Allegheny County HealthChoices Program

Behavioral Health Rehabilitation Services Report

presented by

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AHCI is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program

HealthChoices Behavioral Health Program
Focus Quality Review:

Behavioral Health Rehabilitation Services for Children and Adolescents (BHRSCA)

Introduction

During the month of July 2000, AHCI conducted a focused quality review of Community Care consumers identified by AHCI as receiving BHRSCA services. The following is a summary of the results of that review.

For the purposes of this report, please note the following explanation of terms:

- Enrollees – Eligible Medicaid recipients who were enrolled in the HealthChoices program during the report period. This information is based on member month equivalents reported in capitation data.

- Community Care Consumers – HealthChoices enrollees on whose behalf a claim has been adjudicated for behavioral health services received through Community Care during the report period.

- Paid Claims – Paid Claims are used for calculation of numerous reports, including service utilization. Paid claims are based on all claims that have been adjudicated for behavioral health services received by enrollees through Community Care during the report period. Please note that these include some claims for services that were provided prior to the actual report period.

Methodology

AHCI selected enrollees on whose behalf one or more claims were paid by Community Care for any mental health or mental retardation BHRSCA service during the first and second quarters of 2000, which encompasses the period of January 1, 2000 to June 30, 2000. To determine the total expenditure associated with BHRSCA consumers, AHCI looked at paid claims for all mental health and alcohol and other drug services authorized for the cohort during the report period.

Demographics

There were a total of 18,528 consumers on whose behalf claims were paid during the report period. These claims accounted for a total expenditure of $44 million.

Of the total consumers, AHCI identified 1,489 BHRSCA consumers. While BHRSCA consumers represent only 8% of total consumers, they account for approximately $14 million or 33% of the total HealthChoices expenditure.

Eligibility Category

In comparing category of aid for BHRSCA consumers with other HealthChoices consumer populations, SSI and TANF consistently account for the largest numbers of consumers and expenditure. The following table provides a breakdown of BHRSCA consumers by category of aid and paid claims:

TABLE 1.0

Category of Aid	Total Behavioral Health Dollars Paid for BHRSCA Consumers	% Total Behavioral Health Dollars Paid for BHRSCA Consumers	# BHRSCA Consumers	% Total BHRSCA Consumers
SSI	$8,900,000	61%	857	57%
TANF	$4,400,000	30%	585	39%
HB	$1,000,000	7%	163	11%
SSIM	$153,200	1%	22	2%
FGA	$7,700	<1%	4	<1%
CATN	-0-	-0-	-0-	-0-
MEDN	-0-	-0-	-0-	-0-

Total BHRSCA Consumers 1/1/00 to 6/30/00: 1,489
Total Behavioral Health Dollars Paid for BHRSCA Consumers 1/1/00 to 6/30/00: $14,500,000

Note: Dollars and percentages are rounded. A consumer may be eligible for more than category of aid during an enrollment period.

Key: **SSI – Social Security Income**
TANF – Temporary Assistance to Needy Families
HB – Healthy Beginnings
SSIM – Social Security Income with Medicare
FGA – Federally Assisted General Assistance
CATN – Categorically Needy
MEDN – Medically Needy

As seen in the above table, the largest number of BHRSCA consumers was enrolled in the category of SSI (857 or 57% of all BHRSCA consumers). This category also represents the BHRSCA consumers with the highest expenditure at $8.9 million or 61% of the paid claims. The TANF category accounted for the second largest number of BHRSCA consumers and expenditure, with 585 or 39% of the consumers and $4.4 million or 30% of the paid claims. There were no BHRSCA consumers in the aid

categories of CATN or MEDN. This is consistent with the fact that persons who qualify for the CATN and MEDN categories of aid are adults age 18 years or older whose poverty level is not low enough to meet requirements for federal assistance, and who typically do not have disabling illness. Consumers of BHRSCA services are usually children and adolescents 17 years of age or younger who have behavioral health illness that are more likely to be severe and chronic in nature.

