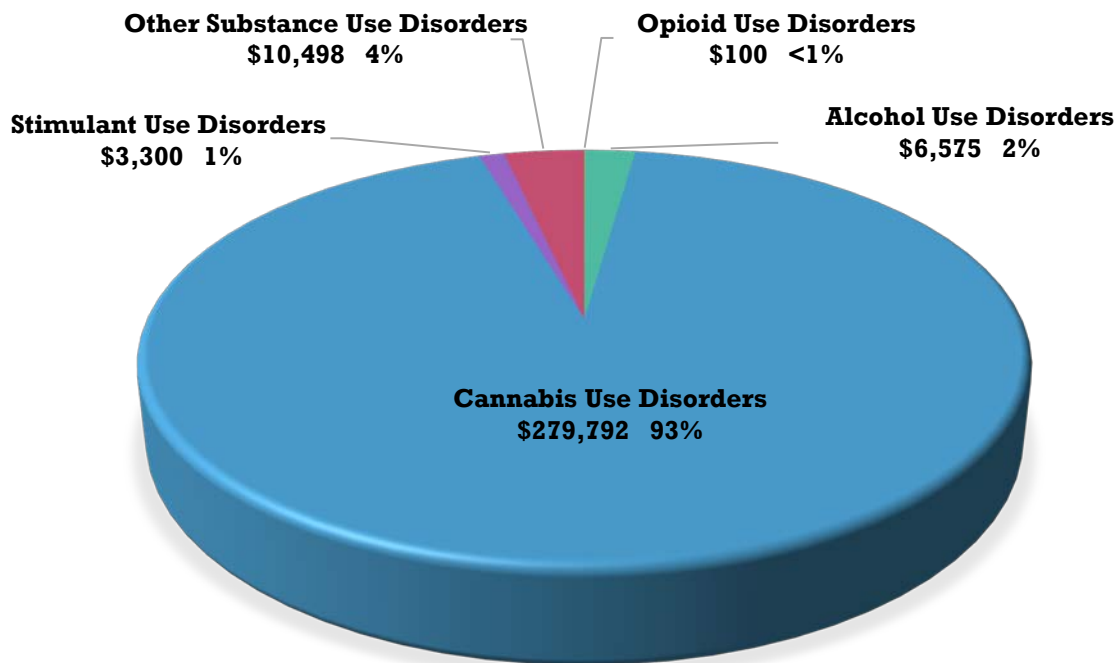
## YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

