Blair County HealthChoices

Executive Summary
January 1, 2022 - December 31, 2022

BLAIR
HealthChoices

County Commissioners

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

Prepared April 2023

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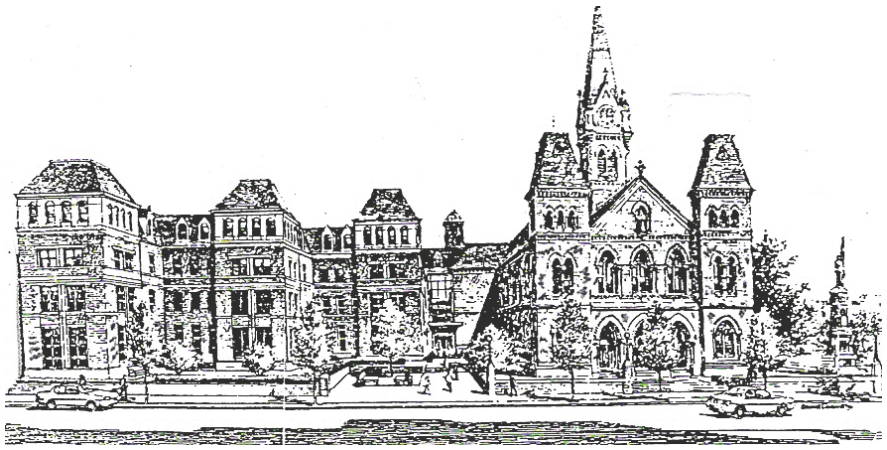
County Commissioners

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

Current Board of Directors

Donna Gority, Chairperson
Alex Seltzer, Vice Chairperson
Paul Querry, Secretary/Treasurer
Commissioner Bruce Erb
Ken Dean
Kathleen Wallace
Steve Williamson

Amy Marten-Shanafelt, Executive Director



HEALTHCHOICES

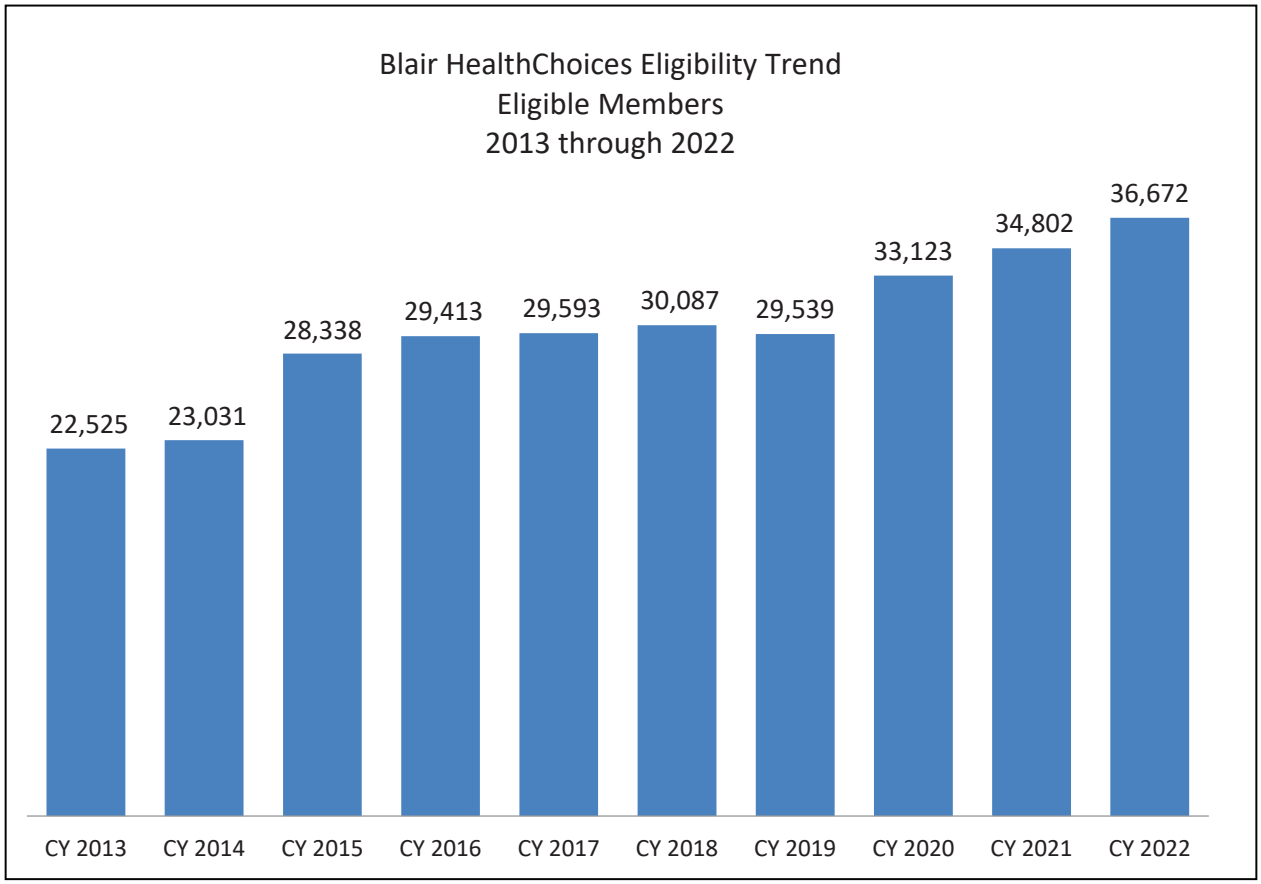
HealthChoices is the Commonwealth of Pennsylvania's mandatory Medicaid managed care program administered by the Department of Human Services (DHS). This integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse services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

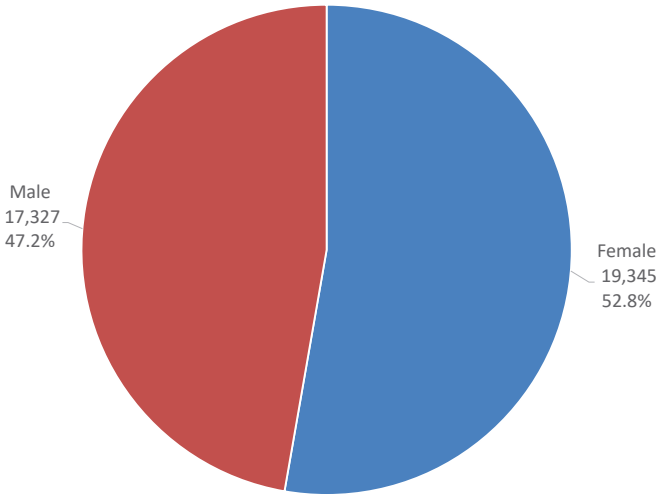
As of July 1, 2007, Blair County accepted the right-of-first opportunity to manage the local program and entered into a full-risk capitation contract with the Commonwealth. The County formed a 501(c)3 nonprofit corporation called Central PA Behavioral Health Collaborative, Inc. d/b/a Blair HealthChoices,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

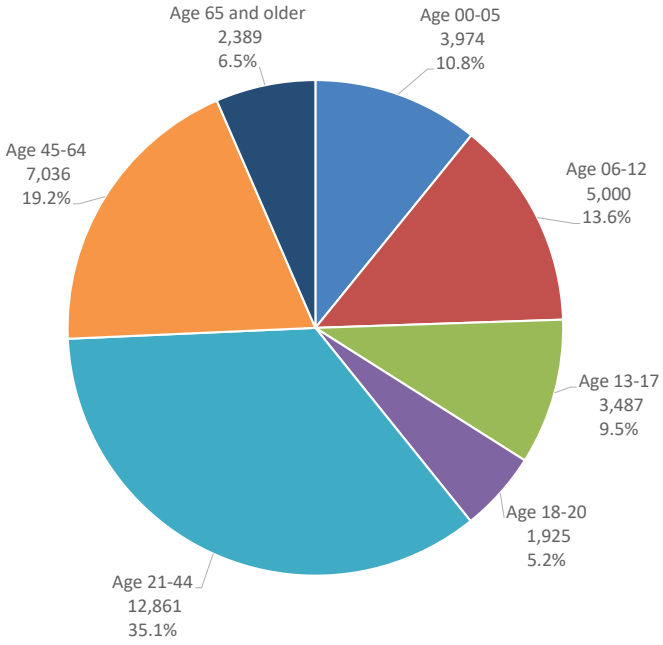
During operating year 2022, Blair HealthChoices continued to sub-contract with its behavioral managed care organization partner, Community Care Behavioral Health Organization. Services provided by Community Care included care management, provider network development, quality assurance, member services, 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. Since March 2012, Blair HealthChoices has been a Certified Utilization Review Entity and has provided person-centered care management for HealthChoices members with more complex needs.

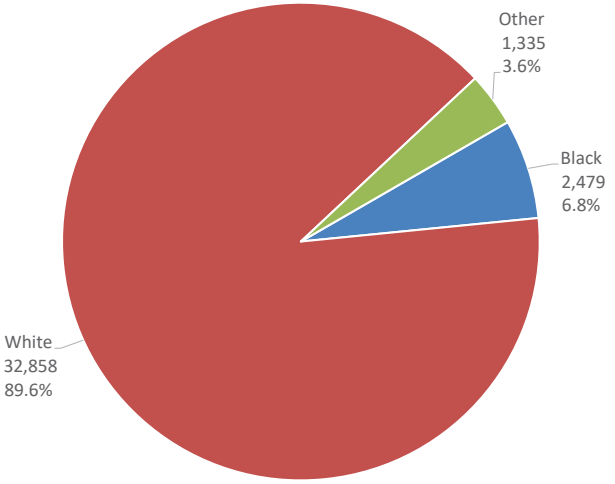
Enrollment



Member Demographics

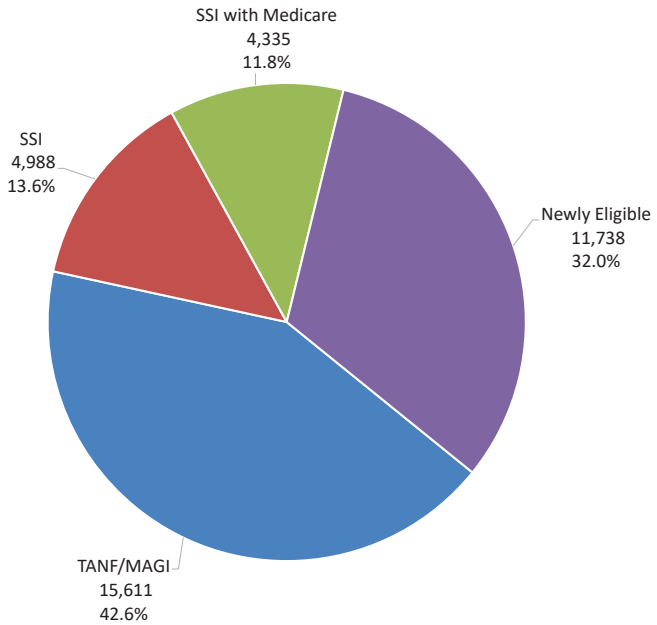






As of December 31, 2022, 36,672 Blair County residents were enrolled in the HealthChoices Program.

