

**York-Adams HealthChoices Program  
Annual Report  
2007 - 2008**

**York-Adams HealthChoices Program**

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

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

Substance Abuse/Dependence Disorders – a group of disorders related to taking a drug of abuse. The DSM-IV-TR 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.

Mental Retardation – includes Mild, Moderate, Severe and Profound Mental Retardation.

### DSM-IV-TR

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental and substance abuse disorders (also see ICD-9-CM).

### ENROLLMENT

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

### FAIR HEARING APPEAL

A grievance process through which a HealthChoices member can file a written appeal, to the Department of Public Welfare, regarding a behavioral health care service decision.

### GRIEVANCE

The process by which a consumer addresses a problem with a decision made about his/her behavioral health care service. This may include denial of a service, approving less service than what was requested, or approving a level of care different from that requested.



### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This is a Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives the Health and Human Services Department of the federal government the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, K2, or Public Law 104-191.

### MEMBER

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

### MENTAL HEALTH COMMITMENT

An involuntary admission into a psychiatric hospital as per the Pennsylvania Mental Health Procedures Act. Also referred to as a '302 commitment'.

### OUTPATIENT REGISTRATION (OPR)

The process by which HealthChoices members are registered with Community Care to receive specific outpatient services. This process eliminates the need for pre-authorization of services and allows the member to access mental health or drug and alcohol services with the provider for up to one year.

### 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.

# Terminology

## ADMISSION RATE

The number of admissions into services per 1000 HealthChoices enrollees.

## 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.

## 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.

## CLAIMS

A request for reimbursement for a behavioral health service.

## COMMUNITY RESIDENTIAL REHABILITATION (CRR)

CRRs are residential programs designed and operated to assist persons with chronic psychiatric disability to live as independently as possible in the least restrictive setting.

## 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 DSM-IV-TR or ICD-9 diagnostic criteria.

## DIAGNOSTIC CATEGORIES

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

Autism Spectrum Disorders, sometimes called Pervasive Developmental Disorders (PDD), are a range of neurological disorders that most markedly involve 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. 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.

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

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

Impulse Control Disorders – includes Intermittent Explosive Disorder, Trichotillomania, and Impulse Control Disorder Not Otherwise Specified.



# HealthChoices

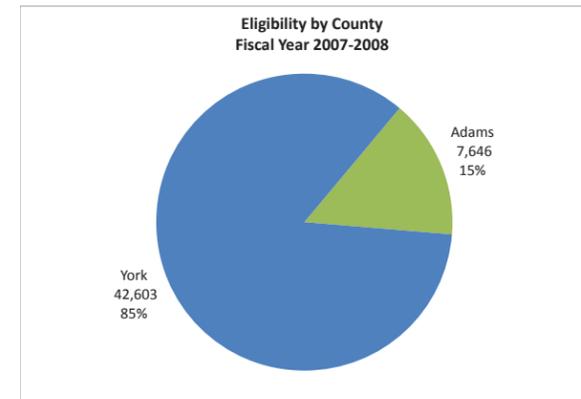
HealthChoices is the Commonwealth of Pennsylvania’s mandatory Medicaid managed care program administered by the Department of Public Welfare (DPW). This new, integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse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

The three components of the HealthChoices Program are:

- Physical Health
- HealthChoices Enrollment Assistance Program
- Behavioral HealthChoices

The Office of Medical Assistance Programs (OMAP) administers the first two components, while the Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the third component, the behavioral health program, that provides mental health and substance abuse treatment services.

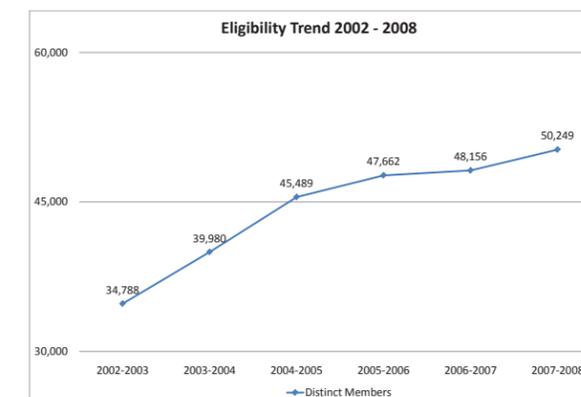
The Department of Public Welfare introduced the HealthChoices program on a staggered basis, starting first in southeastern Pennsylvania and expanding the program throughout the state over a period of ten years. York and Adams Counties jointly accepted the right-of-first-opportunity to manage the local program and entered into a full-risk capitation contract with the Commonwealth on October 1, 2001. The Counties, in turn, sub-contract with a behavioral managed care organization, Community Care Behavioral Health, to provide care management, provider network development, quality assurance, member services, and claims management. The York-Adams HealthChoices Management Unit provides oversight of the local HealthChoices Program and monitoring of all of Community Care’s activities to ensure full compliance with its contract with DPW.



During the 2007-2008 operating year, an average of 50,249 county residents were enrolled in the York-Adams HealthChoices Program.



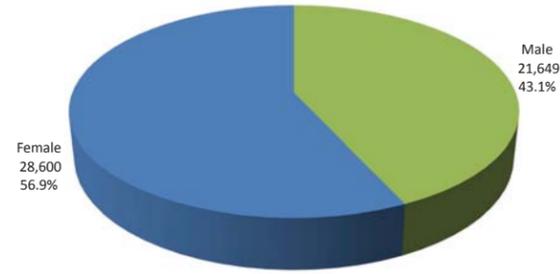
Medicaid recipients account for approximately 10% of the total population of York and Adams Counties.



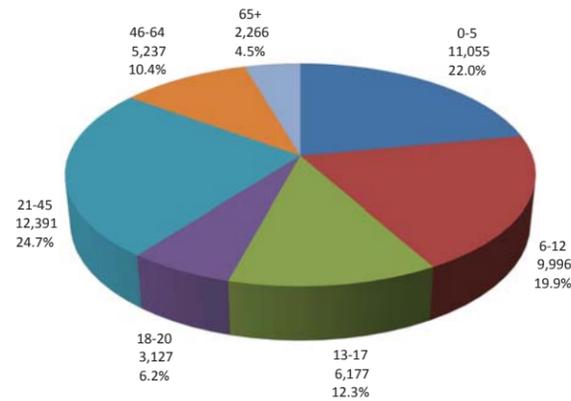
For both counties combined, enrollment increased approximately 44% from the inception of the local HealthChoices Program.