**Distinct Members Served:** 48    **Total Expenditures:** \$300,265

### Members Served



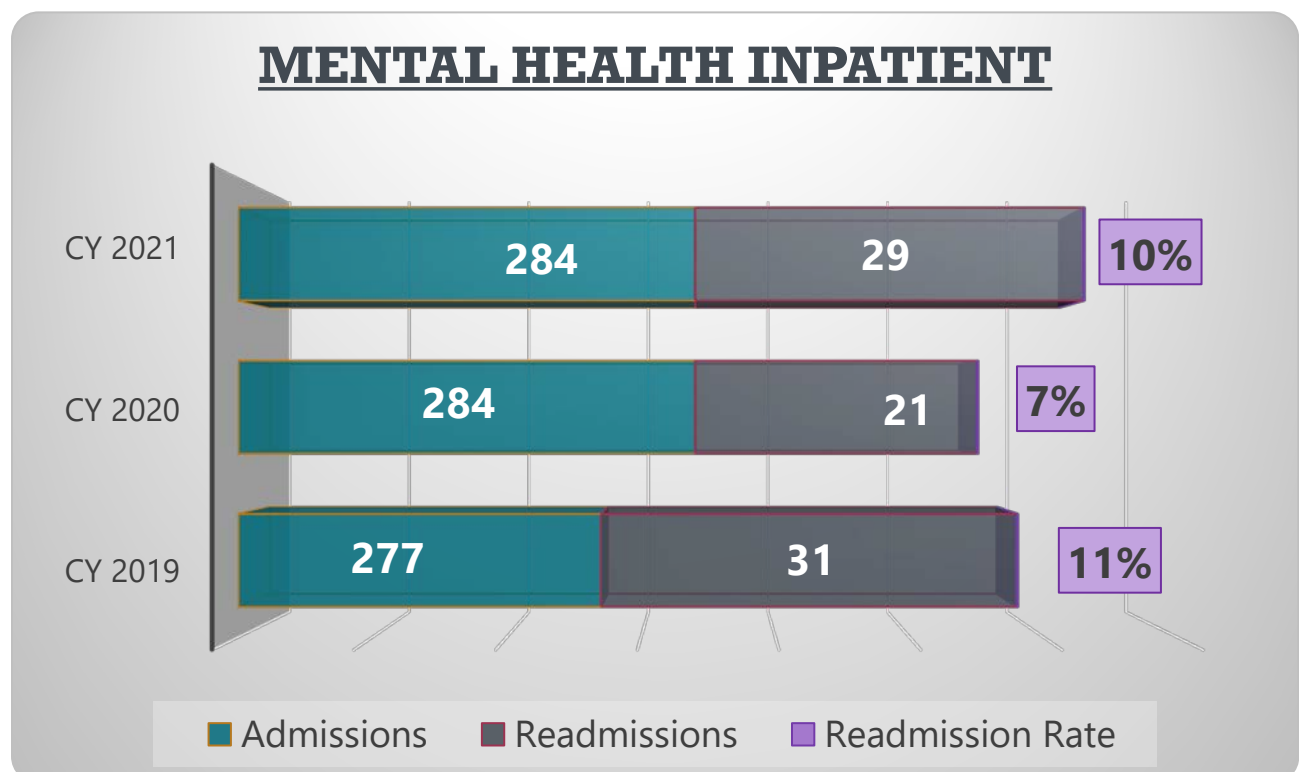
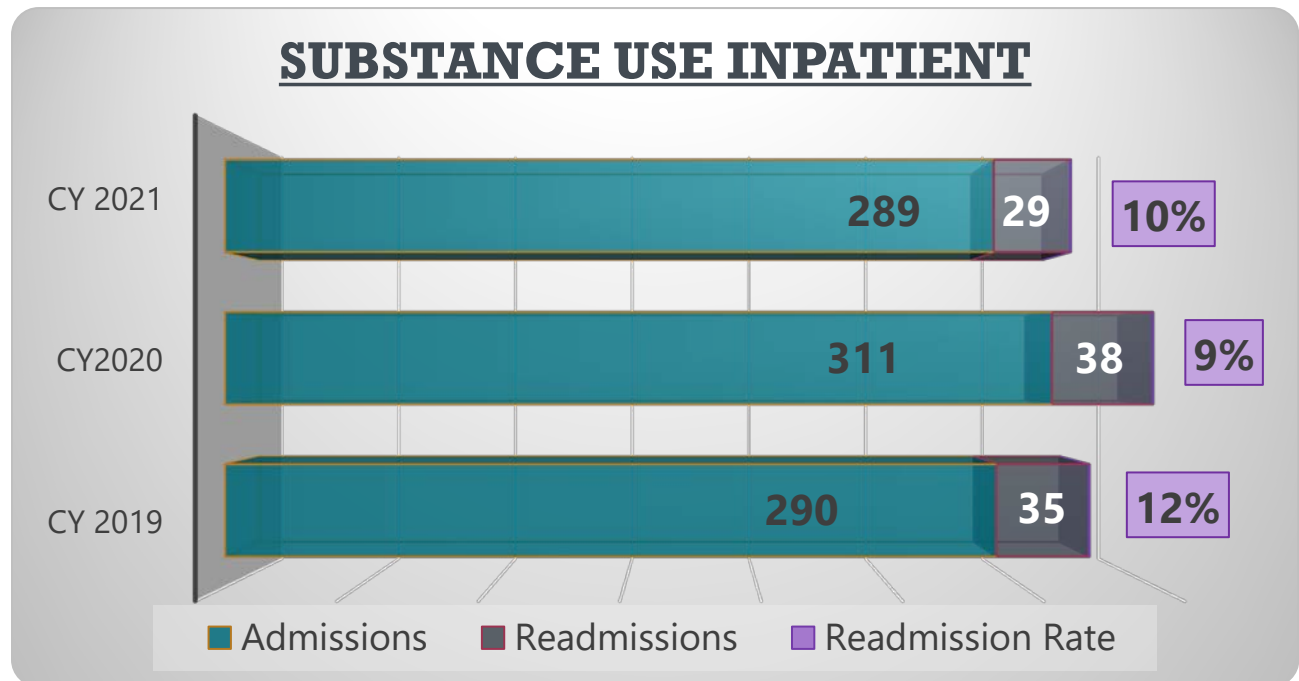
### Expenditures



\*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**

## **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. A denial may include the following:

- a) disapproves the request completely
- b) approves provision of the requested service(s) but for a lesser amount, scope, or duration than requested,
- c) disapproves provision of the requested service(s), but approves provision of an alternate service(s),
- d) reduces, suspends, or terminates a previously authorized service.

