



Lycoming-Clinton HealthChoices Program

Annual Report

Fiscal Year 2022

January 1, 2022 - December 31, 2022

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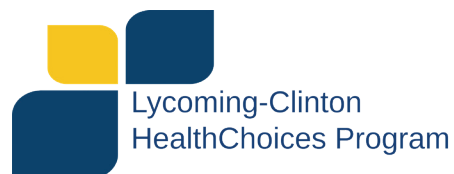
HealthChoices

in Lycoming and Clinton Counties

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.

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, which provides mental health and substance abuse treatment services. The program is designed to improve access to and quality of care for Medical Assistance (MA) consumers throughout Pennsylvania.

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 psychiatric or substance use disorders. The unique structure of county-administered 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.

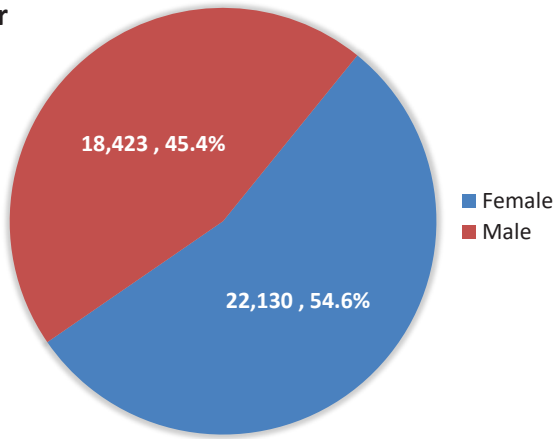
DHS introduced the HealthChoices Program incrementally in Pennsylvania, expanding the program throughout the state over a period of ten years. Lycoming and Clinton Counties accepted the right-of-first-opportunity to manage the local program and entered into a capitation contract with the Commonwealth on July 1, 2007. The Lycoming-Clinton Joinder is the legal structure for the oversight of the Lycoming-Clinton HealthChoices (LCHC) Program and the Counties have elected to collectively manage the HealthChoices Program through the Lycoming-Clinton Joinder. The Joinder is a 501(c)3 non-profit organization that has the appropriate authority to act on behalf of the Counties through an intergovernmental agreement. The Lycoming-Clinton Joinder, in turn, subcontracts with a behavioral managed care organization, Community Care Behavioral Health Organization, to provide claims management, provider network development, utilization management, quality management, reporting, care management, information systems, member services, prevention, outreach and fraud, waste and abuse monitoring. LCHC provides oversight and monitoring of all of Community Care’s activities to ensure full compliance with its contract with DHS.

After the Affordable Care Act of 2010 was enacted, states had an option to expand their Medicaid programs. Beginning in 2014, Pennsylvanians, ages 19 to 64 with incomes up to 138% of the Federal Poverty Level became eligible for coverage under Medicaid expansion. Between June 2015 and December 2020, Medicaid expansion enabled **25,530** additional adults to receive health insurance through the HealthChoices Program in Lycoming and Clinton counties.

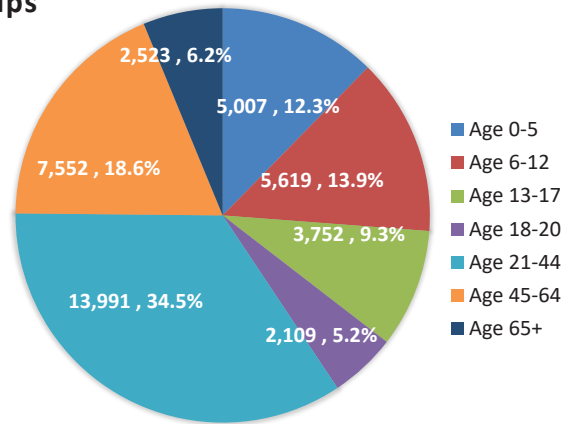
Unless indicated otherwise, the data in this report reflect utilization during the Lycoming-Clinton HealthChoices Program's 2022 operating year, from **January 1, 2022 through December 31, 2022**.

Enrollment*

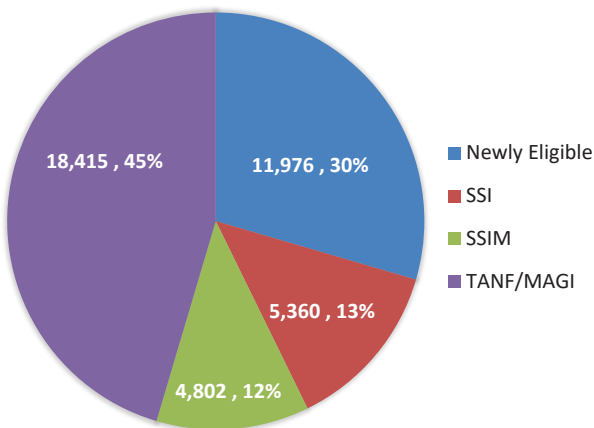
Gender



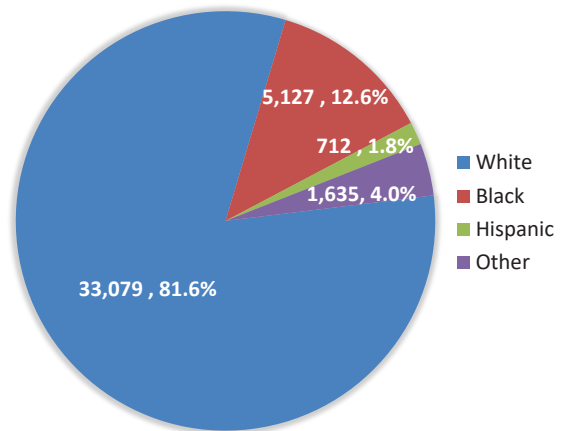
Age Groups



Category of Aid



Race/Ethnicity



"Other" race includes members who report mixed race or do not report their race.

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.

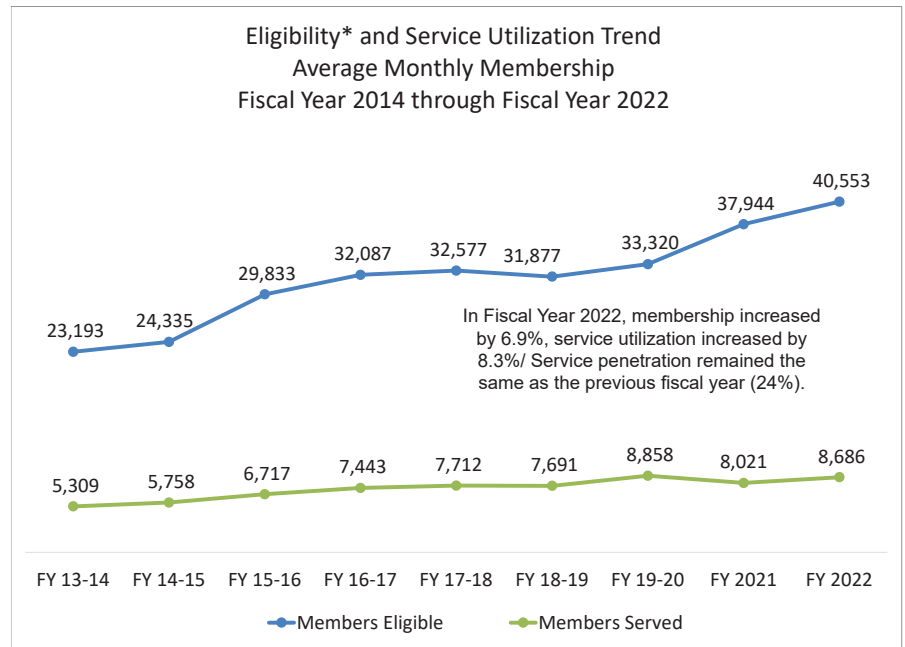
Newly Eligible:

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 (SSI): There are two SSI categories - with and without Medicare.

People without Medicare are those who are aged, blind, or determined disabled for less than two years; people with Medicare are those who are aged, blind or determined disabled for over two years.

Eligibility* and Service Utilization Trend
Average Monthly Membership
Fiscal Year 2014 through Fiscal Year 2022



*Eligibility is based on average monthly capitated membership.

Covered Services

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

Mental Health and Psychiatric Services

- Applied Behavior Analysis (ABA)
- Abuse Resolution and Recovery Treatment Services (ARRTS)
- Certified Peer Specialist
- Clozaril Support Services
- Community and School Based Behavioral Health (CSBBH)
- Community Residential Rehabilitation (CRR) Host Home
- Community Stabilization and Reintegration Unit (CSRU)
- Co-Occurring Outpatient Therapy
- Crisis Intervention
- Dialectical Behavioral Therapy (DBT)
- Dual Diagnosis Treatment Team (DDTT)
- Family Based Mental Health Services (FBMHS)
- Inpatient Mental Health
- Intensive Behavioral Health Services (IBHS)
- Laboratory and Diagnostic Services
- Medication Management
- Multi-Systemic Therapy
- Neuropsychological Testing
- Outpatient Services
- Parent-Child Interaction Therapy (PCIT)
- Partial Hospitalization Services - Youth
- Psychiatric Rehabilitation (site-based, mobile, and clubhouse)
- Psychological Testing
- Residential Treatment Facility (RTF)
- School-Based Intensive Outpatient
- School Based Outpatient (SBOP)
- Specialized In-Home Treatment (SPIN)
- Targeted Case Management
- Telepsychiatry

Substance Use Disorder Services

- Case Coordination
- Certified Recovery Specialist (CRS)
- Community Based Adolescent Drug and Alcohol Services (CBDA)
- Clinically Managed Low Intensity Residential Services (halfway house)
- Clinically Managed High Intensity Residential Services (non-hospital-based rehabilitation)
- Intensive Outpatient Services
- Level of Care Assessment
- Medically Managed Intensive Inpatient Withdrawal Management (hospital-based detoxification)
- Medically Managed Intensive Inpatient Services (hospital-based rehabilitation)
- Medically Monitored Inpatient Withdrawal Management (non-hospital-based detoxification)
- Medication-Assisted Treatment*
- Medication-Assisted Treatment Coordination*
- Outpatient Services
- Warm Hand-off Services

*Medication-assisted treatment is offered at all levels of substance use treatment



Across our covered services, we have therapeutic staff who are trained or certified in following areas:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical behavior Therapy (DBT)
- Eating disorders (trained)
- Mindfulness (trained)
- Animal assisted interventions (trained)
- Eye Movement and Reprocessing (EMDR)
- Cognitive Processing Therapy (CPT)
- Health Coaching (certified)
- Sexual Offender Treatment (certified)
- Parenting with Love and Limits
- Behavior Analysis (board certified - BCBA)
- Behavior Technician (registered - RBT)
- Sexual health Counseling (certified)
- School Neuropsychology (certified)
- Play Therapy (trained)
- Sandbox Play Therapy (trained)
- LEGO Based Play Therapy Techniques (trained)
- Art Therapy (trained)

Service Highlights

Connecting Behavioral Health and Physical Health in Lycoming-Clinton Counties

The Lycoming-Clinton HealthChoices Program (LCHC) provides pre/postnatal care management to outreach, engage, assess, and link members with behavioral health needs during pregnancy and post-delivery or end of pregnancy. This care manager links members to behavioral health services and identifies social determinants of health (SDOH) that are barriers to care or will potentially become barriers following delivery. The care manager continues to follow the member for up to one year post-delivery to assess for post-partum depression, substance use, and SDOH barriers and to facilitate a warm hand-off to any additional services and resources needed to support members, children, and families. If a pregnant member does not have an identified behavioral health need or is not utilizing high level behavioral health services, the pre/postnatal care manager coordinates with the member's physical health managed care organization to transfer the member to their prenatal programs.

LCHC participated in the Regional Accountable Health Councils (RAHCs), which provide regional strategic community-wide efforts to improve health outcomes across the state. The purpose of the RAHCs is to implement the planning and coordination of activities that promote health equity, address regional SDOH needs, reduce health care costs, and improve the quality of health care, with the goal of advancing a more accountable and equitable health care system. Lycoming and Clinton counties were included in the Regional Health Transformation Plan and LCHC continues to work through the RAHCs to move toward interventions that improve health outcomes.

Community-Based Organizations (CBO) and Community Based Case Management (CBCM)

Community-Based Organizations (CBOs) are nonprofit organizations that work at a local level to improve life for residents and normally focus on building equality across society in many areas, including but not limited to access to social services. These organizations must also be registered as 501(c)(3) nonprofit corporations in Pennsylvania.