Gender & Age

In looking at age and gender trends for BHRSCA consumers, AHCI found trends that are consistent with those found among high cost users of services (See AHCI's monthly report for July 2000: "High Cost Users of Service"). Overall, males account for 1,060 or 71% of BHRSCA consumers and $10.7 million or 74% of the cohort expenditure. The greatest gender disparity was found among BHRSCA consumers age 0-5 years, 82% of whom were male. Females conversely represent 429 or 29% of all BHRSCA consumers, and $3.8 million or 26% of the expenditure. While males represent the majority in all age groups, the ratio of males to females was found to be closest among BHRSCA consumers age 18-21 years. Consumers in this age group were comprised of 45% females and 55% males.

AHCI also examined BHRSCA consumers by age. The following table depicts BHRSCA consumers by age group and claims paid:

TABLE 1.1

Age Group	# BHRSCA Consumers	% Total BHRSCA Consumers	Behavioral Health Dollars Paid for BHRSCA Consumers	% Total Behavioral Health Dollars Paid for BHRSCA Consumers
0-5 yrs	228	15%	$1,700,000	12%
6-12 yrs	855	57%	$7,600,000	52%
13-17 yrs	518	35%	$4,600,000	32%
18-21 yrs	66	4%	$600,000	4%

Total BHRSCA Consumers 1/1/00 to 6/30/00: 1,489
Total Behavioral Health Dollars Paid for BHRSCA Consumers 1/1/00 to 6/30/00: $14,500,000

Note: Dollars and percentages are rounded. Consumers may be counted in more than one age group as consumers age over the report period.

As seen in the above table, the highest number of BHRSCA consumers were children age 6-12 years, representing 855 or 57% of all BHRSCA consumers. This age group also accounts for the highest expenditure with $7.6 million or 52% of paid claims. The second highest number of BHRSCA consumers were adolescents age 13-17 years, representing 518 or 35% of the consumers and $4.6 million or 32 % of the expenditure.

Approximately 4% or 66 of the BHRSCA consumers were between the ages of 18-21 years. This group is comprised primarily of BHRSCA consumers who are being transitioned from child and adolescent service programs to adult service programs and accounted for $600,000 or 4% of the cohort expenditure. It is important to note that

while these consumers do not represent a large percentage of total BHRSCA consumers or costs, they are at risk for relapse and/or for "falling through the cracks" as a result of disruptions in continuity of care that may occur during age related service transitions.

Race

As described in AHCI's First Quarter 2000 Report, African American consumers access BHRSCA services at a disproportionately lower rate than Caucasian consumers. Of total claims paid for BHRSCA consumers during the report period:

- Persons identified as Caucasian represented 979 or 66% of BHRSCA consumers and accounted for $9.8 million or 68% of the cohort expenditure.
- Conversely, persons identified as African American represented 483 or 30% of all BHRSCA consumers and accounted for $4.3 million or 30% of the expenditure.
- Persons identified as "Other" (including persons of Hispanic, Asian and Native American ethnicity) represented 45 or 3% of total BHRSCA consumers and accounted for $410,000 or 28% of expenditure.

AHCI also looked at race by age groupings:

- Consumers age 0-17 years were comprised of 66% Caucasians, accounting for 68% of this age group's claims. Persons identified as African American represented an average of 30% of consumers and 30% of the expenditure in this age group.
- While the ratios of race to claims are comparable within the 0-17 age group, a disparity is seen in consumers age 18-21 years. Persons identified as Caucasian represent 74% of this age group yet account for over 83% of the expenditure; African American consumers represent 24% of this age group but account for less than one percent of the age group expenditure.

Diagnosis

Claims that were paid on behalf of BHRSCA consumers during the report period encompassed approximately 31 categories of primary diagnoses. Of these, nine diagnostic categories were associated with the highest number of consumers and expenditure. The following table summarizes BHRSCA consumers by the top nine diagnostic categories and claims paid:

TABLE 1.2

Diagnostic Category	# BHRSCA Consumers	% Total BHRSCA Consumers	Behavioral Health Dollars Paid for BHRSCA Consumers	% Total Behavioral Health Dollars for BHRSCA Consumers
Attention Deficit Hyperactivity Disorder	553	37%	$3,500,000	24%
Child/Adolescent Emotional Disorder	345	23%	$1,900,000	13%
Psychosis of Childhood Origin	319	21%	$3,300,000	23%
Conduct Disorder	148	10%	$813,700	6%
Depressive Disorder	139	9%	$730,000	5%
Major Depression	132	9%	$580,400	4%
Mental Retardation	75	5%	$660,700	5%
Alcohol and Other Drug Abuse	36	2%	$18,000	<1%

