Blair County HealthChoices

Executive Summary
January 1, 2021 - December 31, 2021

BLAIR
HealthChoices

County Commissioners

Bruce Erb, Chair
Laura Burke, Vice-Chair
Amy Webster, Secretary

Prepared April 2022

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County Commissioners

Bruce Erb, Chairperson
Laura Burke, Vice-Chairperson
Amy Webster, Secretary

Current Board of Directors

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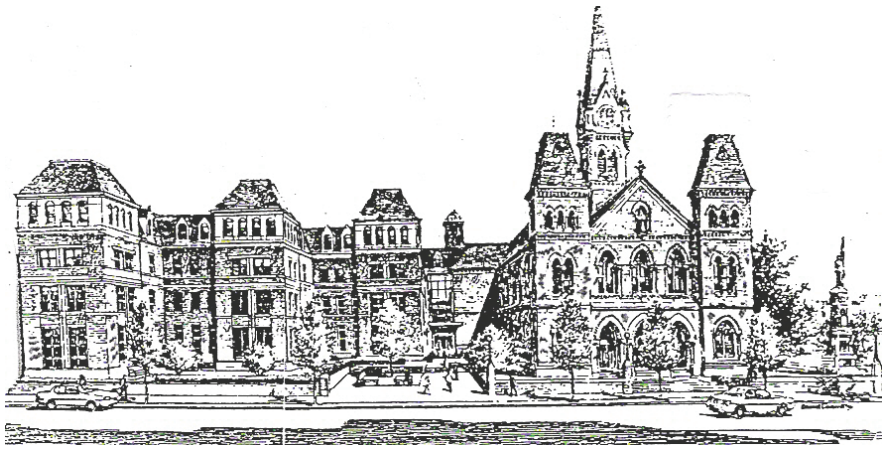
Alex Seltzer, Vice Chairperson
Paul Querry, Secretary/Treasurer
Commissioner Bruce Erb
Nancy Imes
Kathleen Wallace
Steve Williamson

Amy Marten-Shanafelt, Executive Director



HEALTHCHOICES

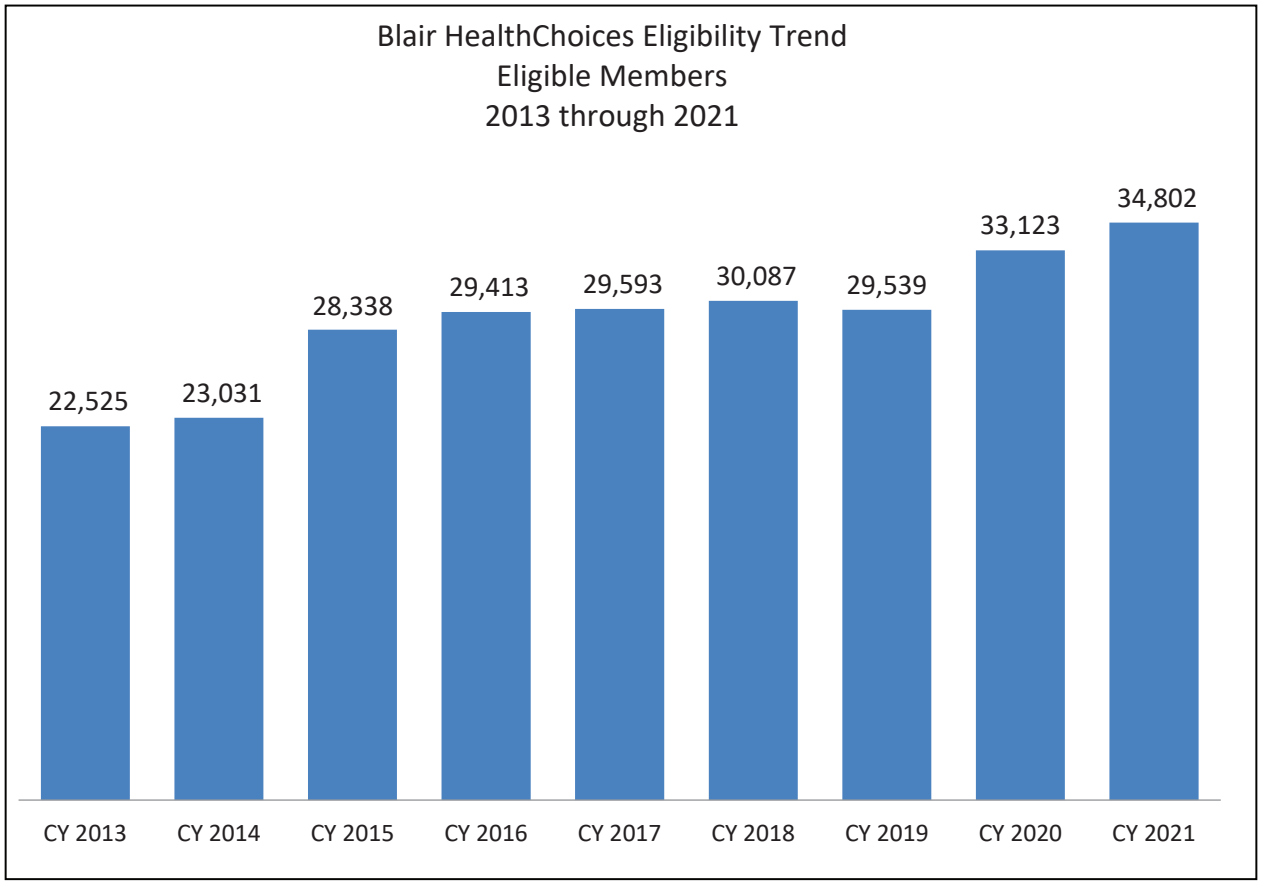
HealthChoices is the Commonwealth of Pennsylvania's mandatory Medicaid managed care program administered by the Department of Human Services (DHS). This integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse services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

Broad-based coordination is required to meet the complex needs of high risk populations in the HealthChoices managed care program and assure appropriate access, service utilization, and continuity of care for persons with serious mental illness and/or addictive diseases. The unique structure of county administered behavioral health and human service delivery systems and the counties' experience in administering behavioral health services, led to county governments being offered the right-of-first opportunity to enter into capitated contracts with the Commonwealth to manage their local HealthChoices programs.

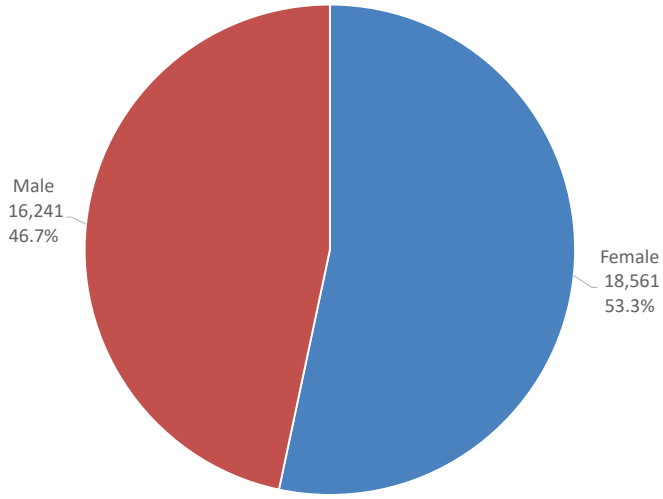
As of July 1, 2007, Blair County accepted the right-of-first opportunity to manage the local program and entered into a full-risk capitation contract with the Commonwealth. The County formed a 501(c)3 nonprofit corporation called Central PA Behavioral Health Collaborative, Inc. d/b/a Blair HealthChoices, which manages the local program. Beginning on July 1, 2010, Blair HealthChoices assumed full-risk for the capitation contract with DHS.

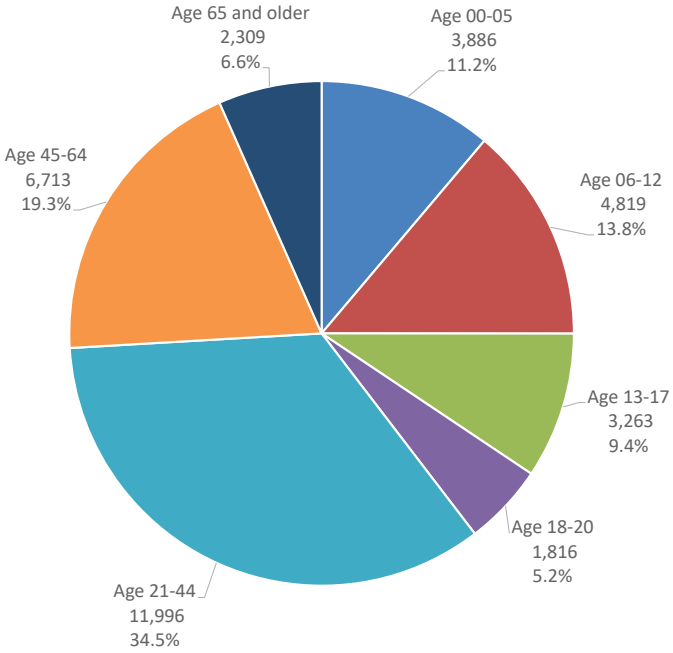
During calendar year 2021, Blair HealthChoices continued to sub-contract with its behavioral managed care organization partner, Community Care Behavioral Health Organization. Services provided by Community Care included care management, provider network development, quality assurance, member services, and claims management. Blair HealthChoices provides oversight and monitoring of all of Community Care's activities to ensure full compliance with its contract with DHS. As of March 2012, Blair HealthChoices became a Certified Utilization Review Entity and has since provided person-centered care management for HealthChoices members with more complex needs.

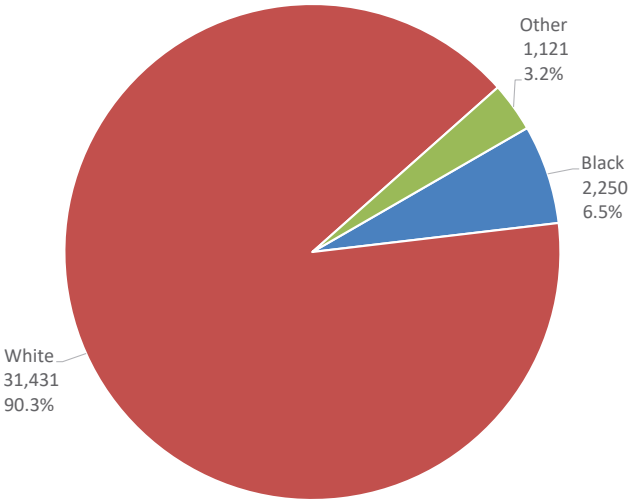
Enrollment

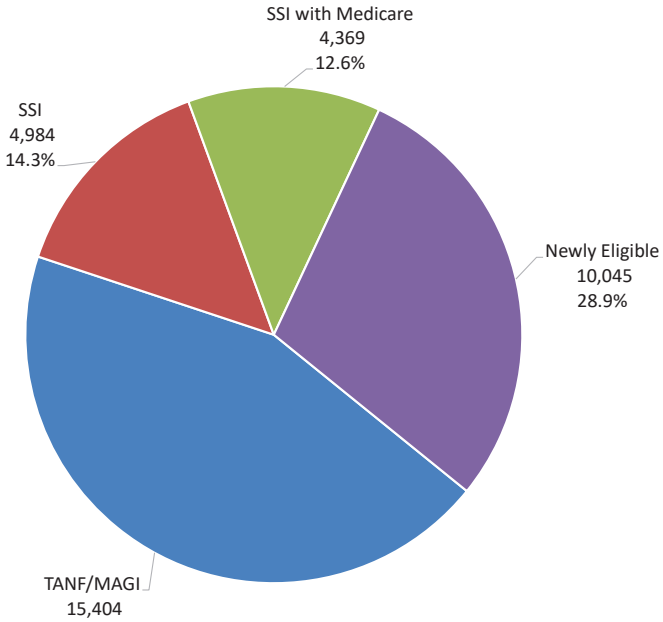


Member Demographics









As of December 31, 2021, 34,802 Blair County residents were enrolled in the HealthChoices Program.