Four CBOs were implemented into Lycoming and Clinton Counties over two fiscal years, 2020 and 2021, and two additional CBOs, American Rescue Workers-Saving Grace Shelter and Clinton County Housing Coalition, were added in 2022. The American Rescue Workers-Saving Grace Shelter and the Clinton County Housing Coalition provide information and assistance to address housing instability and homelessness, food insecurity and clothing needs, and employment issues. The purpose of these CBOs is to link a local value-based purchasing program with a non-profit agency to address social determinants of health. Two Community and School Based Behavioral Health Programs (CSBBH), Friendship House and Merakey, partner with local non-profits. Friendship House's CSBBH serves students in the Williamsport School District and partners with the East End Community Center as their CBO. Merakey's CSBBH serves students in the Keystone Central School District and partners with the Salvation Army programs in Lock Haven and Renovo. Friendship House and Merakey are allotted funds to assist the members and their families with social determinants of health (SDOH) needs including, but not limited to, food and clothing.

Two CBCM agencies in Lycoming and Clinton Counties, the Lycoming-Clinton Joinder and the West Branch Drug and Alcohol Commission, focus on housing, although other referrals were made as appropriate to mitigate other SDOH.

SUD 24-Hour Crisis Intervention Services

The West Branch Drug & Alcohol Abuse Commission provides Certified Recovery Specialist (CRS) services 24 hours a day, 7 days a week. A Certified Recovery Specialist is someone in long-term recovery who has struggled through their own substance use challenges and uses their lived experiences and strengths in recovery to provide hope and support to others. A CRS can provide telephone support, facilitate referrals to community-based treatment or inpatient treatment as needed, help with making a personalized recovery plan, and connect individuals to community resources such as transportation, housing, and childcare.

Service Highlights

Crisis Intervention Services in Lycoming and Clinton Counties

Throughout 2022, crisis intervention services were provided to 529 HealthChoices members. In August 2022, the Center for Community Resources (CCR) assumed provision of Crisis Intervention services from the Lycoming-Clinton MHID program. Transitioning these services to CCR has ensured the continuance of high-quality crisis service delivery in Lycoming and Clinton counties. CCR's focus is on diverting individuals from inpatient situations, including long-term state hospital and short-term community hospital admissions, and improving post-crisis follow-up. The collective goal is to reduce inpatient stays and promote recovery in the community for individuals.

With offices located in both counties, CCR offers several types of crisis services (telephone, walk-in, and mobile) 24 hours a day, 7 days a week and provides assessment, screening, and referral services. CCR has extensive experience delivering crisis intervention services across Pennsylvania's north central region by offering a strong, comprehensive community-based crisis system that is strength-based and recovery-oriented. CCR is committed to providing a responsive crisis intervention service, and working in collaboration with other human service agencies to identify needs in the community and effectively responding to assist anyone seeking help. The current staffing model includes full-time on-site crisis staff for daytime and evening hours, along with casual staff for overnight and weekend coverage.

Commitment to Provider, Practitioner, and Service Growth

In 2022 Lycoming and Clinton counties added 19 providers to their HealthChoices provider network. Positions and services included outpatient therapists, psychologists, and psychiatrists; psychiatric rehabilitation services, both mobile and site-based; intensive behavioral health services (IBHS); psychological testing; and substance use disorder inpatient rehabilitation services.

Special efforts have focused on increasing service and location availability. Using various methods, we continually survey and analyze data, along with member, caregiver, and family feedback, to identify trends, gaps in service areas, and opportunities to better serve HealthChoices members in Lycoming and Clinton counties.

Commitment to Follow-Up After Inpatient Hospitalization

Pay-for-performance strategies have been used to offer financial incentives to inpatient mental health providers who schedule a verified follow-up appointment within seven days after a member's psychiatric hospital discharge and have had no readmissions within 30 days after discharge. These efforts were developed to help engage members discharged from inpatient units with community-based follow-up care and prevent rehospitalization. Three inpatient providers have value-based purchasing (VBP) agreements to ensure that members receive appropriate and acceptable aftercare services.

Recruitment and Retention Funding

In 2022, \$3.1 million dollars was given to providers for staffing recruitment and retention. These funds were used for sign-on bonuses, retention bonuses, longevity bonuses, staff development, productivity bonuses, community outreach, marketing materials, and wage increases.

Medication-Assisted Treatment (MAT)

The Lycoming-Clinton HealthChoices program, in partnership with Community Care, has continued to expand and enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD). MAT is an evidence-based treatment for opioid use disorders that increases retention in treatment, reduces relapse rates, and significantly decreases the risk of overdose. MAT includes agonist (methadone and buprenorphine) and anti-agonist (naltrexone) medications to help with withdrawal symptoms, combined with therapy. Certified recovery support services also expanded to serve as a resource for additional MAT information, support, and assistance with accessing MAT services. Throughout the fiscal year, providers developed care management teams to work with and facilitate treatment engagement for consumers diagnosed with an OUD.

Service Highlights

Behavioral Health Home Plus

The Lycoming-Clinton HealthChoices program (LCHC) partners with community organizations to offer behavioral health home plus (BHHP) services. BHHPs can help people lead healthier lives by addressing social and environmental factors that impact their health. By expanding our focus to better serve consumers' long-term physical and behavioral health outcomes, there has been an improvement in consumer health and a reduction in spending on Medicaid enrollees. BHHP includes the following providers: Crossroads Counseling, Inc; Skills of Central Pennsylvania, Inc.; Williamsport Family Medical Center, LLC; Community Services Group, Inc; and Diakon Child, Family and Community Ministries. Each of these providers has participated in the advanced phase of the BHHP value-based purchasing (VBP) initiative in Lycoming and Clinton Counties.

Tobacco Cessation

Of the estimated 34 million adults who smoke cigarettes, 64% have a mental health or substance use disorder. Research indicates that a combination of medication and counseling is the most effective treatment for a tobacco use disorder (TUD). Tobacco cessation interventions have been shown to improve outcomes for people receiving mental health or substance use treatment services. In 2022, the Lycoming-Clinton HealthChoices program expanded access to tobacco cessation treatment services to prevent and reduce tobacco use among individuals with behavioral health conditions. Local providers include Crossroads Counseling, Inc.; Skills of Central Pennsylvania, Inc.; and Williamsport Family Medical Center. Each of these agencies completed the Pennsylvania Department of Health process to become a tobacco cessation counseling provider. They offer a standard tobacco use disorder screening process, counseling services, and medication-assisted treatment options. All three providers are listed on the Pennsylvania Department of Health Registry of tobacco cessation programs.

Tobacco cessation is one of the measures for Behavioral Home Health Plus (BHHP) services. In FY 2023, individuals who use tobacco and are on a provider's monthly registry will receive tobacco cessation counseling. BHHP includes both tobacco screening and hypertension screening goals that are followed up with outcome measures. Staff members from each of these programs participate in a monthly learning collaborative. In addition, each agency employs a registered nurse who serves as a wellness nurse/lead health navigator. These nurses attend Wellness Coaching Training of Trainers, Quality Improvement Team meetings, and provide ongoing wellness coaching training to other staff who serve as wellness coaches.

Centers of Excellence

The Lycoming-Clinton HealthChoices program, in partnership with Community Care, continued to expand and enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD). Medication-assisted treatment (MAT) is an evidence-based treatment for opioid use disorders, shown to increase retention in treatment, reduce relapse rates, and significantly decrease the risk of overdose. MAT includes therapy along with agonist (methadone and buprenorphine) and anti-agonist (naltrexone) medications to help with withdrawal symptoms. Certified recovery support services also expanded to serve as a resource for additional MAT information, support, and assistance with accessing MAT services. Throughout the fiscal year, providers developed care management teams to work with consumers diagnosed with an OUD and facilitated treatment engagement. In 2022, 600 members were served by seven COEs at a total cost of \$1,045,951.

Collaboration with Providers and Members

During 2022, several committees met on an ongoing basis to engage providers and members so the Lycoming-Clinton HealthChoices (LCHC) program could evaluate its behavioral health services and receive feedback on the services offered in each county.

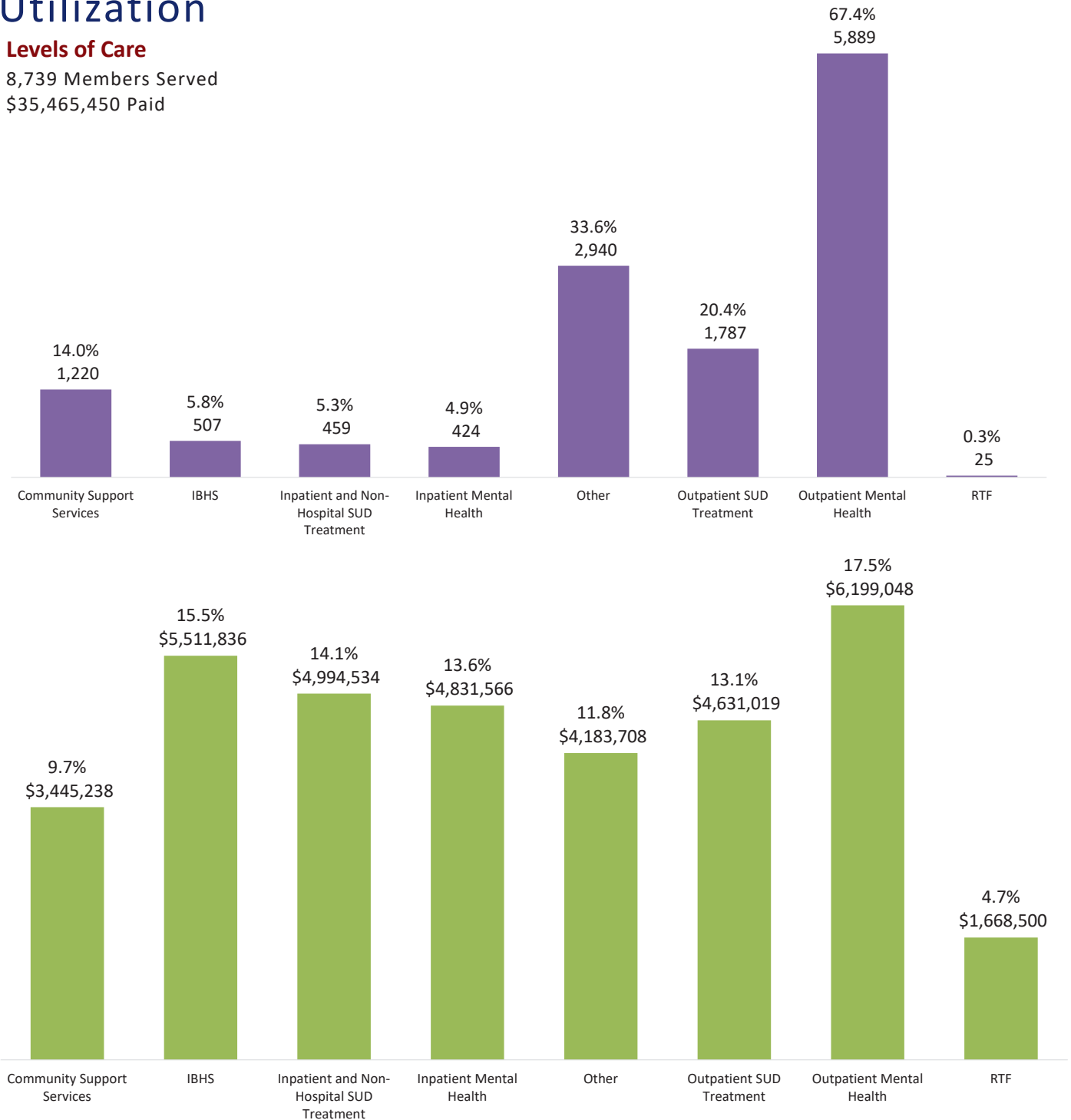
- Executive Leadership Advisory Committee (ELAC) – a gathering of the executive-level staff of providers enrolled in the network to discuss and share information and collaborate around the needs of LCHC providers and members.
- Consumers and Family Satisfaction Team (CFST) Advisory Committee – a gathering of the CFST, Community Care staff, HealthChoices members and their families, and LCHC program personnel to discuss the results of the CFST surveys and tailor the surveys to county-specific needs and state-mandated requirements.
- Reinvestment Advisory Committee - a gathering of LCHC staff, Community Care personnel, and HealthChoices members and family advocates to discuss reinvestment funds and how to allocate the funding.