Total BHRSCA Consumers 1/1/00 to 6/30/00: 1,489
Total Behavioral Health Dollars Paid for BHRSCA Consumers 1/1/00 to 6/30/00: $14,500,000

Note: Dollars and percentages are rounded. Multiple claims may be submitted during a course of service and consumers may receive more than one service during a report period. As a result, consumer counts may be duplicated and consumers may have more than one diagnosis during a report period.

As seen in Table1.2, the diagnosis of attention deficit hyperactivity disorder comprised the largest number of consumers (553 or 37%) and the highest expenditure ($3.5 million or 24%). While the diagnosis of child/adolescent emotional disorder represented the second largest number of consumers, with 345 or 23% of the total, it only accounted for 13% of the cohort expenditure. Approximately 5% of the BHRSCA consumers were diagnosed as having mental retardation, which accounted for 5% of the expenditure. Abuse of alcohol and other drugs represented only 2% of BHRSCA consumers and accounted for less than 1% of the expenditure.

General Service Patterns

AHCI reviewed paid claims that totaled $14.5 million and involved over 20 categories of laboratory and behavioral health services received by BHRSCA consumers during the report period. The following table provides a summary of mental health services by the number of BHRSCA consumers and paid claims:

TABLE 1.3

Service Type	Behavioral Health Dollars Paid for BHRSCA Consumers	% Total Behavioral Health Dollars Paid for BHRSCA Consumers	# BHRSCA Consumers	% Total BHRSCA Consumers
BHRS-MH	$9,900,000	68%	1,479	99%
OP-MH	$151,000	1%	525	35%
MED CHECKS	$22,500	<1%	447	30%
ICM/RC	$839,000	6%	400	27%
PHP-MH	$625,000	4%	180	12%
IP-MH	$1,200,000	8%	124	8%
ER/CRISIS	$90,000	<1%	116	8%
BHRS-MR	$699,000	5%	86	6%
FAMILY-BASED	$291,000	2%	45	3%
RTF	$563,000	4%	44	3%
LAB	$200	<1%	10	<1%

Total BHRSCA Consumers 1/1/00 to 6/30/00: 1,489
Total Behavioral Health Dollars Paid for BHRSCA Consumers 1/1/00 to 6/30/00: $14,500,000

Note: Dollars and percentages are rounded. Consumers may receive more than one service type during a report period. As a result, consumer counts may be duplicated.

Key: **BHRS-MH – Behavioral Health Rehabilitation Services, Mental Health**
OP-M – Outpatient Mental Health
MED CHECKS – Assessment of need for/response to medication
ICM/RC – Intensive Case Management/ Resource Coordination
PHP-MH – Partial Hospital Program, Mental Health
IP-MH – Inpatient Mental Health
ER/CRISIS – Emergency room/community based crisis services
FAMILY-BASED – Family-Based in-home services
RTF – Residential Treatment Facility
LAB – Laboratory tests such as blood work etc.

Of total paid claims, mental health and mental retardation BHRSCA services combined represented $10.6 million or 73% of total cohort expenditure. Of all service types, the highest number of consumers and paid claims were associated with mental health BHRSCA, representing 1,479 or 99% of total consumers and $9.9 million or 68% of the total expenditure. While the second highest number of consumers were represented by outpatient mental health, these services only accounted for approximately 1% of the expenditure. Inpatient mental health represented only 8% of both consumers and expenditure.

While it does not provide a complete picture, AHCI looked at medication check services as one possible indicator of consumers who may have received psychotropic medication during part or all of the report period. AHCI is not able to determine whether the number and percentage of consumers who receive medication checks is an accurate reflection of how many consumers receive psychotropic medication. An undetermined number of BHRSCA consumers may be receiving psychotropic medication that is prescribed and managed by their pediatrician, and neither Community Care nor AHCI has access to that data. Also, specific medication information is not data entered into the PsychConsult

system; as a result, AHCI is unable to aggregate information that pertains to the use and outcomes of psychotropic medications.