The number of service denials increased in CY 2021, with a total of 20 service denials (4 Bedford County; 16 Somerset County). The highest number of denials were for IBHS BHT (13), followed by RTF (4), and MH-PHP (3).

## **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.

There were four (4) Grievances filed in CY 2021 (one (1) Bedford County; three (3) Somerset County), the same total number as in CY 2020. One (1) Grievance was for the denial of IBHS; One (1) Grievance was for the denial of MH-PHP; two (2) Grievances were for the denials of RTF. The Grievance decisions were: one (1) upheld; three (3) overturned.

## **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 the Pennsylvania Insurance Department's (PID) Bureau of Managed Care (BMC), 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 request 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. - g.), the Member may file a second level Complaint. The Member may file a request for an External Review of the second level Complaint decision with the PID BMC.

BHSSBC closely monitors Complaints filed by HealthChoices Members. There were twelve (12) level one Complaints filed in CY 2021 six (6) Bedford County; six (6) Somerset County), which was a slight increase from CY 2020. Six (6) Complaints were related to Attitude and Service; one (1) Complaint was related to Access; five (5) Complaints were related to Quality of Care. The decisions were: ten (10) substantiated and one (1) unsubstantiated; one (1) Complaint was withdrawn. There were no second-level Complaints.

## **External Reviews / Fair Hearings**

An External Review is a review of the Complaint or Grievance decision conducted by a certified review entity (CRE) appointed by the PID BMC.

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 were no requests for Fair Hearings, External Reviews of Complaints or Grievances. The decision of one (1) Fair Hearing of a Grievance (filed in CY 2020) was denied in CY 2021.

# **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 2021, there were a total of **767** C/FST surveys completed (12% by face-to-face interview; 88% by phone) with **517** adults, **160** families, and **90** youth. Face-to-face surveys were suspended during the first half of 2021 as most services were provided via telehealth due to the Covid-19 pandemic. In September 2021, more members were returning to in-person services and face-to-face surveys were slowly reinitiated.

### **What Are We Doing Well?**

- **TREATMENT OUTCOMES:** **97%** of Youth feel they make better choices about how to deal with day-to-day life.
- **ACCESS TO SERVICES:** **97%** of Adults feel they were able to get the help they needed within a reasonable amount of time.
- **TREATMENT EXPERIENCE:** **97%** of Adults agree that the interventions offered to them on their treatment plan are a good fit for them.
- **RECOVERY ORIENTATION:** **99%** of Families report they were able to be actively involved in developing their child's treatment goals.

### **Where Can We Improve?**

- **TREATMENT EXPERIENCE:** **86%** of Adults and Youth report their behavioral health provider offered them a copy of their treatment plan.
- **RECOVERY ORIENTATION:** **86%** of Adults, Families, and Youth report their provider has talked to them about community supports and other options that are available.
- **AWARENESS OF RIGHTS:** **78%** of Adults, Families, and Youth report they are aware they can file a complaint and **78%** of Adults, Families, and Youth report they are aware they can file a grievance through Community Care Behavioral Health.

## **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 2021, 43 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. Due to COVID-19, the Supportive Housing Program offered Telehealth as well as in-person services.

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.

**BE HAPPY.  
BE BRIGHT.  
BE YOU.**

## **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 2021, the Drop-In Centers were closed a portion of the year 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. The Drop-In Centers were able to re-open in May 2021 with reduced hours and capacity. As COVID-19 restrictions were loosened, the Centers increased their hours and capacity.



## **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 2021.

### **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 2021, BHSSBC coordinated 29 trainings (98 training hours) with 598 participants. The overall average evaluation rating for all trainings was 4.8 (5 being the highest score). During 2021, all trainings were held via a virtual format to accommodate the restrictions due to COVID-19.