Fiscal Year 2022 Utilization

Levels of Care

8,739 Members Served

\$35,465,450 Paid

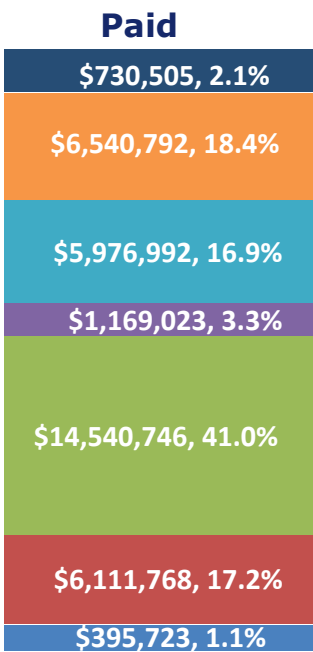
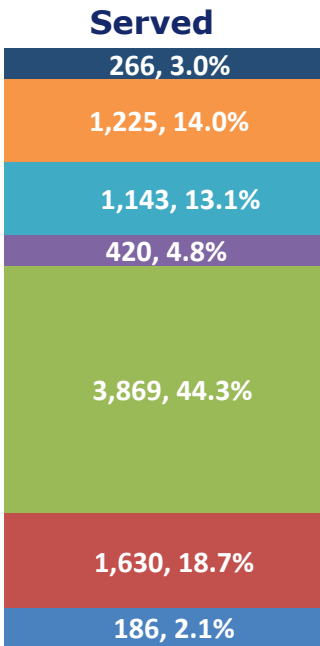


Note. IBHS = integrated behavioral health services; SUD = substance use disorder; RTF = residential treatment facilities.

Payments include alternative payment arrangements amounts. The sum of members served across all levels of care exceeds the distinct count of members served, since each member can receive services at multiple levels of care throughout the fiscal year. For this reason, the percentage of members served across all service categories exceeds 100%.

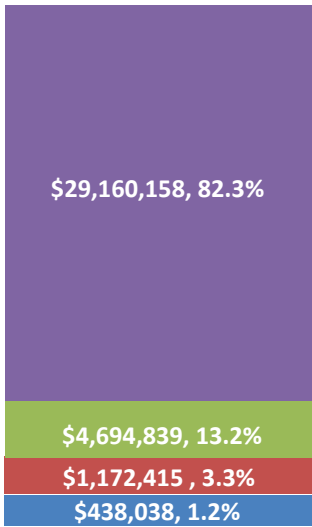
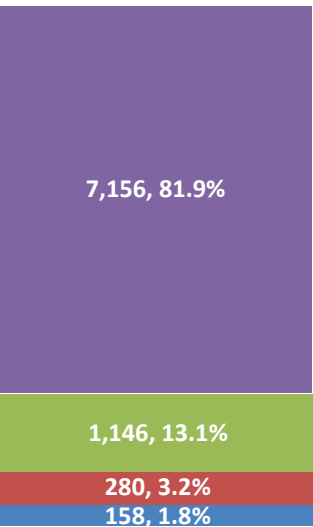
The substance use treatment categories used in this report align with the fiscal reporting categories defined by the Pennsylvania Department of Human Services. These fiscal categories correspond to the clinical categories defined by the American Society of Addiction Medicine (ASAM), which include medically managed intensive inpatient withdrawal management and medically monitored inpatient withdrawal management (detoxification); medically managed intensive inpatient services and clinically managed high intensity residential services (rehabilitation); clinically managed low intensity residential services (halfway house). Definitions for the ASAM service categories are located in the Terminology section at the end of this report.

Fiscal Year 2022 Utilization



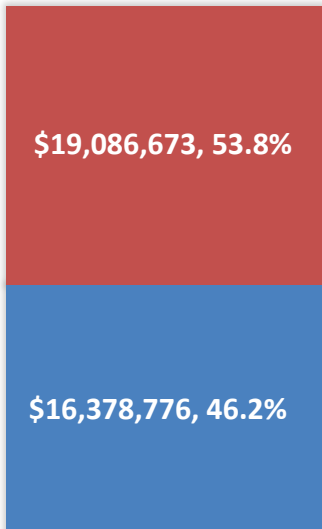
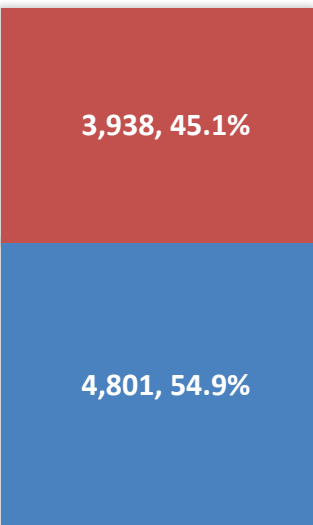
AGE GROUP

- Age 0-5
- Age 6-12
- Age 13-17
- Age 18-20
- Age 21-44
- Age 45-64
- Age 65+



RACE

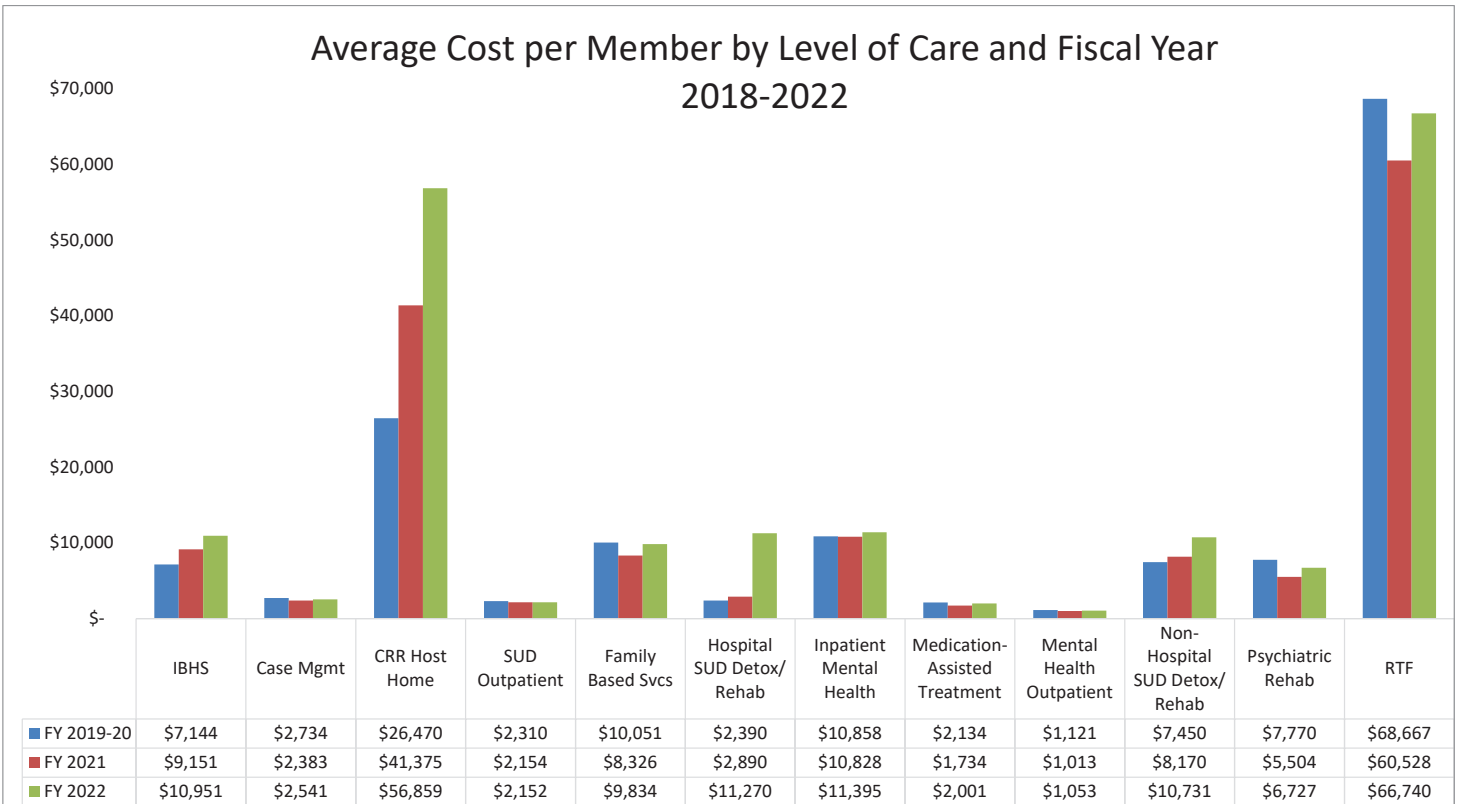
- White
- Black
- Other
- Hispanic



GENDER

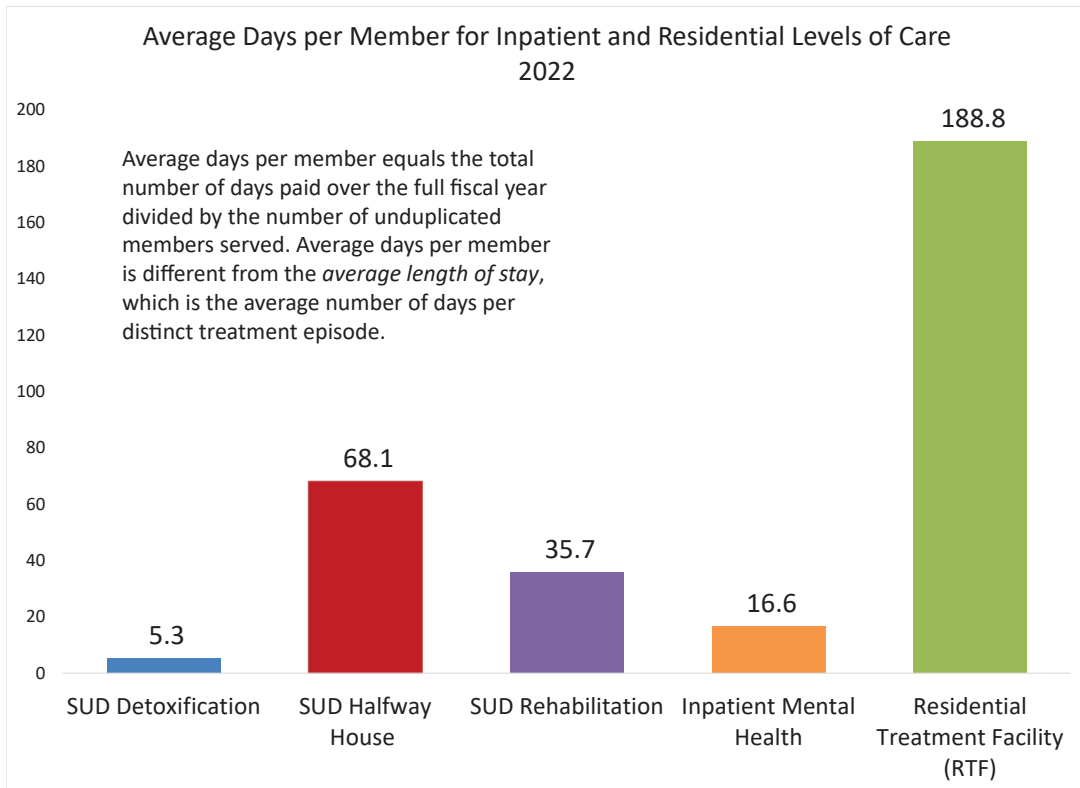
- Male
- Female

Average Cost per Member by Level of Care and Fiscal Year 2018-2022



Note. Fiscal Year 2019-20 was an 18-month fiscal year. In January 2021, the HealthChoices fiscal year shifted its fiscal year to align with the calendar year.

Average Days per Member for Inpatient and Residential Levels of Care 2022



The ASAM categories for Hospital Detox/Rehab include hospital-based medically managed intensive inpatient withdrawal management (detoxification) and medically managed intensive inpatient services (rehabilitation); the ASAM categories for Non-Hospital Detox/Rehab include non-hospital-based medically monitored inpatient withdrawal management (detoxification), clinically managed high intensity residential services (rehabilitation), and clinically managed low intensity residential services (halfway house).

Service Utilization Trend July 2013 - December 2022

Utilization Trend: Members Served 2013 - 2022

Fiscal Year	Distinct Members
FY 2013-14	5,309
FY 2014-15	5,758
FY 2015-16	6,717
FY 2016-17	7,443
FY 2017-18	7,712
FY 2018-19	7,691
FY 2019-20	8,858
FY 2021	8,021
FY 2022	8,739

Utilization Trend: Amounts Paid 2013 - 2022

Fiscal Year	Amount Paid
FY 2013-14	\$ 20,900,495
FY 2014-15	\$ 23,330,275
FY 2015-16	\$ 26,031,023
FY 2016-17	\$ 27,335,500
FY 2017-18	\$ 29,330,774
FY 2018-19	\$ 28,798,440
FY 2019-20	\$ 41,424,845
FY 2021	\$ 32,004,111
FY 2022	\$ 35,465,450

Note. Fiscal Year 2019-20 was an 18-month fiscal year. In January 2021, the HealthChoices fiscal year shifted its fiscal year to align with the calendar year.