# Enrollment

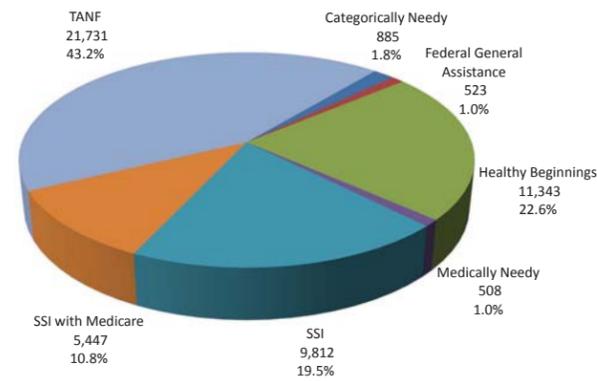
## Gender



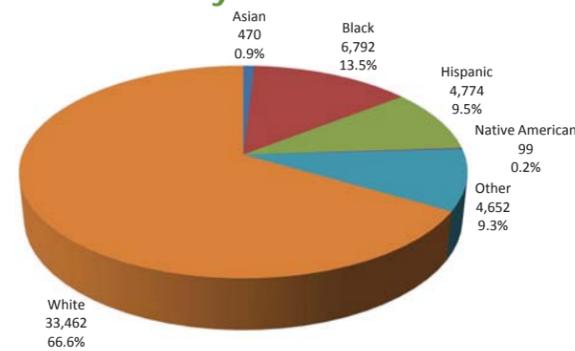
## Age Groups



## Category of Aid



## Race/Ethnicity



"Other" Race includes members who report mixed race or Hispanic ethnicity.

## 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.

### Healthy Beginnings

Assistance for women during pregnancy and the postpartum period.

### State Only General Assistance

State funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program. This includes the Categorically Needy Only (CNO) and Medically Needy Only (MNO) groups.

### Federally Assisted Medical Assistance for General Assistance Recipients (Federal GA)

Federal and state funded program for individuals and families whose income and resources are below established standards and who do not qualify for the TANF program.

### Supplemental Security Income without Medicare

Assistance for people who are aged, blind, or determined disabled for less than two years.

### Supplemental Security Income with Medicare

Assistance for people who are aged, blind, or determined disabled for over two years.

## New Service Highlight: Peer Support

Based upon the fundamental principles of recovery, peer support services are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resilience through mentoring and service coordination supports. This allows individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities.

Peer support is designed on the principles of consumer choice and the active involvement of persons in their recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community. For this reason, the agreement of the individual to receive services is critical.

On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person-centered with a recovery focus. Peer support services facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support, skills training, effective utilization of the service delivery system, and coordination of and linkage to other service providers.

The purposes of peer support services are to:

1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy process;
2. Teach and support acquisition and utilization of skills needed to facilitate the individual's recovery;
3. Promote the knowledge of available service options and choices;
4. Promote the utilization of natural resources within the community; and
5. Facilitate the development of a sense of wellness and self-worth.

Specific service goals are based on individual needs and personal aspirations, which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. Goals pertaining to system advocacy will be limited to the coordination with or linkage to community resources. The relationship between the peer specialist and the individual served is intended to facilitate accomplishment of the goals specified in the Recovery-focused Individual Service Plan (Individual Service Plan).

## Reinvestment Plan History

### 2001-2002

- Mental Health Outpatient Bilingual/Bicultural Services
- Drug and Alcohol Services for MA Eligible Consumers
- Community Treatment Team
- Drop-In Center Renovations (York County)
- Site-Based Treatment for Children with Autism

### 2002-2003

- Community Treatment Team
- Supported Housing Program
- Crisis Diversionary Program
- Non-Hospital Detoxification/Rehabilitation Methadone Program
- Psychiatric Rehab/Clubhouse (York County)
- MISA Outpatient Services
- Autism Case Management
- Mental Health Court (York County)
- Respite/Temporary Housing Program
- Transition Apartment Program (York County)
- Dual Diagnosis MH/MR Outpatient Program
- Consumer Work Program
- Targeted Case Management
- Flexible Funds Program
- Consumer Run Business (York County)
- Children's Advocacy Center
- Drop-In Center Renovations (York County)
- School-Based Partial Hospital Program
- Site-Based Autism Program for Children
- Drug and Alcohol Outpatient Treatment (Adams County)
- Family-Based Dual Diagnosis Program (Adams County)

### 2003-2004

- Non-Hospital Detoxification/Rehabilitation/ Methadone Program
- Extended Acute Care
- Children's Advocacy Center
- Children and Adolescent Support Services
- Housing/Employment Support Services
- Psychiatric Rehab/Clubhouse (York County)
- Minority Behavioral Health Outreach Program (York County)
- Mental Health Association and Supportive Services (Adams County)
- Multi-System Facilitator (York County)

### 2004-2005

- Non-Hospital Detoxification/Rehabilitation/ Methadone Program
- Mentoring Older Youth (Adams County)
- Children's Advocacy Center (Adams County)
- Flexible Funds Program
- Mental Health Association and Supportive Services (York County)
- Minority-Based Behavioral Health Drop-In Center (York County)
- Consumer Work Program

### 2005-2006

- Family Group Decision Making (Adams County)
- Enhanced Screening Methods (Adams County)
- Autism Treatment Program (York County)
- Multi-System Facilitator (York County)
- Integrated Health Program (York County)
- Drug and Alcohol Outpatient (York County)
- Community Treatment Team (CTT) Renovations (York County)

### 2006-2007

- Affordable Housing
- Child Advocacy Center Expansion

Capitation revenues from the Department of Public Welfare and investment income which are not expended during an Agreement Year may be utilized in subsequent Agreement years as "seed only" money to start up or increase service capacity or to provide supplemental or cost-effective services.