Services for alcohol and other drugs accounted for less than 1% of consumers and expenditure. Of the few consumers who received these services, only three service types were involved: outpatient drug and alcohol (10 consumers), intensive outpatient drug and alcohol (five consumers), and methadone maintenance (one consumer).

BHRSCA Services

Of identified BHRSCA consumers, the majority (98%) of consumers received mental health BHRSCA services. Only 2% of identified consumers received mental retardation BHRSCA services.

The following tables provide breakdowns of mental health BHRSCA services by number of consumers and paid claims:

TABLE 1.4 MH BHRSCA

Service Type	MH-BHRSCA Dollars Paid	% Total MH BHRSCA Dollars	# MH-BHRSCA Consumers	% Total MH BHRSCA Consumers
Therapeutic Staff Support	$6,000,000	57%	1010	68%
Behavior Specialist-MS	$1,900,000	18%	977	66%
Mobile Therapy	$1,500,000	14%	935	63%
Therapeutic Nursery	$200,000	2%	39	3%
Psychological Evaluation	$140,000	1%	756	51%
Behavior Specialist-PhD	$126,000	1%	230	16%
Summer Therapeutic Activities	$22,000	<1%	30	2%
Individualized Residential	$19,000	<1%	1	<1%
Neuro-Psychological Eval	$3,000	<1%	33	2%

Total MH BHRSCA Consumers 1/1/00 to 6/30/00: 1,479
Total MH BHRSCA Dollars Paid 1/1/00 to 6/30/00: $10,600,000

Note: Dollars and percentages are rounded. Consumers may receive more than one service type during a report period. As a result, consumer counts may be duplicated.

As seen in Table 1.4, the largest numbers of consumers are represented in the following service categories:

- Therapeutic staff support (1,010 or 68% of MH BHRSCA consumers);
- Behavior specialist/master degree (977 or 66% of MH BHRSCA consumers); and
- Mobile therapy (935 or 63% of MH BHRSCA consumers).

While these three service types also account for the highest expenditure, they represent significantly different percentages of total MH BHRSCA dollars. While therapeutic staff support accounts for comparable percentages of both consumers and expenditure (68% and 57% respectively), behavior specialist/master degree and mobile therapy represent a

combined average of 65% of the consumers but only account for an average of 16% of the paid claims. Although therapeutic staff support is paid at a lower rate than a behavior health specialist and mobile therapy, it is usually authorized for significantly more units of service.

Only one consumer received individualized residential service, which is a specialized residential service for persons with hearing impairment. The following table provides breakdowns of BHRSCA for persons identified as having mental retardation by number of consumers and paid claims:

TABLE 1.5 MR BHRSCA

Service Types	MR BHRSCA Dollars Paid	% Total MR BHRSCA Dollars Paid	# BHRSCA Consumers	% Total MR BHRSCA Consumers
Therapeutic Staff Support	$600,000	85%	67	78%
Behavior Specialist-MS	$113,000	16%	52	61%
Mobile Therapy	$21,000	3%	46	54%
Behavior Specialist-PhD	$15,000	2%	6	7%
Psychological Evaluation	$4,000	<1%	23	27%

Total MR BHRSCA Consumers 1/1/00 to 6/30/00: 86
Total MR BHRSCA Dollars Paid 1/1/00 to 6/30/00: $700,000

Note: Dollars and percentages are rounded. Consumers may receive more than one service type during a report period. As a result, consumer counts may be duplicated.

While the numbers of consumers and expenditure associated with MR BHRSCA are low, trends as illustrated in Table 1.5 are comparable to those seen in MH BHRSCA.

Inpatient Utilization

Admissions to inpatient mental health (IP-MH) services accounted for 124 or 8% of the consumer cohort and $1.2 million or 8% of the cohort expenditure. AHCI found only one drug and alcohol admission, which involved non-hospital rehabilitation services for one consumer in the age group of 13-17 year olds.