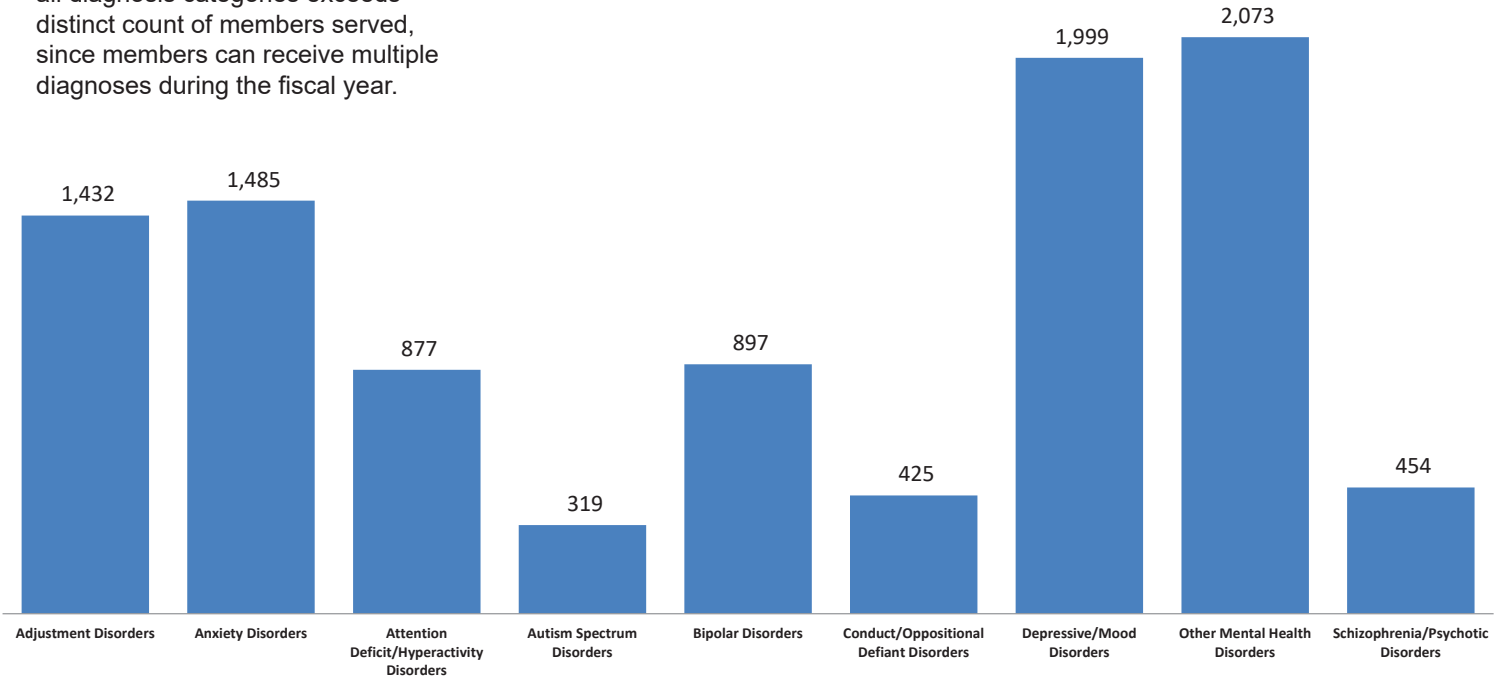
Primary Diagnosis

Mental Health Disorders - Fiscal Year 2022

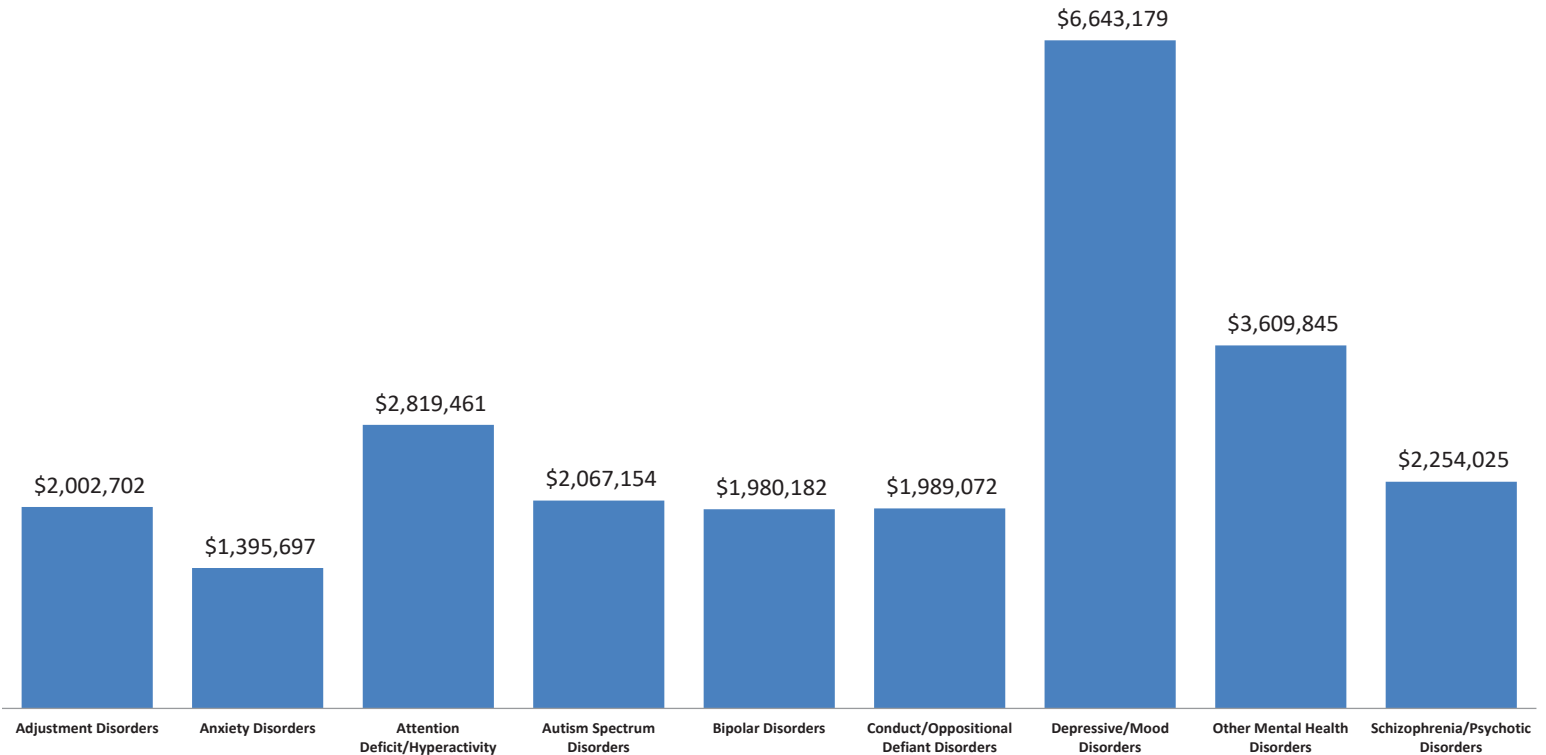
7,185 Served
\$24,761,317 Spent

Members with Primary Mental Health Diagnosis - Number Served

The sum of members served across all diagnosis categories exceeds distinct count of members served, since members can receive multiple diagnoses during the fiscal year.



Expenditures for Members with Primary Mental Health Diagnosis



Note. Expenditures include amounts paid for APA services

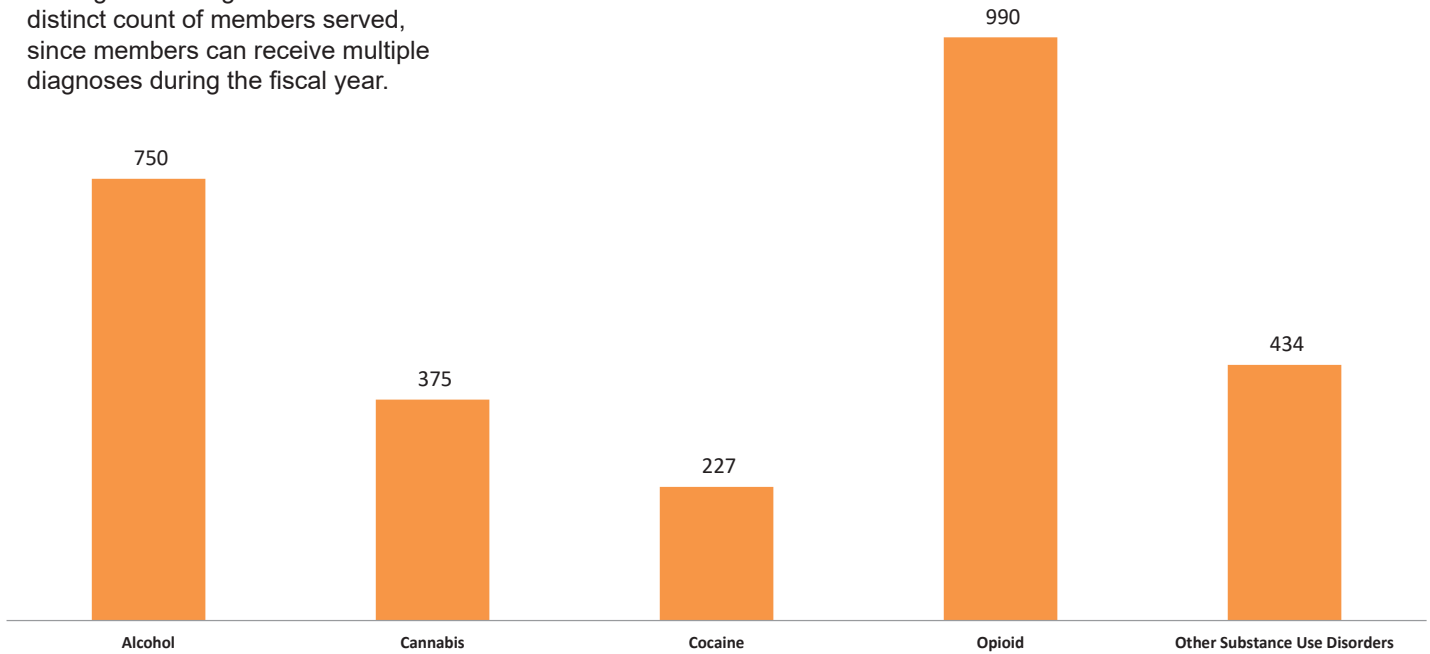
Primary Diagnosis

Substance Use Disorders - Fiscal Year 2022

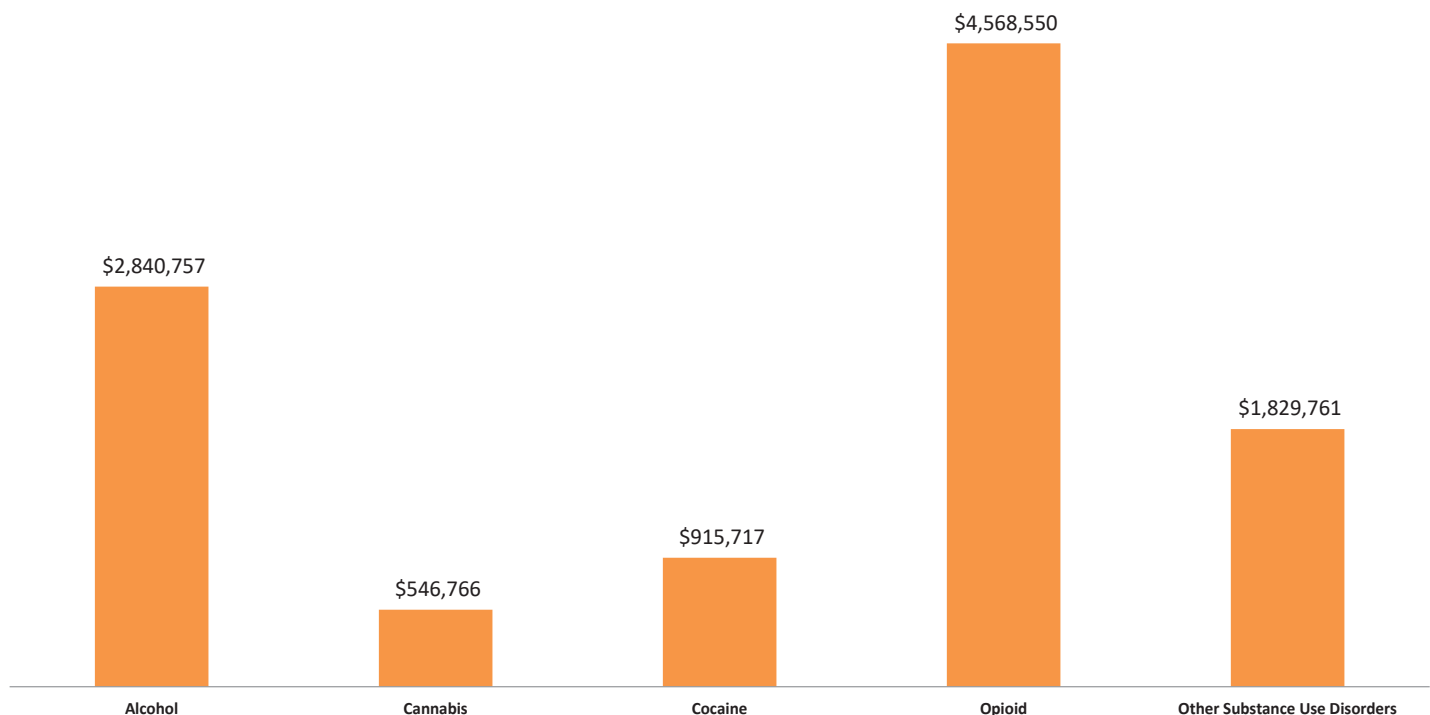
2,308 Served
\$10,701,551 Spent

Members with a Primary Substance Use Disorder Diagnosis - Number Served

The sum of members served across all diagnosis categories exceeds distinct count of members served, since members can receive multiple diagnoses during the fiscal year.