NOTE: Percentages may not sum to 100% due to rounding.

Categories of Aid

Temporary Assistance to Needy Families (TANF)
Assistance to families with dependent children who are deprived of the care or support of one or both parents.

Modified Adjusted Gross Income (MAGI)
The Affordable Care Act made the tax concept of Modified Adjusted Gross Income (MAGI) the basis for determining Medicaid and CHIP eligibility for nondisabled, nonelderly individuals, effective January 1, 2014.

Newly Eligible
Medicaid expansion category for adults, ages 21 and older, with household incomes up to 138% of the Federal Poverty Level (FPL), effective January 1, 2015.

Supplemental Security Income without Medicare (SSI)
Assistance for people who are aged, blind, or determined disabled for less than two years.

Supplemental Security Income with Medicare (SSIM)
Assistance for people who are aged, blind or determined disabled for over two years.

Services

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

In-Plan Services:

- Behavioral Health Rehabilitative Services for Children and Adolescents (BHRS) in transition to Intensive Behavioral Health Services (IBHS)
- Crisis Intervention
- Family Based Mental Health Services
- Inpatient Psychiatric Hospitalization
- Inpatient Substance Use Detoxification, Treatment, Non-Hospital Rehabilitation, and Halfway House
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Methadone Maintenance and Medication-Assisted Treatment
- Mobile Mental Health Treatment
- Outpatient Mental Health and Substance Use Counseling, Psychiatric Evaluation, and Psychological Testing
- Peer Support Services
- Psychiatric Partial Hospitalization Services
- Residential Treatment Facilities for Adolescents (RTF)
- Targeted Case Management

Supplemental Services:

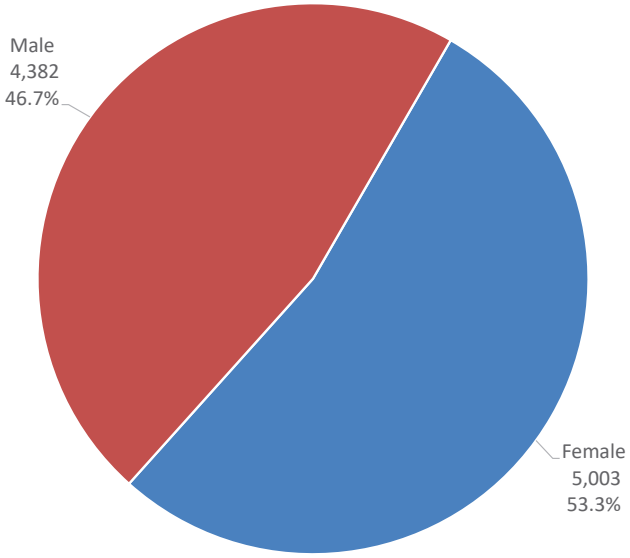
- Behavioral Health Home
- Dual Diagnosis Treatment Team
- Crisis Stabilization Residential Unit for Dual Diagnosis
- Children's Services enrolled as Program Exceptions
    - Autism After School Program
    - Community and School-Based Behavioral Health
    - Music Therapy
    - School-Based Rehabilitation Program
- Psychiatric Rehabilitation
- Substance Use Level of Care Assessment
- Substance Use Intensive Outpatient
- Substance Use Targeted Case Management
- Substance Use Partial Hospitalization
- Substance Use Certified Recovery Specialist

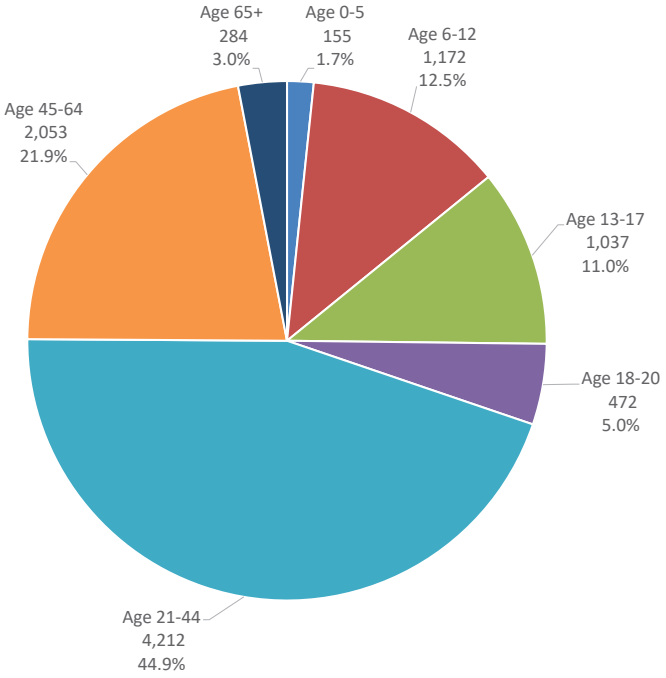
Evidence-Based Modalities:

- Applied Behavioral Analysis - Autism Support Services
- Critical Time Intervention
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Functional Family Therapy (FFT)
- Multi-Systemic Therapy (MST)
- Parent Child Interaction Therapy
- Trauma-Focused Cognitive Behavioral Therapy

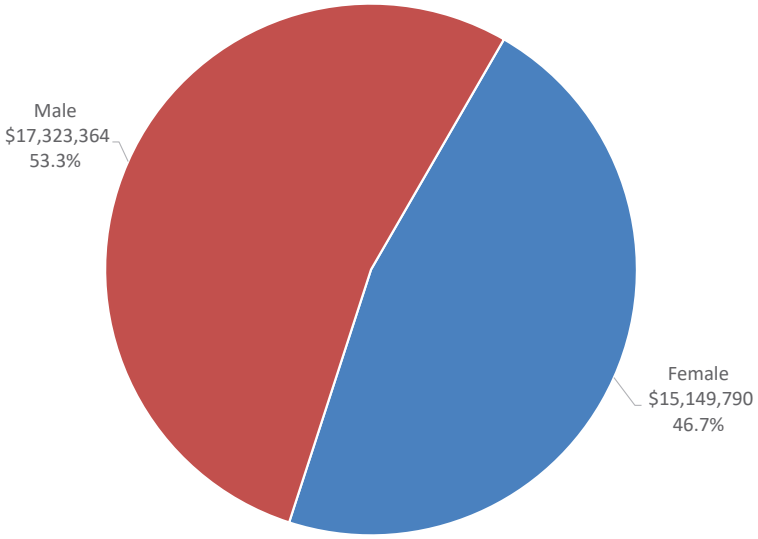
Utilization

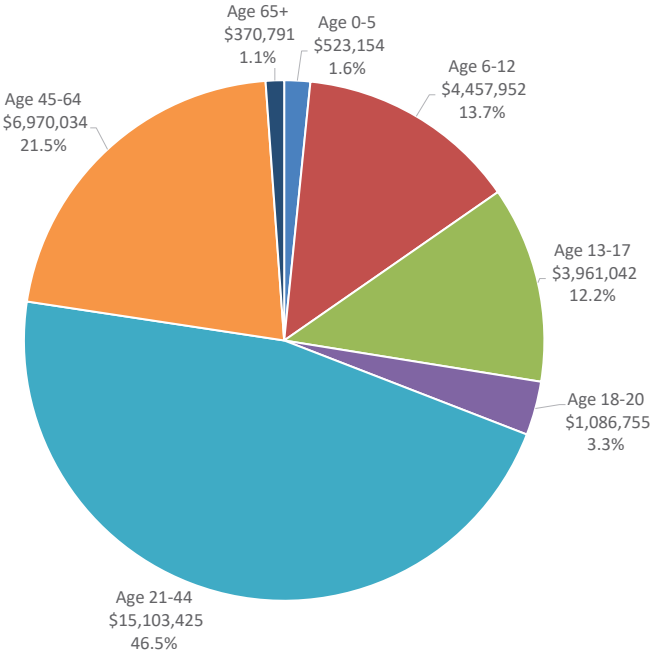
Members Served





Expenditures





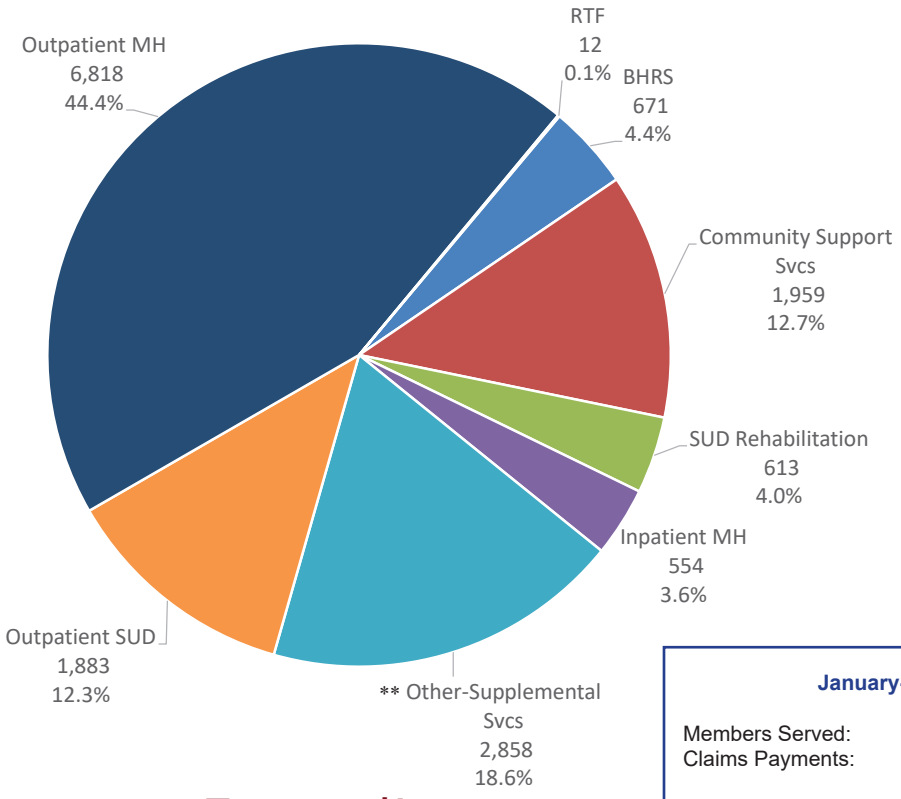
January-December 2021 as of March 2022

Members Served:	9,385
Claims Payments:	$32,473,154
APA Amount Paid:	$ 2,373,590
P4P Amount Paid:	$ 399,595
Total APA and P4P Expenditures:	**$ 2,773,185**
Grand Total:	**$35,246,339**

Notes: APA = Alternative Payment Arrangement; P4P = Pay for Performance incentive. Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APA or P4P