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

#### In-Plan Services:

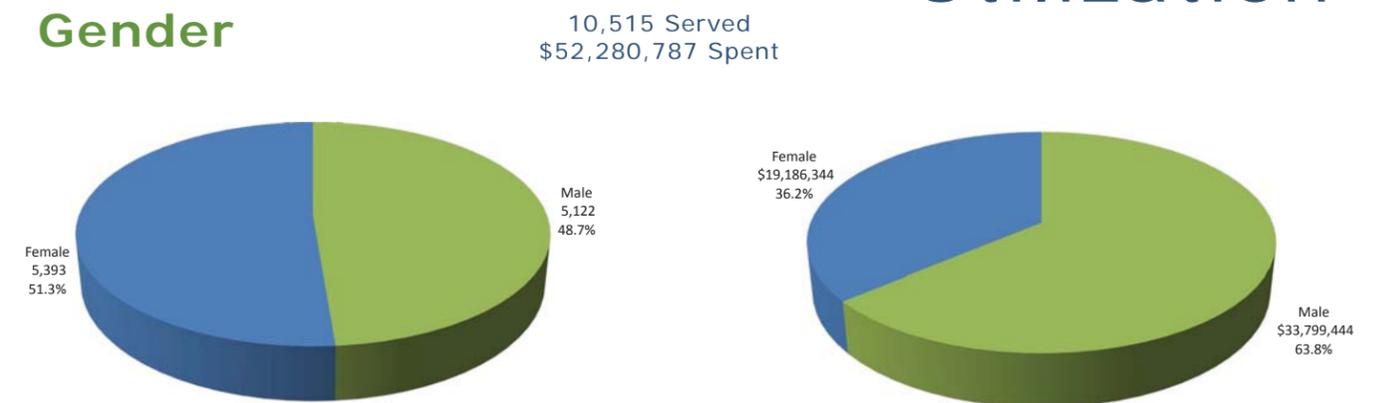
- Inpatient Psychiatric Hospitalization
- Inpatient Drug & Alcohol Detoxification, Treatment, Non-Hospital Rehabilitation, and Halfway House
- Psychiatric Partial Hospitalization Services
- Outpatient Mental Health and Drug & Alcohol Counseling
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Psychiatric Evaluation and Psychological Testing
- Residential Treatment Facilities for Adolescents (RTF)
- Behavioral Health Rehabilitative Services for Children and Adolescents (BHRS)
- Methadone Maintenance
- Intensive Case Management
- Resource Coordination
- Crisis Intervention
- Family Based Mental Health Services
- Peer Support

#### Supplemental Services:

- Children's Services Enrolled as Program Exceptions
- Community Treatment Team
- Crisis Diversion
- Drug & Alcohol Intensive Outpatient
- Psychiatric Rehabilitation

## Utilization

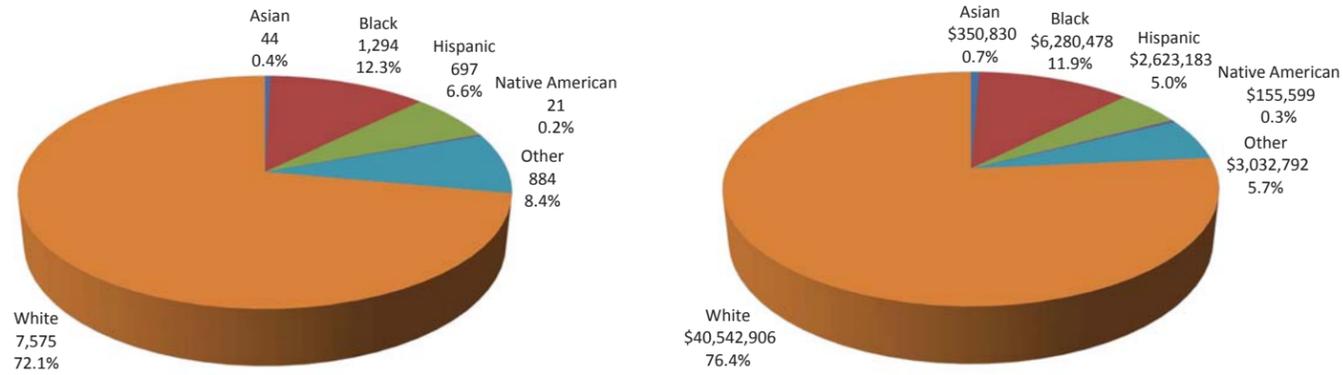
### Gender



The charts in this report represent enrollment and utilization data that occurred during the 2007-2008 operating year. Utilization is derived from paid claims for services provided between July 1, 2007 and June 30, 2008