Expenditures for Members with a Primary Substance Use Disorder Diagnosis



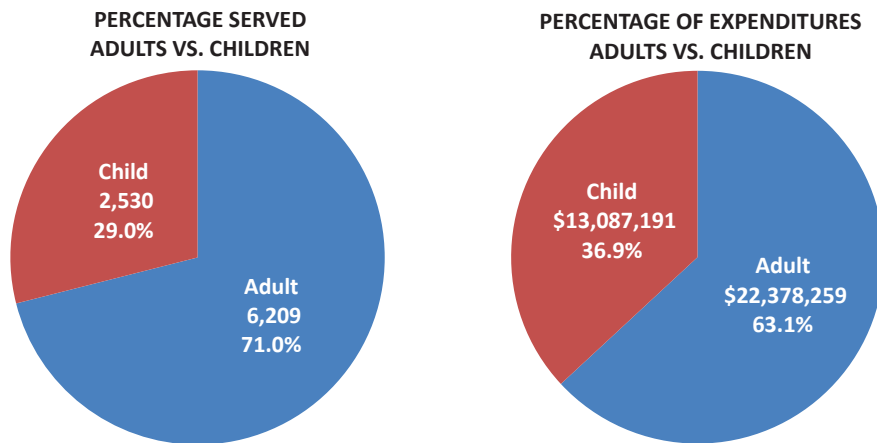
Note. Expenditures include amounts paid for APA services

Services for Youth

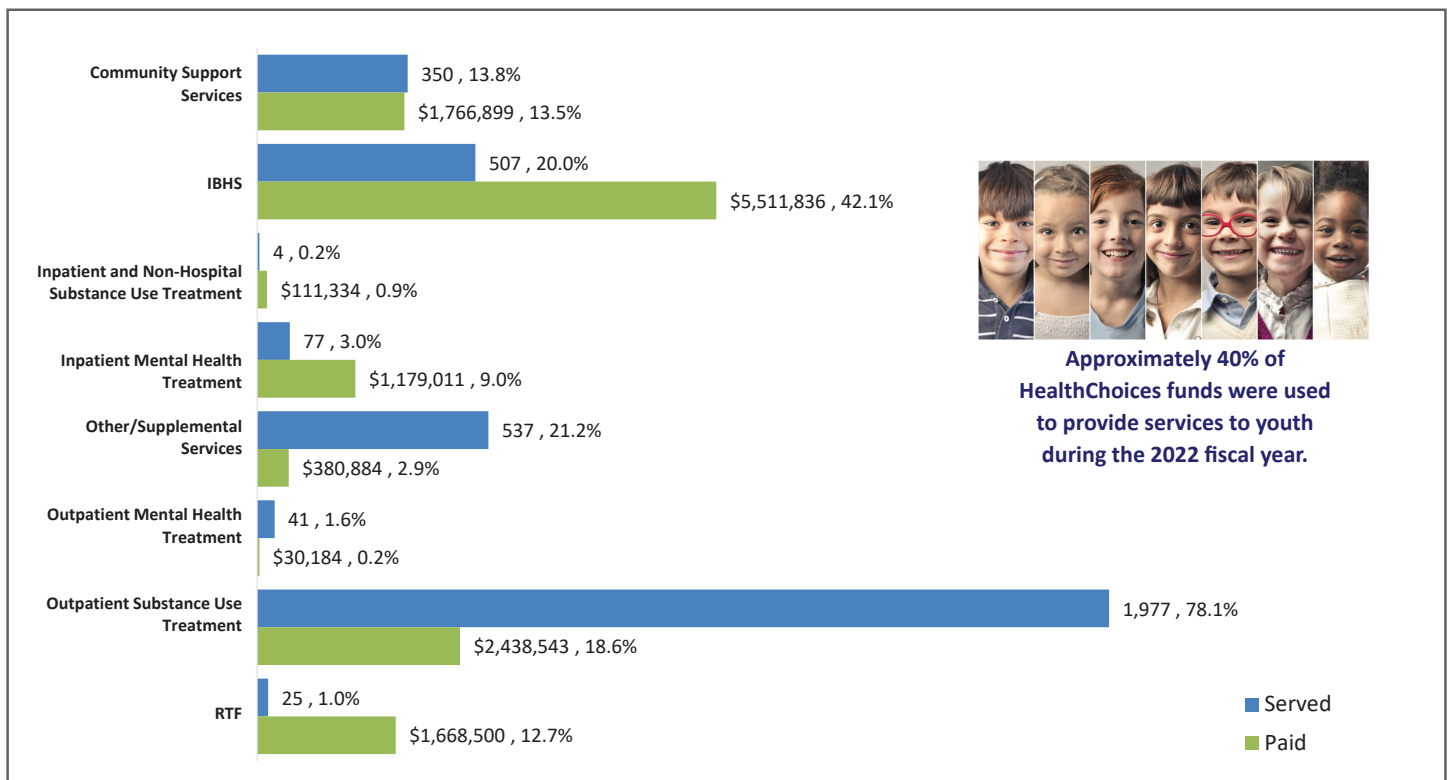
Intensive Behavioral Health Services (IBHS), the behavioral health component for Early Periodic Screening, Diagnosis and Treatment, are services offered to children from birth through 21 years. These services are designed to develop individualized plans to address social and emotional disturbances among youth.

Family Based Mental Health Services (FBMHS) are around-the-clock services designed to assist families in caring for their children or adolescents with emotional disturbance at home. As a licensed program, FBMHS 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.



Levels of Care - Youth Served

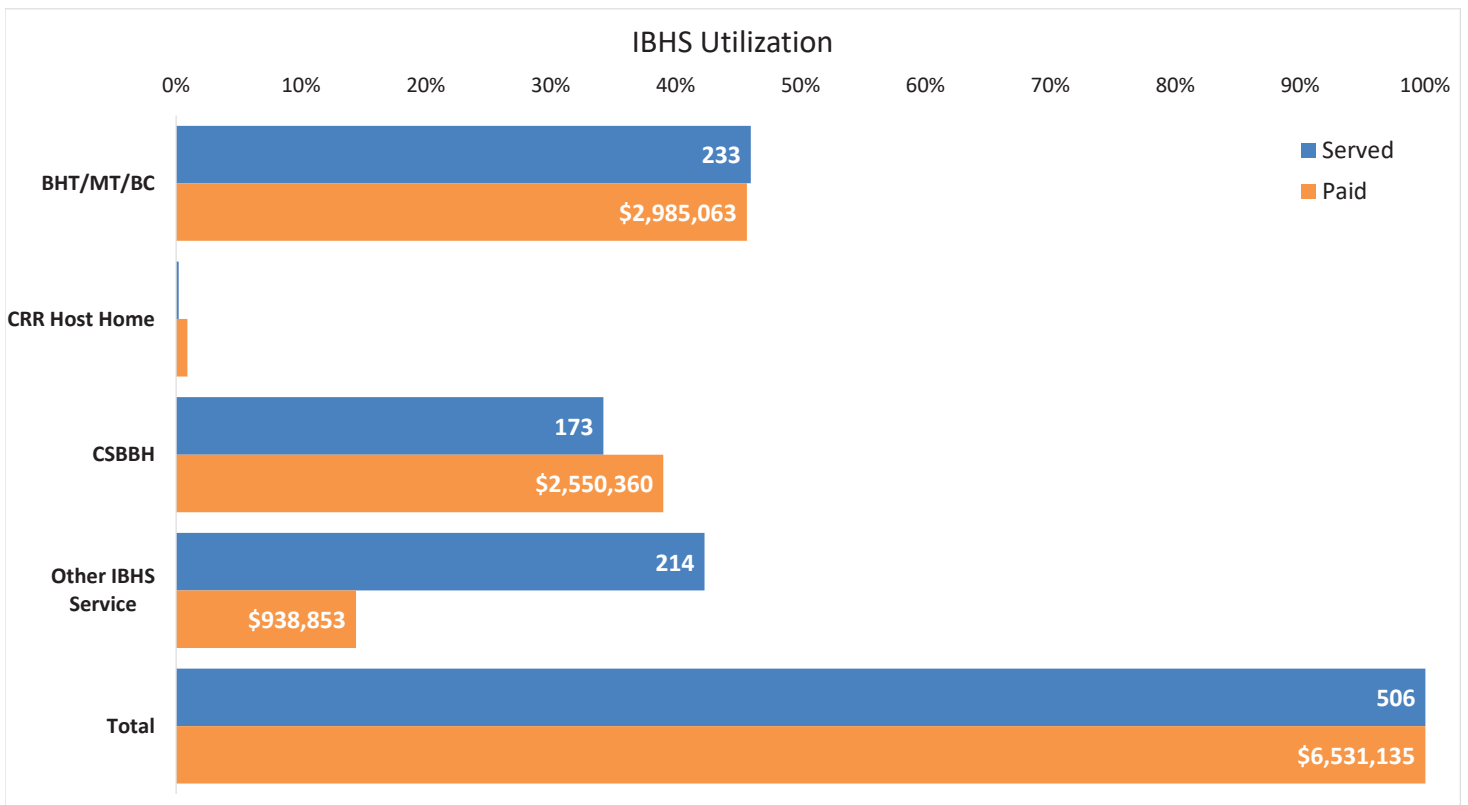


Note. Expenditures include amounts paid for CSBBH APA services. Youth are members under the age of 18 years and individuals who received RTF or IBHS services.

Expansion of School-Based Services in Lycoming and Clinton Counties

Throughout 2022, two school-based teams provided community and school-based behavioral health (CSBBH) services in Clinton and Lycoming counties. One provider served five schools in the Williamsport Area School District (Lycoming County). The other provider offered services in three schools in the Keystone Central School District (Clinton County).

The Lycoming-Clinton HealthChoices (LCHC) program contacted every school district in both counties to provide updates on services for students who are HealthChoices members. Meetings were held to disseminate information, discuss any unmet needs or concerns the districts had, and to ensure each district had a direct connection to a member of the LCHC team. We also discussed the full array of behavioral health services available to all students through the Student Assistance Program (SAP) offered by Lycoming-Clinton Mental Health/Intellectual Disabilities (MH/ID) and the West Branch Drug and Alcohol Abuse Commission. In addition, LCHC staff met with the Lycoming-Clinton MH/ID program's outreach team, as they are an integral part of school-based services.



Note: Bars represent the percentage of the total number of children served and the amount paid for each service type. The members counts and amounts are provided to provide context for the percentages presented in the chart. For example, the 233 children who received BHT/MT/BC services represented around 45% of the total number of children who received IBHS services.

Residential Treatment Facilities (RTF)

Throughout 2022, the Lycoming-Clinton HealthChoices (LCHC) program continued its efforts to reduce the number of members and their duration of stay in residential treatment facility (RTF) out-of-home placements. LCHC partnered with the Lycoming-Clinton MH/ID program and Service Access & Management, Inc. to offer an enhanced case manager position to support families/caregivers of children admitted to, or at risk for admission to an RTF. By working with youths and their families, these case managers have been very effective in helping children transition back to their homes and providing children and their families with the tools they need to be successful.