Utilization by Level of Care

Members Served



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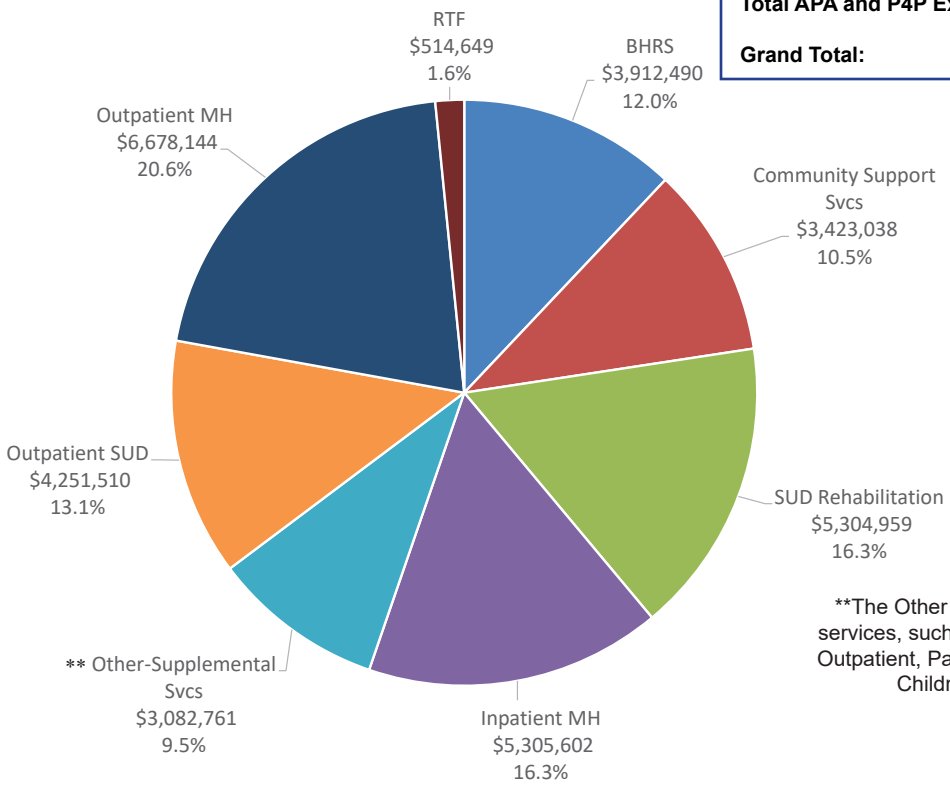


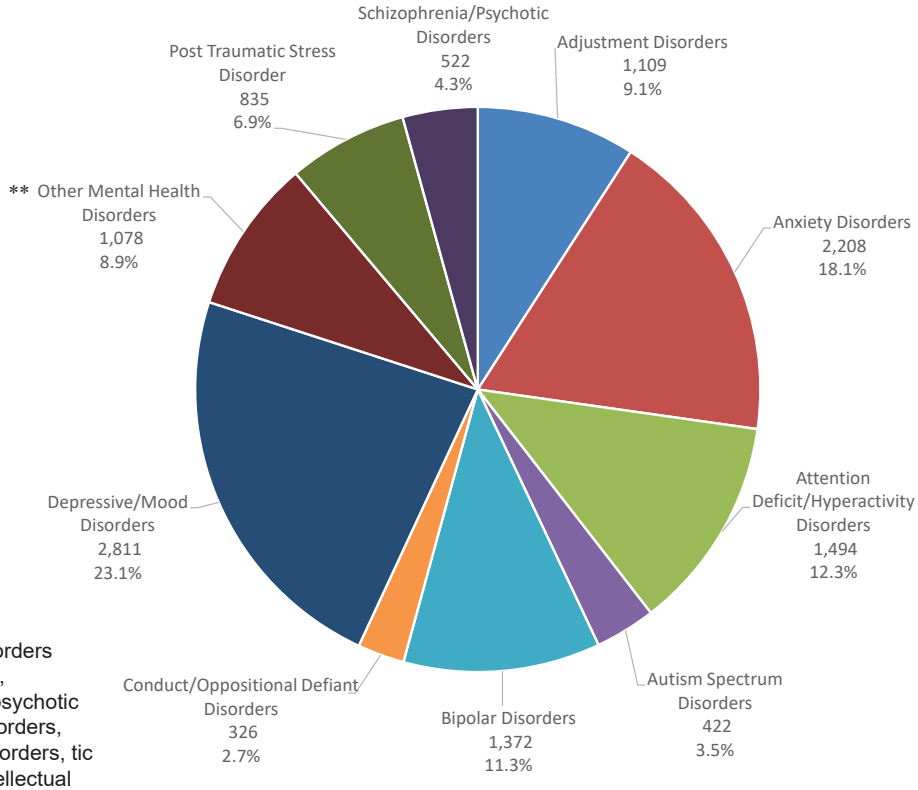
**The Other service category comprises supplemental services, such as Substance Use Assessments, Intensive Outpatient, Partial Hospital, Case Management as well as Children's Services Program Exceptions.

Notes: APA = Alternative Payment Arrangement; P4P = Pay for Performance incentive. Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APA or P4P

Mental Health Disorders

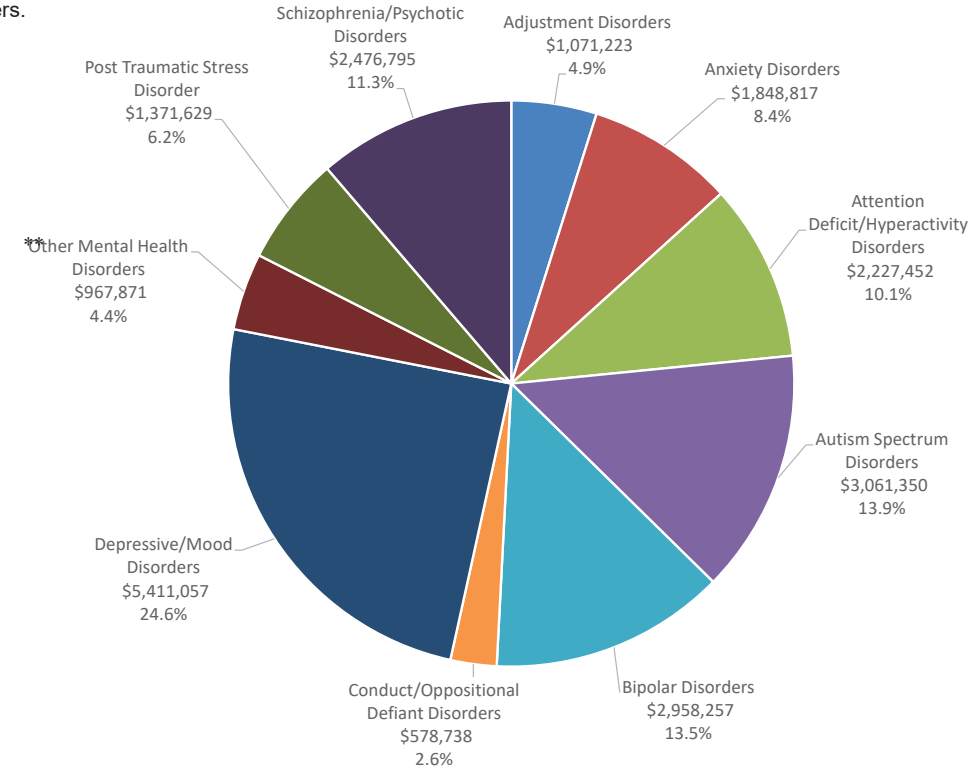
January-December 2021 as of March 2022
Members with Mental Health Disorders Served: 7,762
Total Expenditures for Mental Health Disorders: $21,973,189

Members Served



**Other Mental Health disorders include dementia, delirium, organic psychotic or non-psychotic conditions, personality disorders, eating disorders, sleep disorders, tic disorders, child abuse, intellectual disability, mental disorders due to unknown causes, and transient organic mental disorders.

Expenditures

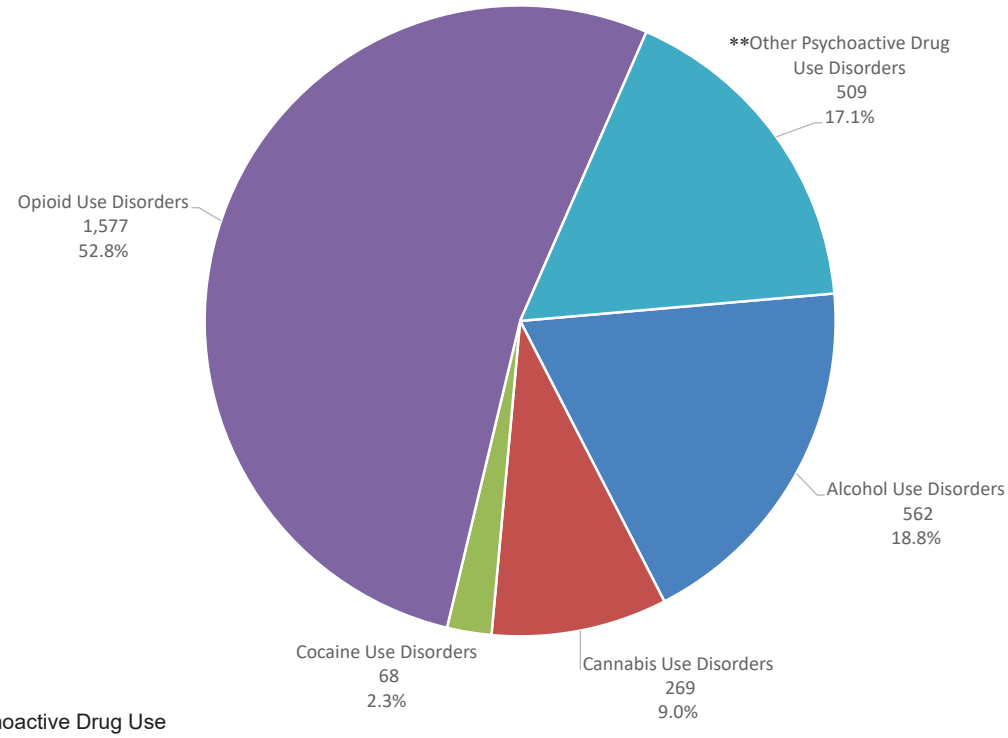


Notes: Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APAs.

Substance Use Disorders

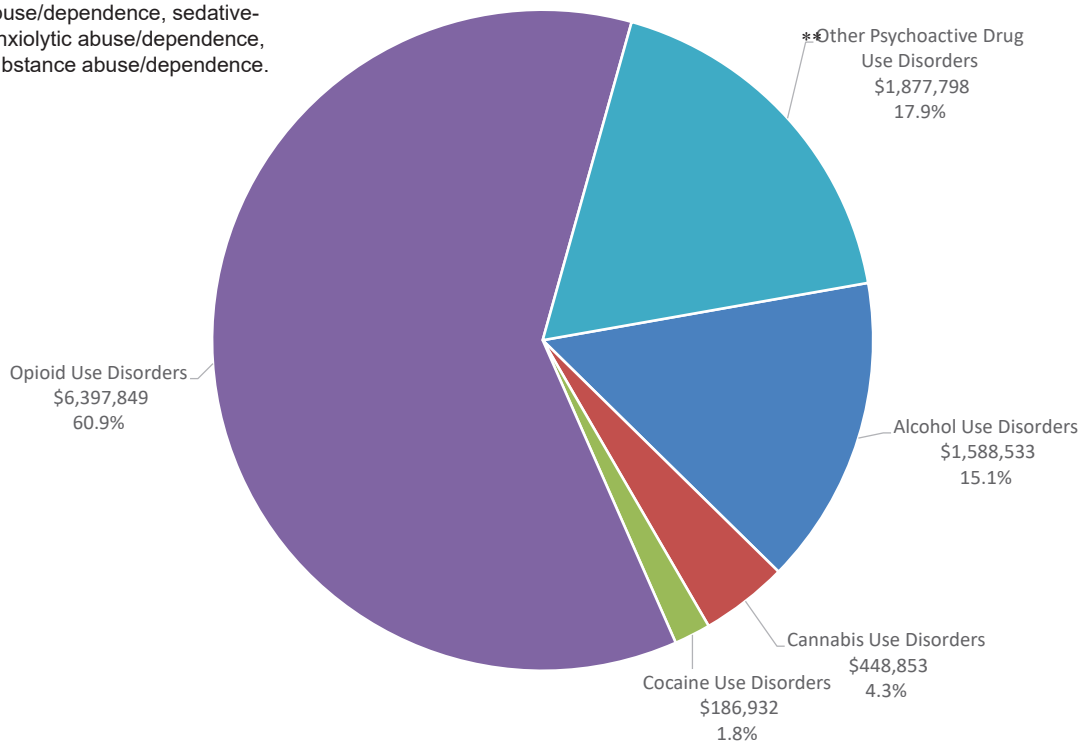
January-December 2021 as of March 2022
Members with Substance Use Disorders Served: 2,498
Total Expenditures for Substance Use Disorders: $10,499,964

Members Served



**Other Psychoactive Drug Use Disorders include drug or alcohol psychosis, drug or alcohol withdrawal, amphetamine abuse/dependence, hallucinogen abuse/dependence, inhalant abuse/dependence, sedative-hypnotic/anxiolytic abuse/dependence, and polysubstance abuse/dependence.