# Utilization

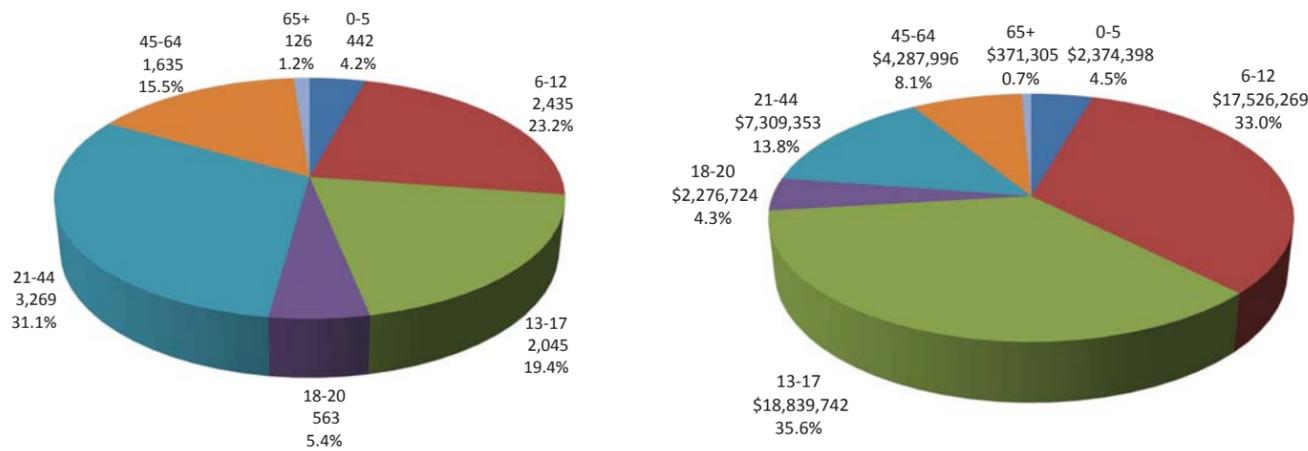
## Race/Ethnicity



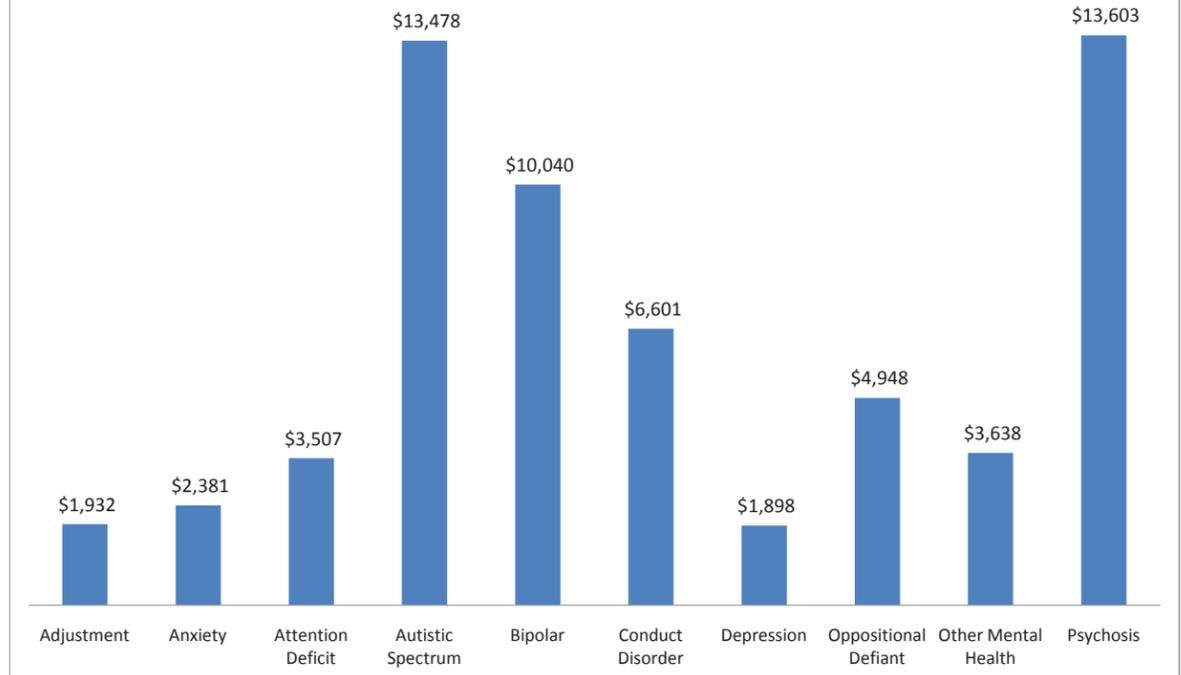
10,515 Served  
\$52,280,787 Spent

"Other" Race includes members who report mixed race or Hispanic ethnicity.