Involuntary Commitments

Of those admitted to IP-MH, 40 or 32% of all admissions were 302's, two of which resulted in a 303 continuance. Involuntary admissions involved two age groups. The highest percentage of involuntary admission occurred among adolescents age 13-17 years with 32 or 76% of involuntary admissions. Children between the ages of 6-12 years accounted for six or 5% of involuntary admissions.

Average Length of Stay

The average length of stay for all IP-MH admissions was 15.4 days. This average is higher than the current average for the overall Community Care consumer group, which is approximately 10 days.

AHCI looked at admissions that resulted in lengths of stay of two or less days and identified five consumers with six such admissions. In looking at the circumstances surrounding these admissions as documented in PsychConsult, AHCI found that five of the six admissions occurred following: a decision on the part of the provider to decrease the frequency of prescribed BHRSCA services; or provider delays in getting a BHRSCA plan implemented. One of the admissions occurred during an RTF placement. While the incidence of brief stays was low, the documented information suggests there may be opportunities for improving timely access to BHRSCA services.

Recidivism

Of total admissions, 8% were readmitted within 0-7 days and 10% were readmitted within 8-30 days. It is interesting to note that while males represent the majority gender in all BHRSCA consumer age groups, readmissions to IP-MH within 0-7 days were comprised of 75% females. Conversely, readmissions within 8-30 days were comprised of 74% males. In terms of race, African American consumers were readmitted within 0-7 days slightly more frequently than Caucasians, with 56% and 44% of readmissions respectively. Among readmissions within 8-30 days, 58% were Caucasian and 32% were African American consumers.

The following table provides readmission information by age group:

TABLE 1.6

AGE GROUP	0-7 DAYS	8-30 DAYS
6-12 yrs	1%	13%
13-17 yrs	14%	8%
18-21 yrs	None	13%

As seen in the above table, adolescents between the ages of 13-17 years had the highest overall incidence of readmission and the largest percentage of readmissions within 0-7 days. Children age 6-12 years and adolescents 18-21 years had the highest incidences of readmissions between 8-30 days with 13% each.

AHCI looked at services received by BHRSCA consumers during the period of time between discharge and readmission. For persons readmitted within 0-7 days, AHCI identified paid claims for the following services prior to consumer readmission:

- 22% -- BHRSCA;
- 11% -- Intensive case management;
- 4% -- Resource coordination; and
- 2% -- Crisis services, mental health outpatient, medication monitoring.

For persons re-admitted within 8-30 days, AHCI identified paid claims for the following services prior to consumer readmission:

- 69% -- BHRSCA;
- 31% -- Mental health partial hospitalization program;
- 25% -- Intensive case management;
- 19% -- Crisis services;
- 13% -- Mental health outpatient, resource coordination; and
- 6% -- Medication monitoring, emergency room services.

AHCI's data suggests that BHRSCA wraparound services were either authorized to begin or were in progress for all but one of the consumers in the readmission group. As such, it is significant to note that only 22% of the consumers with readmission within 0-7 days received any BHRSCA services prior to the consumer readmission.

Management of High Risk Consumers

Of the total BHRSCA consumers, AHCI identified 146 or 10% who were not assigned to any Tier group. This group accounted for approximately $400,000 of the total cohort expenditure. Of consumers who were assigned to Tiers:

- 75% were assigned to Children's Tier I, which accounted for $12.5 million or 86% of the expenditure.
- 9% were assigned to Children's Tier III, accounting for $400,000 or 3% of expenditure
- A total of 60 cohort consumers were assigned to Adult Tiers (less than 1% to Tier I, 3% to Tier II, and 1% to Tier III), which accounted for a total of approximately $217,000 or 1% of the expenditure.

In terms of priority groups, 30% of all BHRSCA consumers were assigned to the Priority Group I for children and adolescents. As per the State RFP, this priority group applies to any enrolled child who meets all four of this priority group's criteria, which include the following:

- Must be age 1-17 years (up to age 22 if enrolled in SED)
- Must currently or at any time in the past year have had a DSM-IV diagnosis (except those with diagnosis of MR only, psychoactive substance abuse only, or v code)
- Must be receiving services from mental health and 1 or more of 6 other identified health or human service programs (e.g., mental retardation, drug and alcohol, juvenile justice, or health) and
- Are identified as needing services through a local interagency team.