Expenditures

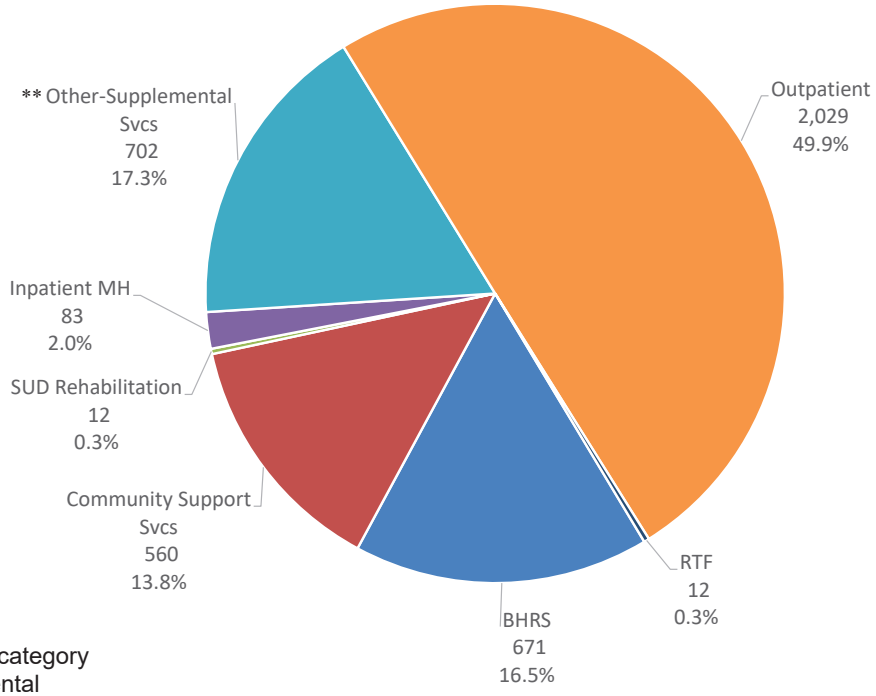


Notes: Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APAs.

Youth

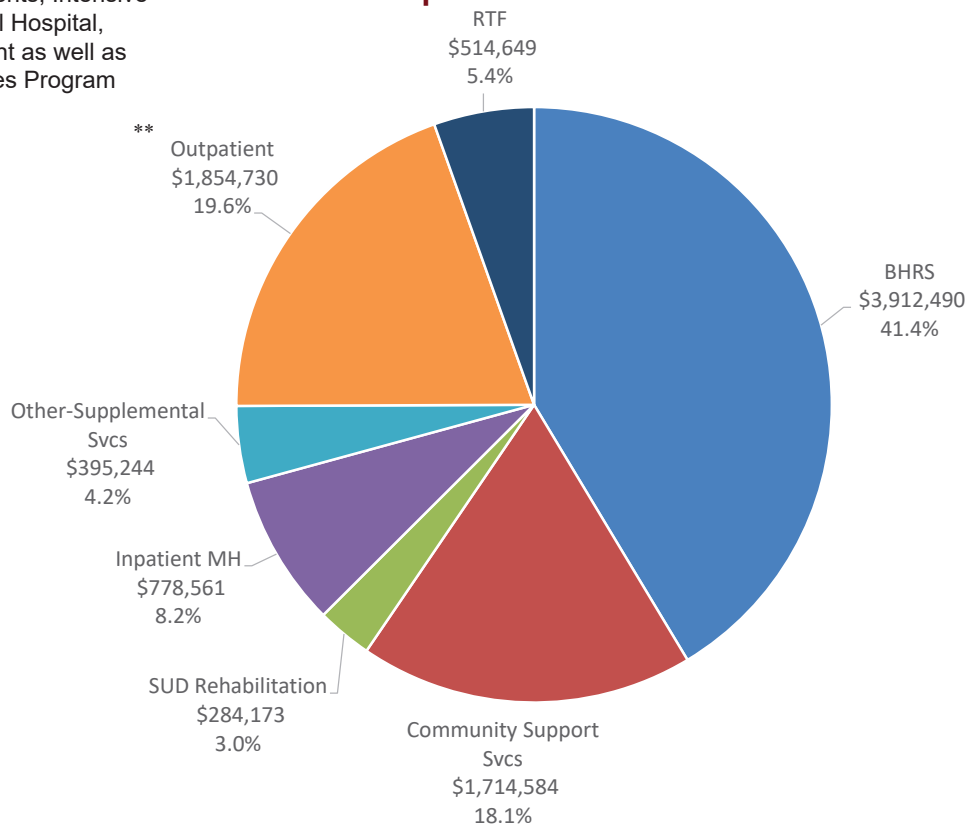
January-December 2021 as of March 2022
Youth Served: 2,553
Total Expenditures: $9,454,429
Youth include HealthChoices members under age 18 and all members involved in BHRS or RTF services.

Members Served



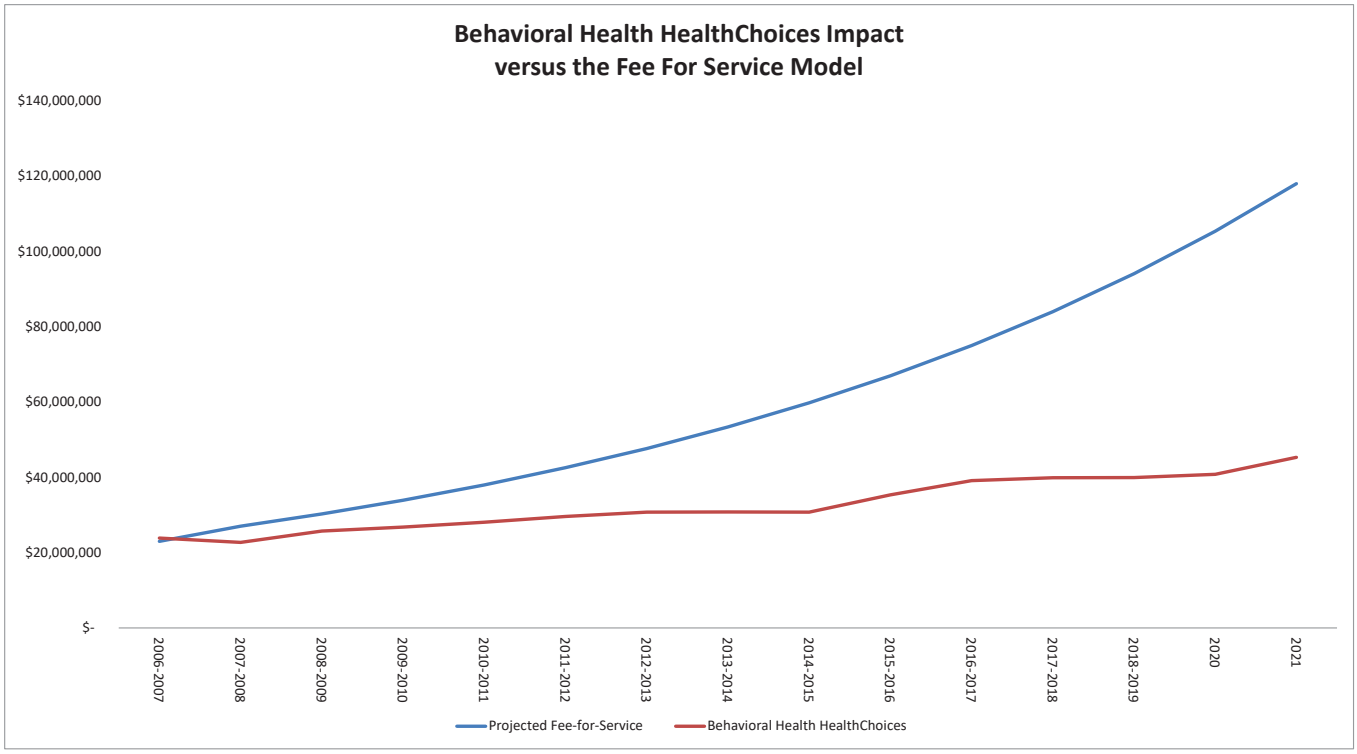
**The Other service category comprises supplemental services, such as Drug & Alcohol Assessments, Intensive Outpatient, Partial Hospital, Case Management as well as Children's Services Program Exceptions.

Expenditures

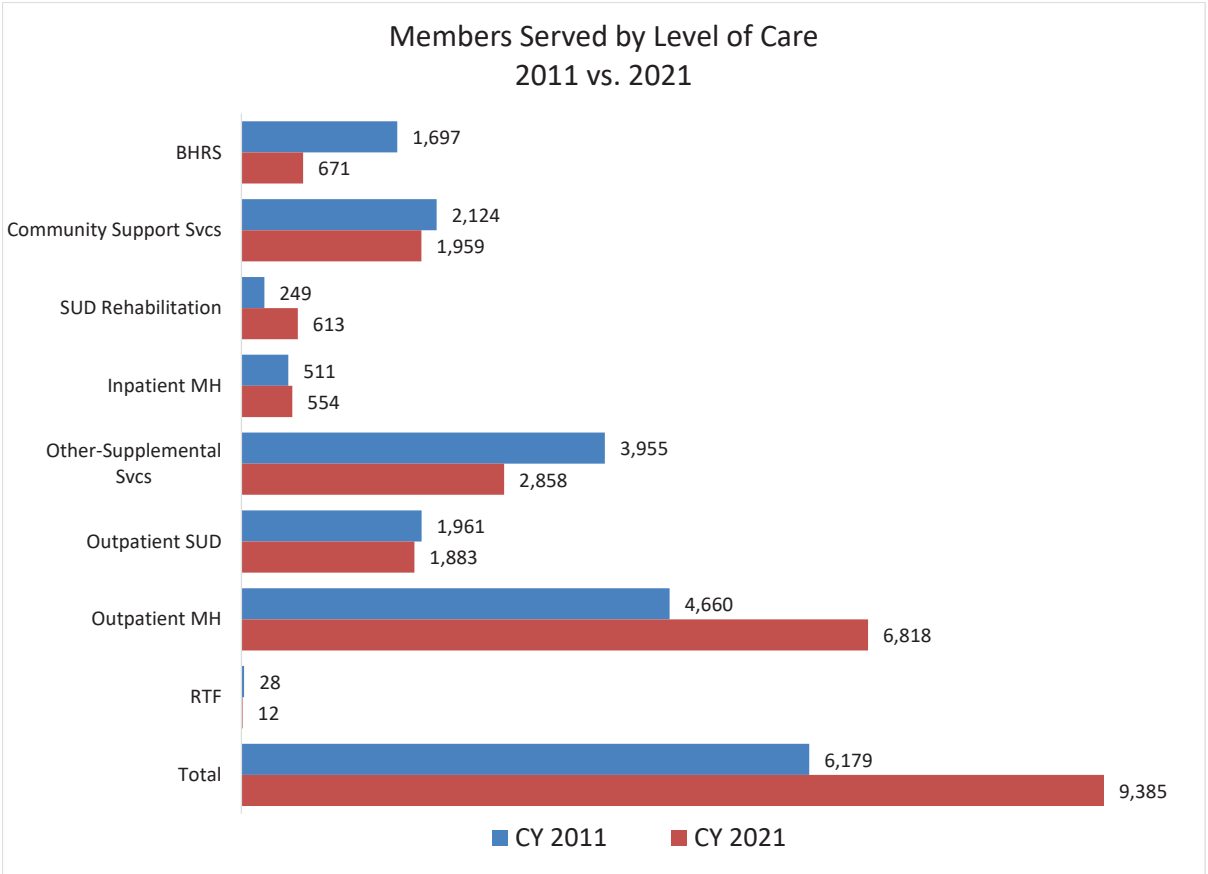


Notes: Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APAs.

