Allegheny County Behavioral HealthChoices: A Medicaid Success Story

Pennsylvania Human Services Integration Model Overview

The Pennsylvania HealthChoices Medicaid Behavioral Health Managed Care Program is a proven approach to improved quality and increased access to Medicaid behavioral health services while containing costs. While behavioral health benefits exist within a financial “carve out” from physical health Medicaid benefits, local county authorities and behavioral health managed care organizations (BHMCOs) effectively partner with a focus on an integrated care framework that addresses whole person needs, including physical health; and which work is informed by a keen understanding of stewardship, the importance of addressing social determinants, and a comprehensive approach to services and care. These partnerships have an over-20-year track record of excellence focused on outcomes, efficiency, efficacy, and quality resulting in dramatic improvement to the many challenges experienced in the Commonwealth’s earlier “carved-in” model.

Key takeaways from Behavioral HealthChoices are:

- The program has improved access and quality while reducing cost growth, saving billions
- Enhanced coordination under the human services integration model saves billions more by addressing the social determinants of health
- Pennsylvania has leading outcomes in integrating physical and behavioral care
- BHMCOs are critical to attacking the overdose epidemic

The accomplishments and gains in the current model readily tell a story of successful integration at the service level and serve as a sound foundation for moving Pennsylvania forward to continued innovation, collaboration, and increased value for Pennsylvania’s most vulnerable.

Behavioral HealthChoices Improves Access and Quality While Reducing Cost Growth

Community Care Behavioral Health Organization (Community Care) BHMCO has partnered with local county authorities to serve over 1 million Medicaid recipients in 39 counties across the Commonwealth. Its work began in Allegheny County in 1999. Since that time, Allegheny County Behavioral HealthChoices enrollment has increased each year, and while the percentage of enrolled beneficiaries receiving behavioral health services has increased from 18% to 25%, the average adjusted cost per member using services has dropped by 36%.

Then: Higher Rates of Restrictive Care, Higher Costs

Now: More People with Services in Their Community at Lower Costs

Figure 1: Increase in less-restrictive, less-intensive community-based services in Allegheny County
The changes in access have varied across service categories, with dramatic increases in less-restrictive, less-intrusive community-based services (e.g., peer support, mobile treatment), and reductions in more expensive and restrictive services, as shown in Figure 2. At the time the Allegheny County Behavioral HealthChoices program began, behavioral health spending in all outpatient and community settings was approximately 23%, a percentage that has increased over the course of the program to 52%.

![More People Using Low-Cost, Community-Based Services; Less People Using High-Cost, Restrictive Inpatient Services](image)

The shift to outpatient and community delivered services has led to savings over the life of the Pennsylvania HealthChoices program of over $10 billion in behavioral health spending alone, but there are also savings in other human service programs.

**Enhanced Human Service Coordination Under the Integration Model Saves Billions**

Social determinants of health are known to impede behavioral health service users’ overall health and wellness leading to increased physical and behavioral health costs. Allegheny County Department of Human Services’ Office of Behavioral Health and Community Care’s strategic plans are critical to focusing resources and optimizing cross-system operations including physical and behavioral health care, nutrition services, early intervention programs, child care and protection services, education, developmental disabilities programs, cash benefits, employment assistance, homeless and housing support, utility assistance, transportation services, aging programs, and criminal justice services. Without this local strategic framework, intra-human service integration would devolve, inflating local and state human service costs.

![Integrated Human Services Model: BHMCOs Lower Costs and Prevent Members from Falling Through the Safety Net](image)
The positive outcomes achieved by the program are a product of the local county authorities and Community Care using a unified and coordinated approach in the management of a shared network of service providers:

- Enhanced access—service users can enter behavioral health and human service systems through the same door
- Neutral administrative expense—a percentage of revenue are on average at the same levels incurred by the physical health managed care organizations (PHMCOs) and include the county coordination that is so critical to the success of the program
- Reduced social service costs—total state budget funds for related human service programs exceed $45 billion annually, so every 1% increase in this spending stemming from eliminating the existing successful coordinating relationships would cost the state budget $450 million annually

**Pennsylvania Model is Outperforming National Standards for Integrating Care**

Comorbid physical and behavioral health conditions result in increased functional impairment and increased health care costs. Community Care and other BHMCOs manage the whole person successfully. Pennsylvania is in the top quartile of states nationally in positive care quality outcomes on national measures that rely on coordinating physical and behavioral health.

![More People Get Screened for Diabetes](image)
![More People with Serious Mental Illness (SMI) Adhere to Prescribed Medications](image)
![Less Youth Receiving Multiple Antipsychotic Medications](image)

Figure 4 and Figure 5 display positive results for both diabetes screening and medication adherence for persons with schizophrenia. Figure 6 illustrates the success in minimizing the use of multiple antipsychotics in children and youth with serious emotional and behavioral conditions.

Pennsylvania’s Department of Human Services (PA-DHS) comprehensive data sharing of physical and behavioral health claims, made available to both BHMCOs and PHMCOs, has supported successful implementation and monitoring of care integration programs such as the Behavioral Health Home Plus (BHHP). The BHHP model employs multiple strategies and interventions used to assist those they serve with identification of physical health needs, access to medical care, and focus on wellness. BHHP helps them become better informed and more effective managers of their overall health. As a result, the physical health of Behavioral HealthChoices members has been significantly and positively impacted.

Figure 7 provides an example of access-to-care success, with 83% of BHHP beneficiaries surveyed in the past six years reporting having visited their PCP in the past six months.
BHMCOs Critical to Attacking the Overdose Epidemic

Medicaid recipients represent the largest portion of Pennsylvania residents being hospitalized for heroin overdoses, and dually eligible Medicare and Medicaid recipients represent the largest portion of Pennsylvania residents being hospitalized for opioid pain medication overdose.

Local county authorities and BHMCOs across Pennsylvania are enhancing and ramping up the work of the Centers of Excellence (COEs) substance use outreach and treatment programs, rapidly engaging recipients with opioid use disorders in medication-assisted treatment (MAT).

In 2017, the 10 COEs in Community Care’s HealthChoices regions engaged over 2,000 individuals in MAT. Of these, 66% remained in treatment at six months, and 63% at 12 months, showing indication that successful engagement for six months, likely results in a treatment course of at least 12 months.

![Figure 8: Expansion of MAT in Allegheny County](image-url)

MAT is an evidence-based approach to recovery for opioid users. Figure 8 shows the increase in MAT in the county over the past several years as a key tool for managing this epidemic. Similarly, between 2015 and 2016, the number of Medicaid recipients filling prescriptions for naloxone to reverse overdoses increased nearly 500% across Pennsylvania. Through integrated human services thousands more receive this life-saving medication.

Conclusion: Pennsylvania’s Model Works!

The HealthChoices Program is a health policy success story clinically and financially, and equally important, in its positive impact on those who rely on Medicaid for treatment of behavioral and physical conditions. A financially integrated payment system is not required to achieve a successful, efficient, and highly effective approach to integrated care. The single point of coordination between the BHMCO and county government human service programs on one side, and BHMCO and behavioral provider network on the other has provided a rational, efficient, and high-functioning system with excellent outcomes in all dimensions. Dismantling this for an alternative that was tried before HealthChoices and failed would put at risk all the gains the program has realized, at the peril of vulnerable Medicaid recipients and the provider system they rely upon. Evolution of the program should be to pursue and achieve the next level of care integration, quality, and cost management across all human services.