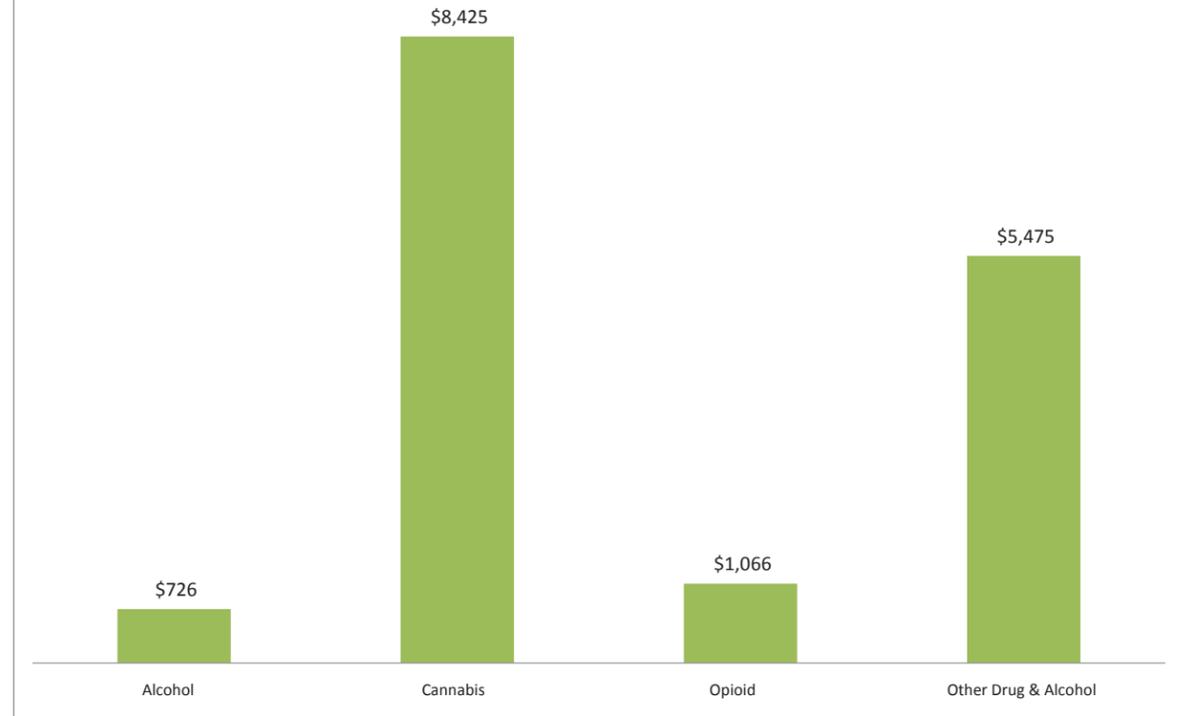
## Age Groups



## Average Cost per Member by Mental Health Diagnoses Youth Served Fiscal Year 2007-2008

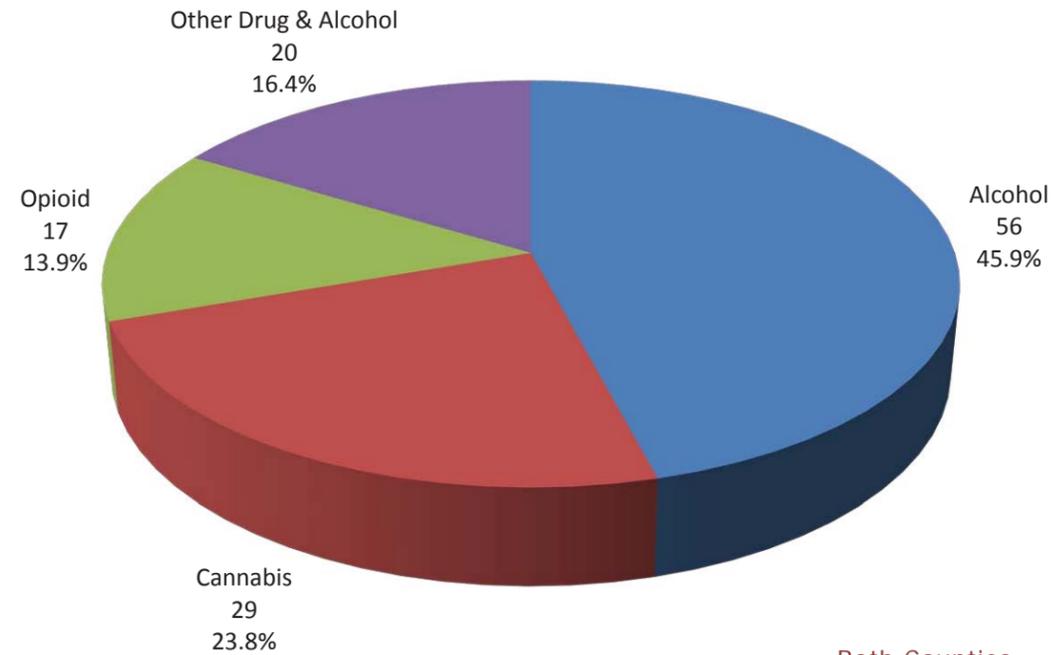


## Average Cost per Member by Drug & Alcohol Diagnoses Youth Served 2007-2008

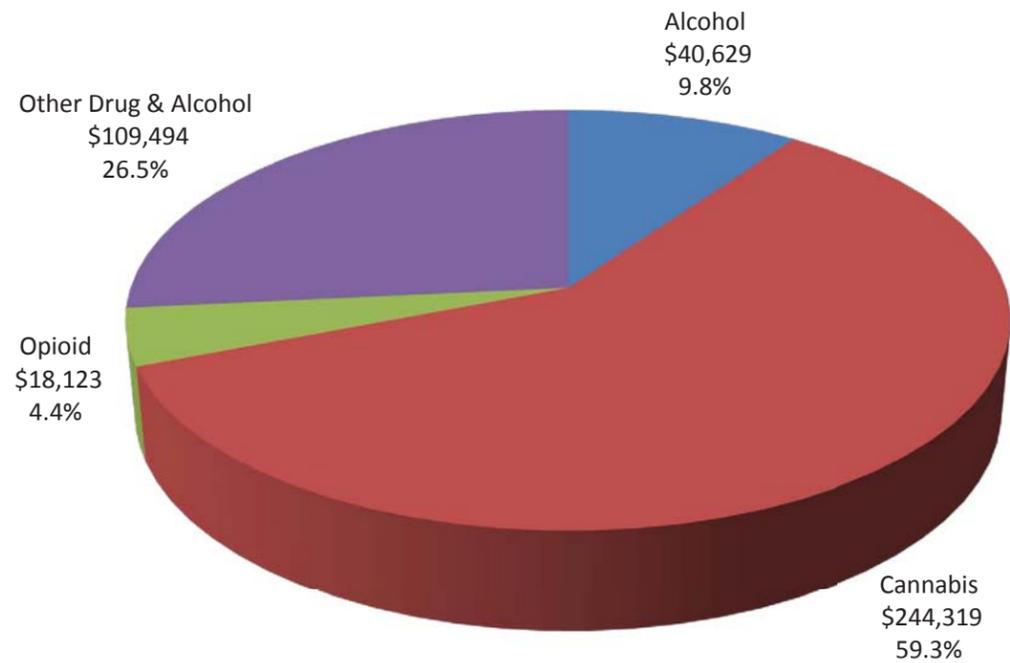


# Youth Served

## Primary Drug & Alcohol Diagnosis

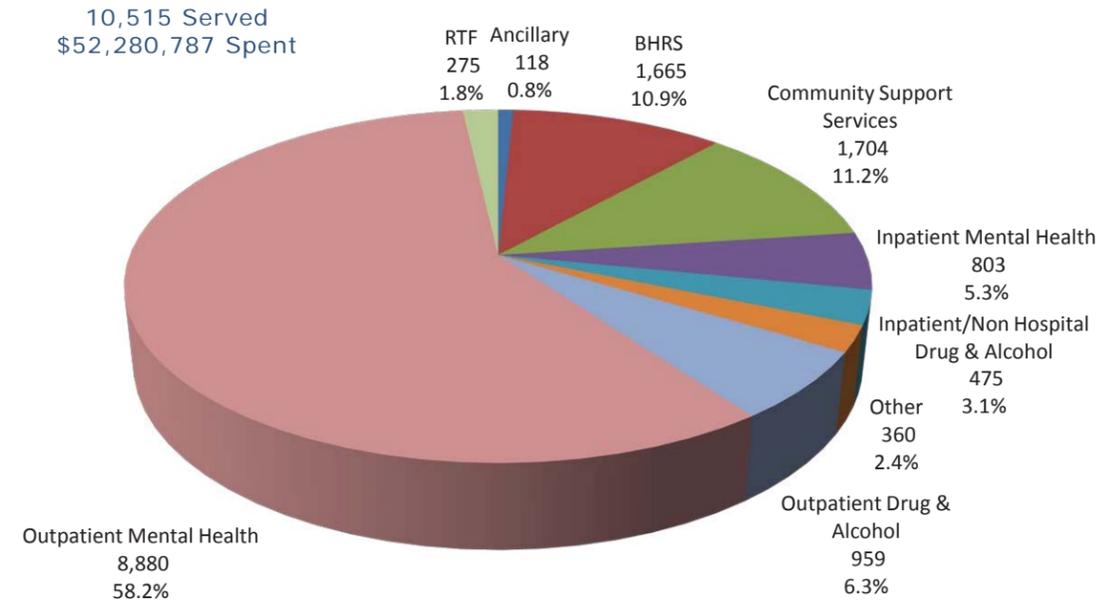