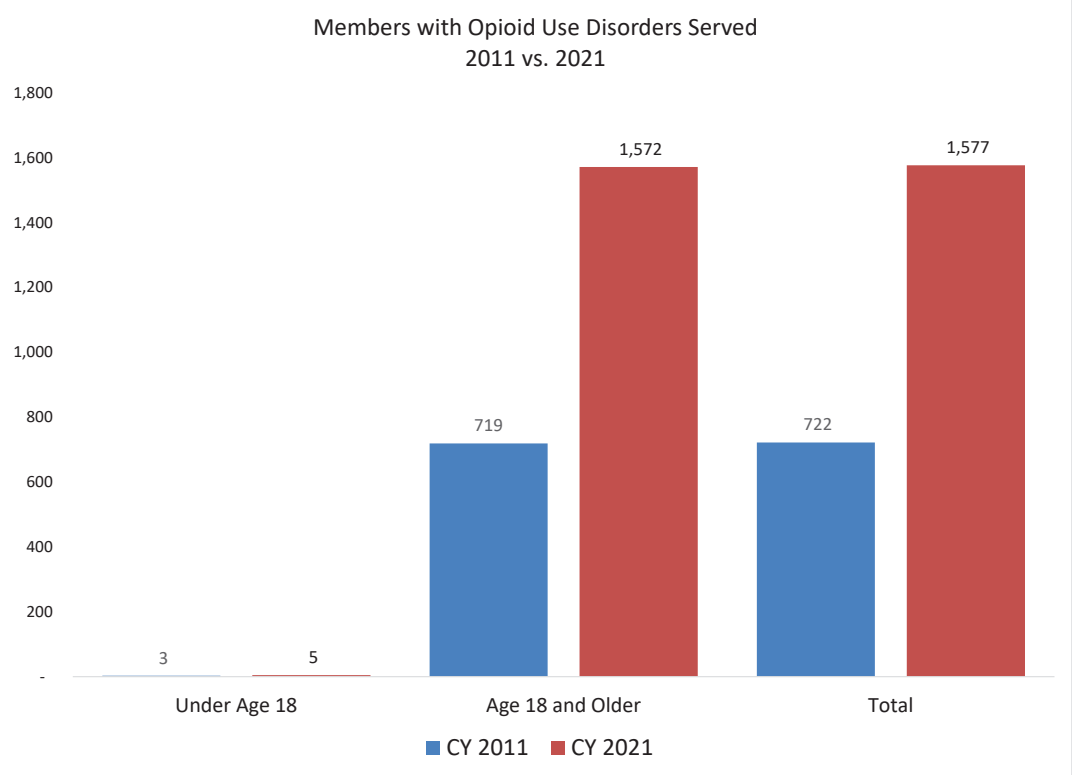
HealthChoices Financial Impact on Medicaid Spending

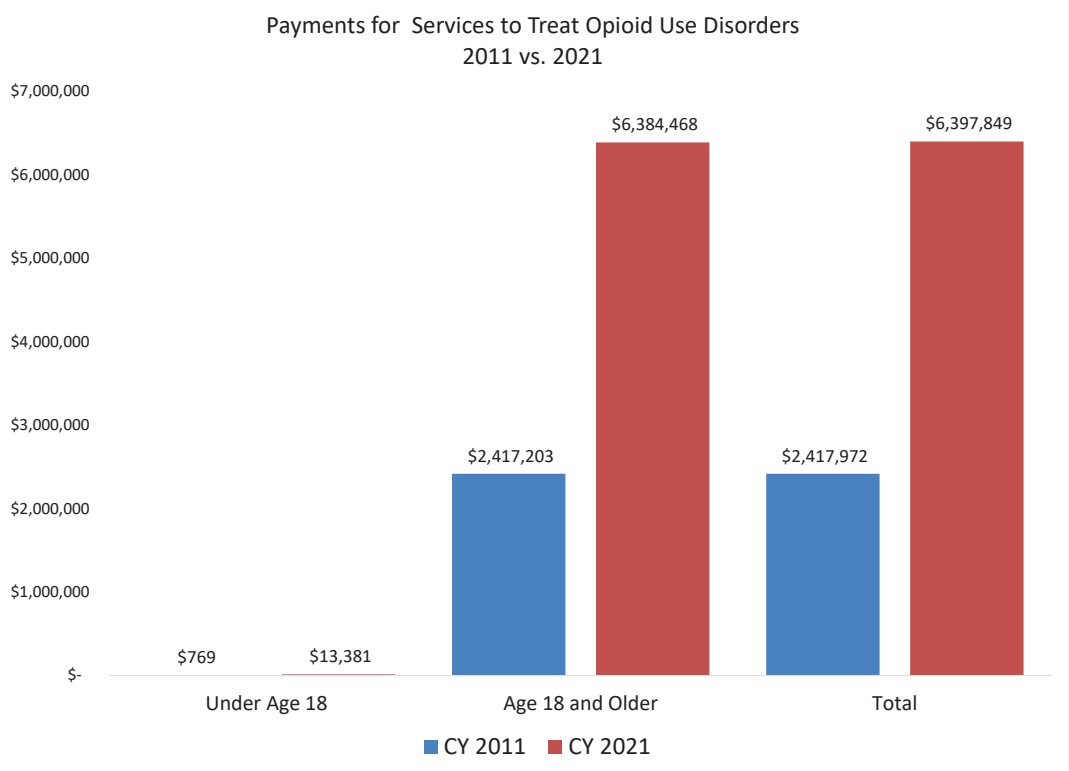


FFS increase based on 12% pre-HealthChoices average annual growth under Fee-for-Service model.



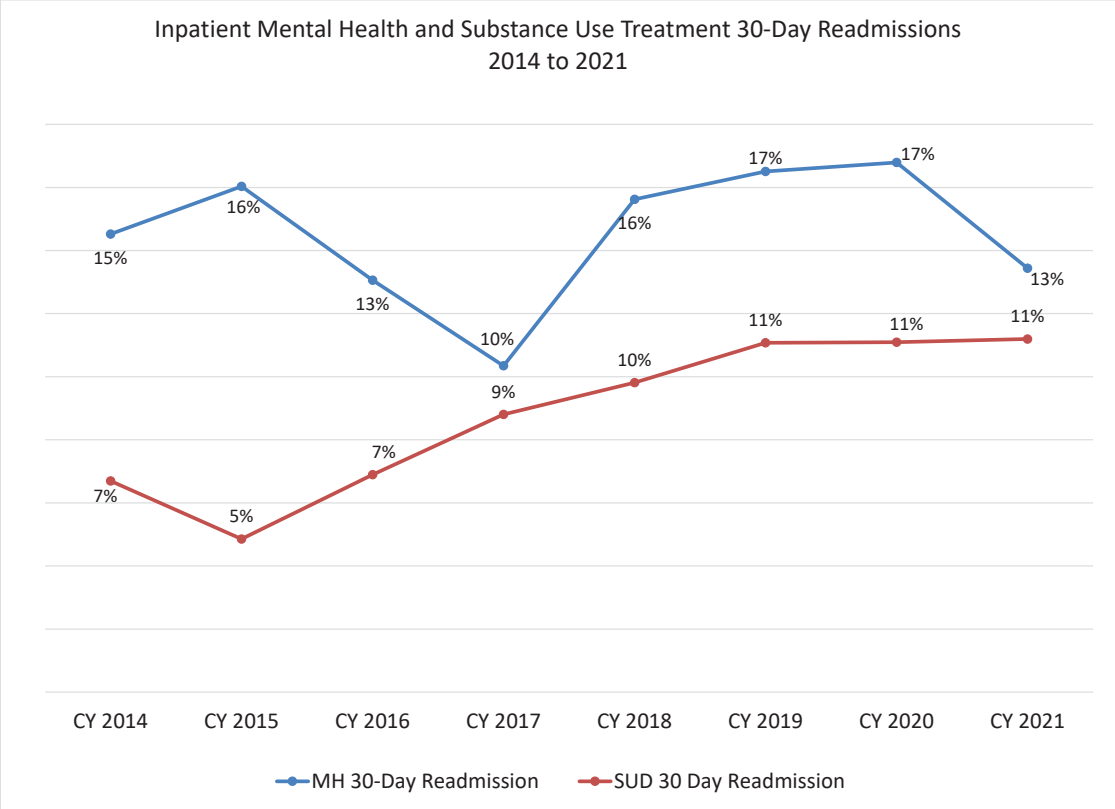
Opioid Epidemic Impact on Service Delivery

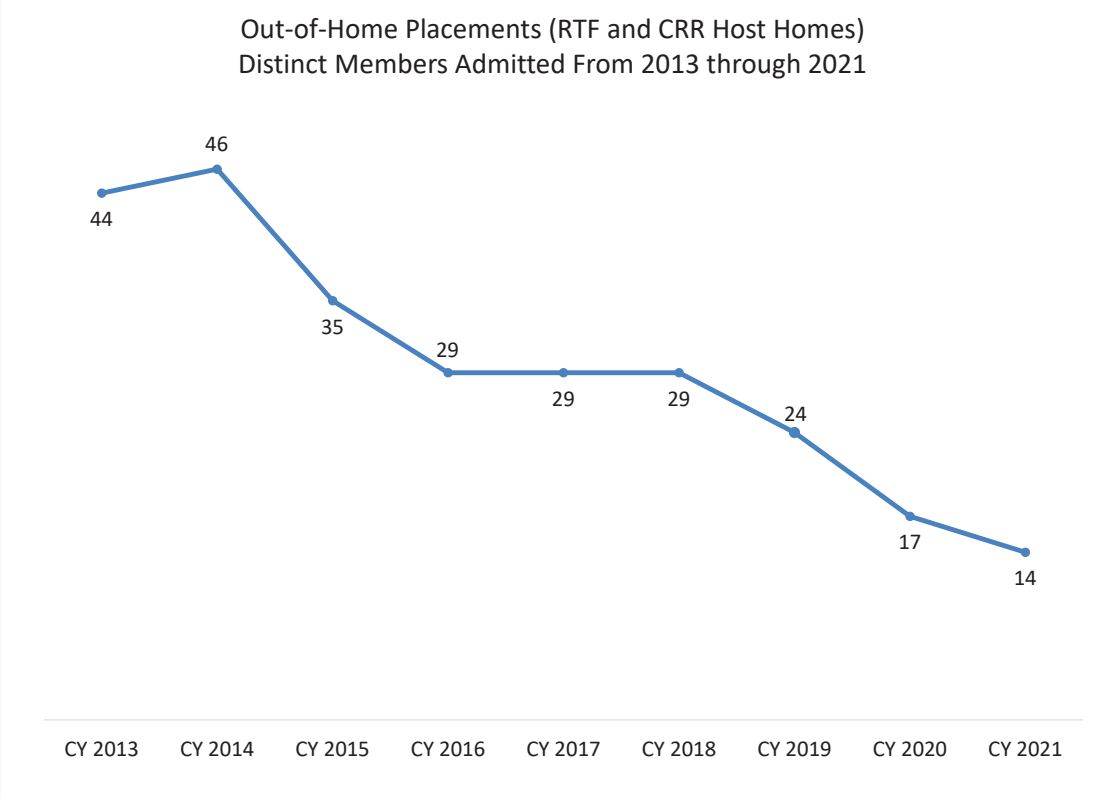




High-Risk Care Management

Blair HealthChoices became its own Certified Utilization Review Entity in March 2012. Starting with 55 members, Blair HealthChoices High Risk Care Managers now serve over 850 adults and children with complex needs.





