

York-Adams HealthChoices Program



Annual Report
2012 - 2013

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York County Commissioners

M. Steve Chronister, President
Doug Hoke, Vice President
Christopher B. Reilly, Commissioner



HealthChoices

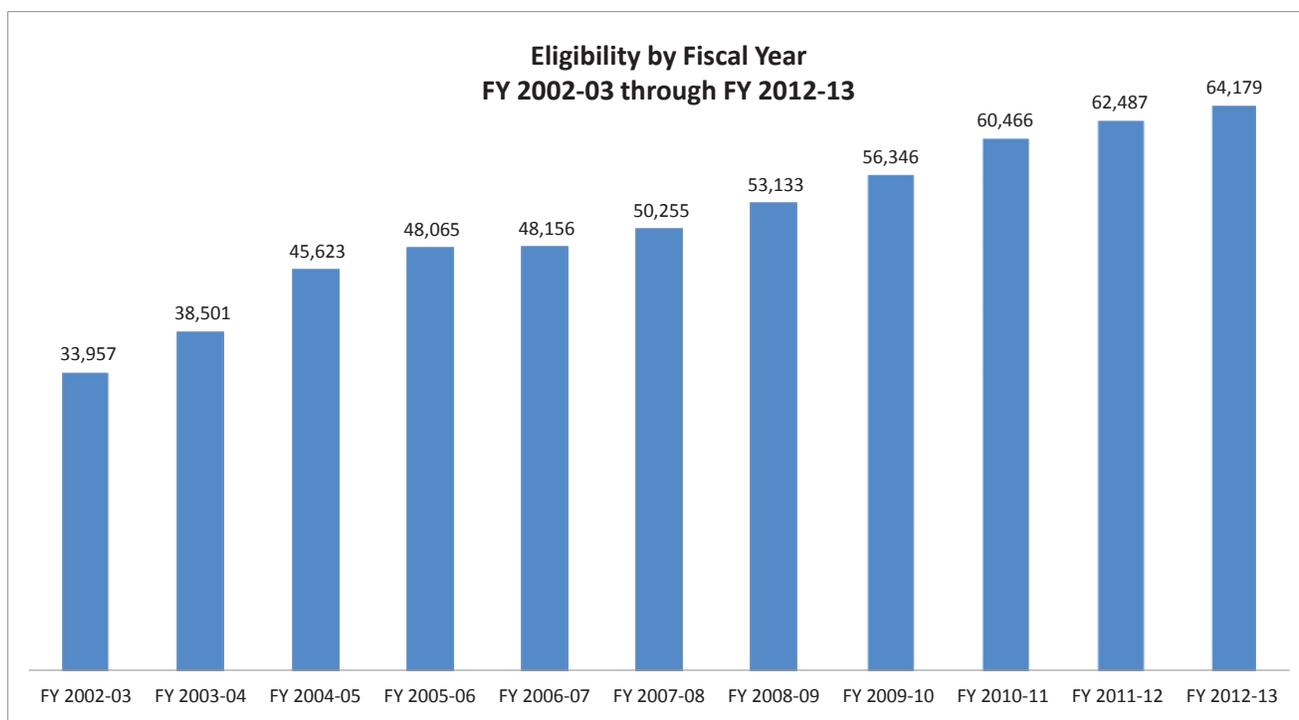
HealthChoices is the Commonwealth of Pennsylvania’s mandatory Medicaid managed care program administered by the Department of Public Welfare (DPW). This integrated and coordinated health care delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance abuse services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

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.

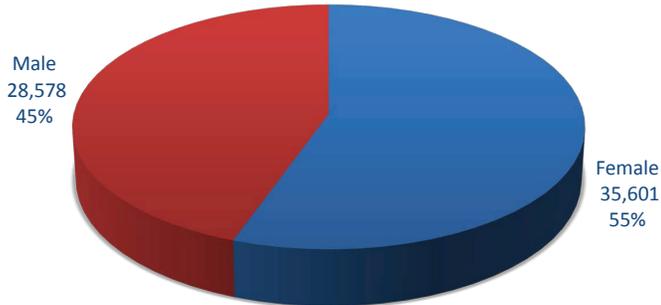
The Department of Public Welfare introduced the HealthChoices program on a staggered basis, starting first in southeastern Pennsylvania and expanding the program throughout the state over a period of ten years. York and Adams Counties jointly accepted the right-of-first-opportunity to manage the local 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.



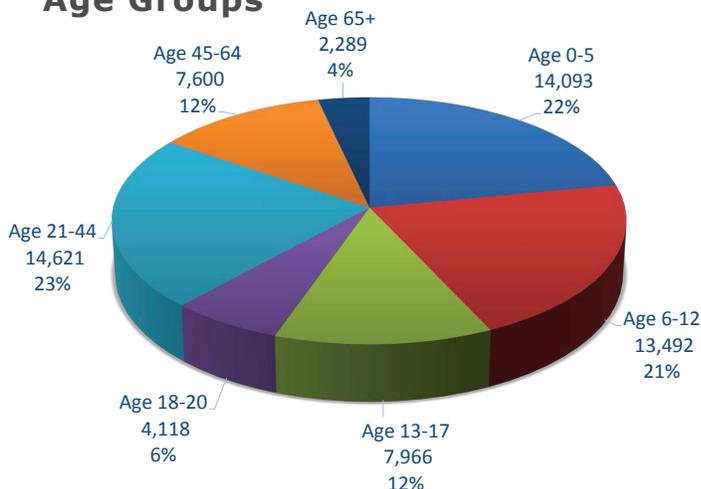
4 York-Adams HealthChoices Program

Enrollment

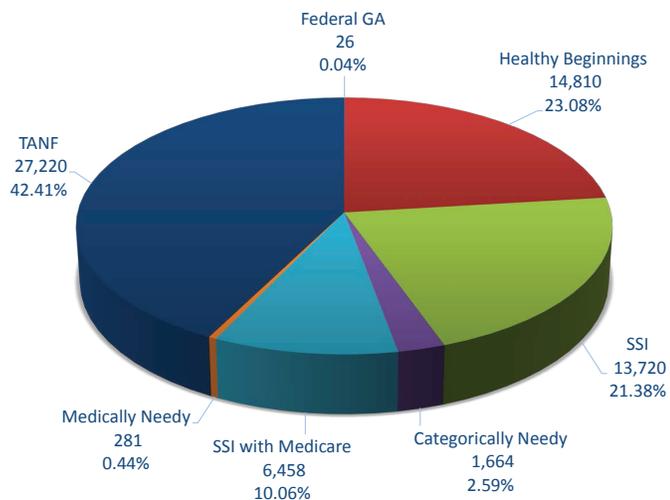
Gender



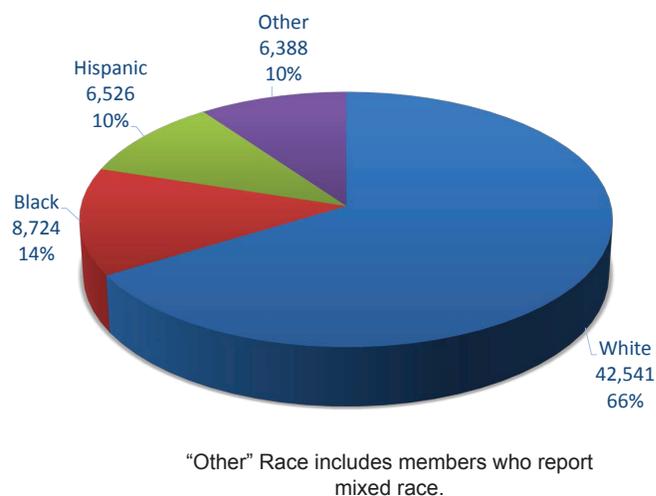
Age Groups



Category of Aid



Race/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.

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

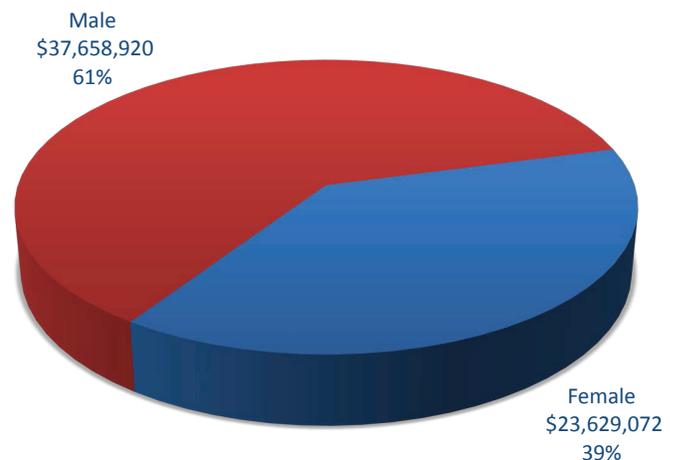
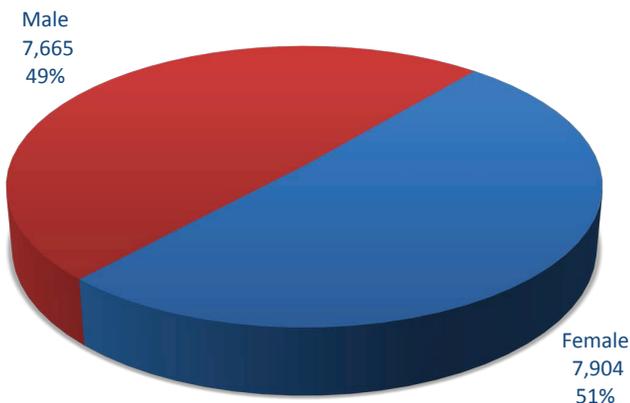
Supplemental Services:

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

Utilization

Gender

15,569 Served
\$61,287,992 Spent*

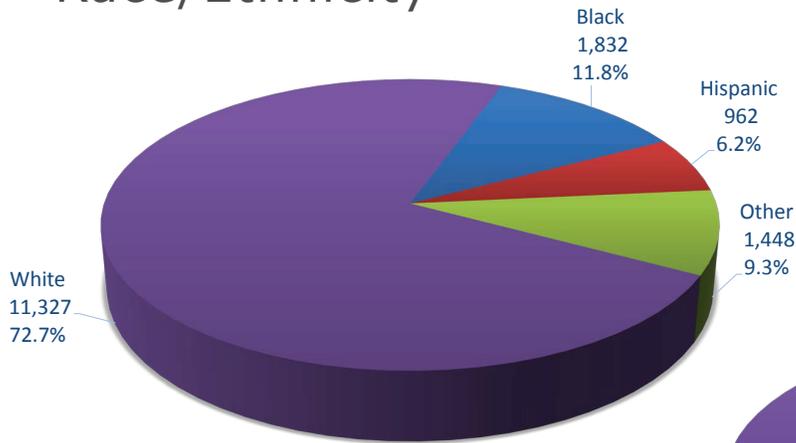


* Does not include alternative payment arrangements (APA) - see page 8 for APA detail.

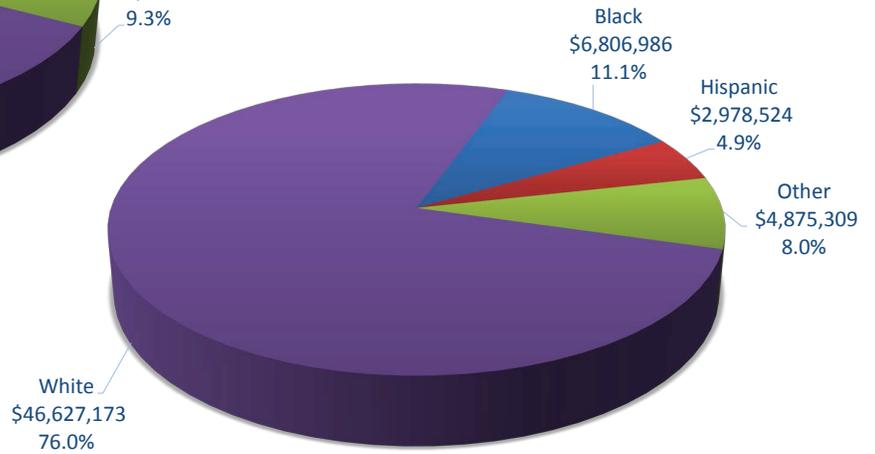
Note: The charts in this report represent enrollment and utilization data that occurred during the 2012-2013 operating year. Utilization is derived from paid claims for services provided between July 1, 2012 and June 30, 2013

Utilization

Race/Ethnicity

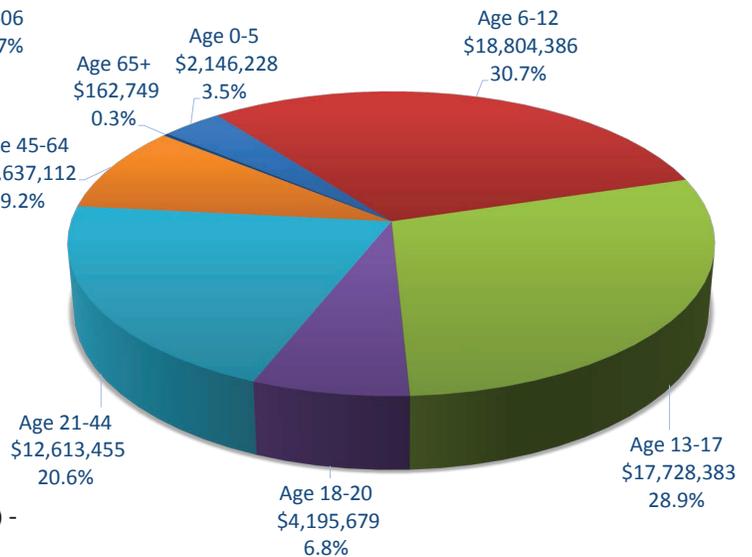
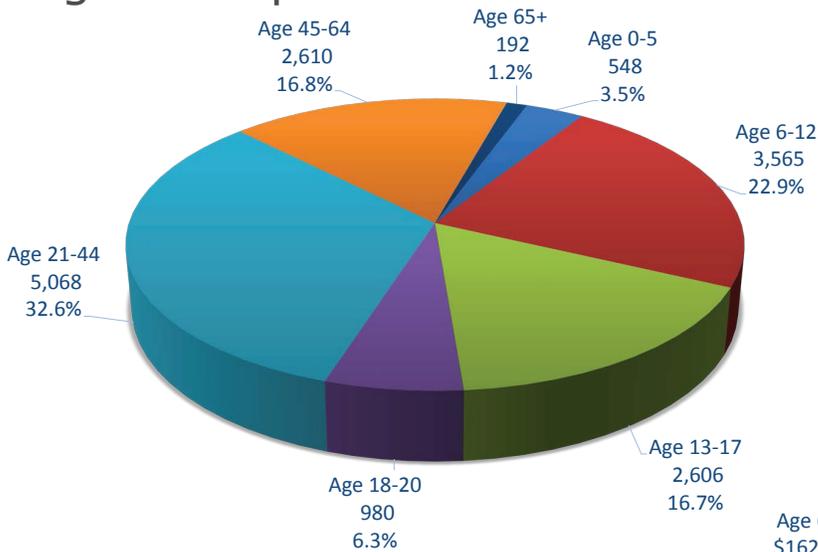


15,569 Served
\$61,287,992 Spent*



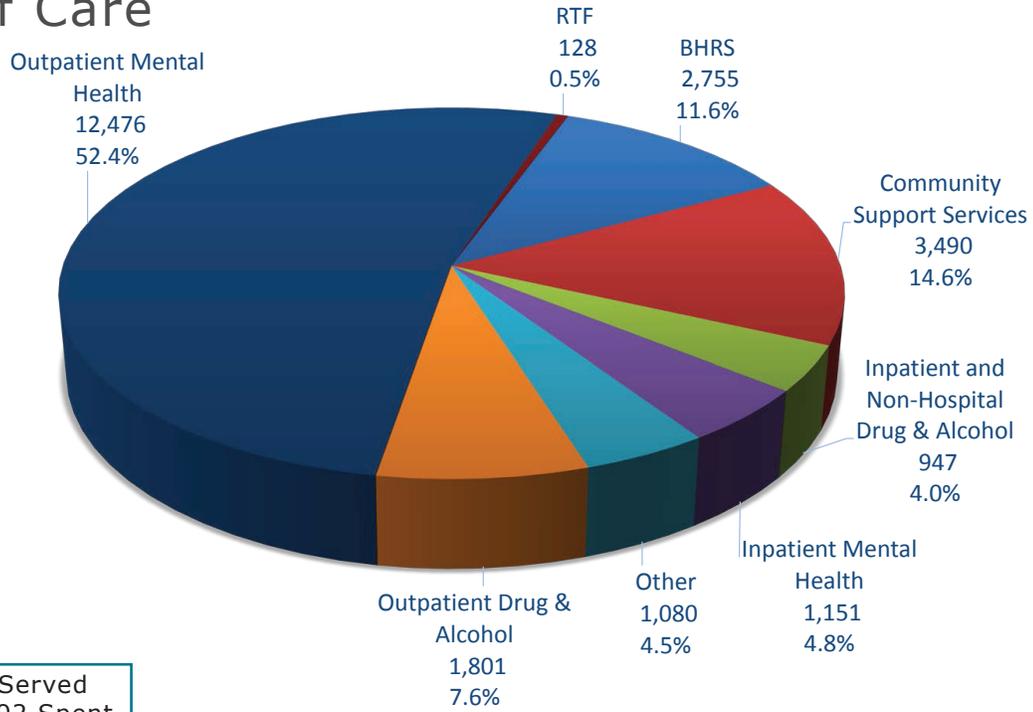
*"Other" Race includes members who report mixed race.