AHCI identified 442 or approximately 27% of BHRSCA consumers as having some form of involvement with the County Department of Children Youth and Families (CYF). At present, AHCI does not have any way to identify co-involvement in other health or

human service systems. As such, AHCI does not know if Community Care's designation of children and adolescents into this priority group is inclusive.

While at least 10 BHRSCA consumers received alcohol and other drug services, only eight were assigned to drug and alcohol or dual diagnosis priority groups.

Community Distributions

AHCI's review of BHRSCA consumers included looking at consumers by community of residence. AHCI identified over 100 Allegheny County communities in which BHRSCA consumers reside. Of these, 22 communities were identified as being community of residence for numbers of consumers ranging from 20-66. Providers who were identified as having the largest numbers of BHRSCA consumers (e.g., over 50) were located in the North Side, East Liberty, and Mount Oliver. The County's Department of Children Youth and Families (CYF) was identified as "address of origin" for 253 or 17% of the consumers. These are presumed to be children and adolescents in legal custody of CYF including children in foster care, shelter placement, etc.

Cost Analysis

AHCI conducted an analysis of aggregated claims that compared the same cohort of individuals, BHRSCA consumers (as defined as anyone receiving a BHRSCA service during the first two quarters of 2000), and the amount of service they received from 1/1/1999 to 6/30/2000. AHCI found that the cost received by this cohort for any service during the time period ranged from approximately $12 to $122,000, with an average cost of $16,084 person. The cost per person for this cohort, for BHRSCA services only, ranged from approximately $12 to $133,700, with an average cost of $11,018 per person.

As a comparison, the following table illustrates paid claims and costs per person by age group for the cohort. Please note however that the cost data referred to in this table reflects paid claims during only first and second quarter 2000.

TABLE 1.7

Age Group	# BHRSCA Consumers	% BHRSCA Consumers	Behavioral Health Dollars Paid or BHRSCA Consumers	% Total Behavioral Health Dollars Paid for BHRSCA Consumers	Average Cost/Person
0-5 yrs	228	15%	$1,700,000	12%	$7456
6-12 yrs	855	57%	$7,600,000	52%	$8888
13-17 yrs	518	35%	$4,600,000	32%	$8880
18-21 yrs	66	4%	$520,200	4%	$7882

Total BHRSCA Consumers 1/1/00 to 6/30/00: 1,489
Total BHRSCA Paid Claims 1/1/00 to 6/30/00: $14,500,000

Note: Dollars and percentages are rounded. Consumers may be counted in more than one age group as consumers age over the report period.

It is interesting to note that while the percentage of consumers and expenditure represented within individual age groups varied significantly, the average cost per BHRSCA consumer was comparable across all age groups. Average cost per person ranged from the lowest at $7456/person for consumers age 0-5 years, to the highest at $8888/person for consumers age 6-12 years.

Next Steps/Follow-Up of Issues

Issues for consideration and those warranting further investigation include the following:

1. Two percent of BHRSCA consumers were associated with primary diagnosis of any form of substance abuse. Less than one percent of BHRSCA consumers received any substance abuse services. None of the BHRSCA consumers were assigned to priority groups for dual mental health and drug and alcohol problems. As 36% of the consumers are age 13-21 years and substance abuse problems among these age groups have historically been under-identified and under-treated, is the program being as effective as it could and should be in this area?

2. Numerous stakeholders have raised questions regarding the incidence, monitoring and outcome of pharmacological management of Community Care consumers, particularly children and adolescents with serious emotional disturbance. More effective collaborations with the PH-MCO's are needed to enable collection of data that is needed to monitor this important issue. Another possibility is collecting medication data in Community Care's PsychConsult system from information on consumer Interagency Team Meeting plans, when available.

3. What opportunities are there for diverting BHRSCA consumers from inpatient admissions?

4. There is increasing concern among all levels of stakeholders that in our efforts to cost contain BHRSCA, the system has wandered too far from the wrap around philosophy that BHRSCA was intended to support, and that BHRSCA has turned into just another "cookie cutter" approach to care. What strategies and actions are needed to refocus BHRSCA on the concept of wrap-around including increased use of natural community supports?