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:

- Crisis Intervention
- Family Based Mental Health Services
- Hospital-Based and Non-Hospital Substance Use Detoxification and Rehabilitation; Halfway House
- Inpatient Psychiatric Hospitalization
- Intensive Behavioral Health Services (IBHS)
- 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:

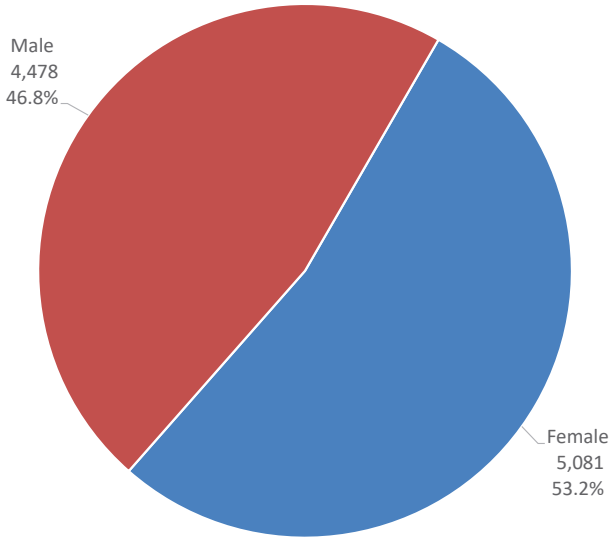
- Assertive Community Treatment (ACT)
- Behavioral Health Home
- Dual Diagnosis Treatment Team
- Crisis Stabilization Residential Unit for Dual Diagnosis
- Community Based Intensive Treatment for Children and Adults
- Psychiatric Rehabilitation
- Substance Use Level of Care Assessment
- Substance Use Intensive Outpatient
- Substance Use Targeted Case Management
- Substance Use Partial Hospitalization
- Substance Use Certified Recovery Specialist

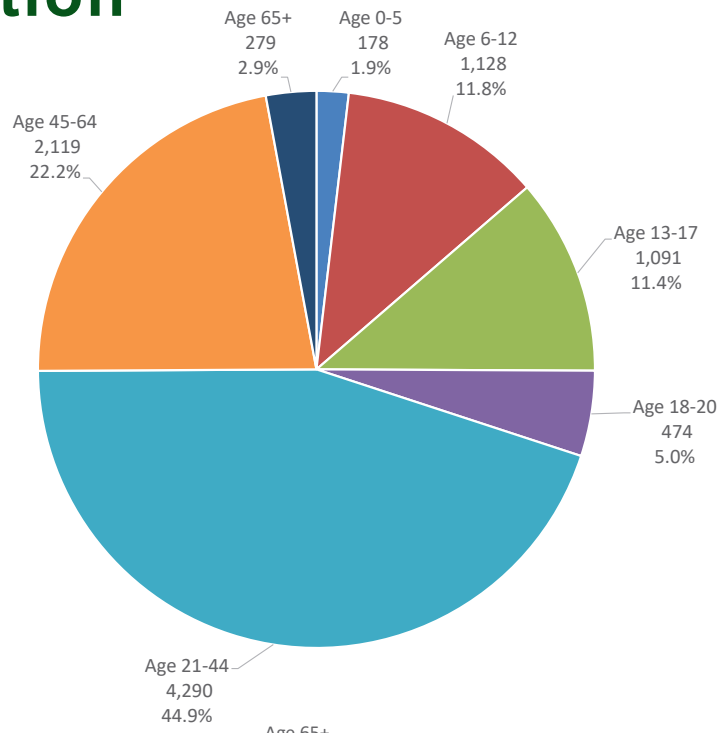
Evidence-Based Modalities:

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

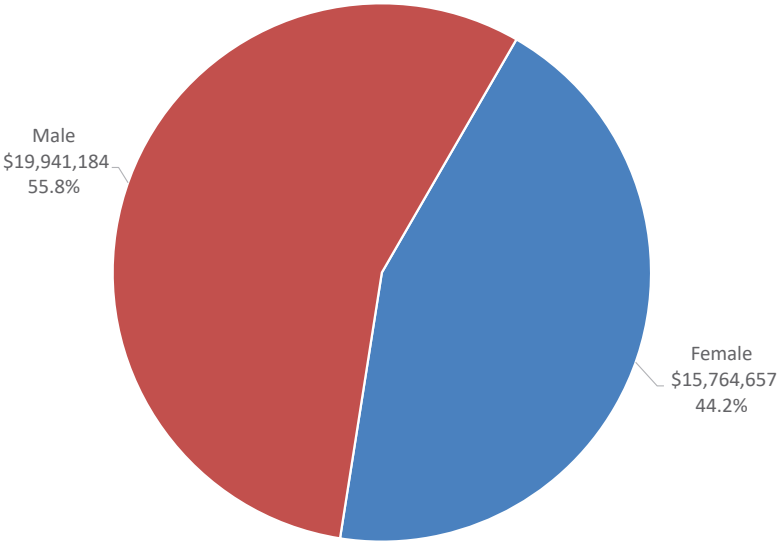
Utilization

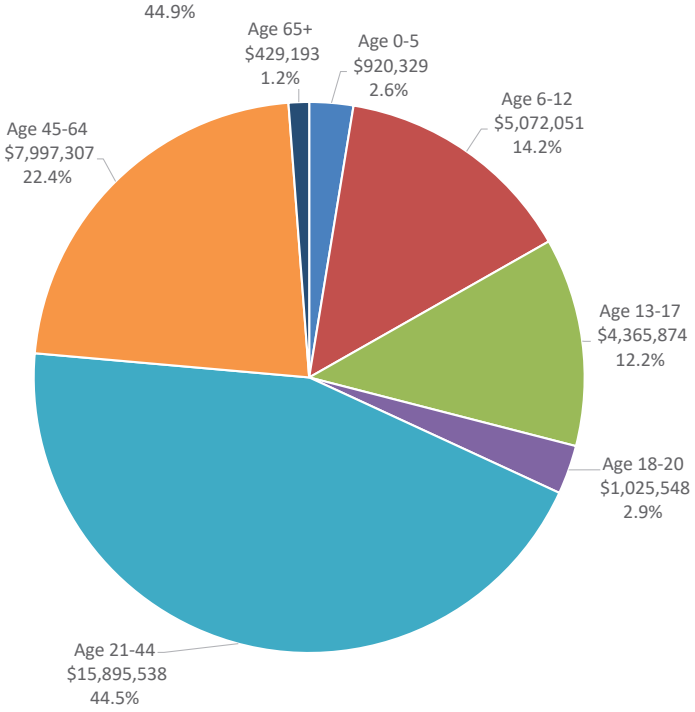
Members Served





Expenditures





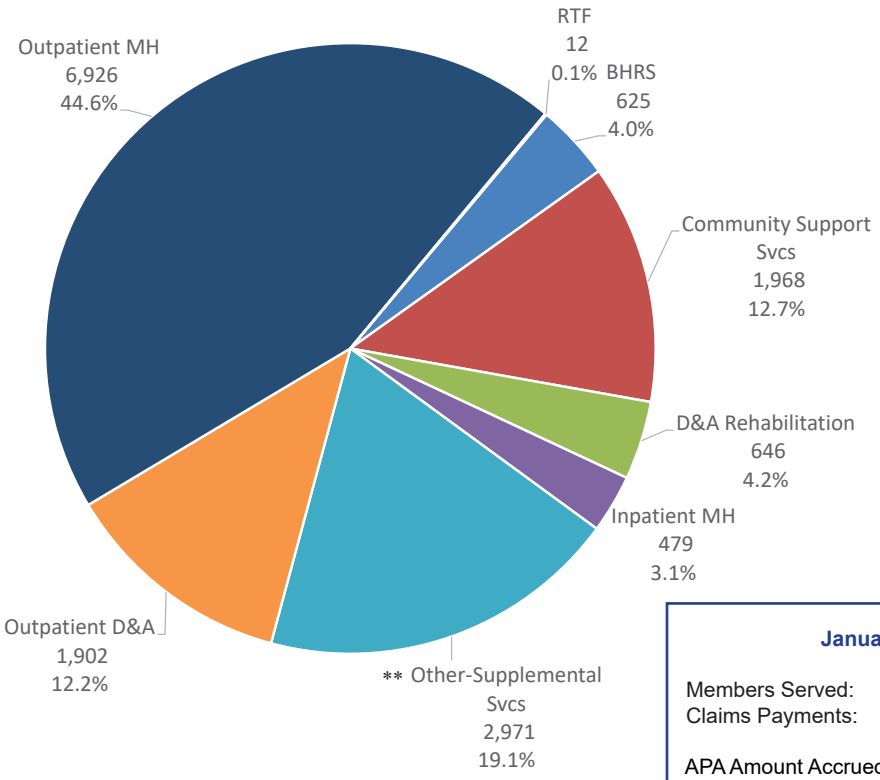
January-December 2022 as of March 2023

Members Served:	9,559
Claims Payments:	$35,705,842
APA Amount Accrued:	$ 2,823,669
P4P Amount Accrued:	$ 412,500
VBP Amount Accrued:	$ 93,771
SDOH Accrued:	$ 10,800
Total APA and P4P Accruals:	**$ 3,340,740**
Grand Total:	**$39,046,582**

Notes: APA = Alternative Payment Arrangement; P4P = Pay for Performance incentive; VBP = Value-based Payment; SDOH = Social Determinants of Health.
Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APA, P4P, VBP, or SDOH.