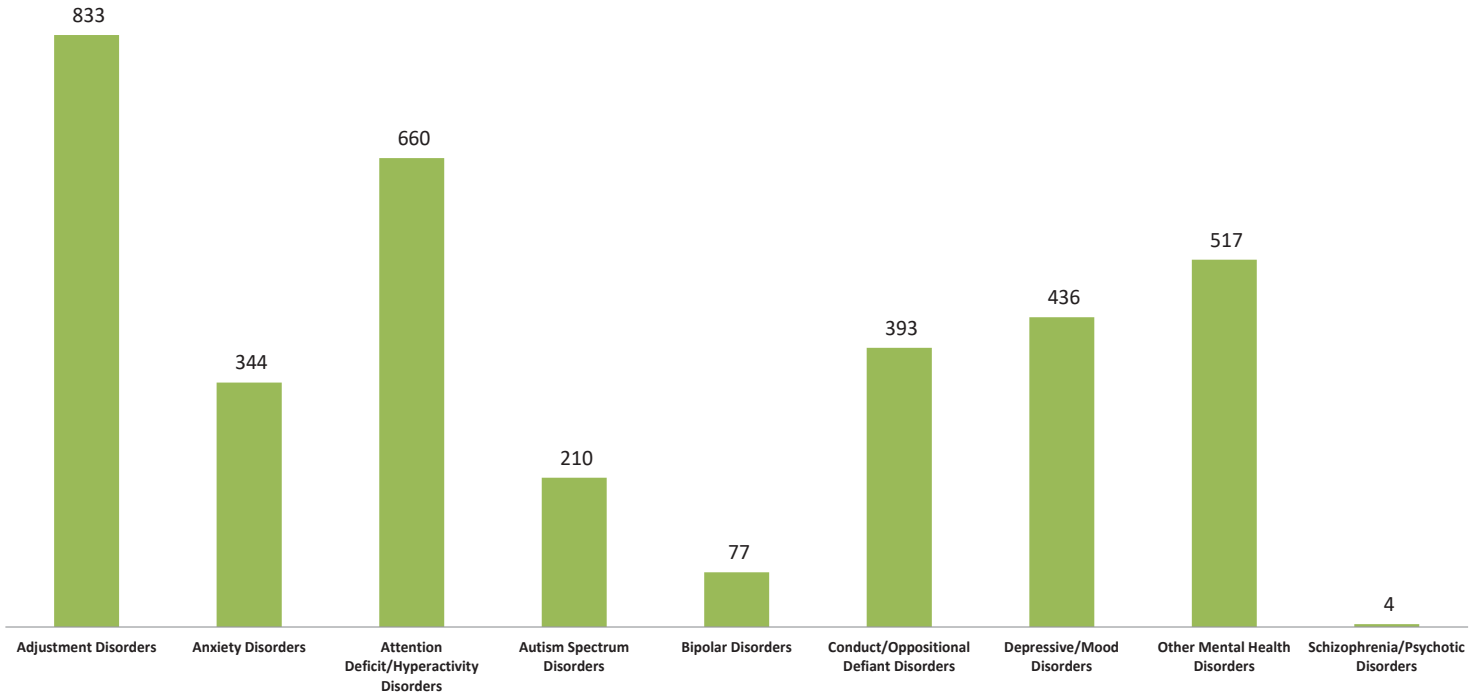
Also, in 2022, a learning collaborative comprising RTF providers across Pennsylvania continued to enhance the quality of RTF services, improve youth transitioning from RTF back to their homes and communities, and increase meaningful youth and family engagement in treatment.

Youth Served

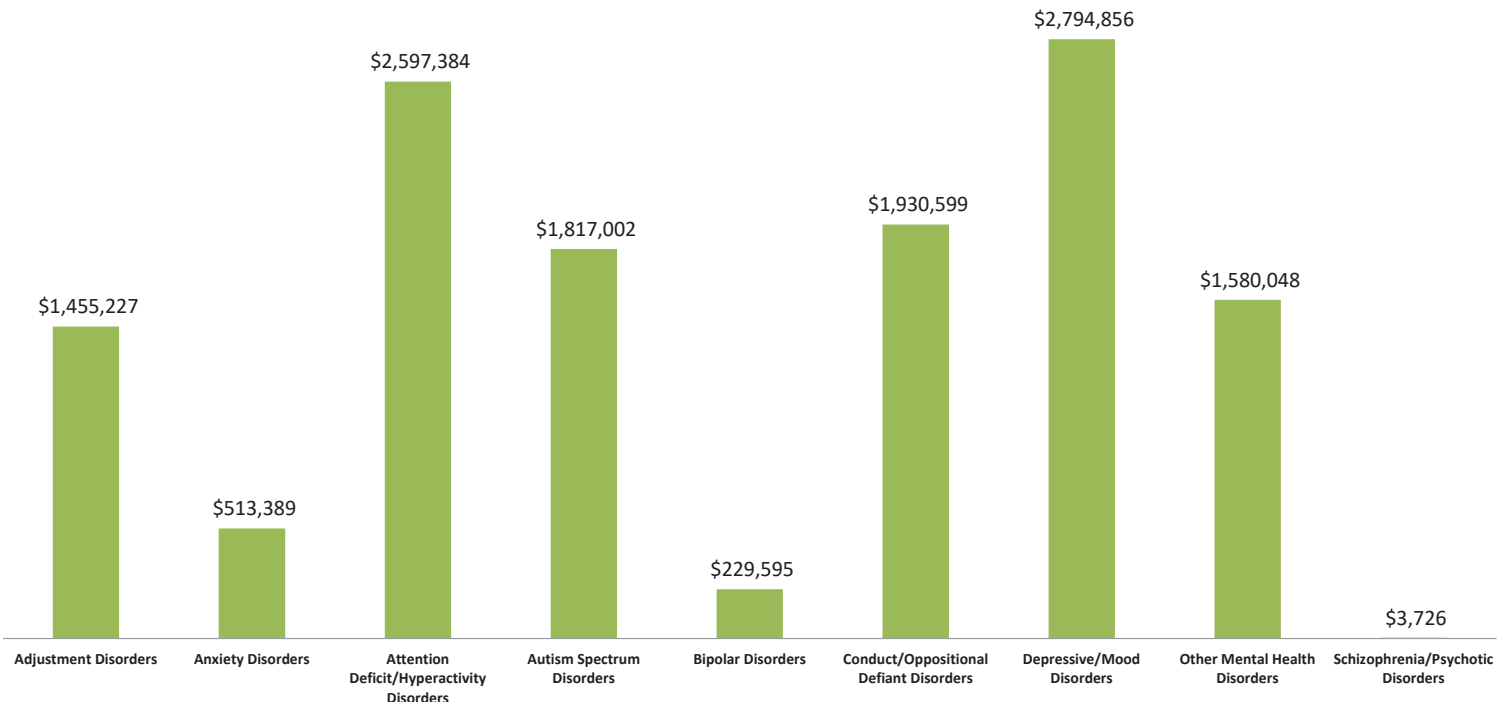
Primary Mental Health Diagnosis

2,501 Youth Served
\$12,921,825 Spent

Number of Youth Served with a Primary Mental Health Diagnosis



Expenditures for Youth with a Primary Mental Health Diagnosis



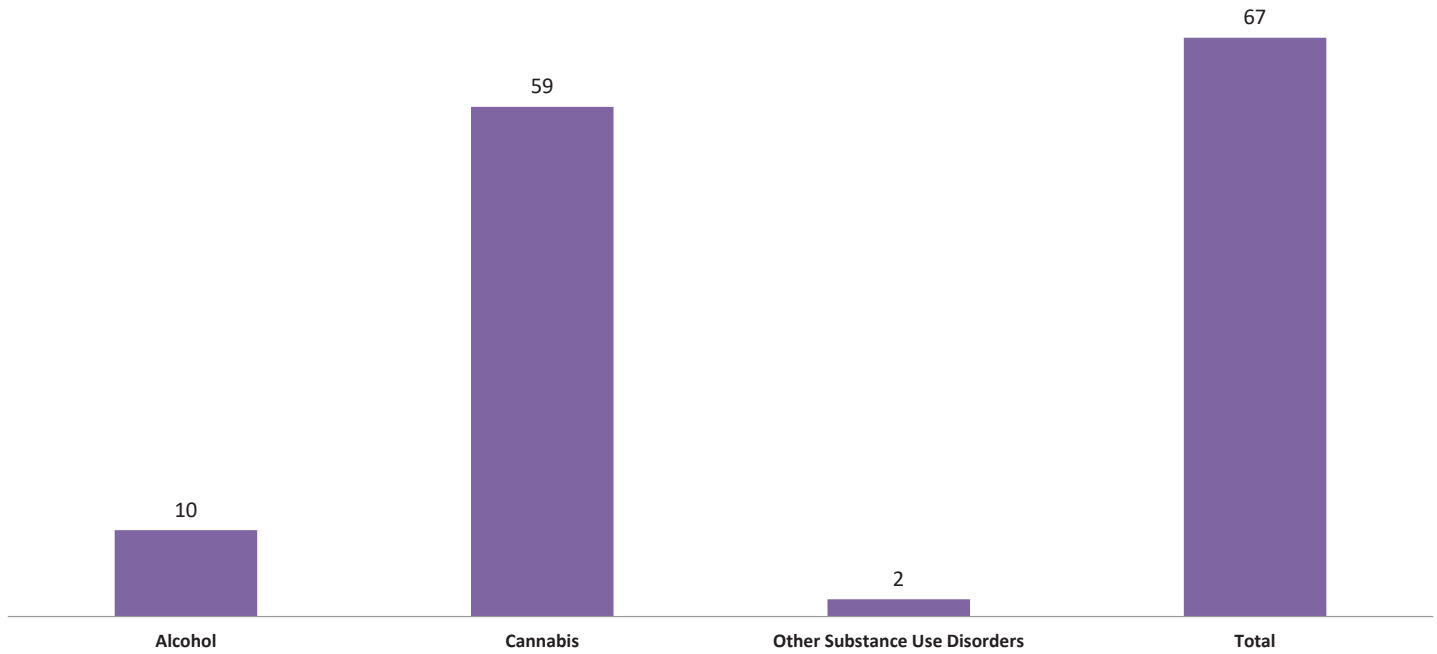
Note. Expenditures include amounts paid for APA services

Youth Served

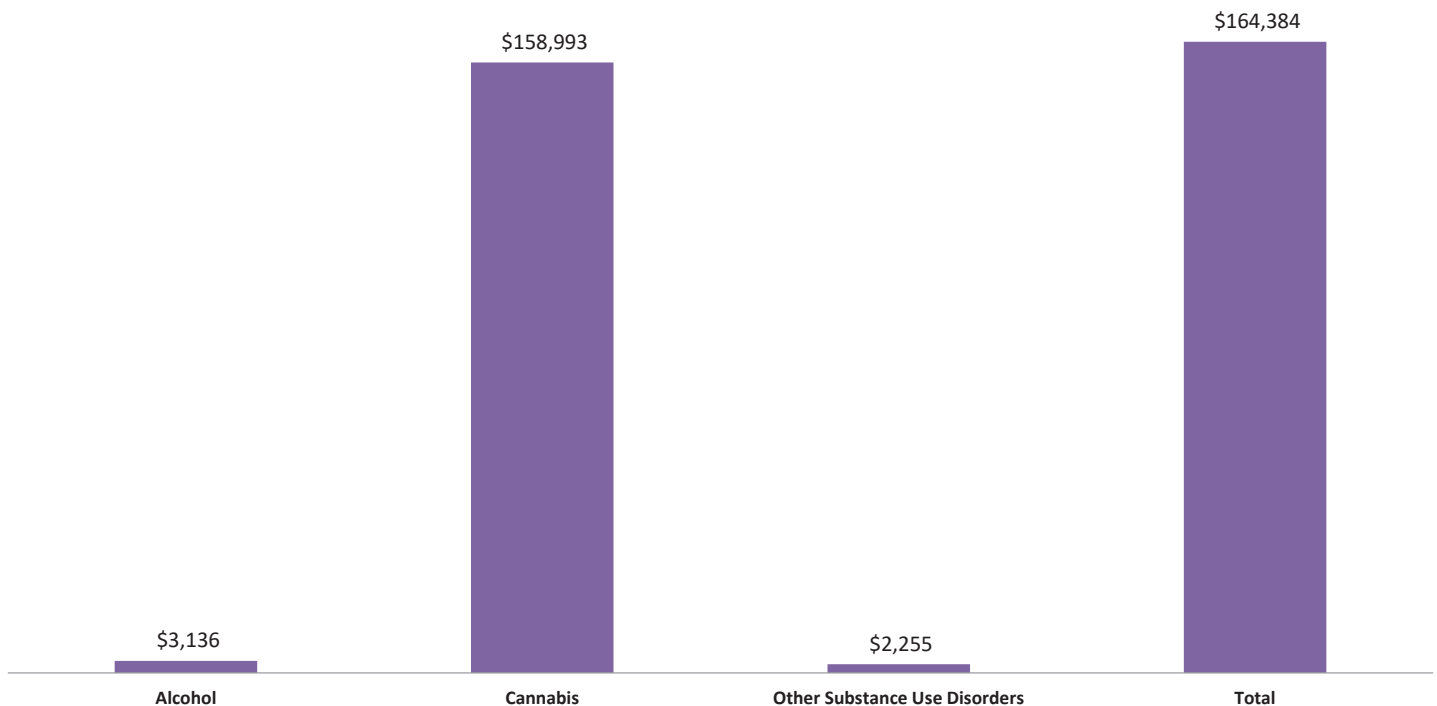
Primary Substance Use Disorder Diagnosis