### **Community Based Care Management (CBCM)**

In accordance with the HealthChoices Program Standards and Requirements of 2021, BHSSBC and Community Care created an affiliation with Community Action Partnership for Somerset County and The Center for Community Action in Bedford County as the Community Based Organizations (CBO). These CBOs also participate in the Inpatient/Ambulatory VBP to synergize partnerships between service providers and community resource programs to meet the needs of members. The CBOs provide a variety of resources and services relating to the Social Determinations of Health (SDoH) including food insecurity, housing, transportation, childcare, employment, utility and clothing assistance, and financial strain. The CBO's report data on Members who have been engaged with services and resources; the SDoH the CBO has addressed with the member; invoicing to identify the use of the staffing and administrative allocated CBCM funds and to ensure funding is not used for services or commodities.

Community Care hired a Community Health Worker (CHW) in July 2021, who works to bridge service delivery in the Medicaid system and CBO referrals and involvement. The CHW engaged eight (8) members; completed or attempted follow up calls for sixteen (16) members and completed Behavioral Health Provider Coordination for two (2) members.



## **Intensive Behavioral Health Services (IBHS)**

Behavioral Health Rehabilitation Services (BHRS) ended on January 17, 2021. Intensive Behavioral Health Services (IBHS) regulations superseded the BHRS bulletins. All the previous BHRS agencies have been approved and licensed to provide IBHS services in Somerset and Bedford Counties. Community Care met with the providers and provided guidance and answers related to IBHS through the IBHS consortium and individually, as needed. Community Care also provided a page on their website that was continuously updated to reflect FAQ's from OMHSAS and questions asked by providers. All BHRS authorizations were successfully migrated into an IBHS authorization. Providers successfully began to request and receive authorizations for IBHS in 2021. BHSSBC, Community Care, and the IBHS providers met with the schools in Bedford County on August 4, 2021, and Somerset County on August 5, 2021, to detail how IBHS changes affect the schools.

## **Health Resources and Service Administration Grant (HRSA)**

BHSSBC in conjunction with Community Care, the County SCAs and The Center for High Value Health Care received the Health Resources and Services Administration (HRSA) grant. HRSA is a three-year, federally funded project that aims to enhance access, quality, and outcomes for individuals in Bedford and Somerset Counties with substance use disorders, particularly opioid use disorder. BHSSBC has three goals:

- a) Refine initial community needs assessment to identify specific education needs and deliver ongoing education and provide resources to community stakeholders, families, and caregivers.
- b) Determine the trainings requested by providers through surveys and meetings. Conduct the trainings as specified in the needs assessment.
- c) Providers will be surveyed to determine interest in expanding existing SUD services or adding additional services.

BHSSBC will work with Community Care to contract new providers or adding services to existing providers.

**UPMC** Center for High-Value Health Care

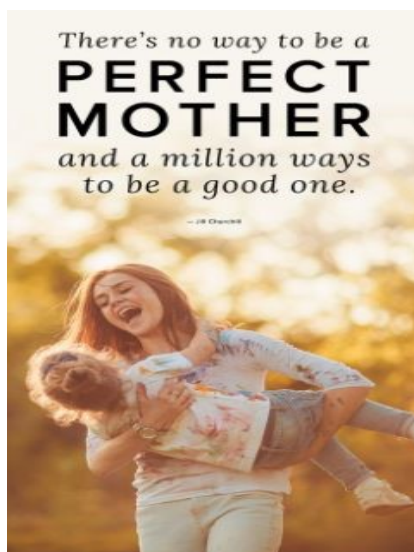


## **Pre- and Post-Natal Care**

As part of the Community Based Care Management initiative, Community Care developed a Pre/Post Natal Care Management (P/PN CM) program in 2021 to enhance support for pregnant and post-delivery members. Additional intervention opportunities further expand pregnancy and post-delivery/end of pregnancy support. Pre and Post-Natal Care Management focuses on the health and wellness of the member and baby during pregnancy, childbirth, and post-delivery or at the end of the pregnancy. Currently there are 12 identified P/PN CMs at CCBH. In Bedford and Somerset counties, One P/PN CM was assigned for each county. All identified P/PN CMs have been provided the opportunity to attend multiple trainings. The P/PN CM group meets weekly to plan, discuss member's clinical needs, share barriers, problem solve, share successes, and review/update consistent documentation requirements.