Utilization by Level of Care

Members Served



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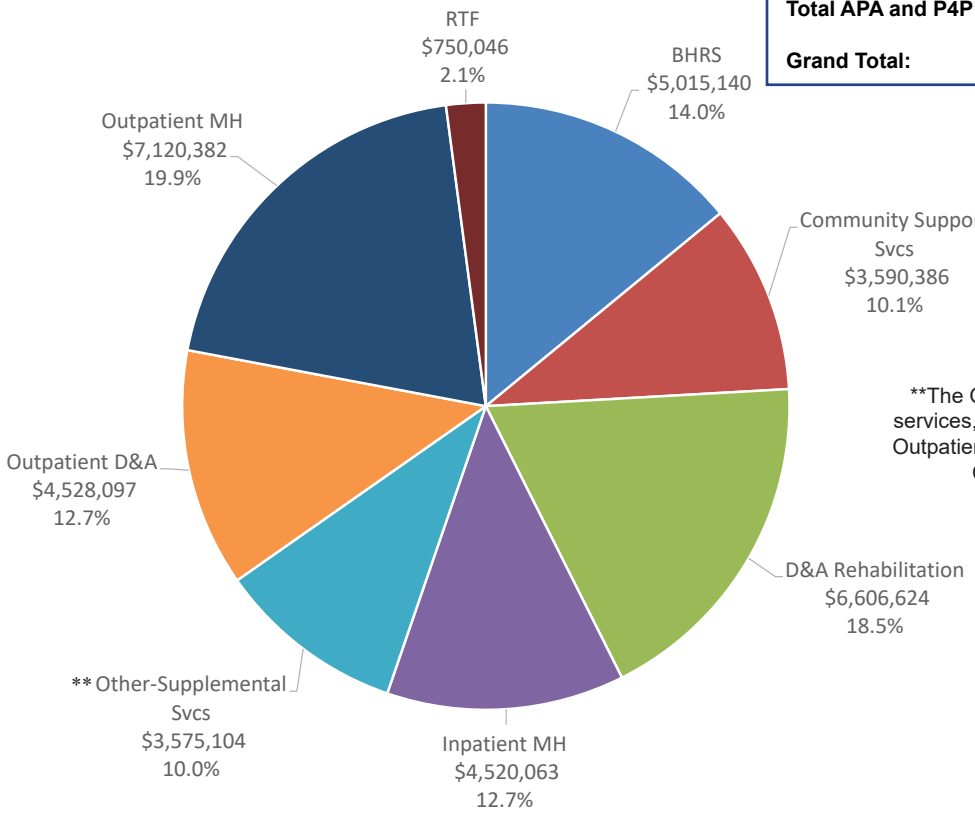

**The Other service category comprises supplemental services, such as Substance Use Assessments, Intensive Outpatient, Partial Hospital, Case Management as well as Children's Services Program Exceptions.

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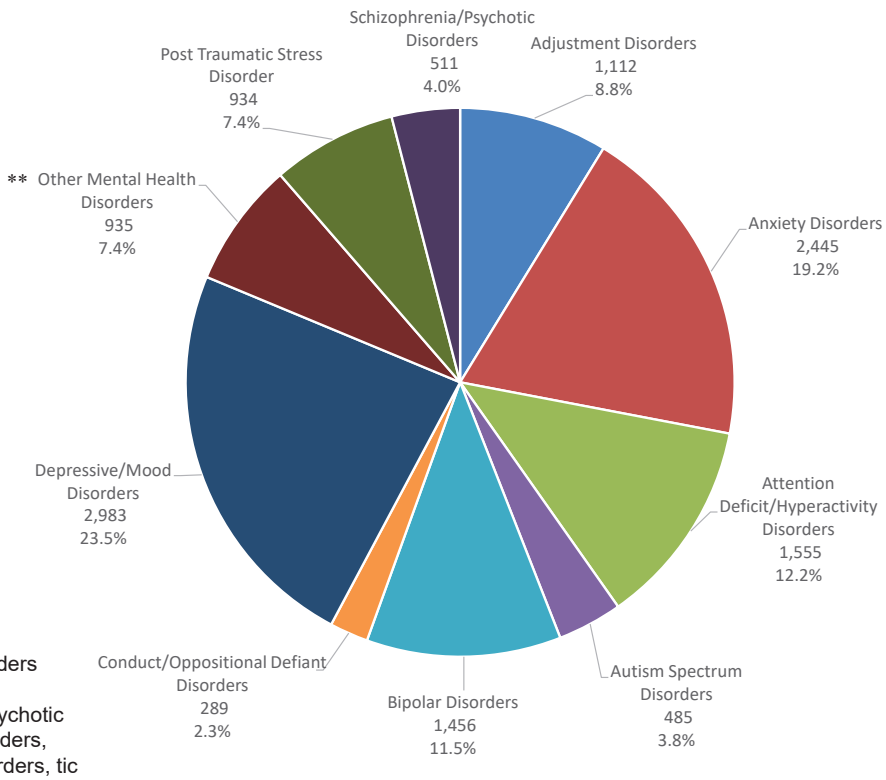
Mental Health Disorders

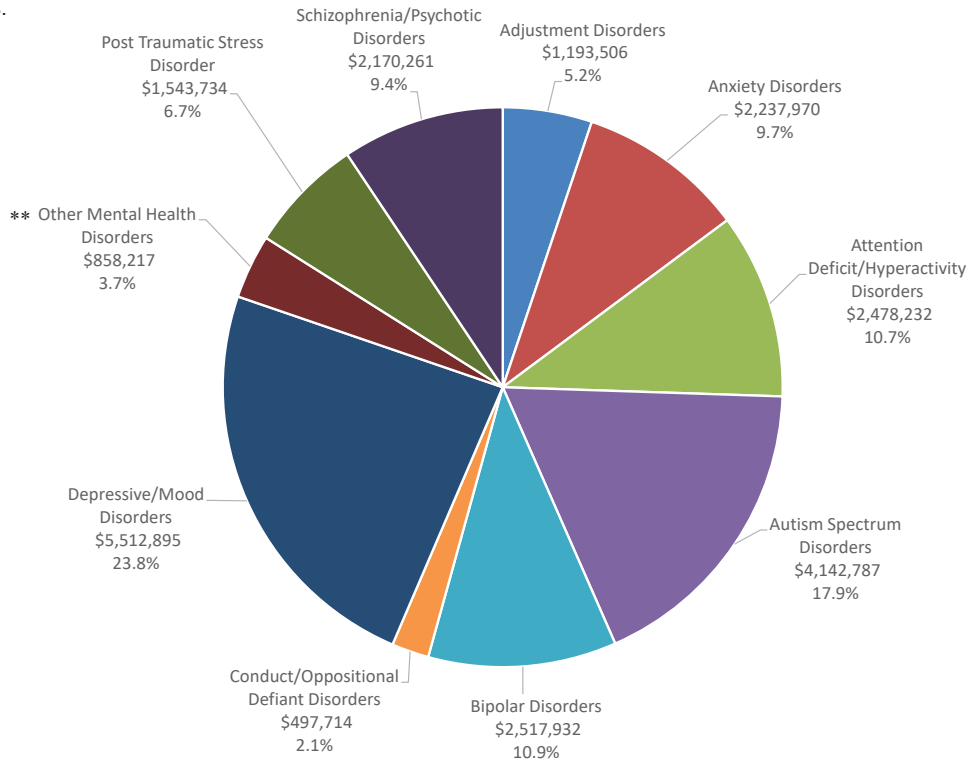
January-December 2022 as of March 2023
Members with Mental Health Disorders Served: 7,947
Total Expenditures for Mental Health Disorders: $23,153,248

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

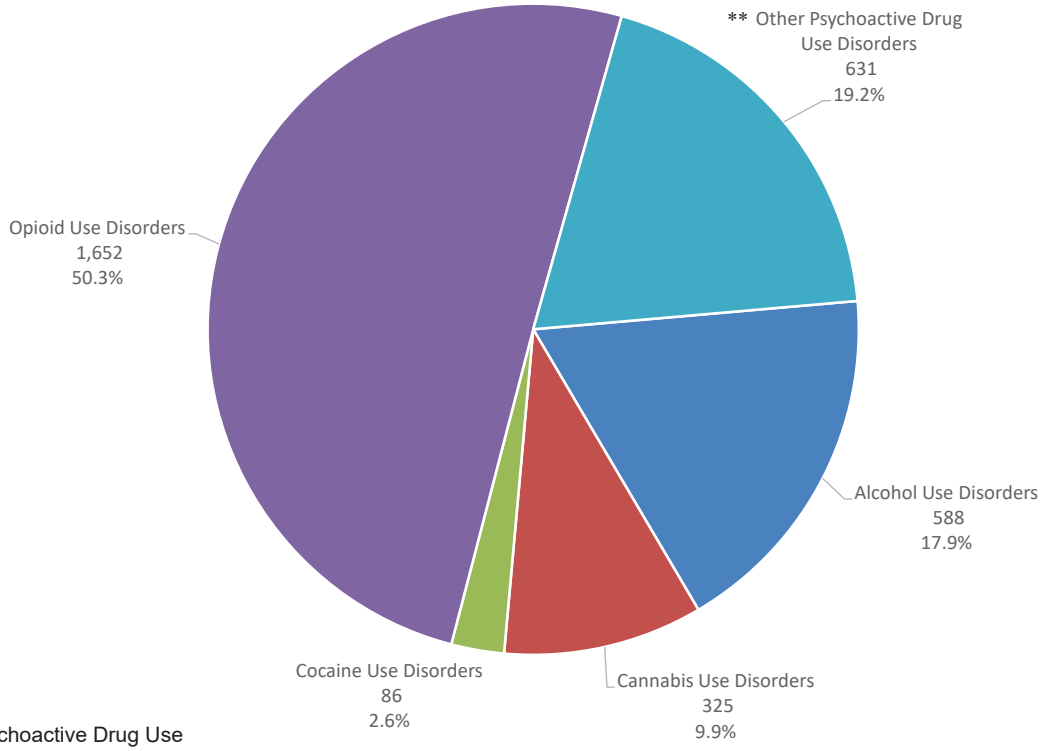


Notes: Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APA, P4P, VBP, or SDOH.

Substance Use Disorders

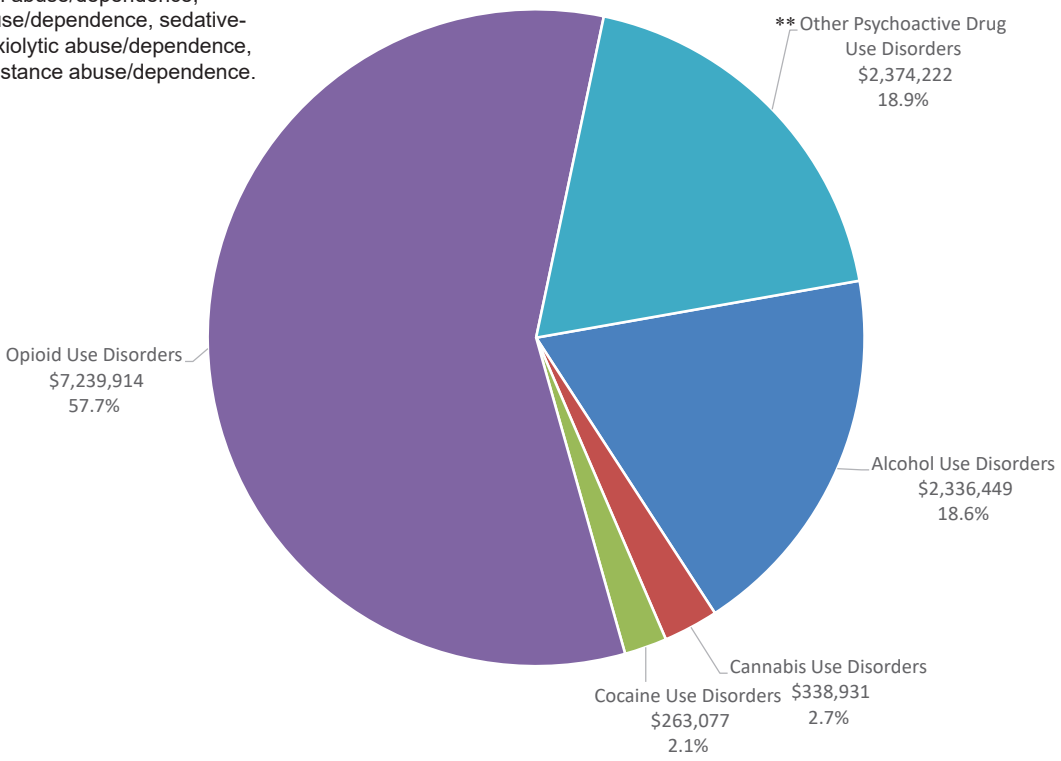
January-December 2022 as of March 2023
Members with Substance Use Disorders Served: 2,679
Total Expenditures for Substance Use Disorders: $12,552,593