Age Groups



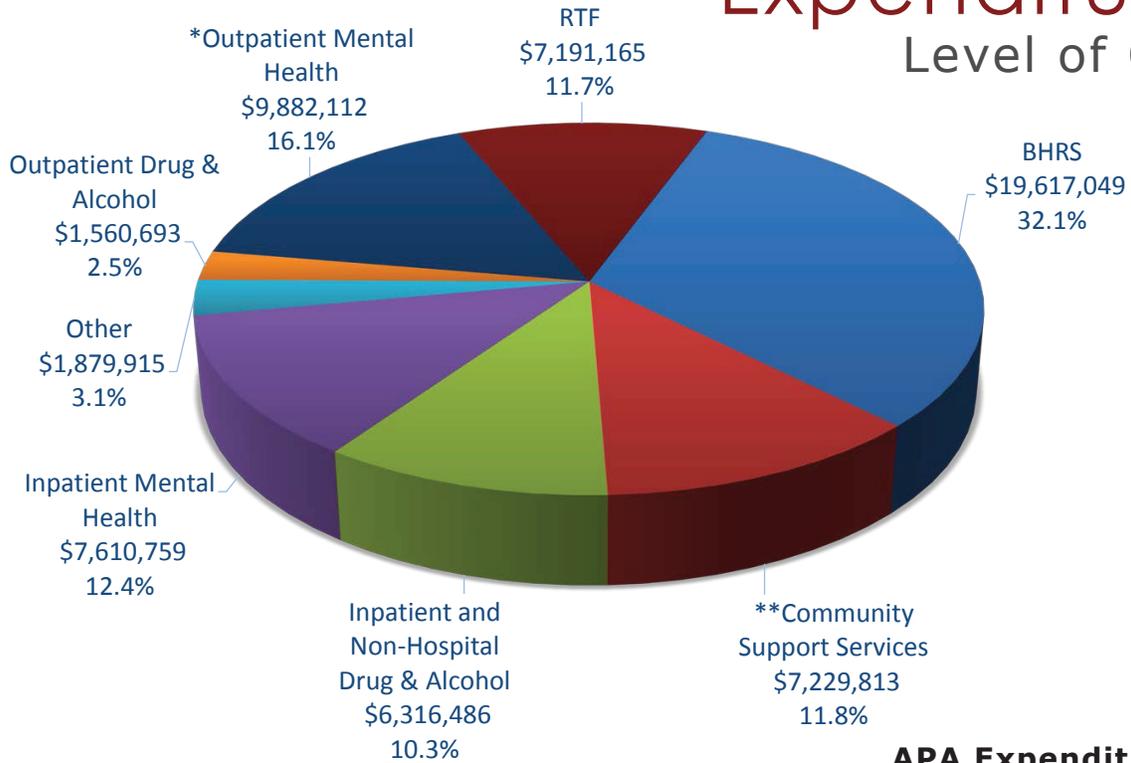
* Does not include alternative payment arrangements (APA) - see page 8 for APA detail.

Utilization Level of Care



15,569 Served
\$61,287,992 Spent,
exclucing APA

Expenditures Level of Care



APA Expenditures

CORE: \$ 450,000
Crisis: \$ 975,220
Total: \$1,425,220

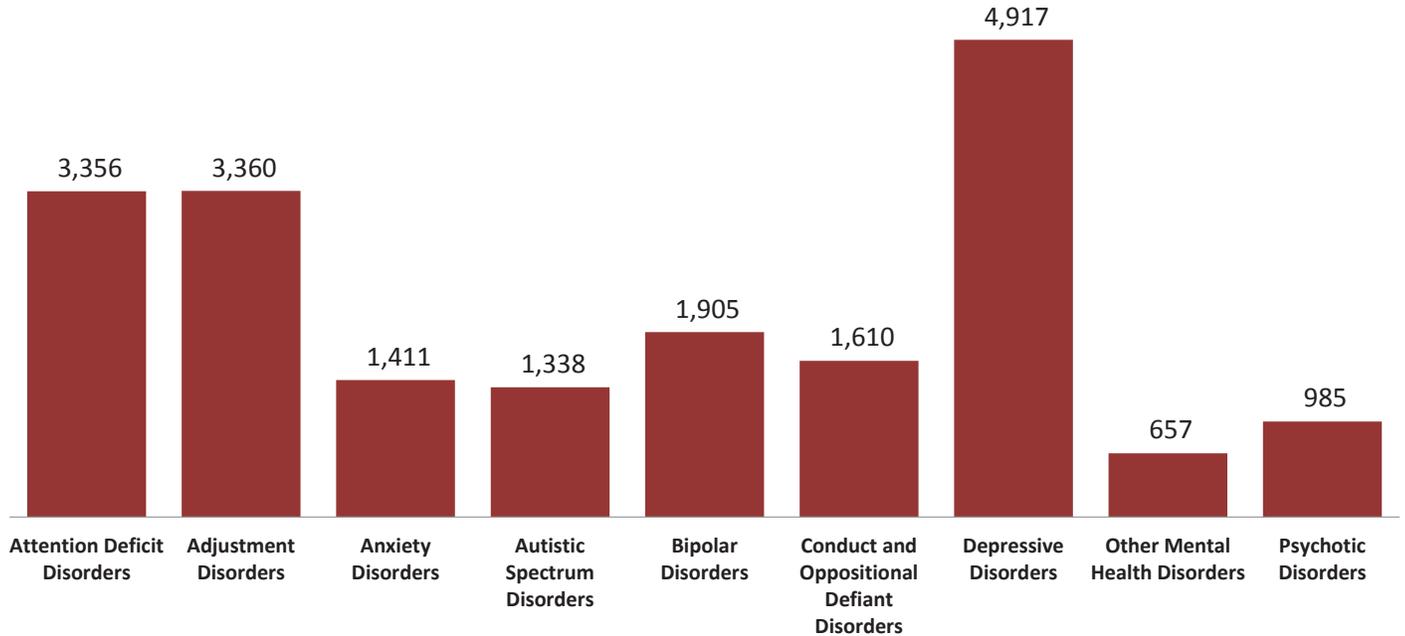
* Does not include CORE alternative payment arrangement
** Does not include Crisis alternative payment arrangement