Both Counties  
107 Youth Served  
\$412,565 Spent



# Utilization

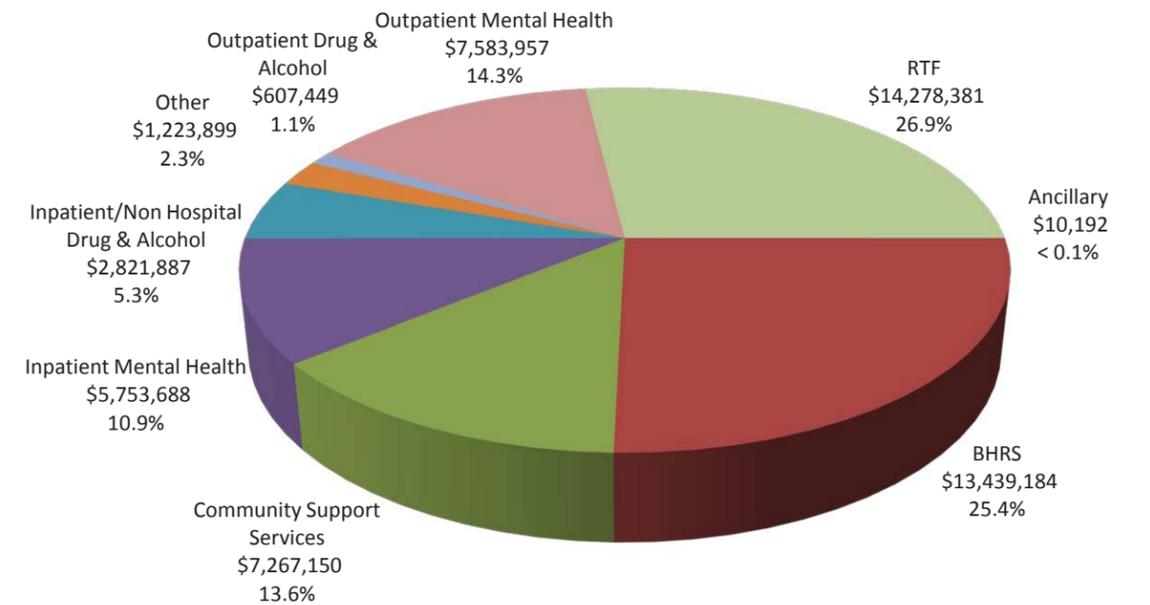
## Level of Care



Over 10,000 residents of York and Adams Counties received behavioral health care services funded by the HealthChoices program in the 2007-2008 operating year.

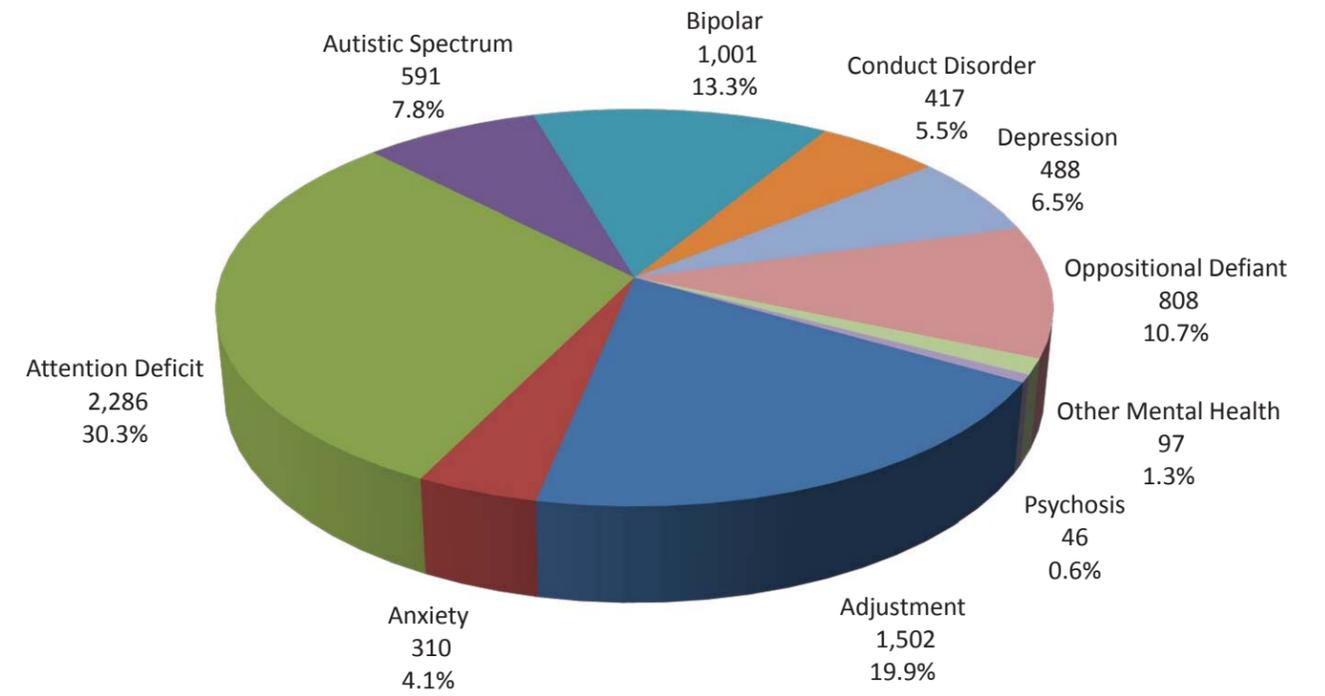
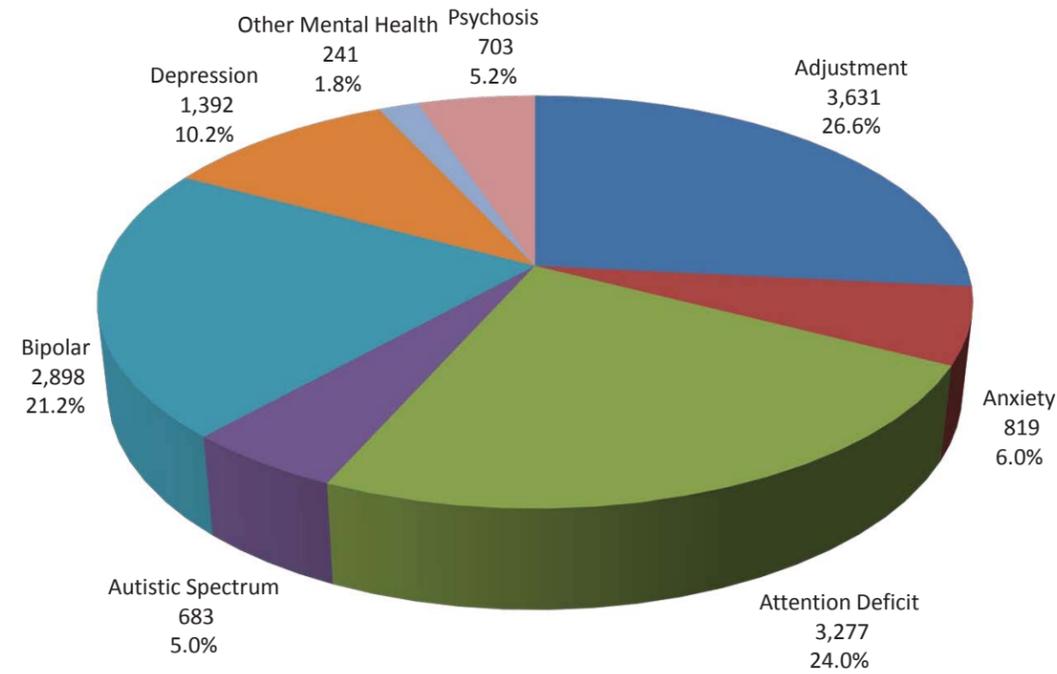
# Expenditures