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

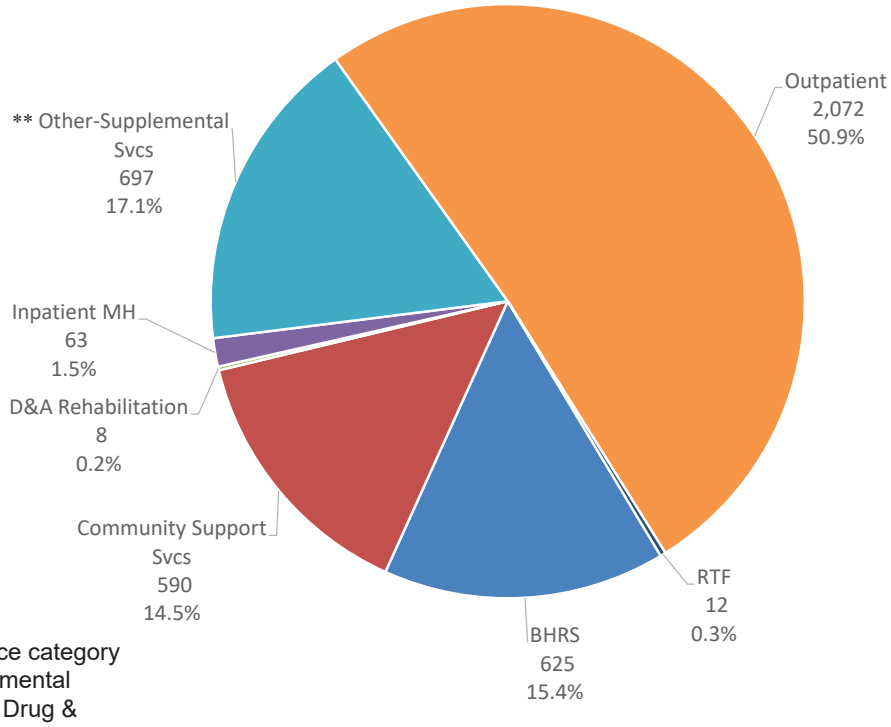


Notes: Percentages may not sum to 100% due to rounding. Charts do not include amounts paid through APA, P4P, VBP, or SDOH.

Youth

January-December 2022 as of March 2023
Youth Served: 2,590
Total Expenditures: $10,909,565
Youth include HealthChoices members under age 18 and all members involved in BHRS or RTF services.

Members Served



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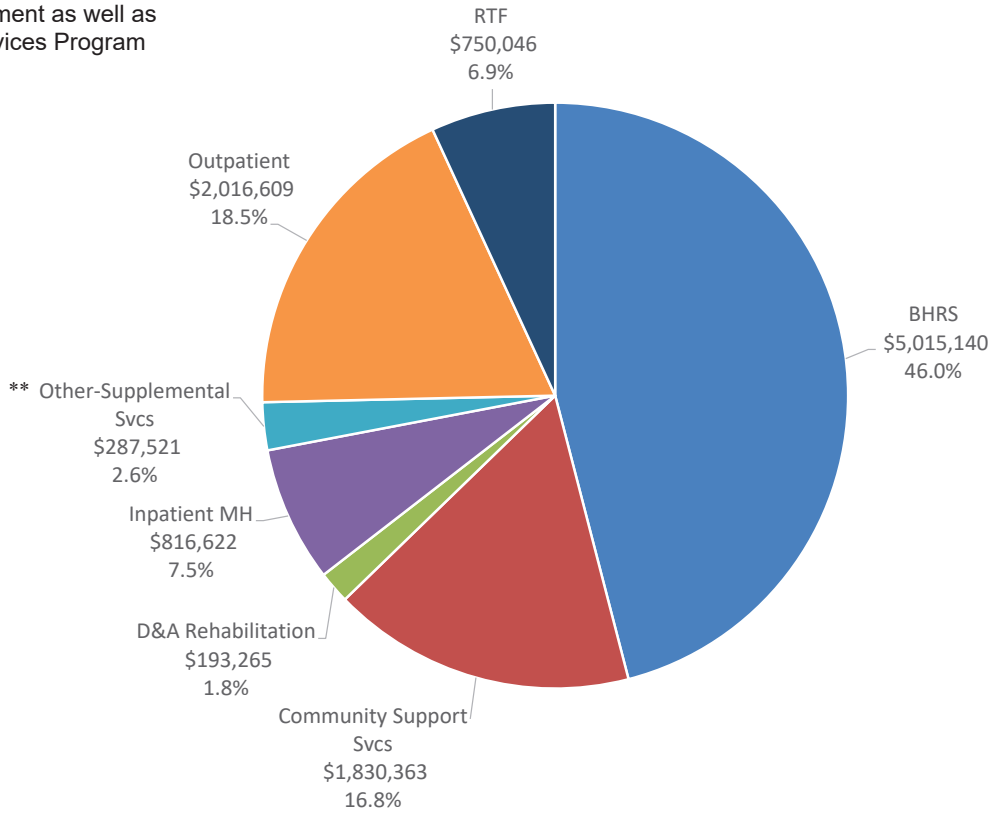
Expenditures



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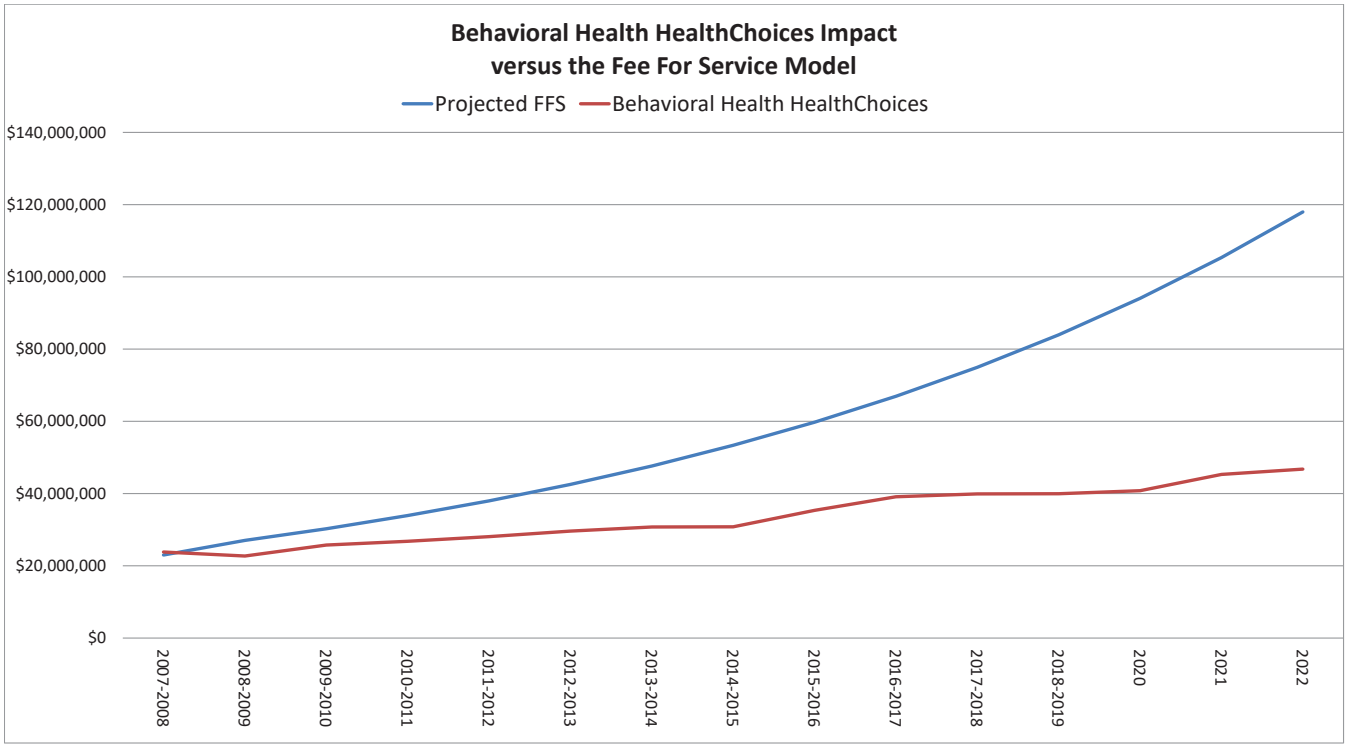
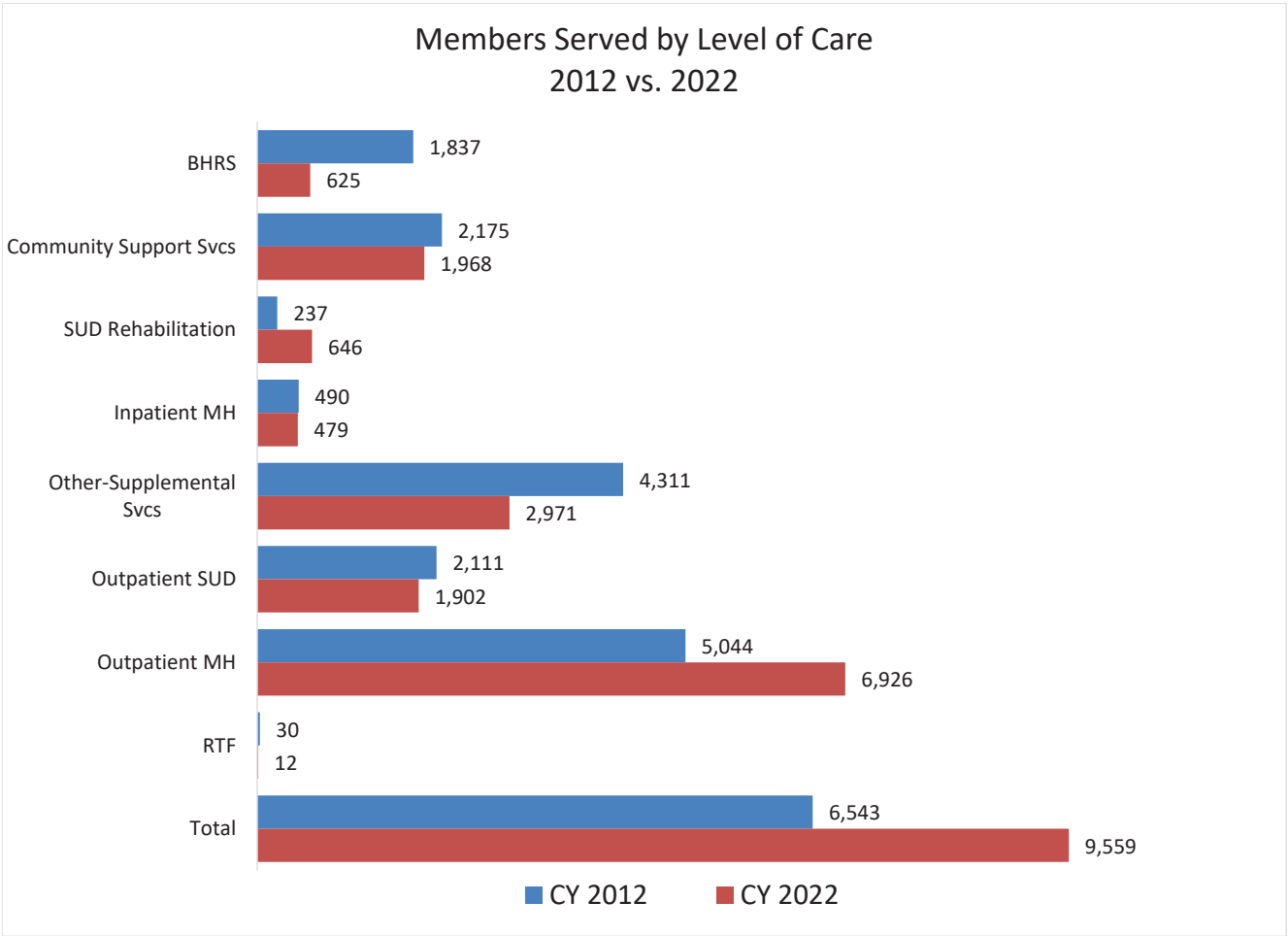
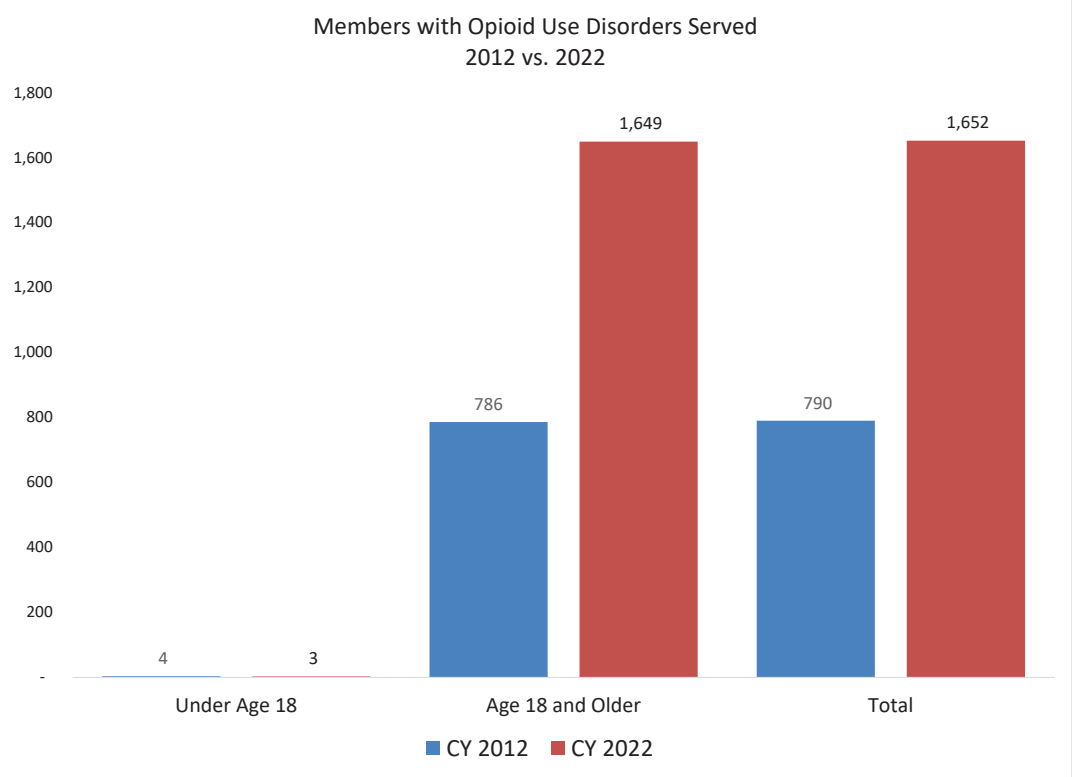
HealthChoices Financial Impact on Medicaid Spending