Consumer Family Satisfaction

The Department of Human Services (DHS) and Blair HealthChoices values and encourages the input of consumers and families in all aspects of the HealthChoices Program and incorporates into all quality improvement efforts. In addition, we encourage input regarding the services and supports received in the mental health and drug and alcohol service system. Consumer and family feedback helps inform Providers, counties and Behavioral Health Managed Care Organizations (BH-MCO) about how services can support recovery for adults, resilience in children and adolescents and be more effective. Consumers and families have specialized knowledge and sensitivity about how respect, dignity and responsiveness of services can affect the process of recovery and preserve resilience. Soliciting feedback on satisfaction with services empowers consumers and families and allows them to have a greater role in determining the quality of behavioral health care and recommending system improvements. Therefore, DHS requires Primary Contractors to implement a comprehensive approach for the measurement of consumer/family satisfaction by organizing a Consumer and Family Satisfaction Team (CFST). All surveyors employed by the CFST are consumers or family of consumers. In the next sections are summaries of the information collected.

During the 2021 calendar year, 681 general purpose surveys were completed. Of these surveys, 75.6% were completed with the members by telephone, due to the COVID-19 pandemic. This percentage represents a decrease compared to 2020, when 92% of the surveys were conducted telephonically.

Adult

In CY 2021, 60.5% of adults surveyed were female. The majority receiving services were between 35-44 years old, in services for longer than 4 years, primarily in services for mental health, and attending treatment for medication management or outpatient therapy.

In 2021, questions were modified to monitor treatment experiences with telehealth and access to services:

Questions	Q1	Q2	Q3	Q4	AGG
Did you choose to go to your provider?	93.8%	96.2%	91.5%	95.7%	94.1%
Made aware of different treatment services and given a choice	86.5%	86.8%	81.7%	98.3%	88.1%
I'm getting all the services I need:	85.4%	92.5%	93.8%	94.0%	91.7%
Able to get help within an acceptable amount of time:	95.7%	93.3%	95.6%	97.4%	95.6%
Have any of your services been provided by video or telephone?	95.8%	94.3%	83.1%	57.3%	81.8%
If yes, were you satisfied?	92.0%	88.9%	91.8%	91.9%	91.1%
Your wait for services was less than a week:	60.5%	62.7%	51.2%	65.2%	59.4%

The lowest scoring survey question involved providers talking to members about plans after treatment discharge. Feedback from members and providers expressed their concern that the word "discharge" could have a negative connotation. To improve clarity, the question was revised to replace the word discharge with the term "aftercare planning." Aftercare planning is an area for further discussion with our providers. Members tend to utliize services such as medication management and outpatient therapy longer than services in other levels of care, which fosters therapeutic connections, engagement, and retention. As one member stated, "The one nurse has stuck by me most of my life and she has helped me through a lot of my drug and alcohol addiction. The best person there ever! No one stuck by me when I was being difficult when I was younger except for her. I won't ever leave because of her and her kindness."

We utilize our Stakeholder Committee, CSP, Drop-In Center etc., for various opportunities to share the results. We obtain feedback to improve on areas of need, or identify gaps in treatment. We are working with our Stakeholder Committee to identify ideas based on the results that they can improve as a group to make a difference in the community.

Family

In 2021, 60.9% of the children surveyed were male. Most of the youth surveyed were between 9-13 years old, first diagnosed 4 or more years ago, and were receiving treatment for medication management and outpatient therapy.

Questions	Q1	Q2	Q3	Q4	AGG
Did you choose to go to your provider?	97.3%	100.0%	100.0%	100.0%	99.3%
Made aware of different treatment services and given a choice	89.2%	90.0%	94.4%	84.0%	89.9%
I'm getting all the services I need	88.6%	87.2%	97.2%	87.5%	90.3%
Able to get help within an acceptable amount of time	97.3%	100.0%	93.8%	88.0%	95.5%
Have any of your services been provided by video or telephone?	83.8%	85.0%	72.2%	60.0%	76.8%
If yes, were you satisfied?	83.9%	61.8%	92.6%	73.3%	77.6%
Your wait for services was less than a week	39.4%	28.9%	35.3%	36.0%	34.6%

The lowest score of 34.2% indicated that providers did not talk about the child's plan for discharge. Providers have indicated they are using various initiatives to improve on this area within treatment. All other survey questions related to satisfaction and treatment outcomes were above 85%.

Survey results were shared with our Quality and Clinical Management Committee (QCMC) meeting that includes providers and members. Community Care will be able to address the area of need with the providers through-out clinical supervision for IBHS.

Youth

In 2021, 53.7% of youth surveyed were female. Most of the youth surveyed were between 18-20 years old. Most of the youth surveyed were receiving treatment for medication management and outpatient therapy.

Questions	Q1	Q2	Q3	Q4	AGG
Did you choose to go to your provider?	46.2%	43.5%	50.0%	54.5%	48.8%
Made aware of different treatment services and given a choice	76.9%	73.9%	79.2%	77.3%	76.8%
I get the right amount of help	100.0%	95.7%	95.8%	95.5%	96.3%
We meet at a location easy to get to	100.0%	82.6%	100.0%	100.0%	95.1%
Able to get help within an acceptable amount of time	100.0%	95.7%	95.8%	95.5%	96.3%
Have services been provided by video or telephone?	76.9%	82.6%	95.8%	95.5%	89.0%
If yes, were you satisfied?	100.0%	100.0%	85.0%	94.1%	93.3%

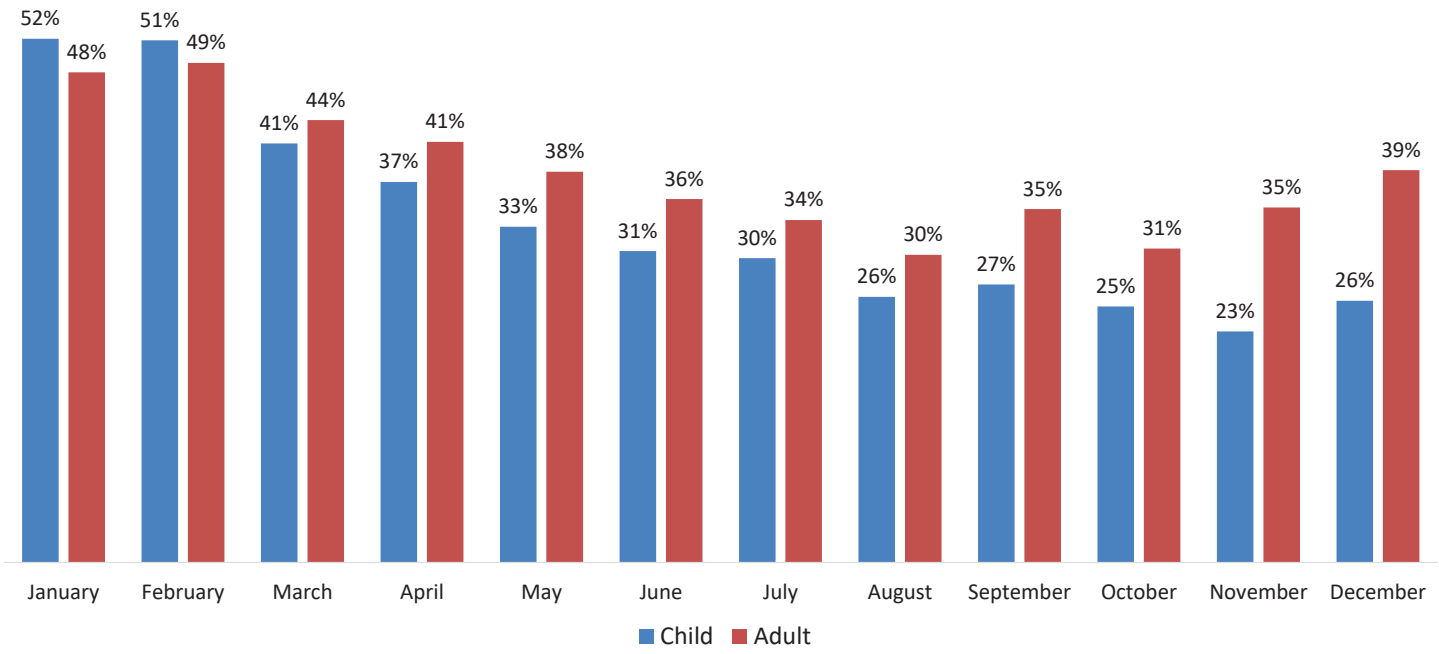
All other survey questions related to satisfaction were above 89%.

Providers are given their results directly and are asked to submit a Quality Improvement Plan annually to address the areas below the benchmark. One provider indicated the development of a service line to address social determinants of health for our members, which will help them connect to resources in the community.

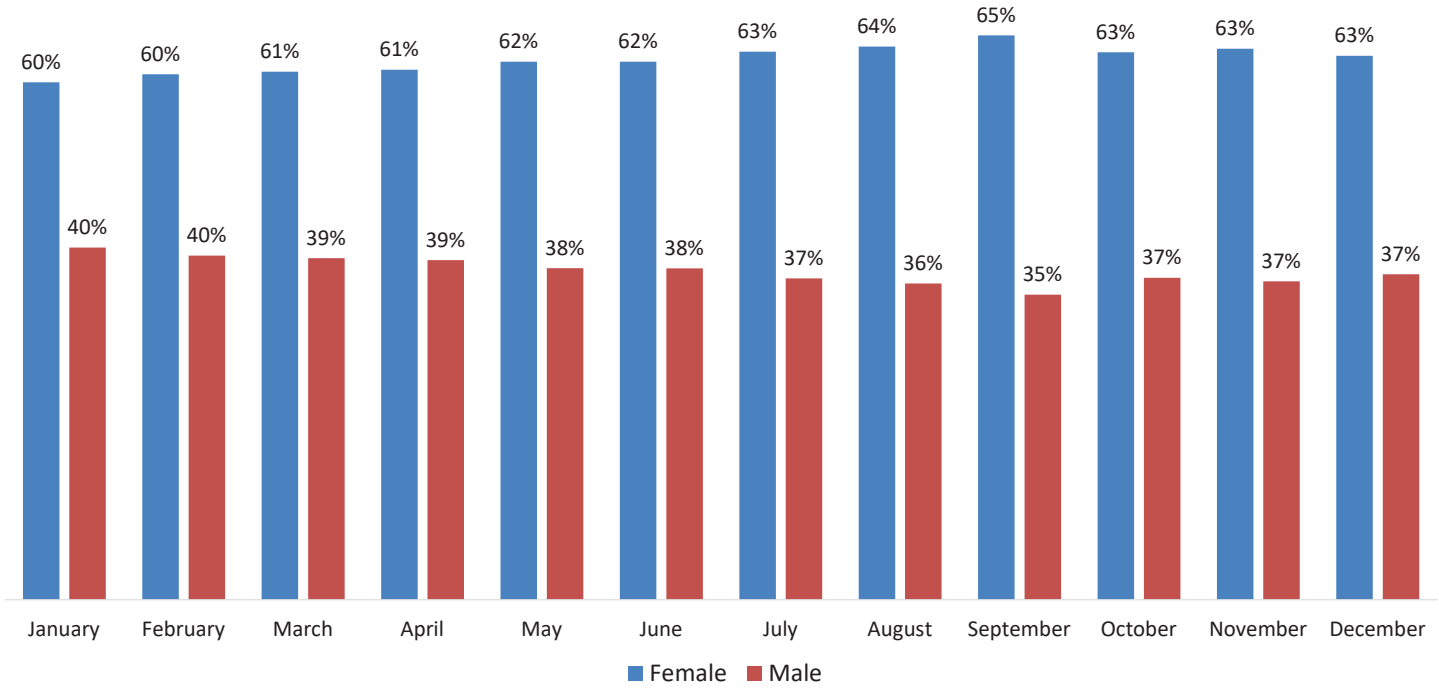
We have also developed several specialized surveys that allow us to assess and analyze the impact of specific delivery concerns. All surveys are completed using a proportional-stratified sample with a 95% confidence level.