## Level of Care



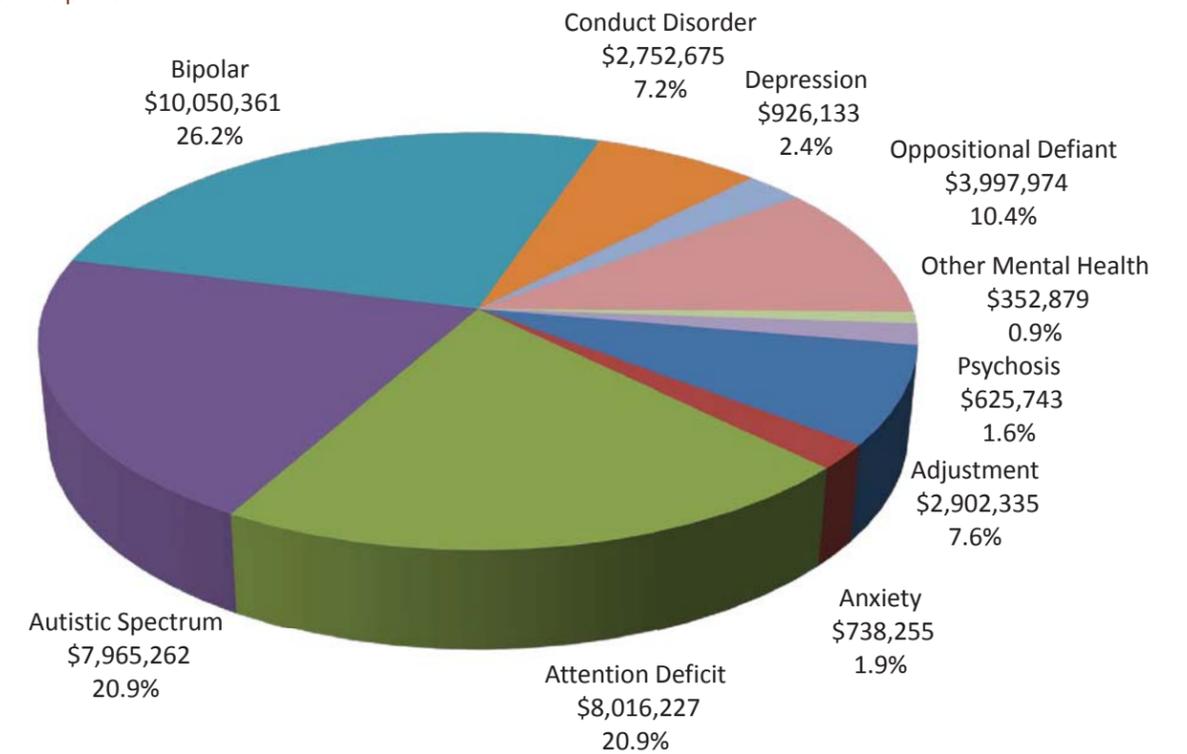
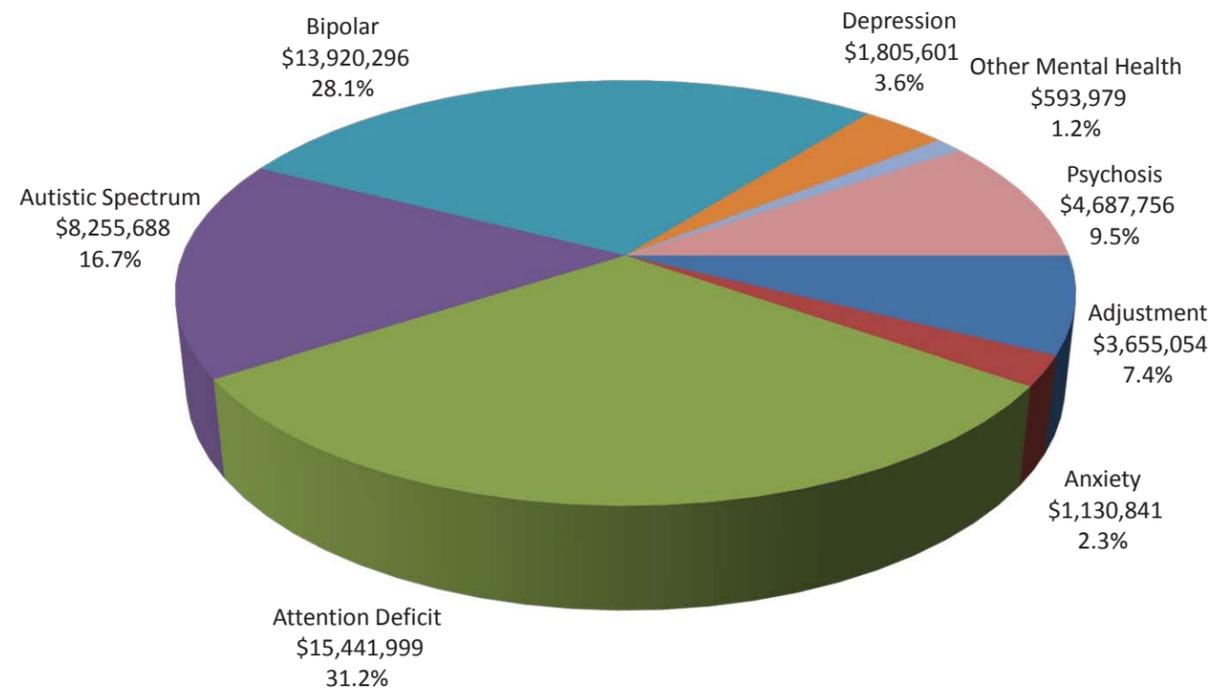
# Primary Diagnosis Mental Health