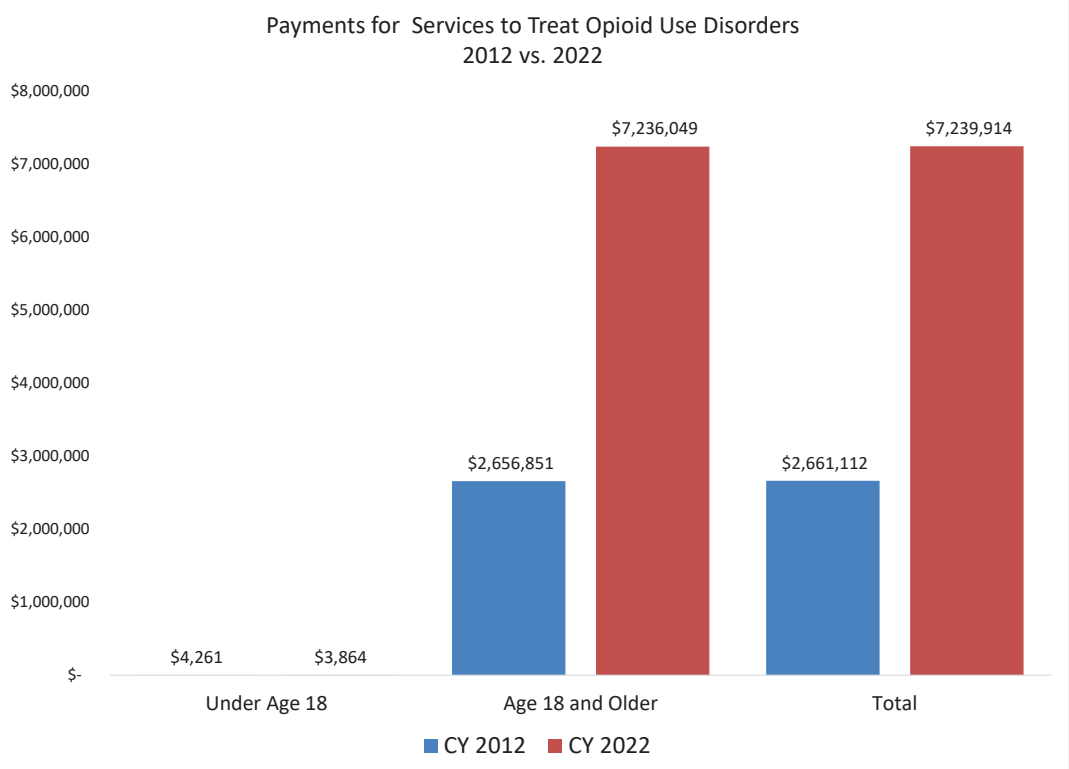


FFS increase based on 12% pre-HealthChoices average annual growth under Fee-for-Service model.



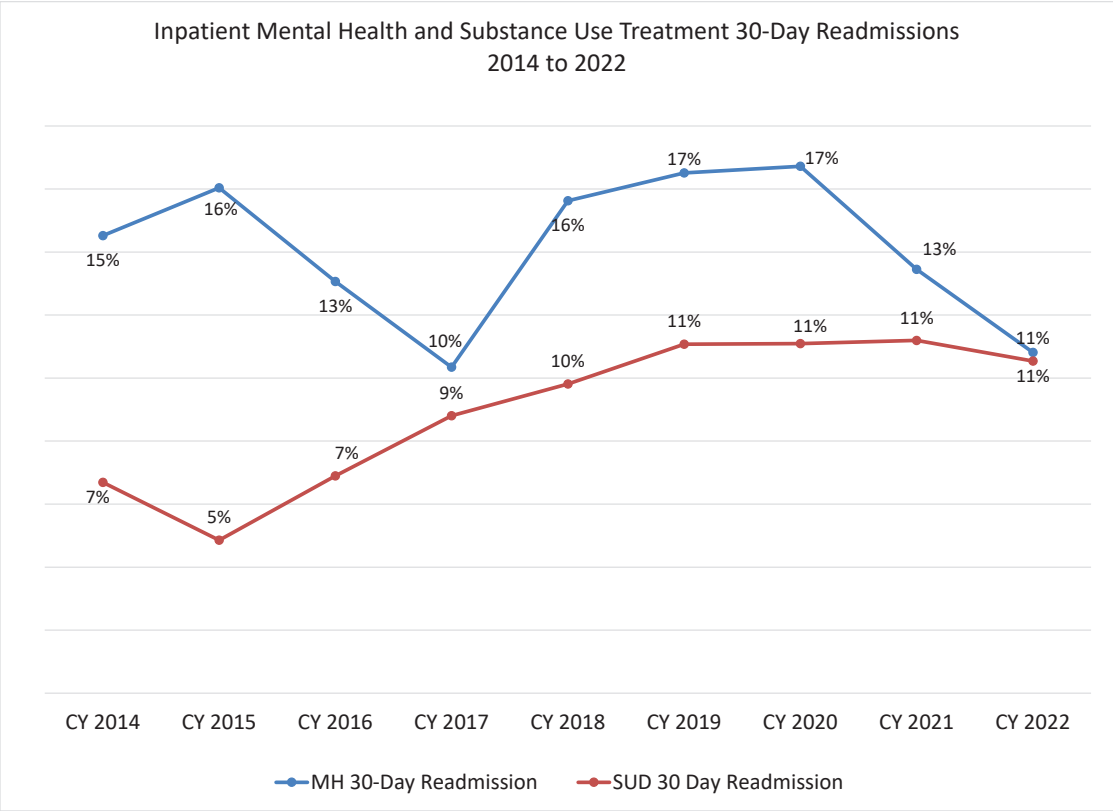
Opioid Epidemic Impact on Service Delivery