Telehealth Service Utilization After COVID

Child vs. Adult Telehealth as Percentage of Each Age Group Served in Month
2021

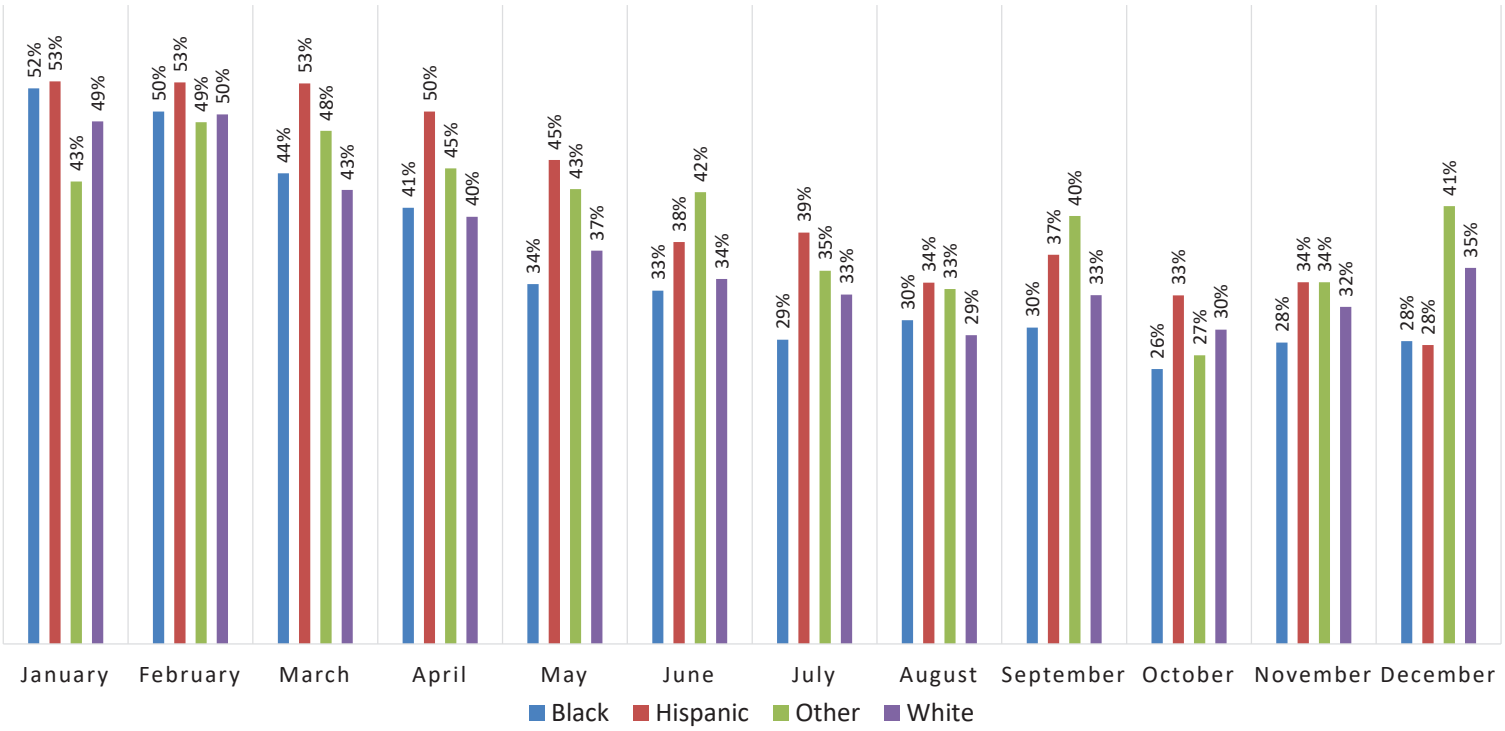


Female vs. Male Telehealth as Percentage of Each Gender Served in Month
2021

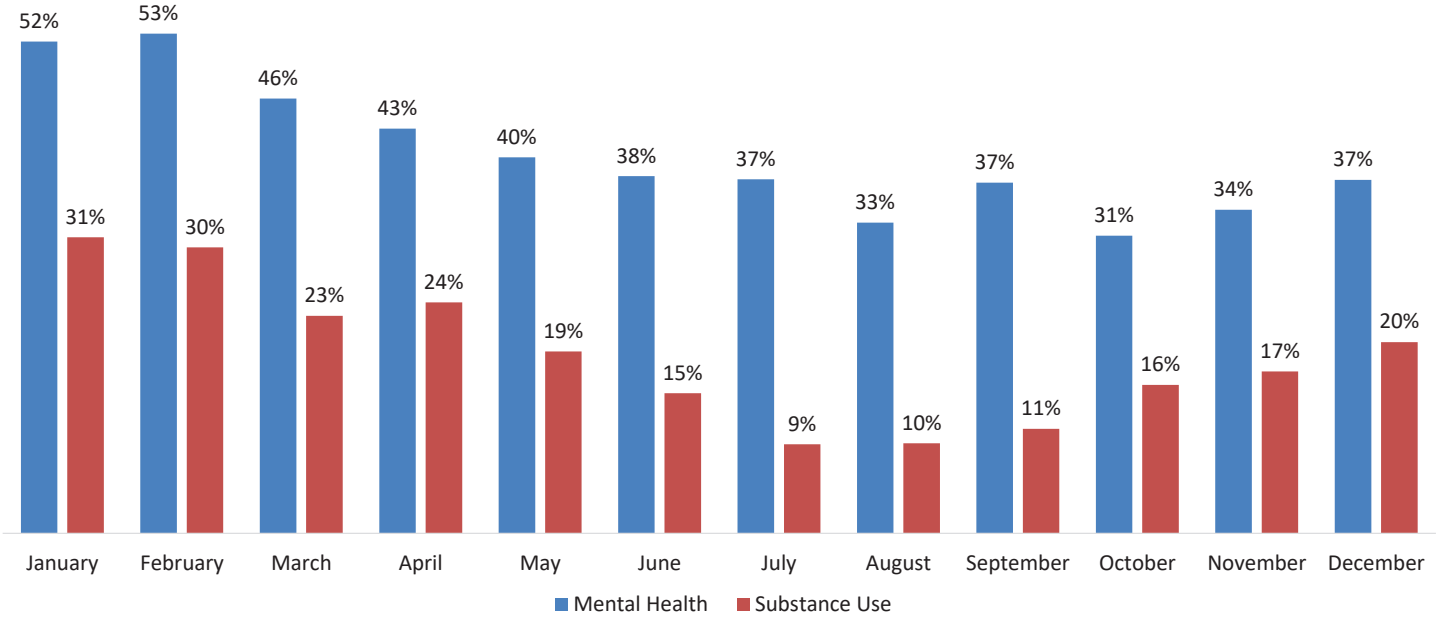


Telehealth Service Utilization After COVID

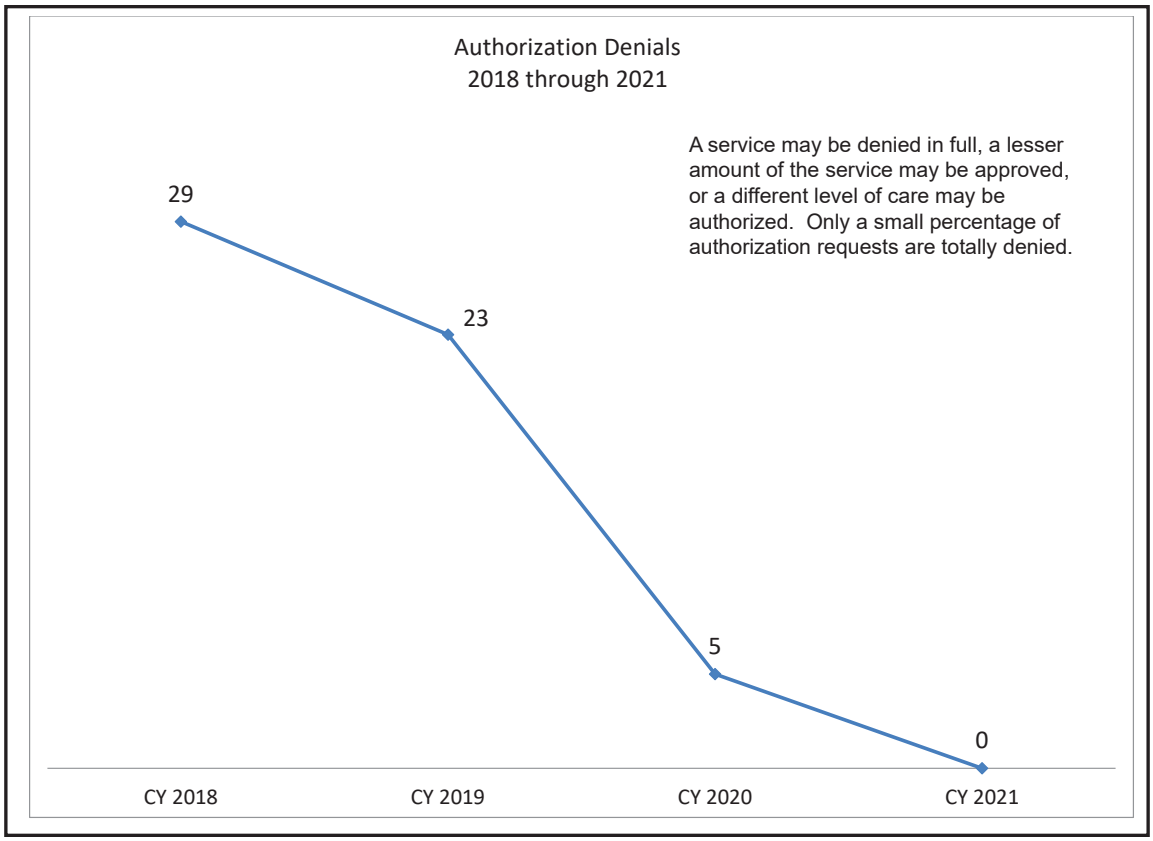
Racial Group Telehealth as Percentage of Each Race Served in Month
2021