Primary Diagnosis

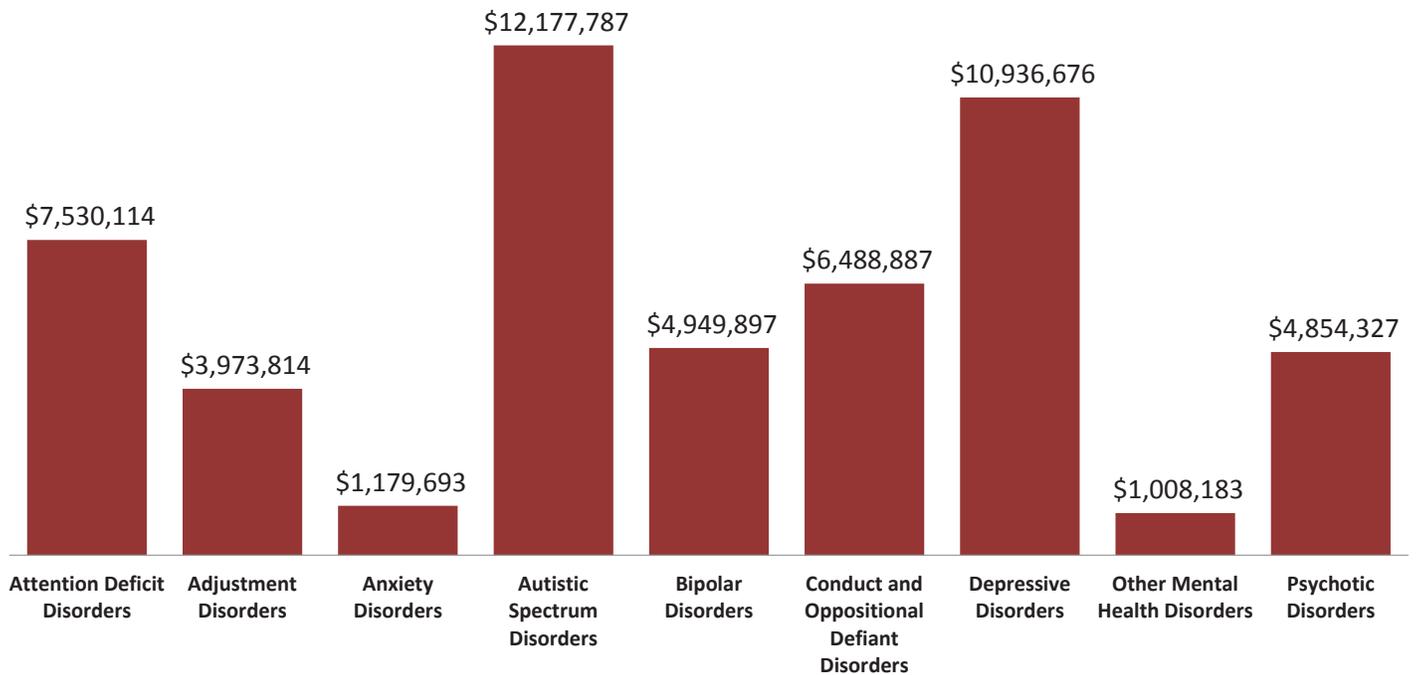
Mental Health

14,227 Served
\$53,099,378 Spent

Members Served with a Primary Mental Health Diagnosis



Expenditures for Members with Primary Mental Health Diagnosis

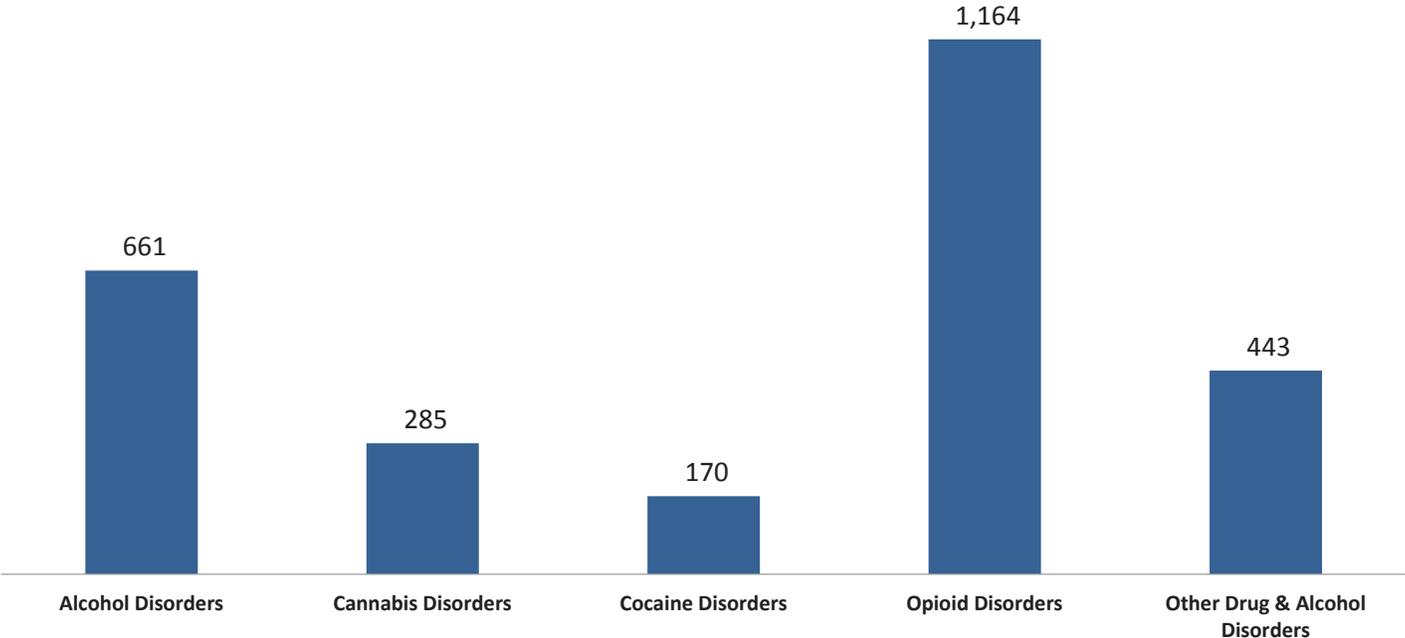


Primary Diagnosis

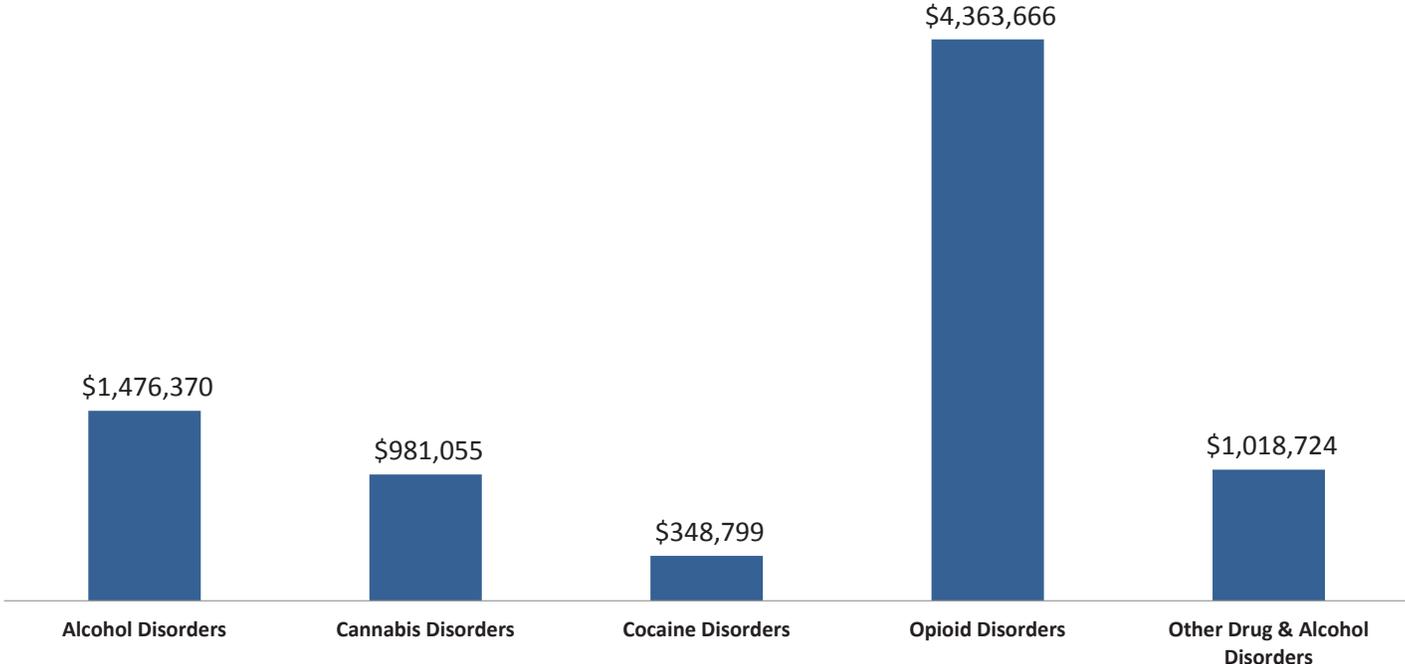
Drug & Alcohol

2,254 Served
\$8,188,614 Spent

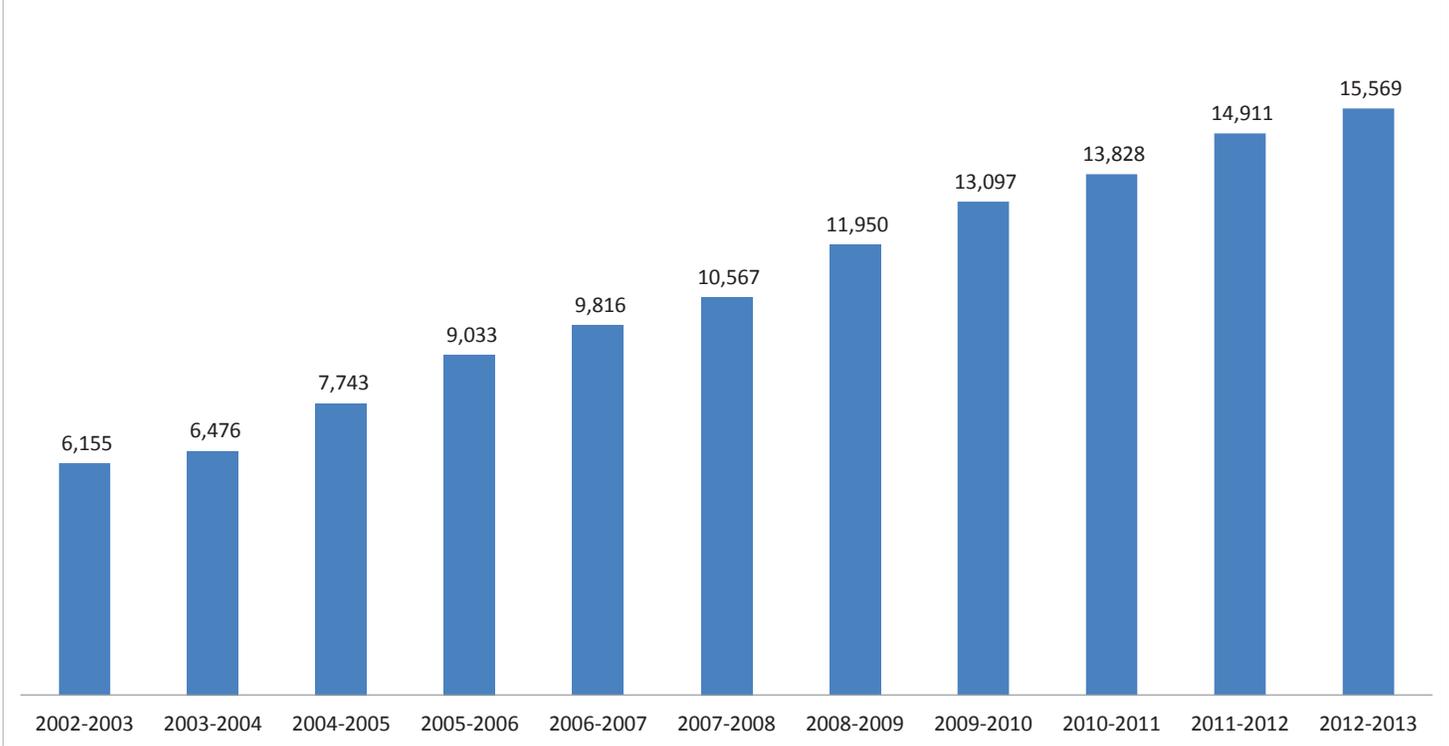
Members Served with a Primary Drug & Alcohol Diagnosis