# Youth Served Primary Mental Health Diagnosis



Both Counties - Mental Health  
9,850 Served  
\$49,491,214 Spent

Both Counties  
4,878 Youth Served  
\$38,327,844 Spent



# Services for Youth

## Youth-Focused Services

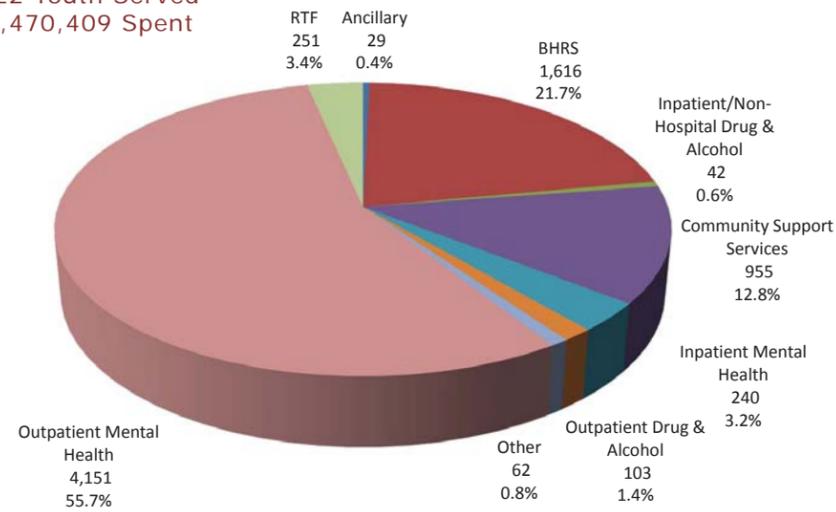
**Behavioral Health Rehabilitative Services (BHRS)**, the behavioral health component for Early Periodic Screening, Diagnosis and Treatment, are services to children through the age of 21 years old designed to develop individual specific plans to care for social and emotional disturbances.

**Family Based Mental Health Services** are 24-hour, 7-days-a-week services designed to assist families in caring for their children or adolescents with emotional disturbance at home. As a licensed program, Family Based Mental Health Services offers mental health treatment, case work services, and family support for up to 32 weeks, and longer if medically necessary. Family Based services are delivered by a team of mental health professionals and mental health workers, primarily in the family home.

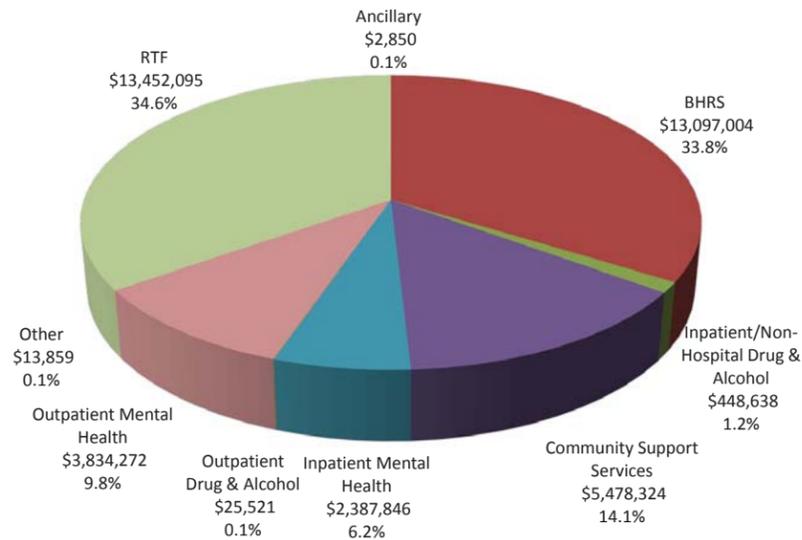
**Residential Treatment Facilities (RTF)** are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.

## Level of Care

4,922 Youth Served  
\$38,470,409 Spent



Approximately 73% of HealthChoices funds were used to provide services to members under the age of 18 years during the 2007-2008 fiscal year.



Youth are members under the age of 18 years.

# Primary Diagnosis Drug & Alcohol