67 Youth Served
\$164,384 Spent

Number of Youth Served with a Primary Substance Use Disorder Diagnosis

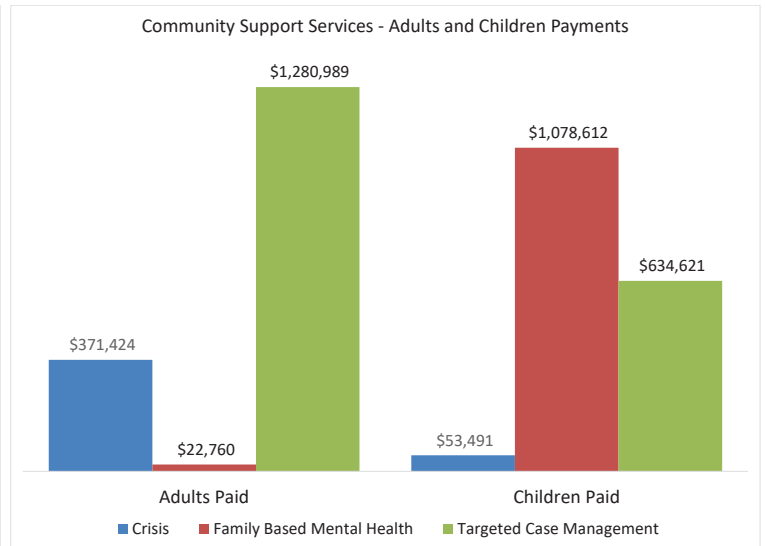
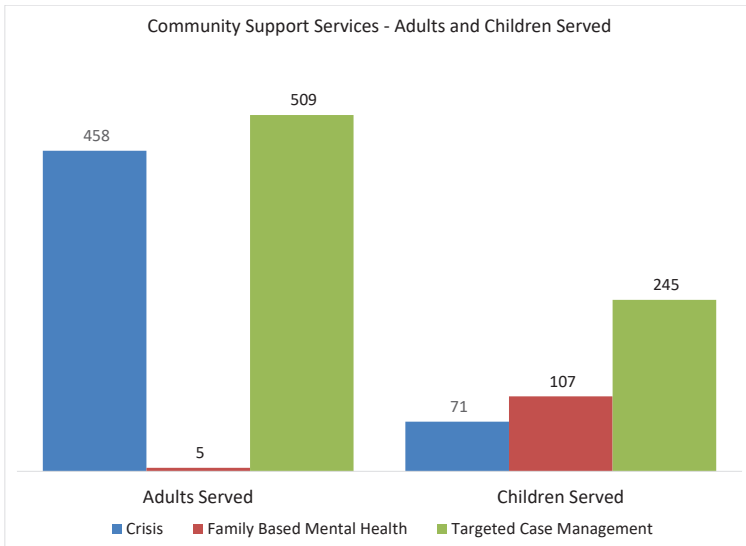


Expenditures for Youth with a Primary Substance Use Disorder Diagnosis



Note. Expenditures include amounts paid for APA services

Community Support Services



Note. Expenditures include amounts paid for APA services

Approved Reinvestment Plans

Approved Reinvestment Plans	Year Approved	Year(s) Spent
Adult Mental Health Intensive Outpatient Program (MH IOP)	2022	2023
Lycoming-Clinton HC Provider Technology Enhancement	2022	2023
Drug-Free Treatment for Opioid Withdrawal (BRIDGE Device)	2022	2023-2025
Hoarding Intervention and Support Services	2022	2023-2025
IBHS-ASD Afterschool Program	2022	2023-2024
Family Interaction Training (FIT)	2021	2021
School based Intensive Outpatient Services	2020	2020-2021
Community Recovery Center Peer Support Services		2020-2023
Methamphetamine Use Disorder Outpatient Treatment Services		2020-2021
Trauma Informed CBT for Substance Use Disorders		2020-2021
Certified Peer Support Expansion		2015-2017
Supportive Housing/Safe & Healthy Homes Fund		2018-2021
Child/Family Respite Services	2017	2019-2020
Child/Adolescent Community Based SUD Services	2013	2015-2016
Child/Family Respite Services	2012	2015-2018
Evidence Based Outpatient Trauma Support Groups		2015-2016
Supportive Housing Contingency Fund		2015-2018
Decision Support Center	2011	2014-2015
Mental Health Drop-in Center		2014-2017
Enhanced Mobile Psychiatric Rehabilitation Services		2015-2017
Substance Abuse Recovery Resource Centers		2015-2017
Child/Family Respite Services		2015-2018
Supportive Housing Contingency Fund		2015-2018
ASAM Network-Wide Training		2018
Mental Health Drop-in Center	2010	2013-2014
Dual Diagnosis Outpatient Treatment Services	2009	2012-2013
Substance Use Disorder Case Management	2008	2012-2013
Mobile Psychiatric Rehabilitation Services		2012-2014

Reinvestment

At the close of each fiscal year, Clinton and Lycoming Counties are permitted to retain capitation revenues and investment income, which was not expended during the contract year, to reinvest in programs and services in each County.

These funds, called **reinvestment funds**, must be spent in accordance with the Office of Mental Health and Substance Abuse Services (OMHSAS) approved reinvestment plans.

Reinvestment funds are financial incentives used to reward sound financial management practices and allow counties to creatively use funds to fill identified gaps in their treatment systems, test new innovative treatment approaches, and develop cost-effective alternatives to traditional services.

Annual Audit Summary: LCHC received no findings for their last three audit review periods in FY 2020, 2021, and 2022.

Transportation Funds

In 2022, the Lycoming-Clinton HealthChoices program offered funds to help consumers and families overcome temporary and emergency transportation barriers to accessing behavioral health treatment and support. We provided this assistance to HealthChoices enrolled adults, children, and families living in Lycoming or Clinton County with serious and persistent mental illness, substance use disorder, or a co-occurring disorder. River Valley Transit bus passes and \$25 gas cards were available upon request on behalf of members; funding requests for other transportation needs were also considered. During CY 2022, the Lycoming-Clinton HealthChoices program provided transportation assistance to **812** HealthChoices members.



Basic Necessities Funds

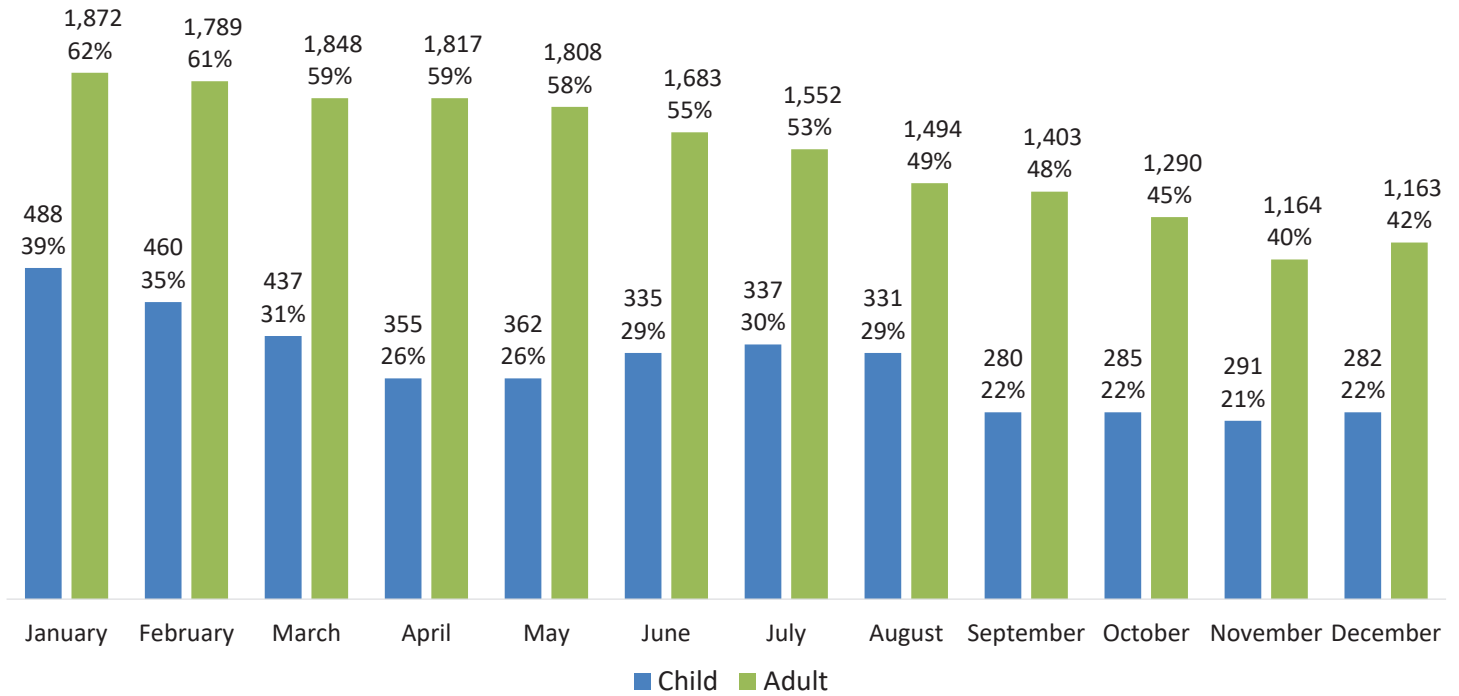
In addition to transportation funds, the Lycoming-Clinton HealthChoices program also allocated one-time funds to help behavioral health consumers and their families with the costs of basic necessities and activities of daily living that other resources could not meet. To be eligible for funds, individuals must have been a Lycoming or Clinton County HealthChoices member with serious and persistent mental illness, substance use disorder, or a co-occurring disorder. In 2022, the Lycoming-Clinton HealthChoices program provided Basic Necessities Funds to **69** members, which included funds to replace social security cards and driver’s licenses, purchase clothing for new jobs, and payments for bed bug extermination.

Provider Training Funds

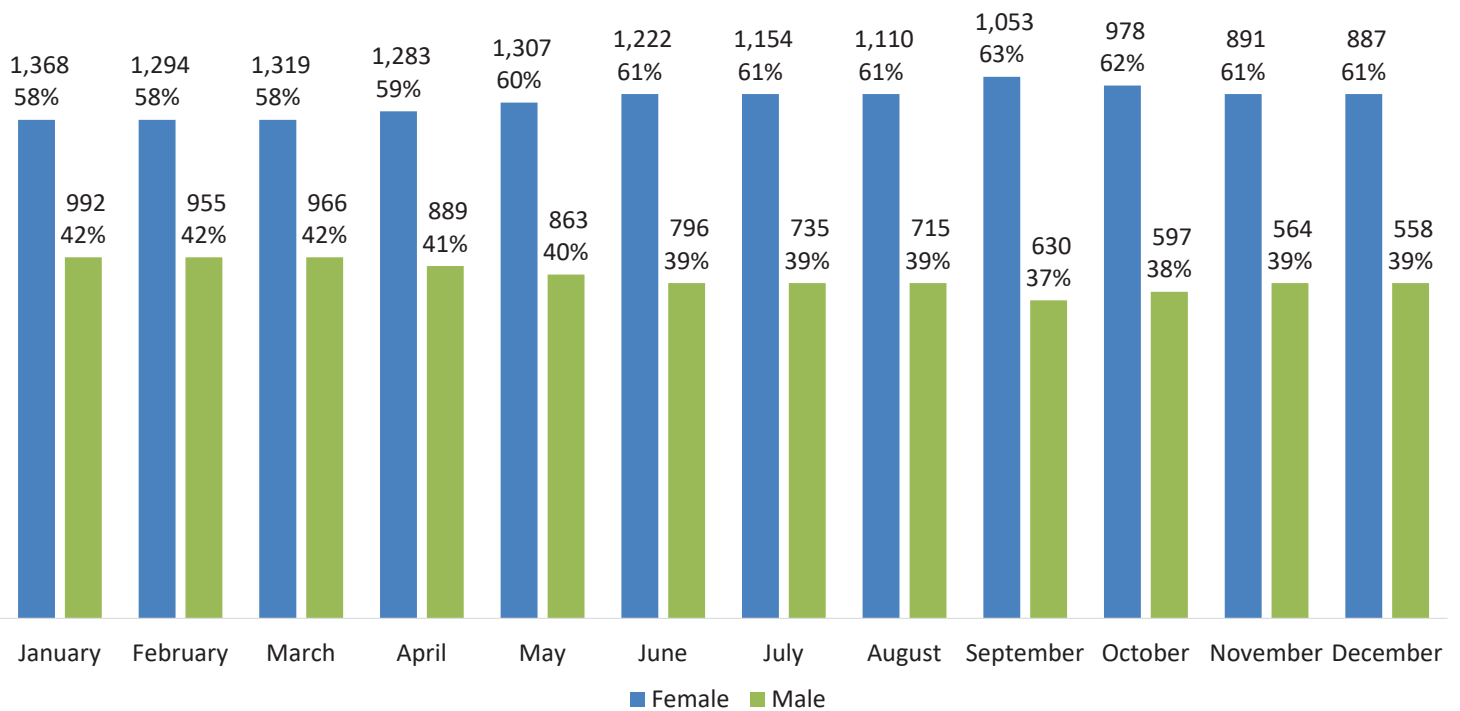
In 2022, the Lycoming-Clinton HealthChoices program accepted funding requests from HealthChoices providers to supplement or reimburse costs for training opportunities to expand clinical competencies for addressing underserved or unmet treatment needs of the Lycoming-Clinton HealthChoices members. Priority was given to training requests pertaining to evidence-based practices and services addressing persistent service and access gaps in our counties. Training funds were capped at \$5,000 per year for each HealthChoices provider. Training topics funded during 2022 included eating disorder treatment, eye movement desensitization and reprocessing therapy (EMDR), attention deficit and hyperactivity disorder treatment (ADHD), play therapy techniques, certified peer support, mental health first aid, peer specialist certification, and forensic peer certification.