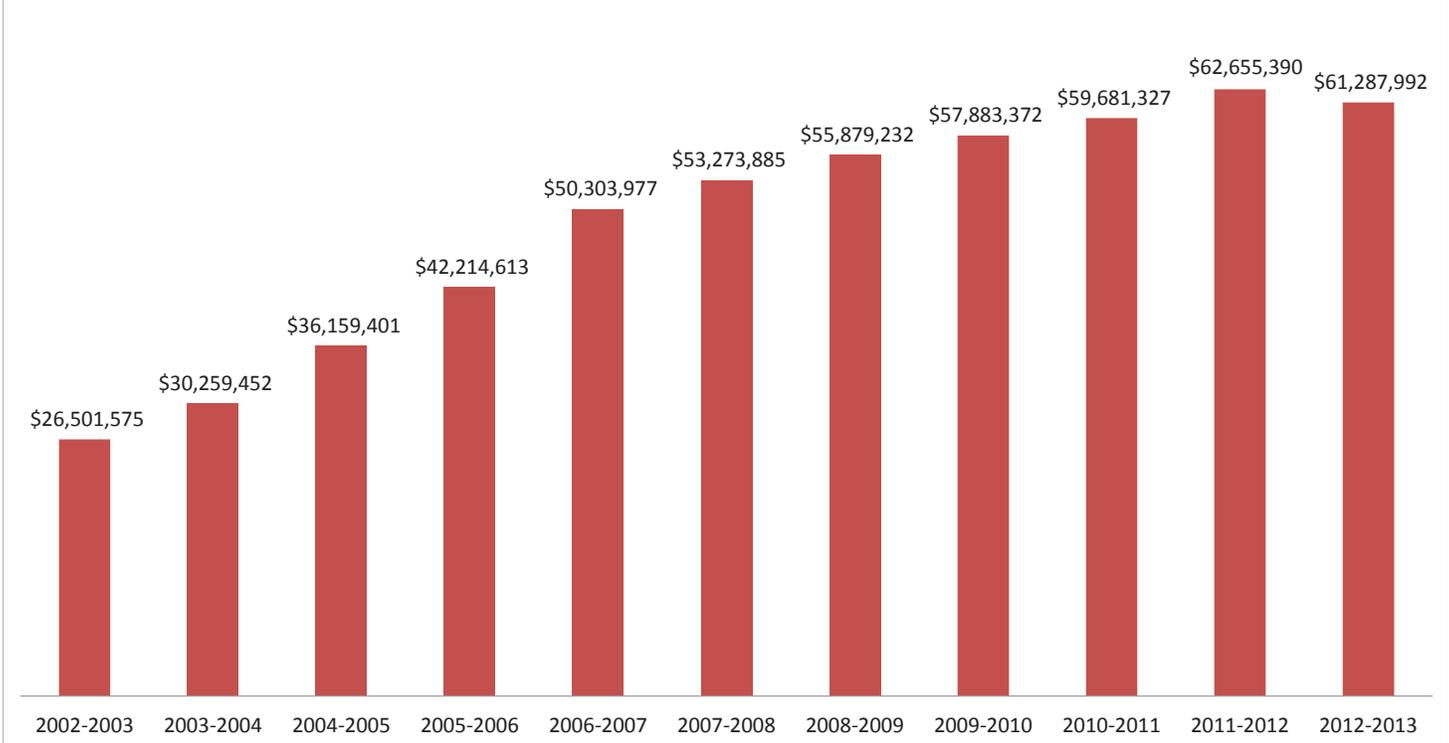
Expenditures for Members with a Primary Drug & Alcohol Diagnosis



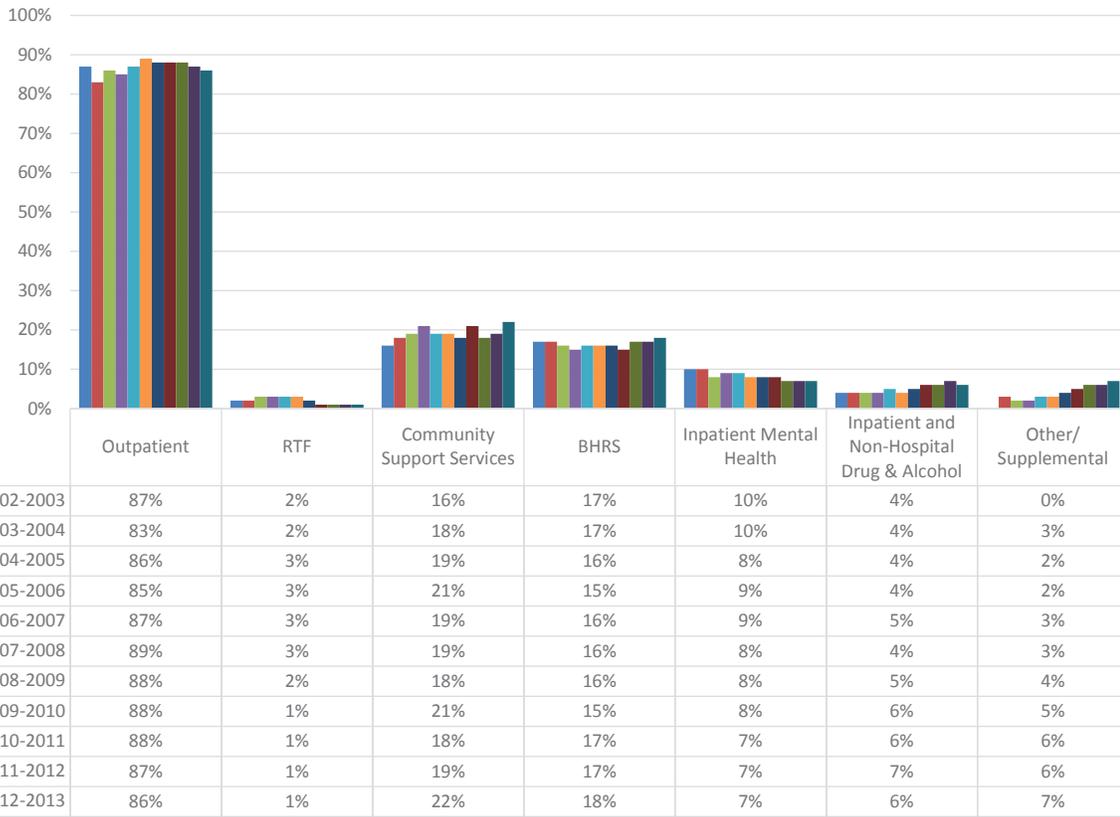
Members Served by Year 2002 - 2013



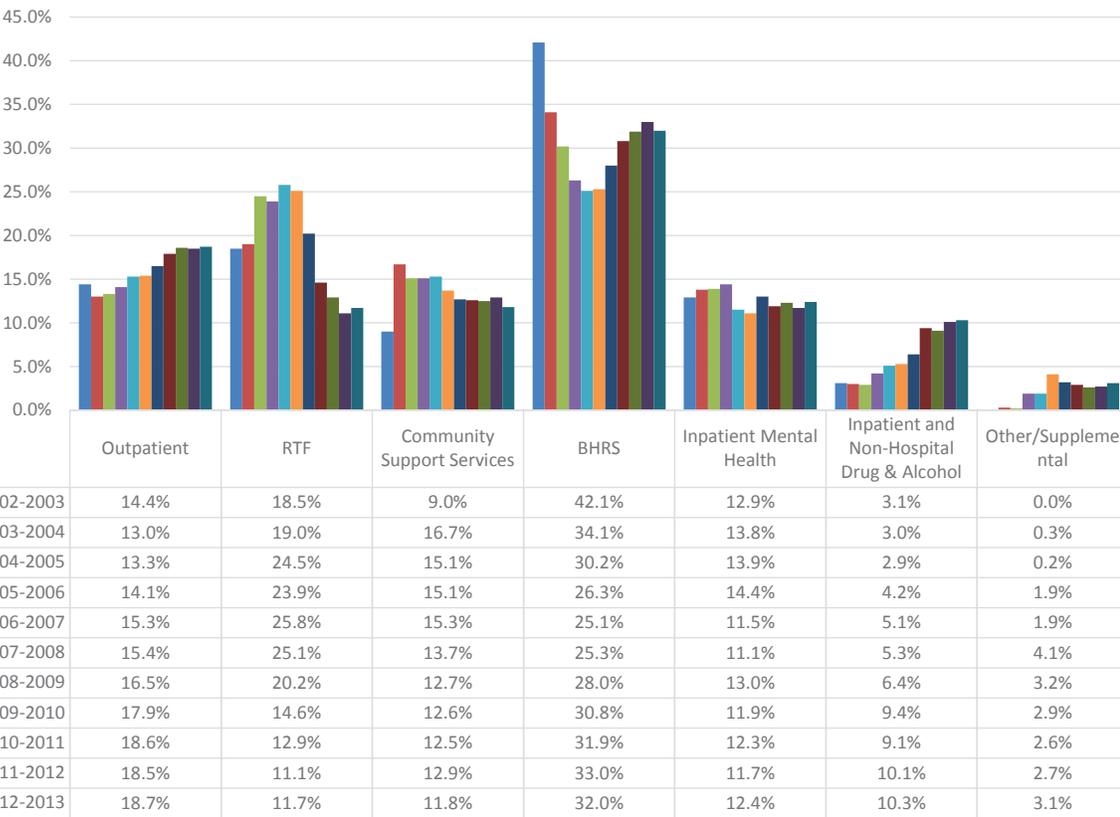
Expenditures by Year 2002 - 2013



Members Served by Level of Care and Year 2002 - 2013



Expenditures by Level of Care and Year 2002 - 2013



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 (FBMHS) 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.