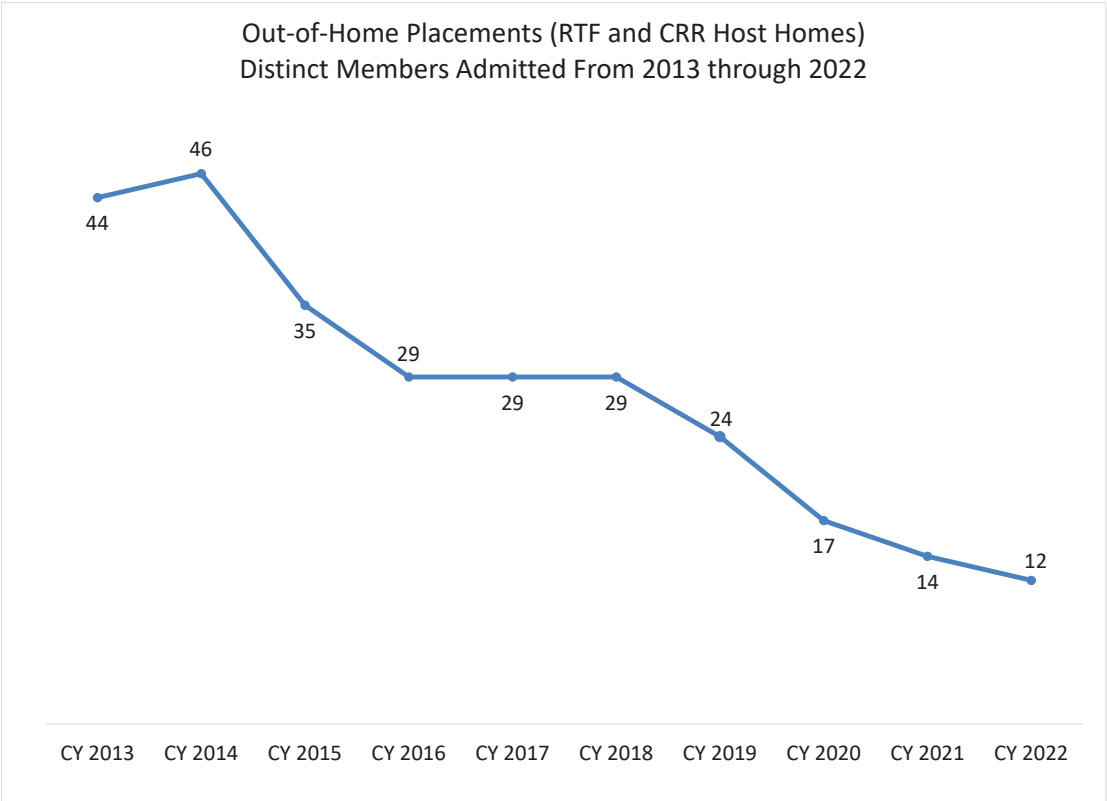




High-Risk Care Management

Blair HealthChoices became a 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. The following pages summarize the information collected.

During the 2022 calendar year, 511 general purpose surveys were completed. The majority of surveys (74.6%) were completed face-to-face with the members. This yera, more surveys were completed on-site at substance use facilities, which provided a higher face-to-face percentage than in previous years.

Adult

In CY 2022, 56.5% of adults surveyed were female. Most services received were to treat substance use disorders among members between 35-44 years old.

In 2022, questions were modified to monitor treatment experiences with telehealth and access to services:

Questions	Q1	Q2	Q3	Q4	AGG
Did you choose the treatment services you are receiving?	94.3%	97.0%	92.9%	100.0%	94.9%
Made aware of different treatment services and given a choice	90.6%	96.0%	92.0%	87.5%	92.5%
I'm getting all the services I need	92.5%	90.9%	91.1%	93.8%	91.6%
Able to get help within an acceptable amount of time	96.2%	90.9%	88.4%	93.8%	91.9%
My provider asked questions about my physical health.	79.2%	85.9%	83.9%	81.3%	82.9%
Have any of your services been provided by video or telephone?	77.4%	71.7%	46.4%	81.3%	65.5%
If yes, were you satisfied?	89.0%	81.7%	86.8%	92.3%	86.3%
Your wait for services was less than a week	66.3%	63.6%	62.0%	50.0%	63.3%

The lowest scoring question of 45.6% was the provider talking to the member about the plan for after treatment. In 2021, the score was 43.6%, which demonstrated a slight improvement in 2022. Providers have initiated changes to documentation to prompt clinicians in the discussion of aftercare treatment/ planning. One provider has started a patient portal where members will have access to their treatment notes and plans.

We utilize our Provider Advisory Committee, Stakeholder Committee, Community Supports Program, and Drop-In Center, for various opportunities to share the results. We obtain feedback to improve on areas of need or identify gaps in treatment.

Family

In 2022, 51.6% of the children surveyed were female. 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?	95.8%	100.0%	100.0%	100.0%	98.9%
Made aware of different treatment services and given a choice	83.3%	100.0%	100.0%	100.0%	95.8%
I'm getting all the services I need	87.5%	94.1%	92.9%	88.5%	90.5%
Able to get help within an acceptable amount of time	87.5%	100.0%	100.0%	100.0%	96.8%
Have any of your services been provided by video or telephone?	58.3%	41.2%	72.2%	60.0%	76.8%
If yes, were you satisfied with services by video or telephone?	57.1%	71.4%	63.6%	57.1%	61.4%
Your wait for services was less than a week.	75.0%	64.7%	38.5%	34.6%	50.6%

The lowest scoring question was concerning aftercare planning (26.3%), which is an area for further discussion. Families have expressed that, "We haven't talked about it yet," or "This is going to be on-going." The results were shared with our Quality and Clinical Management Committee (QCMC) meeting that includes providers and members. Feedback from QCMC was given about adding a non-applicable (N/A) option to the question to exclude levels of care, such as medication management, which may be appropriate for members to receive long-term.

Youth

In 2021, 53.0% of youth surveyed were female. Most of the youth surveyed were between 14-15 years old, with the majority of youth receiving treatment for medication management and outpatient therapy.

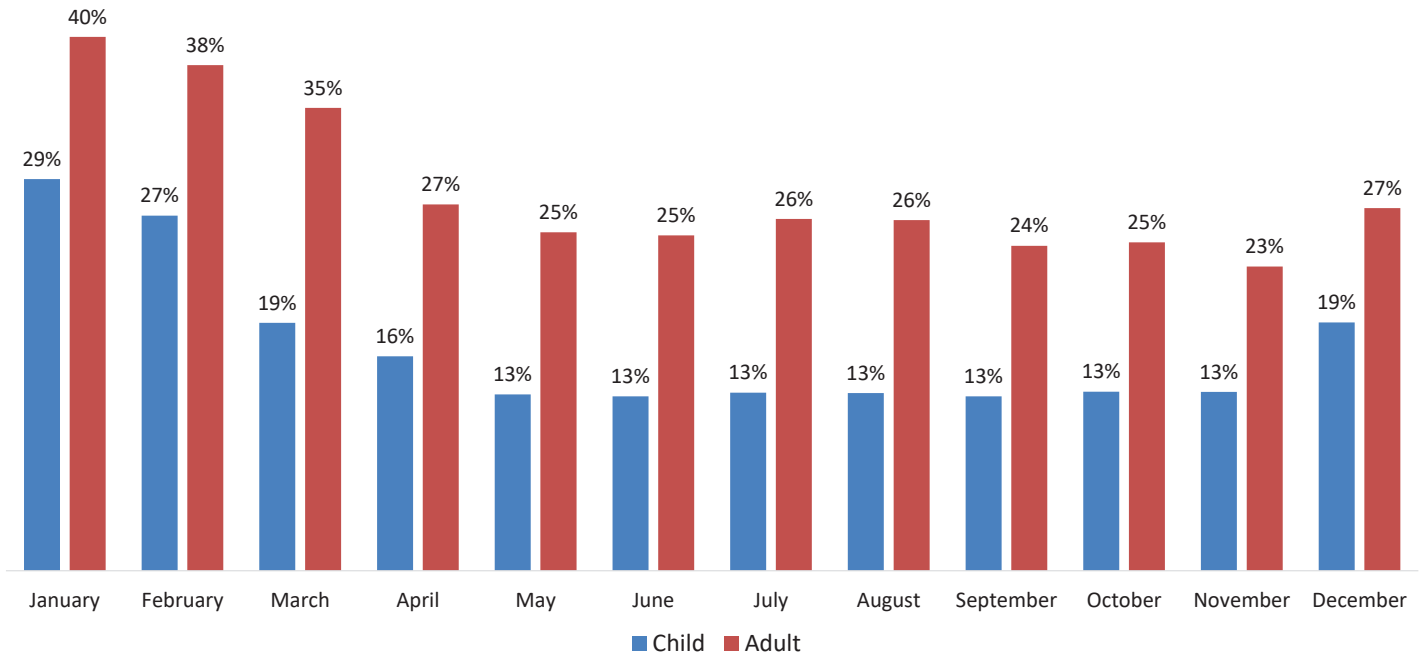
Questions	Q1	Q2	Q3	Q4	AGG
Did you choose to go to your provider?	85.7%	88.0%	76.2%	100.0%	86.7%
Made aware of different treatment services and given a choice	95.2%	92.0%	81.0%	68.8%	85.5%
I get the right amount of help	100.0%	92.0%	95.2%	100.0%	96.4%
We meet at a location easy to get to	100.0%	100.0%	100.0%	100.0%	100.0%
Able to get help within an acceptable amount of time	90.5%	100.0%	95.2%	100.0%	96.4%
Have services been provided by video or telephone?	95.2%	76.0%	52.4%	81.3%	75.9%
If yes, were you satisfied?	80.0%	78.9%	90.9%	76.9%	81.0%

Other areas of improvement are for youth receiving a copy of their treatment plan/summary, which scored at 80.7% and youth feeling like treatment is working because they feel better (78.3%).