P/PN CMs through Community Care and BHSSBC outreach and engage pregnant members and members identified post-delivery 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 P/PN CMs coordinate with the Physical Health MCO (PH MCO) Maternal Health and Prenatal Health Programs to transfer the member for ongoing services and support. The P/PN CM does not duplicate efforts with the PH MCO to avoid confusion for the member and ensure the most efficient use of services.

In addition to linking members to any needed behavioral health services, Pre/Post Natal Care Managers identify social determinants of health that are currently a barrier to care or will potentially become a barrier following delivery, assist with problem solving and provide links to community resources to address any concerns. The P/PN CM continues to follow up with the member for 1 year post-delivery as clinically appropriate 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.



## **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 2022.

### **Transitional Age Youth Assertive Community Treatment Team Reinvestment Program (TAY ACT)**

In 2021, BHSSBC received State approval for a reinvestment plan based on savings realized in FY 16/17, FY 18/19, and Extended Year 19/20. These HealthChoices reinvestment funds will be used to fund the Transitional Age Youth Assertive Community Treatment Team Reinvestment Program. BHSSBC has contracted with Merakey for this initiative.

The primary target population for the Community Treatment Teams is HealthChoices members with a high utilization of inpatient services, especially those members with co-occurring psychiatric and substance use disorders that are “transition age” young adults/adolescents (generally defined as between ages 16 and 24) moving from a child serving system to less intensive/intrusive adult services in more independent living environments. Transition Age Youth and Young Adults with serious mental illness and co-occurring substance use disorders that frequently seek inpatient services, require active outreach, case management and a well-coordinated and integrated approach to treatment by a team of service providers.

By adding Assertive Community Treatment Teams to the system of available care, the goal is to reduce fragmented service delivery and to integrate treatment with case management and other supportive resources for the targeted populations that typically are high users of episodic acute care.

The success of the implementation of Assertive Community Treatment Teams will be measured through:

- Improved functional outcome and satisfaction with services for individuals and families of dependent children for whom there is a mutually developed treatment plan that is continually reassessed and that over time the consumer meets the goals of that plan
- Improved outcome and satisfaction for consumers with co-occurring mental health and substance use disorders
- Reduced inappropriate utilization of inpatient mental health and withdrawal management services
- Increased community involvement
- Increased job placement, as appropriate
- Improved school performance and attendance, as appropriate
- Increased stability in permanent housing through the community or family

## **Social Determinants of Health Reinvestment Program (SDoH)**

In 2021, BHSSBC received State approval for a reinvestment plan based on savings realized in Extended year 2019/2020. These HealthChoices reinvestment funds will be used to fund the Social Determinants of Health (SDoH) Reinvestment Program. BHSSBC will work with two Community Based Organizations (CBO's), The Center for Community Action in Bedford County and The Community Action Partnership for Somerset County for this initiative. The CBO's will assess the needs of the individuals and families to gain an understanding of their SDoH needs. At times, referrals will be made to other organizations that can address the SDoH, however, there may be more emergent needs that could be better addressed by using funds from this reinvestment plan.

Within Bedford and Somerset Counties there has been an identified need to address social determinants of health that impact the overall whole health of children, adolescents and adults within the Medicaid population which ultimately serves to keep members within their community and out of higher levels of mental health and substance use services. Social Determinants of Health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The Pennsylvania Department of Human Services has mandated that beginning 2021 Primary Contractors and BH-MCOs begin to address the following SDOH domains:

- a) Childcare accessibility
- b) Employment training
- c) Financial Hardship
- d) Food insecurity
- e) Housing instability
- f) Transportation
- g) Utilities

## **Parent Child Interaction Therapy**

Parent/Child Interaction Therapy (PCIT) is an evidence-based parent training treatment for young children ages two (2) to seven (7) with emotional and behavioral problems. The treatment emphasizes improving the quality of the parent-child relationship and changing the parent-child interaction patterns. Therapists typically coach from an observation room with a one-way mirror into a playroom. The parent is provided an ear bud as a means for the therapist to communicate with the parents as they play with their children.

To become a certified PCIT therapist, one must meet select requirements and complete a specialized training certification program. PCIT was previously offered in Bedford and Somerset Counties; however, due to staff turnover, we are presently lacking certified therapists. BHSSBC would like to resume PCIT and will work in upcoming months to secure the agency and necessary training to offer this treatment modality.