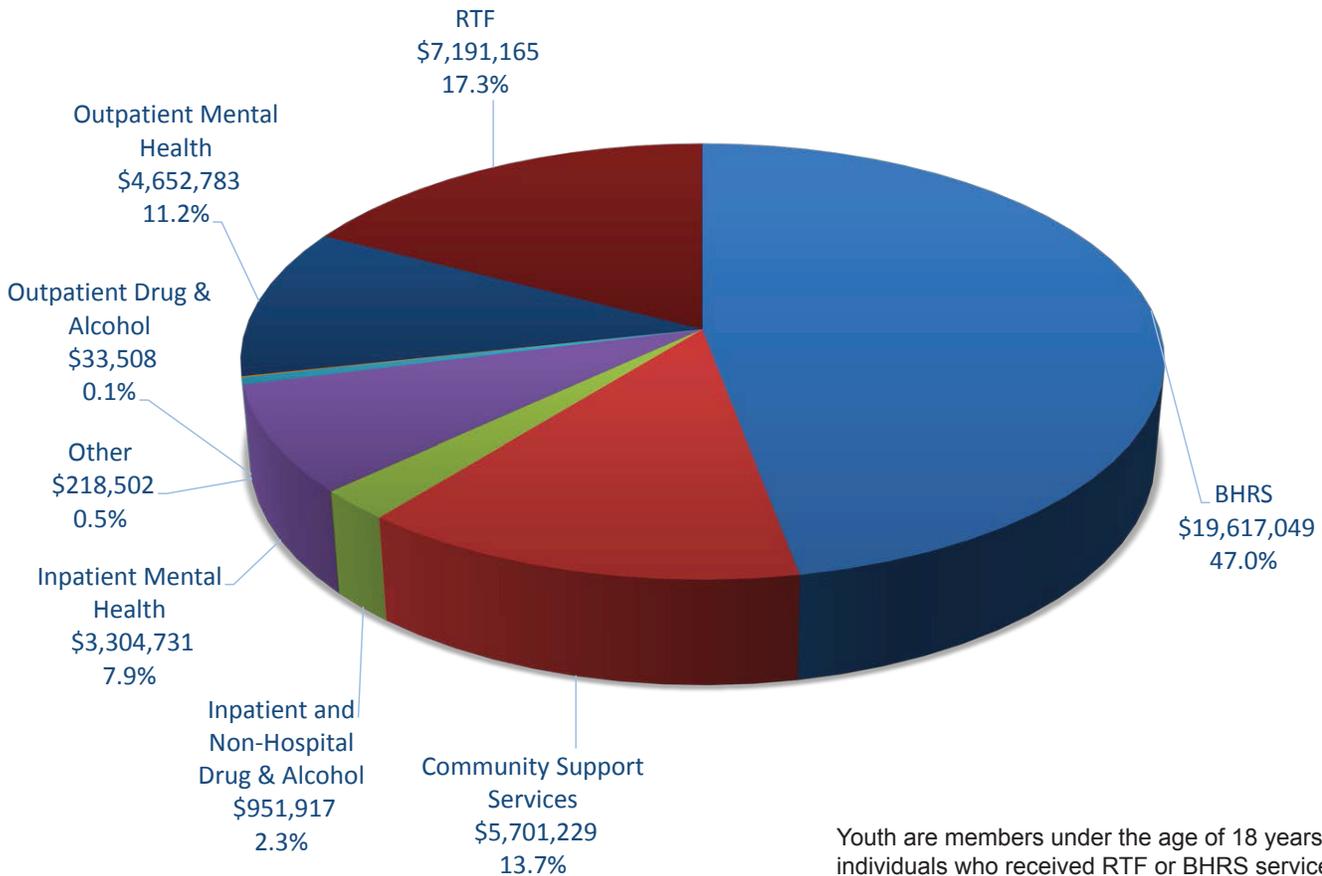
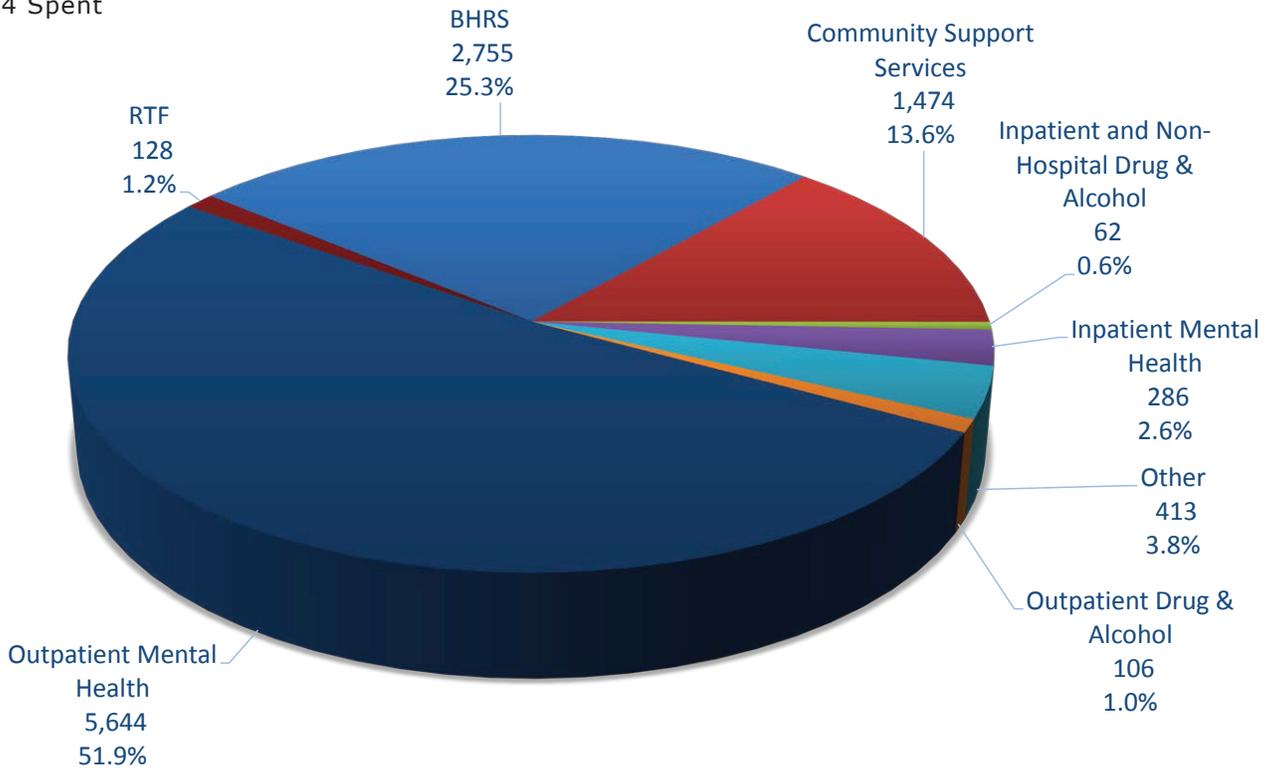
Residential Treatment Facilities (RTF) are medical assistance approved, mental health treatment facilities for medical assistance eligible children and adolescents (up to age 21) who cannot be maintained in the home.



Approximately 68% of HealthChoices funds were used to provide services to members under the age of 18 years during the 2012-2013 fiscal year.