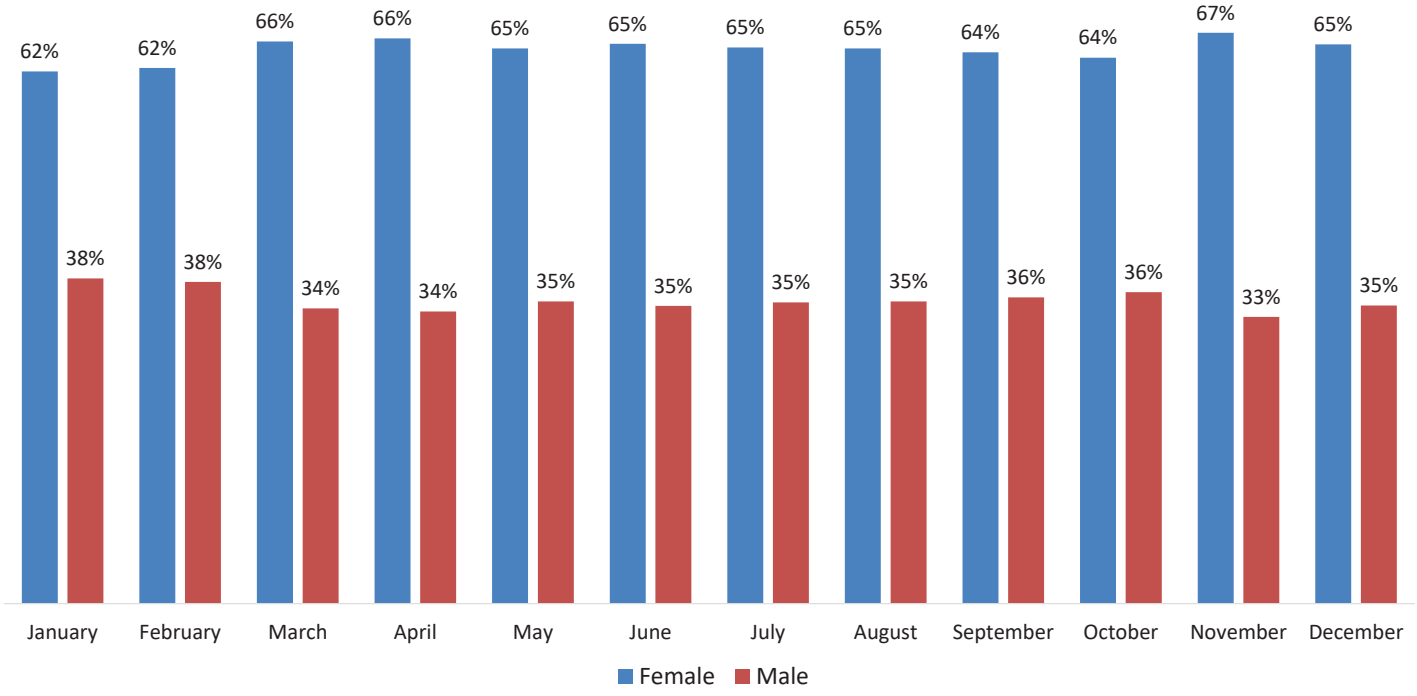
Providers were given their results and asked to submit a Quality Improvement Plan annually to address the areas below the benchmark. Some providers have been initiating documentation changes, staff re-education, and internal record reviews to address the areas that fell below the benchmark of 85%.

Telehealth Service Utilization After COVID

Child vs. Adult Telehealth as Percentage of Each Age Group Served in Month
January - December 2022

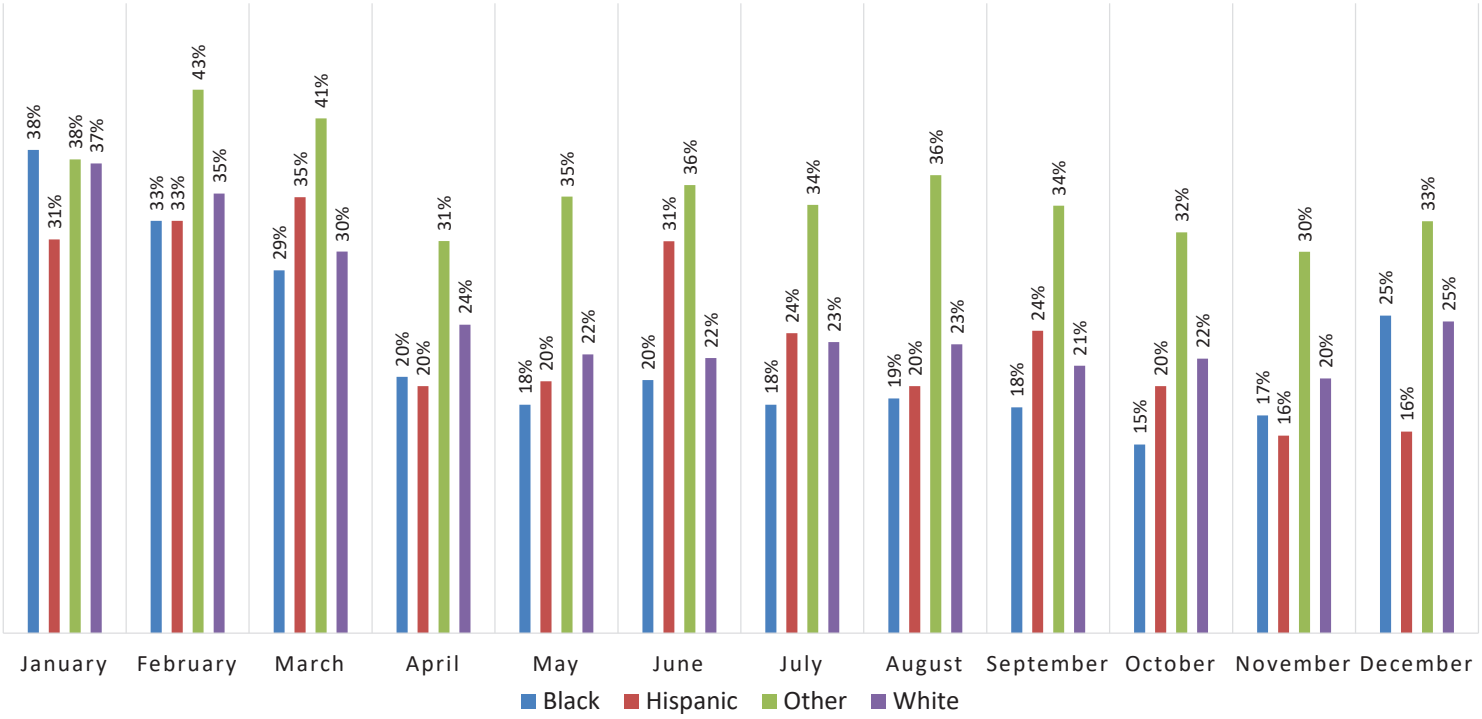


Female vs. Male Telehealth as Percentage of Each Gender Served in Month
January - December 2022

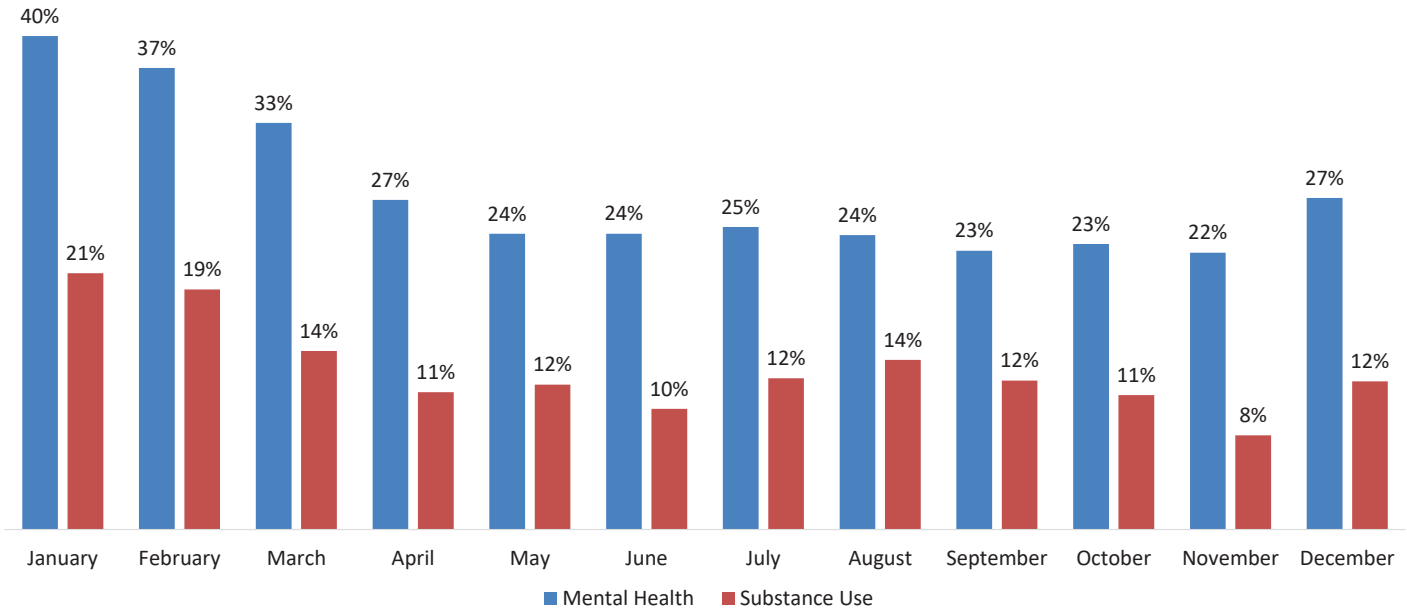


Telehealth Service Utilization After COVID

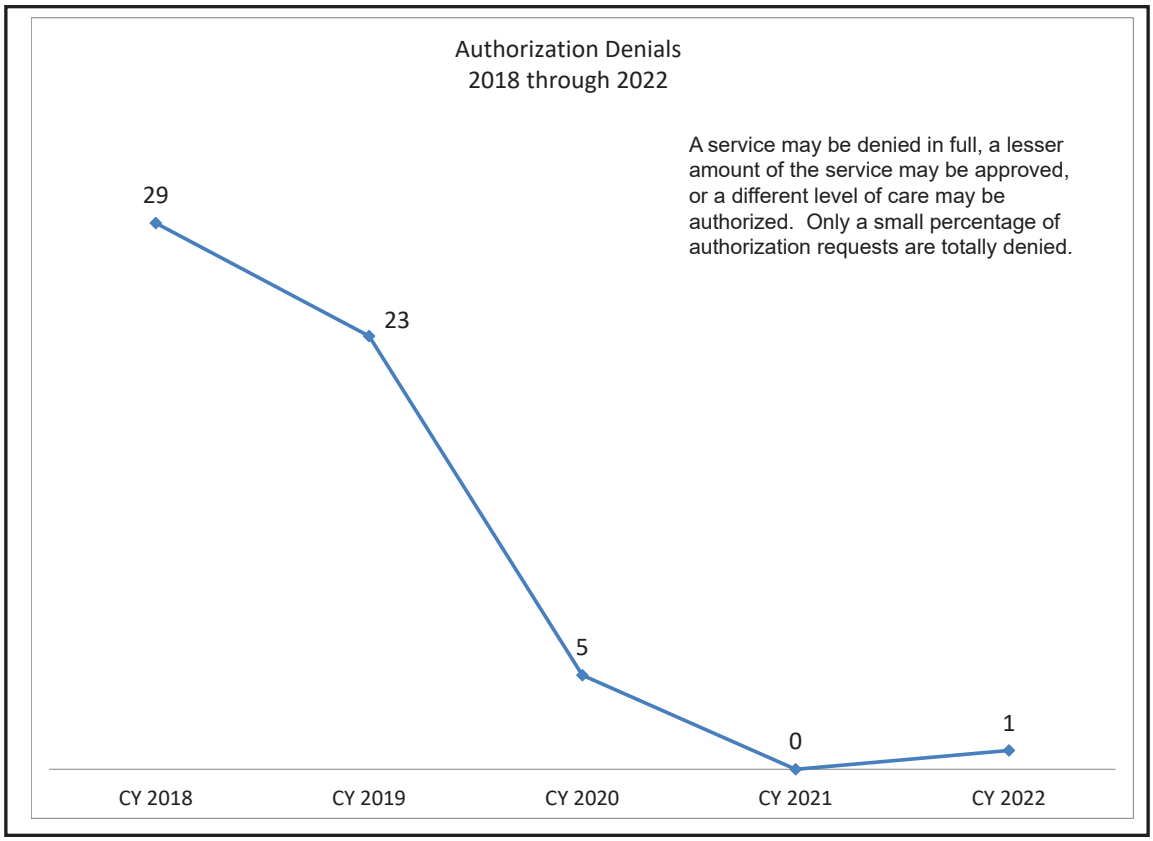
Telehealth as Percentage of Each Race Served in Month
January - December 2022