Telehealth Service Utilization After COVID

Child vs. Adult Telehealth as a Percentage of the Total Served in Each Age Group by Month
January through December 2022

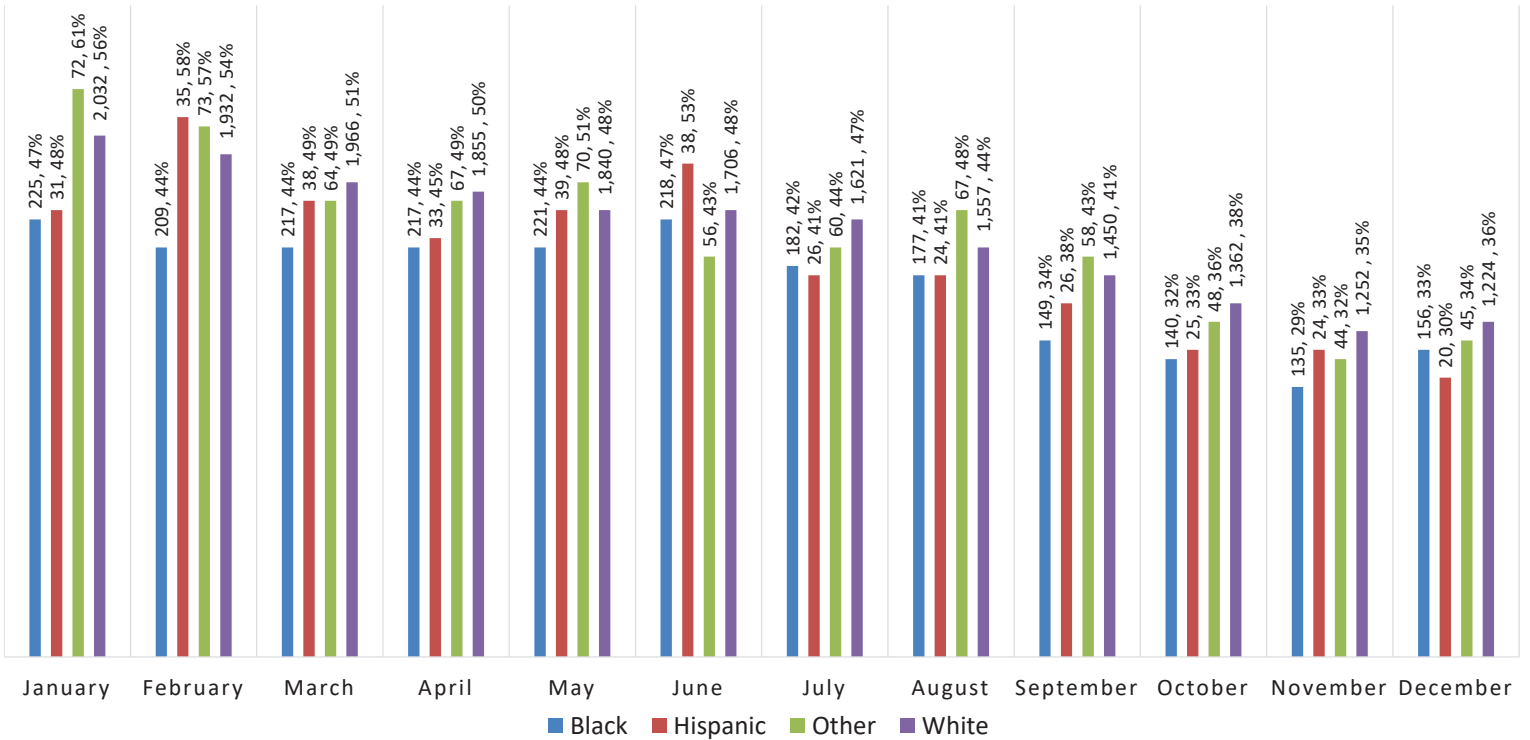


Female vs. Male Telehealth as a Percentage of the Total Served in Each Gender Group by Month
January through December 2022

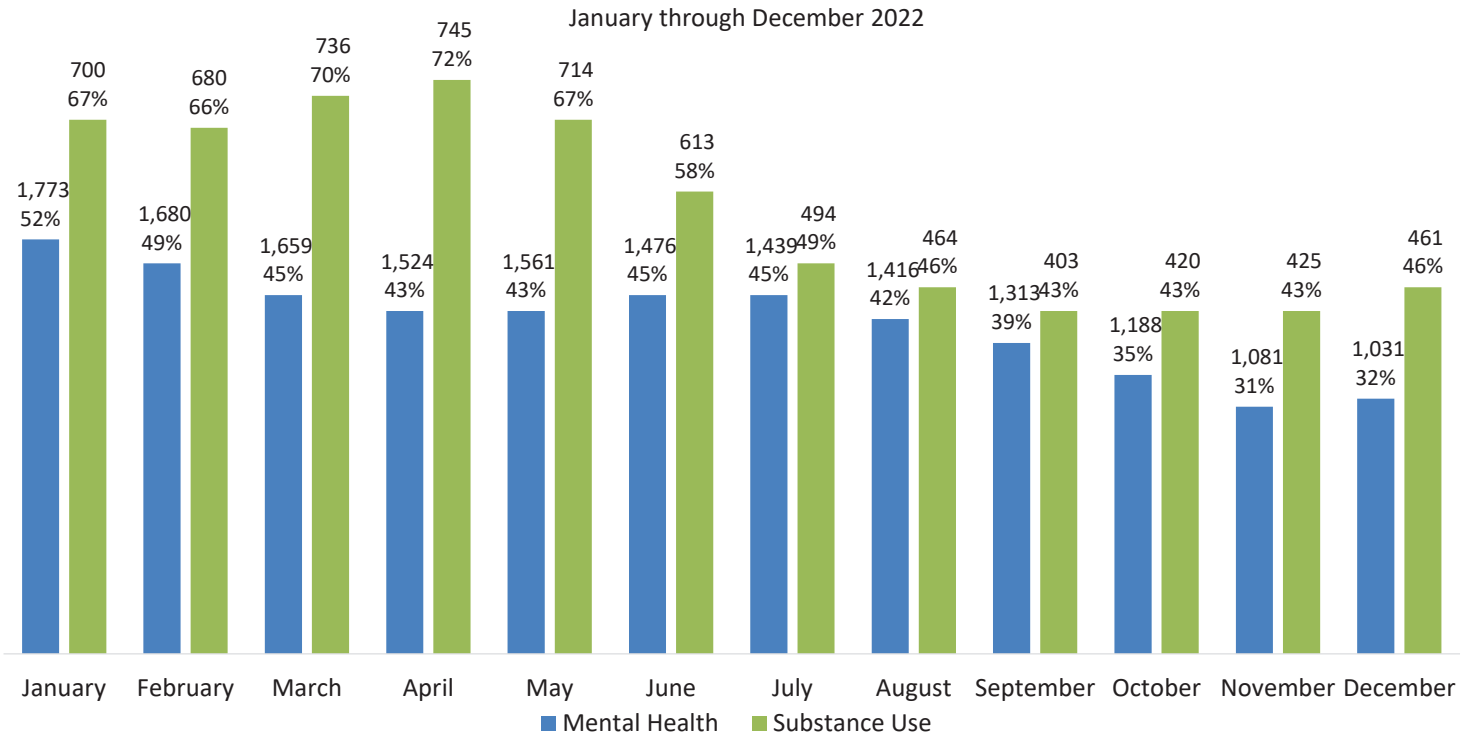


Telehealth Service Utilization After COVID

Racial Group Telehealth as a Percentage of the Total Served in Each Race Group by Month
January through December 2022



Mental Health vs. Substance Use Telehealth Treatment as a Percentage of the Total Served in Each Group by Month
January through December 2022



Terminology

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.

CENTER FOR EXCELLENCE (COE)

A community-based care management approach used to connect members to providers to address non-clinical needs.

CLAIMS

A request for reimbursement for a behavioral health service.

COMMUNITY-BASED ORGANIZATIONS (CBO)

A 501(c)(3) nonprofit organization that works with HealthChoices members to improve social determinants of health.

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 criteria.

DIAGNOSTIC CATEGORIES

Groups 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, Panic Disorder, Specific Phobia, Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder, and Specified and Unspecified Anxiety Disorders. In this report Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder and other trauma and stress disorders are also included in this category.

Attention Deficit/Hyperactivity Disorder (ADHD) - a neurodevelopmental disorder characterized by a persistent pattern of hyperactivity and/or inattention that interferes with daily functioning or development.

Autism Spectrum Disorder - a neurodevelopmental disorder that involves a marked degree of difficulty with communication, social interactions, reciprocal relationships, and repetitive behaviors. The symptoms appear in early childhood and affect daily functioning.

Bipolar Disorders – a group of mood disorders that characteristically involve mood swings. This group includes Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder, and Other Specified and Unspecified Bipolar Disorders.

Conduct and Oppositional Defiant Disorders - disorders that involve problems with emotional and behavioral self-control that interfere with the rights of others or conflict with societal norms and authority.

Depressive Disorders – a group of mood disorders that includes Major Depressive Disorder, Dysthymia, and Other Specified and Unspecified Depressive Disorders.

Other Mental Health Disorders – includes various disorders, such as Tic Disorders, Learning Disorders, Communications Disorders, and Motor Skills Disorders.

Schizophrenia Spectrum and Other Psychotic Disorders – a collection of thought disorders including Schizophrenia, Schizotypal (personality) Disorder, Schizoaffective Disorder, Schizophreniform Disorder, and Other Specified and Unspecified Psychotic Disorders.

Substance Use Disorders – a group of disorders related to continuous use of substances despite significant substance-related problems. The DSM refers to 10 classes of substances: alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives/hypnotic/anxiolytics, stimulants, tobacco, and other (or unknown) substances.

DSM

The *Diagnostic and Statistical Manual of Mental Disorders* is 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 Human Services, 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.

INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)

IBHS replaced Behavioral Health Rehabilitation Services (BHRS) as of January 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.

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.

PENETRATION RATE

The unduplicated number of members served divided by the number of eligible members multiplied by 100.

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.

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.

SUBSTANCE USE TREATMENT INPATIENT SERVICES

Defined by the American Society of Addiction Medicine (ASAM, 2013), inpatient substance use treatment services include a continuum of 24-hour services that are clinically managed, medically monitored, or medically managed.

Clinically managed services are appropriate for individuals who need rehabilitation, halfway house, group home or other supportive living environments with 24-hour staff and integrated clinical care.

Medically monitored services are detoxification services offered in a 24-hour supportive treatment environment.

Medically managed services are detoxification and rehabilitation services delivered in an acute care inpatient setting to patients whose biomedical, emotional, behavioral, cognitive problems are so severe that they require primary medical and nursing care.





Lycoming-Clinton HealthChoices Program

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LCHC has a website!

<https://www.lycomingclintonhealthchoices.com/>