All Levels of Care

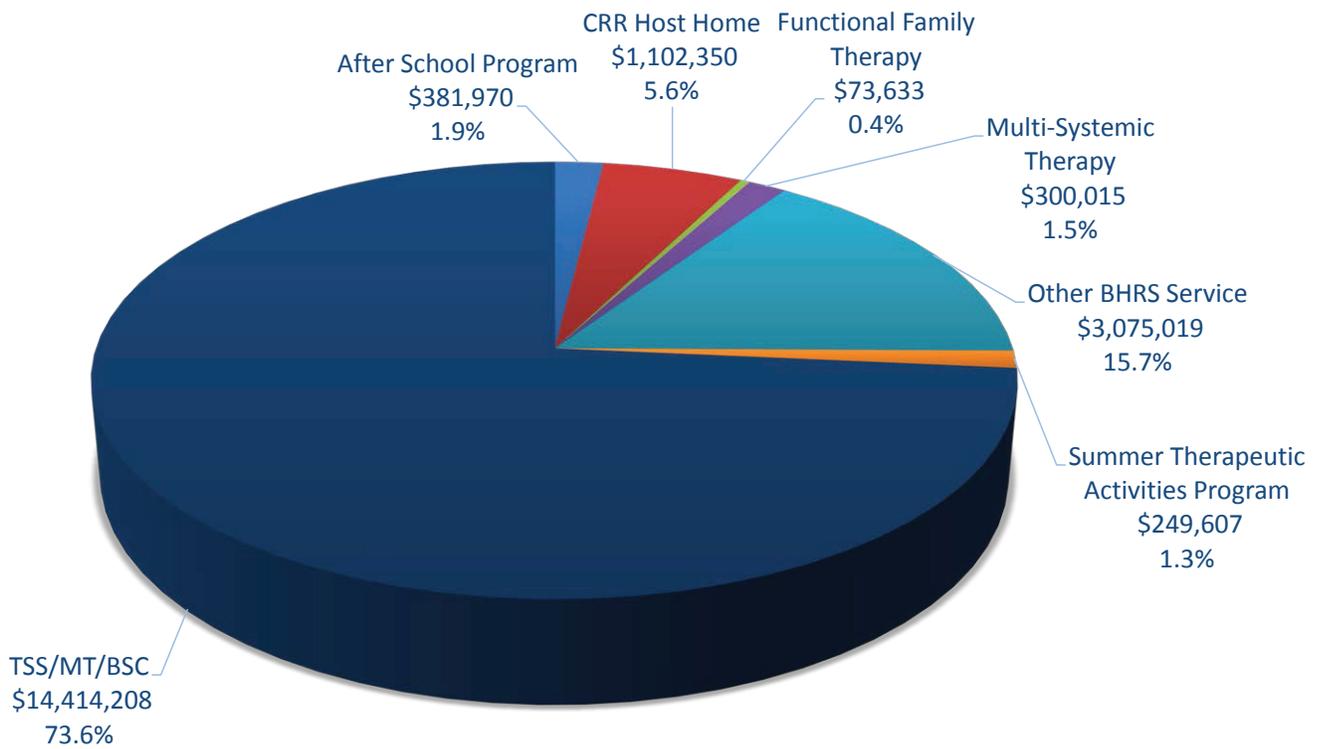
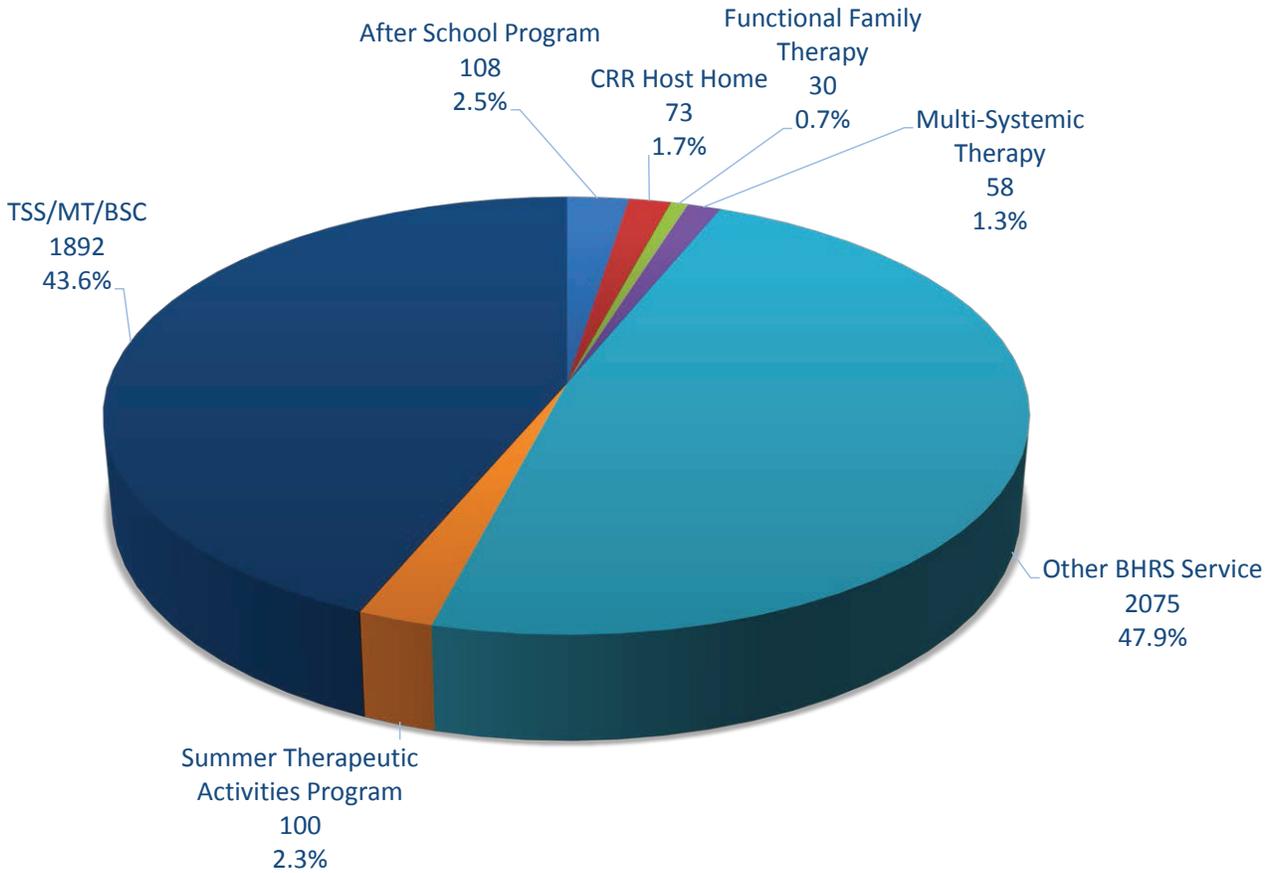
7,048 Youth Served
\$41,670,884 Spent



Youth are members under the age of 18 years and individuals who received RTF or BHRS services.