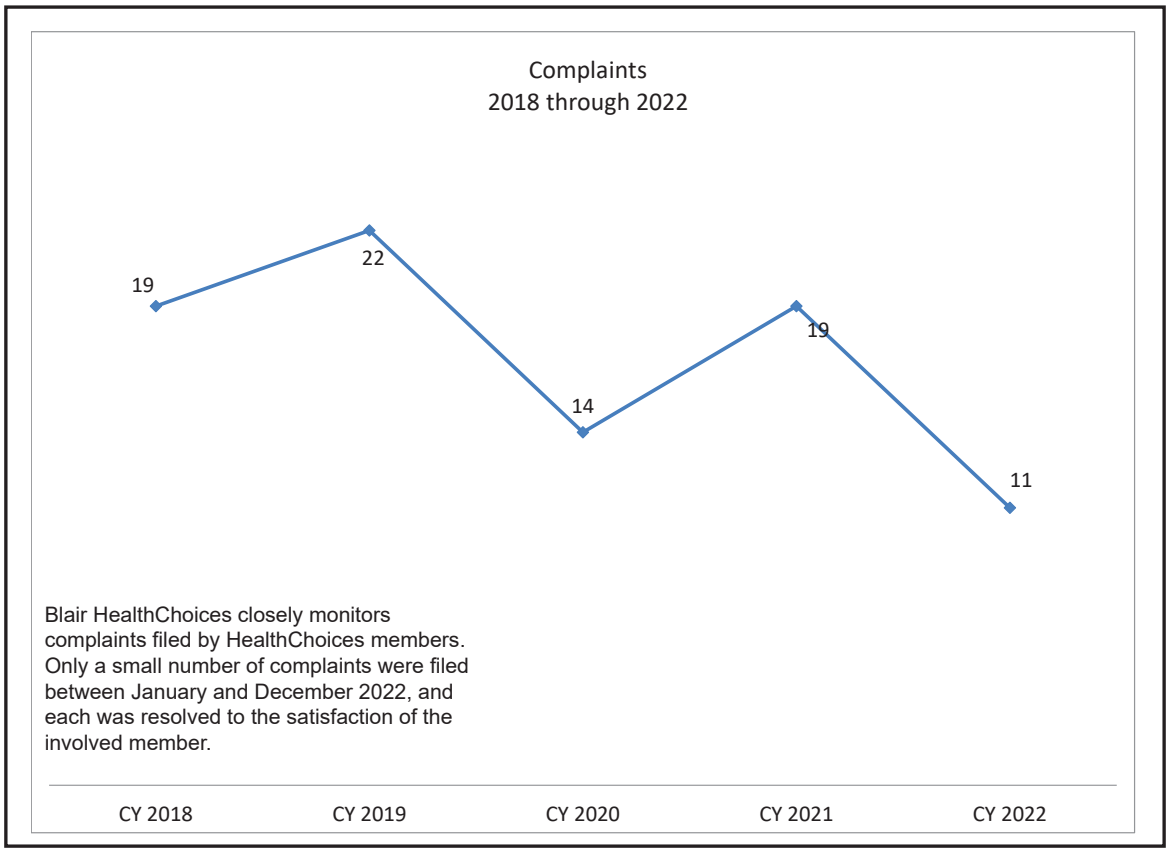


Mental Health vs. Substance Use Telehealth Treatment as Percentage of Each Service Type in Month
January - December 2022

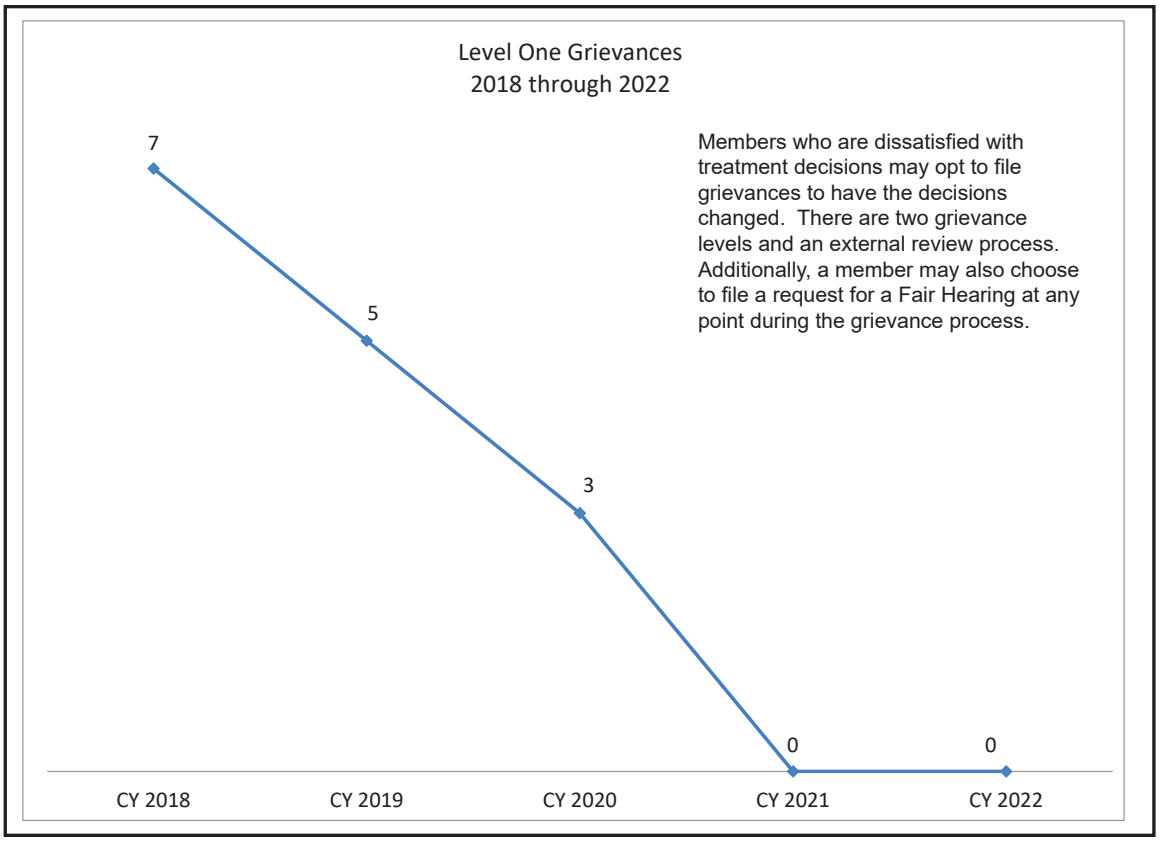


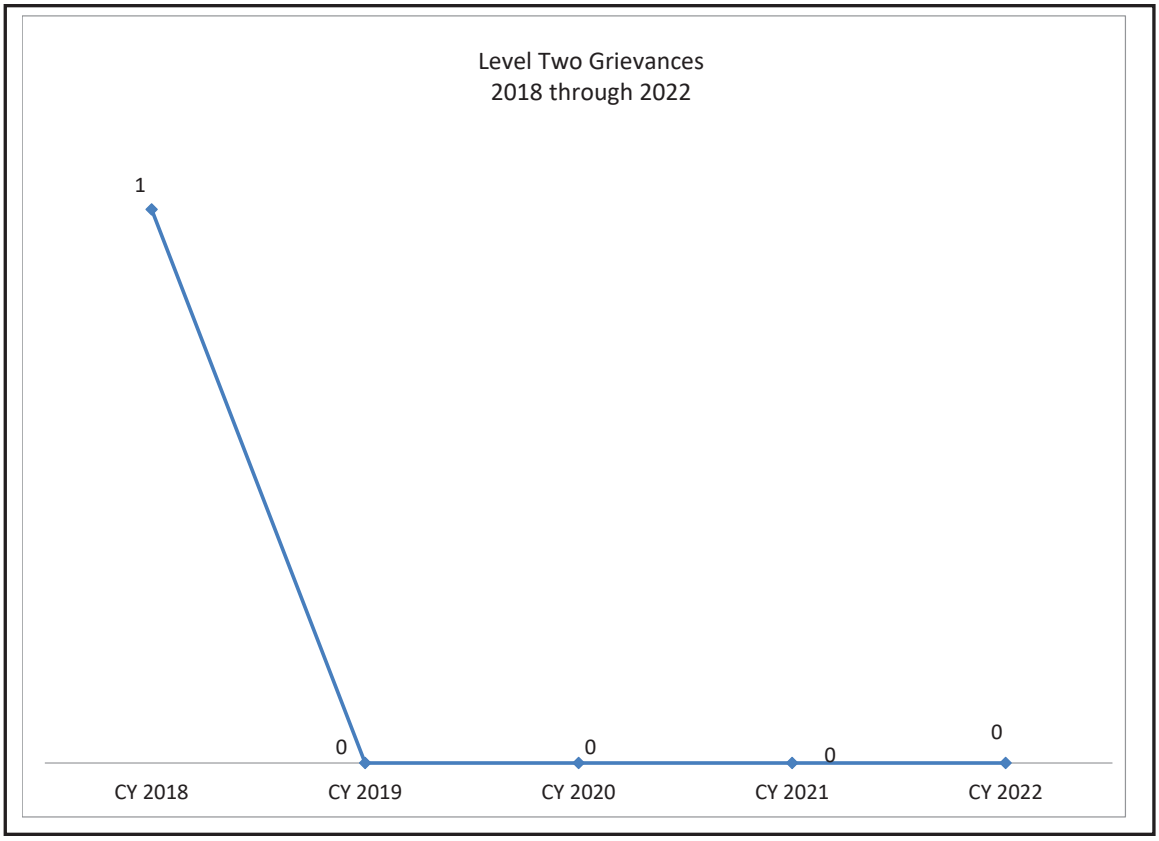
Denials and Complaints





Grievances


Level One Grievances
2018 through 2022
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
0
CY 2018
CY 2019
CY 2020
CY 2021
CY 2022


Level Two Grievances
2018 through 2022
1
0
0
0
0
CY 2018
CY 2019
CY 2020
CY 2021
CY 2022

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.

BLAIR HealthChoices

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