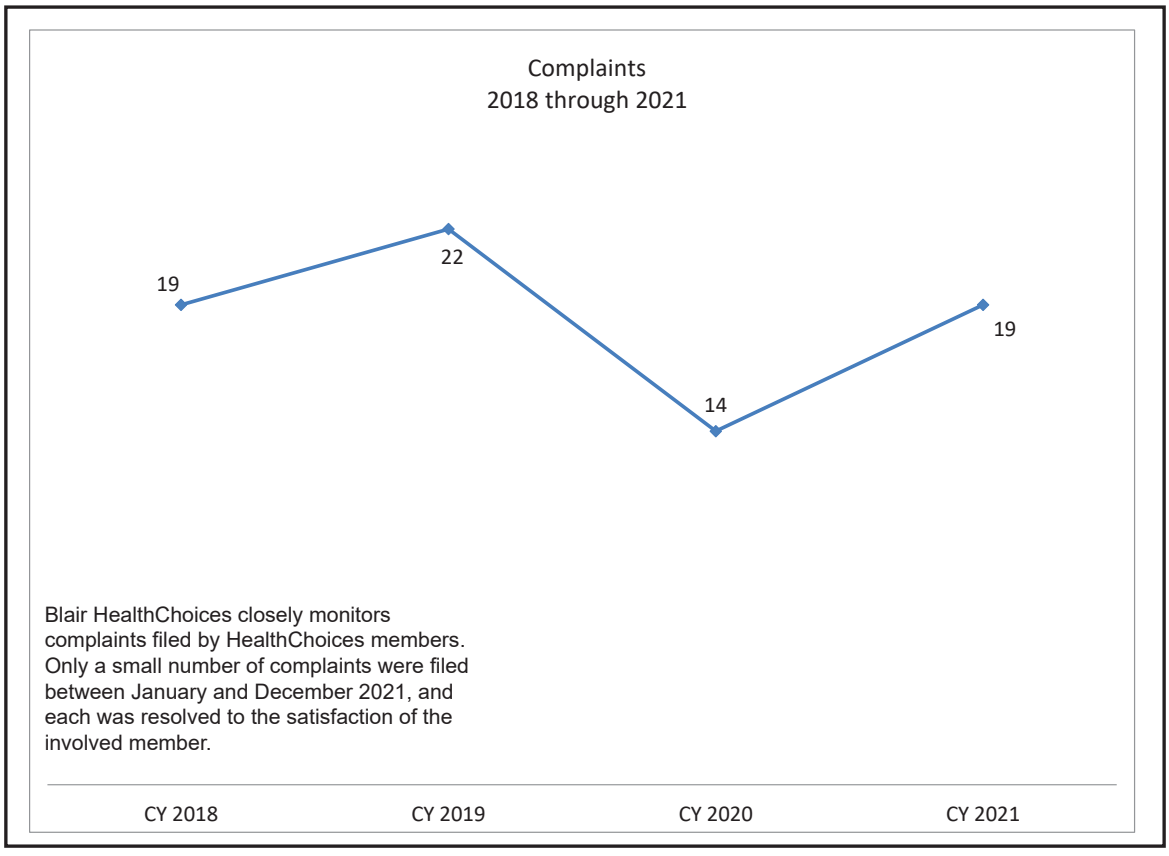


Mental Health vs. Substance Use Telehealth Treatment as Percentage of Each Service Type in Month
2021

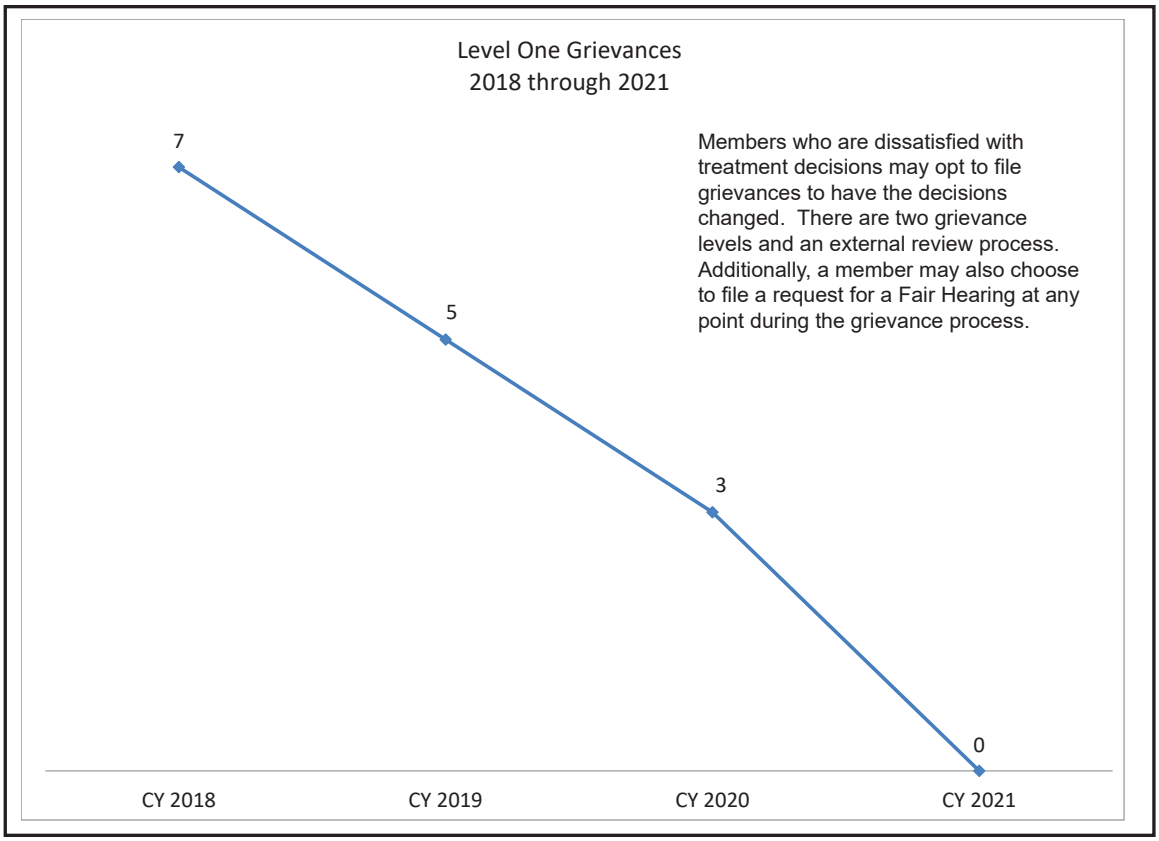


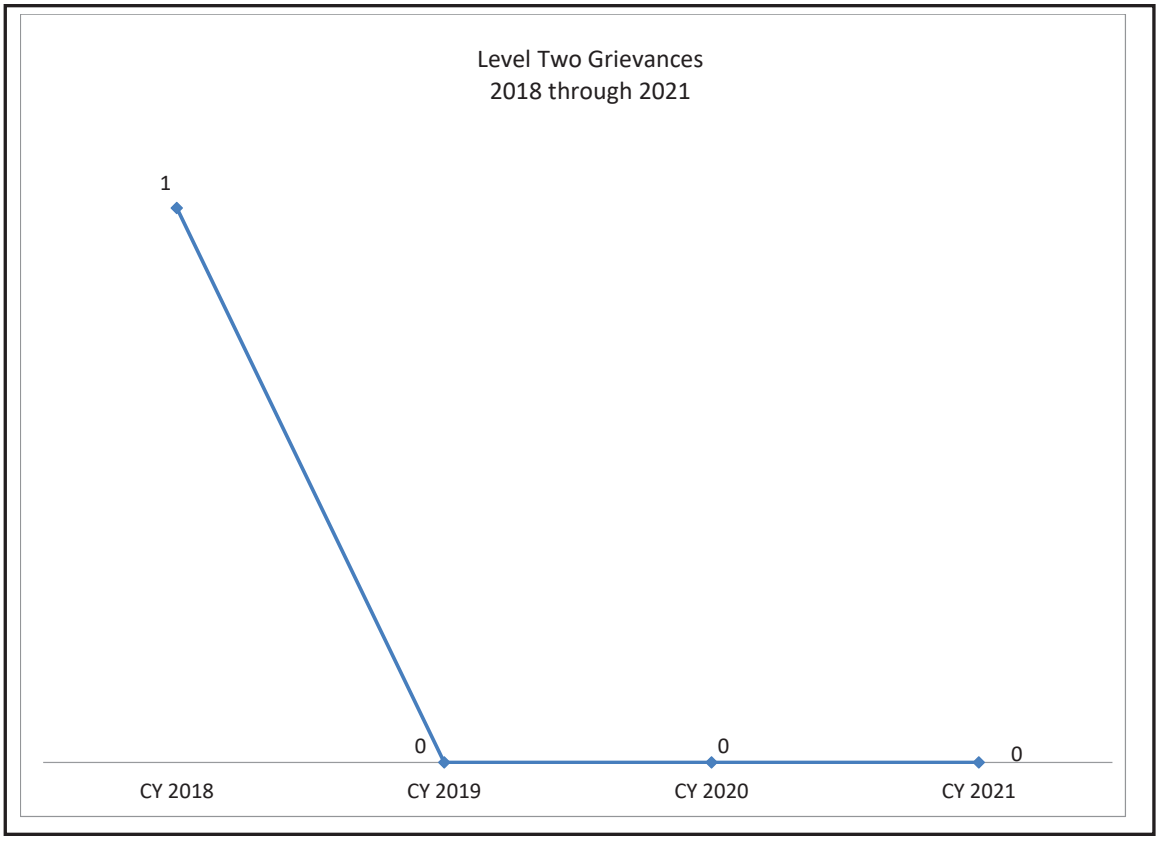
Denials and Complaints





Grievances


Level One Grievances
2018 through 2021
Members who are dissatisfied with treatment decisions may opt to file grievances to have the decisions changed. There are two grievance levels and an external review process. Additionally, a member may also choose to file a request for a Fair Hearing at any point during the grievance process.
7
5
3
0
CY 2018
CY 2019
CY 2020
CY 2021


Level Two Grievances
2018 through 2021
1
0
0
0
CY 2018
CY 2019
CY 2020
CY 2021

Terminology

ALTERNATIVE PAYMENT ARRANGEMENT (APA)
Refers to any of the various contractual agreements for reimbursement that are not based on a traditional fee for service model. Types of arrangements include but are not limited to the following: retainer payments; case rates; and subcapitation.

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

BEHAVIORAL MANAGED CARE ORGANIZATION (BH-MCO)
An entity that manages the purchase and provision of behavioral health services.

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

CLAIM
A request for reimbursement for a behavioral health service.

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

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

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

DIAGNOSIS
A behavioral health disorder based on criteria established in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is published by the American Psychiatric Association and provides a diagnostic coding system for mental and substance abuse disorders.

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

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

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

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

Autism Spectrum Disorder is a neurological disorder that involves some degree of difficulty with communication and interpersonal relationships, as well as obsessions and repetitive behaviors.

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

Conduct Disorder/Oppositional Defiant Disorder - a group of serious emotional and behavioral problems in children and adolescents. Children with conduct disorders frequently behave in extremely troubling, socially unacceptable, and often illegal ways, though they feel justified in their actions and show little to no empathy for their victims. Children with oppositional defiant disorder have patterns of unruly and argumentative behavior and hostile attitudes toward authority figures.

Depressive Disorders – a group of mood disorders that includes Major Depressive Disorder, Dysthymia, and Depressive Disorder Not Otherwise Specified.

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

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

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

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

INTENSIVE BEHAVIORAL HEALTH SERVICE (IBHS)
IBHS replaced Behavioral Health Rehabilitation Services (BHRS). The transition between BHRS and IBHS occurred between October 19, 2019 and January 17, 2021. IBHS provides supports for children, youth or young adults under the age of 21 with mental, emotional or behavioral health needs. Services can be provided in the home, school or other community setting. Services include Behavioral Consultant (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT), Multi-Systemic Therapy (MST), Community and School-Based Behavioral Health Services (CSBBH), Community Residential Rehabilitation Host Home (CRR), and Functional Family Therapy (FFT), Summer Therapeutic Activities (STAP), Therapeutic Family Care (TFC), and evaluation services.

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

REINVESTMENT FUNDS
Capitation revenues from DHS and investment income that are not expended may be used to purchase start-up costs for state plan services, development or purchase of in lieu of and in addition to services or non-medical services, contingent upon DHS prior approval of the Primary Contractor's reinvestment plan.

PAY FOR PERFORMANCE (P4P)
P4P is an umbrella term for initiatives aimed at improving the quality, efficiency, and overall value of health care. These arrangements provide financial incentives to hospitals, physicians, and other health care providers to carry out such improvements and achieve optimal outcomes for members.

RESIDENTIAL TREATMENT FACILITY (RTF)
A self-contained, secure, 24-hour psychiatric residence for children and adolescents who require intensive clinical, recreational, educational services and supervision.

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

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