BHRS Services

2,747 Youth Served
\$19,596,802 Spent

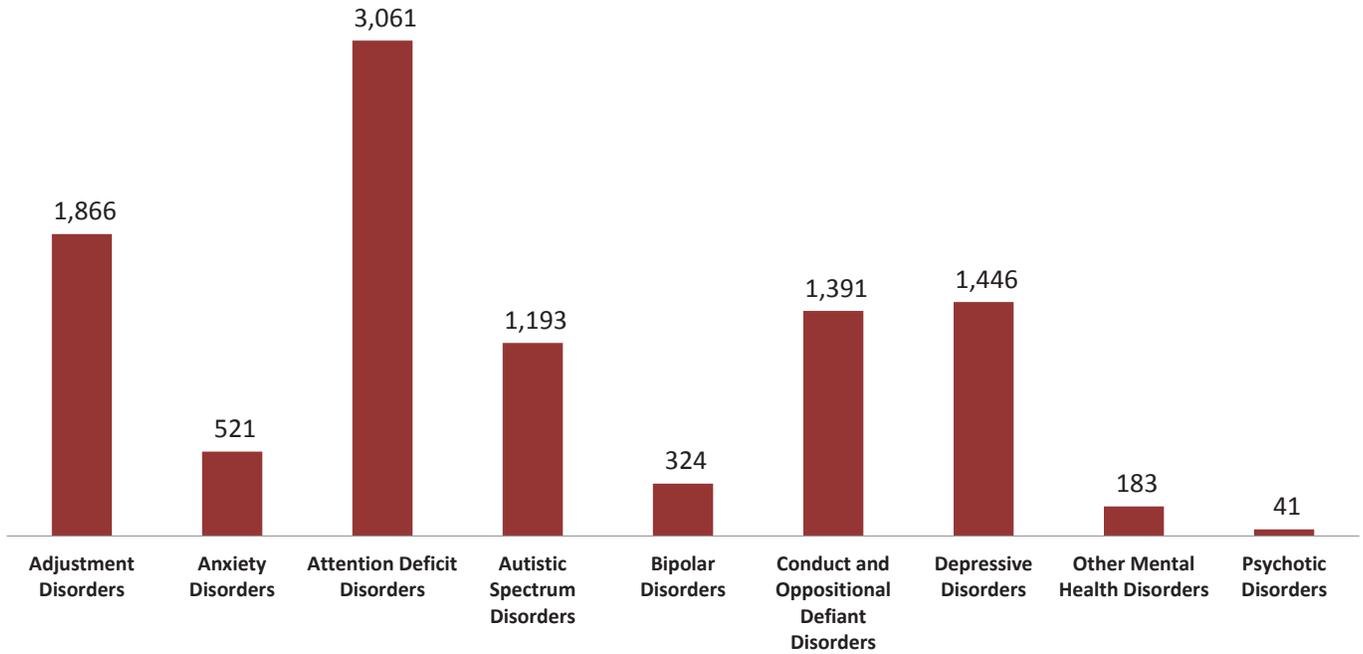


Youth Served

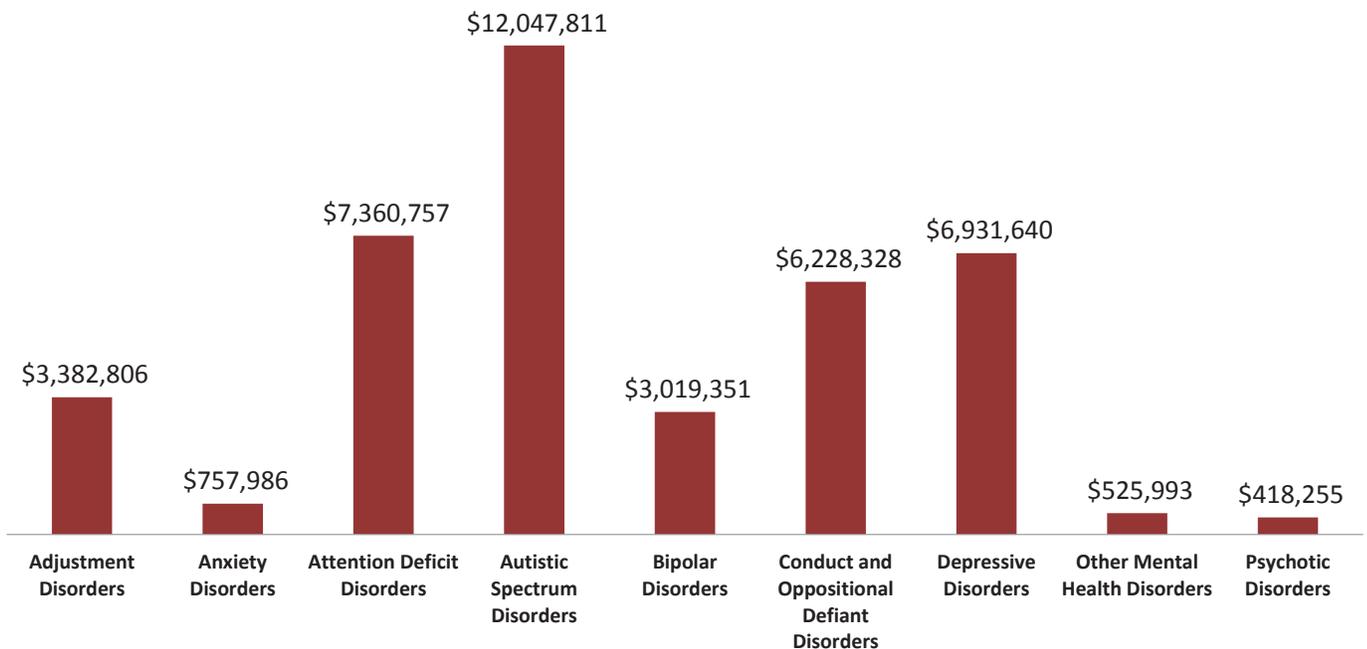
Primary Mental Health Diagnosis

6,994 Youth Served
\$40,672,927 Spent

Number of Youth Served with a Primary Mental Health Diagnosis



Expenditures for Youth with a Primary Mental Health Diagnosis

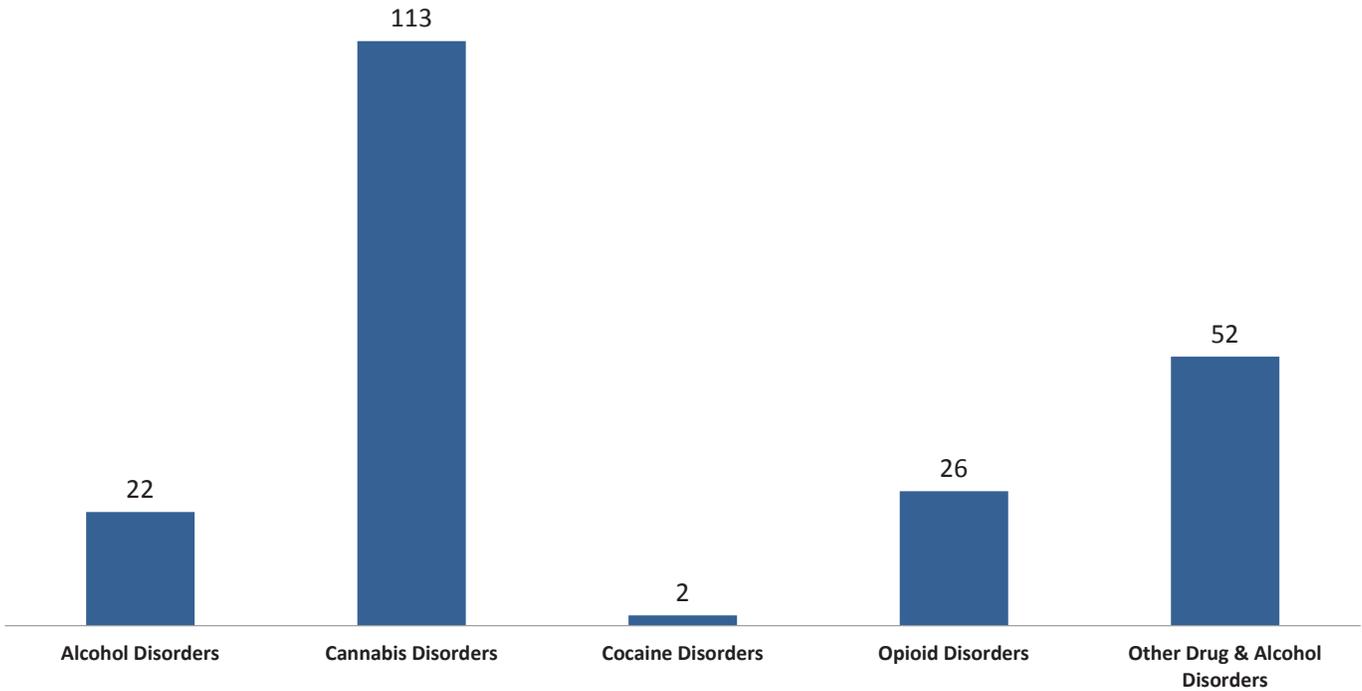


Youth Served

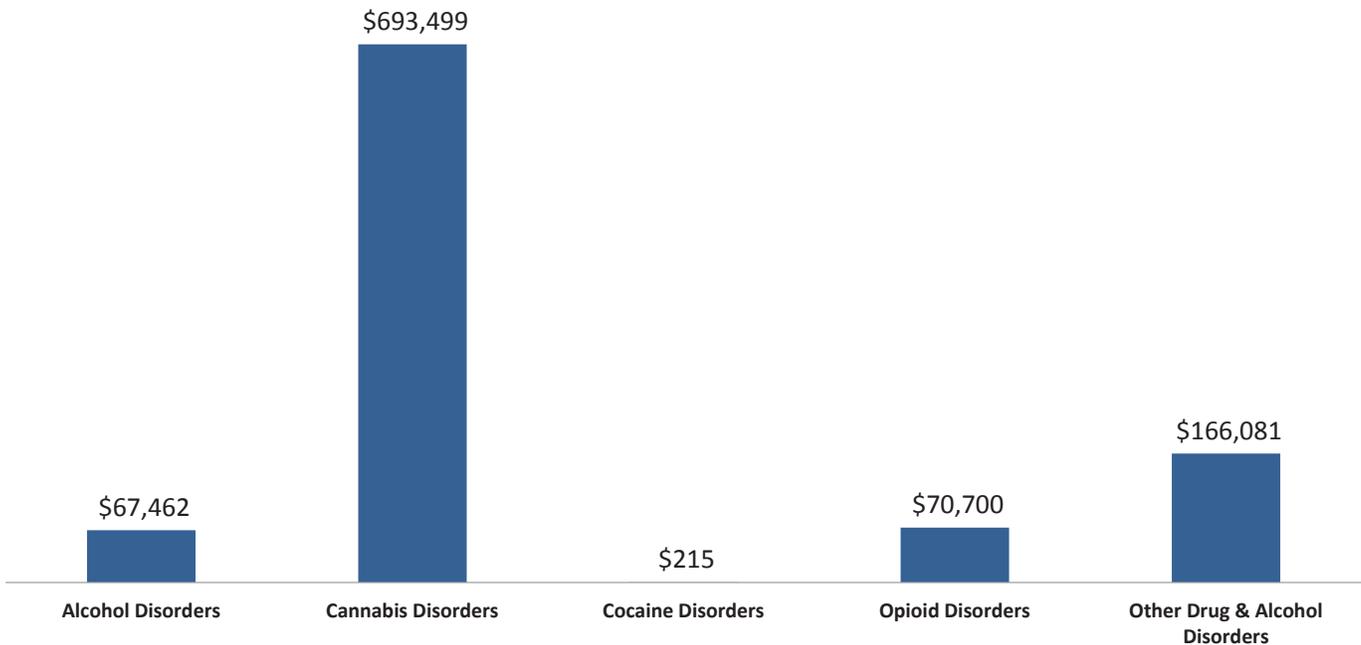
Primary Drug & Alcohol Diagnosis

169 Youth Served
\$997,957 Spent

Number of Youth Served with a Primary Drug & Alcohol Diagnosis



Expenditures for Youth with a Primary Drug & Alcohol Diagnosis



Reinvestment Plan History

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.

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

2007-2008

Affordable Housing
Drug & Alcohol Support Services
Long-Term Structured Residence



2008-2009

Enhancement to the Crisis Intervention System
Specialized Community Residence
Mental Health Outpatient Common Ground Approach
Sanctuary Model for Residential Treatment Facilities
Room & Board for CRR Host Home
Treatment Courts Community Relations and Development



2009-2010

Room & Board for CRR Host Home
Joint Planning Team



2010-2011

Specialized Community Residence
Supported Positive Environment for Children
Emergency Rental Assistance Program
Drug & Alcohol Halfway House



2011-2012

Joint Planning Team



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-5 criteria.

DIAGNOSTIC CATEGORIES

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

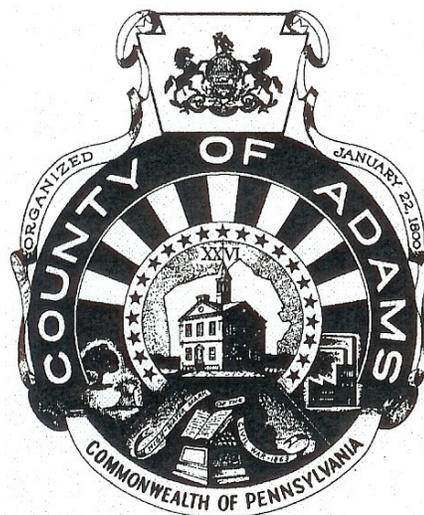
Autism Spectrum Disorders, sometimes called Pervasive Developmental Disorders (PDD), are a range of neurological disorders that most markedly involve some degree of difficulty with communication and interpersonal relationships, as well as obsessions and repetitive behaviors.

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.

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-5 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.

DSM-5

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental and substance abuse disorders.

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.

York-Adams HealthChoices Program

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