## **Value Based Purchasing (VBP)**

For Year Five of the Value Based Purchasing Program, BHSSBC and Community Care will continue the Inpatient Mental Health Ambulatory Transitions plan to address successful community re-integration for members who have had a mental health inpatient stay. The Year Five plan expanded the breadth of the service array to include additional mental health and substance use levels of care following discharge, and Community Based Organizations, as well as the most utilized Mental Health Inpatient providers for Bedford and Somerset Counties. This plan continues to assess 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.

New for Year Five of the Value Based Purchasing Program is the RTF Transformation plan to promote community integration and transitions of care through successful linkage to post-RTF services. This plan includes outcome measures to ensure that planning and linkage to community-based care begins early by assessing pre-discharge contact and coordination with community-based aftercare providers and post-discharge ambulatory follow-up.

## **Functional Family Therapy**

Functional Family Therapy (FFT) is a family-based prevention and intervention program for high-risk youth, ages 11 to 18, who are justice-involved or at risk for delinquency, violence, substance use, or other behavioral problems. FFT is an intensive, short-term therapeutic model that offers in-home family counseling designed to address the at-risk behaviors from a relational, family-based perspective with a concentration on improving family relationships.

FFT therapists utilize a national evidence-based model to work with the referred youth and their families to address risk and protective factors within and outside the family unit. The model assesses the family dynamics that have contributed to the youth's behavior, modifies strained family communications, works on improving parenting skills, and supports positive reinforcement within relationships.

FFT requires therapists to be certified to implement the model. FFT was offered in Bedford/Somerset counties in the past; however, the identified provider decided to discontinue the program in March 2020. A new provider has been identified and BHSSBC will coordinate with this provider so that this program can once again be offered in Somerset and Bedford Counties.

## **APPENDIX A: ACRONYMS**

- ABA: Applied Behavioral Analysis
- ACA: Affordable Care Act
- ACT: Assertive Community Treatment
- ADHD: Attention Deficit Hyperactivity Disorder
- ASAM: American Society of Addiction Medicine
- ASD: Autism Spectrum Disorder
- ASO: Administrative Service Organization
- BCM: Blended Case Management
- BH: Behavioral Health
- BH-MCO: Behavioral Health Managed Care Organization
- BH-PH: Behavioral Health/ Physical Health
- BHSSBC: Behavioral Health Services of Somerset and Bedford Counties, Inc.
- BMC: Bureau of Managed Care
- C/FST: Consumer/Family Satisfaction Team
- CAO: County Assistance Office
- CASSP: Child and Adolescent Service System Program
- CBCM: Community Based Care Management
- CBHDR: Center for Behavioral Health Data Research, Inc.
- CBO: Community Based Organization
- 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
- CRE: Certified Review Entity
- CRR: Community Residential Rehabilitation
- CRR-HH: Community Residential Rehabilitation Host Home
- CRS: Certified Recovery Specialist
- CSP: Community Support Program
- CY: Calendar Year
- 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
- 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
- HRSA: Health Resources & Services Administration
- 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
- PCIT: Parent-Child Interaction Therapy
- PCP: Primary Care Physician
- PHI: Protected Health Information
- PH-MCO: Physical Health Managed Care Organization
- PHP: Partial Hospitalization Program
- PID: Pennsylvania Insurance Department
- PMHCA: Pennsylvania Mental Health Consumers Association
- PMPM: Per Member Per Month
- 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
- SDoH: Social Determinants of Health
- SED: Serious Emotional Disturbance
- SSA: Social Security Administration
- SU: Substance Use
- TANF: Temporary Assistance to Needy Families
- TAY: Transition Age Youth
- TCM: Targeted Case Management
- TF-CBT: Trauma Focused Cognitive Behavioral Therapy
- TPL: Third Party Liability
- VBP: Value Based Purchasing
- 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) or 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

Bedford & Somerset Counties Crisis Line <i>Available 24 hours a day, 7 days a week</i>	1.866.611.6467
Somerset County Mental Health Referrals	814.443.4891 (Toll-free: 877.814.4891)
Bedford County Mental Health Referrals	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 ( <a href="http://www.safe2saypa.org">www.safe2saypa.org</a> )	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

"911" Call if you can – Text if you can't

Only available in Somerset County





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