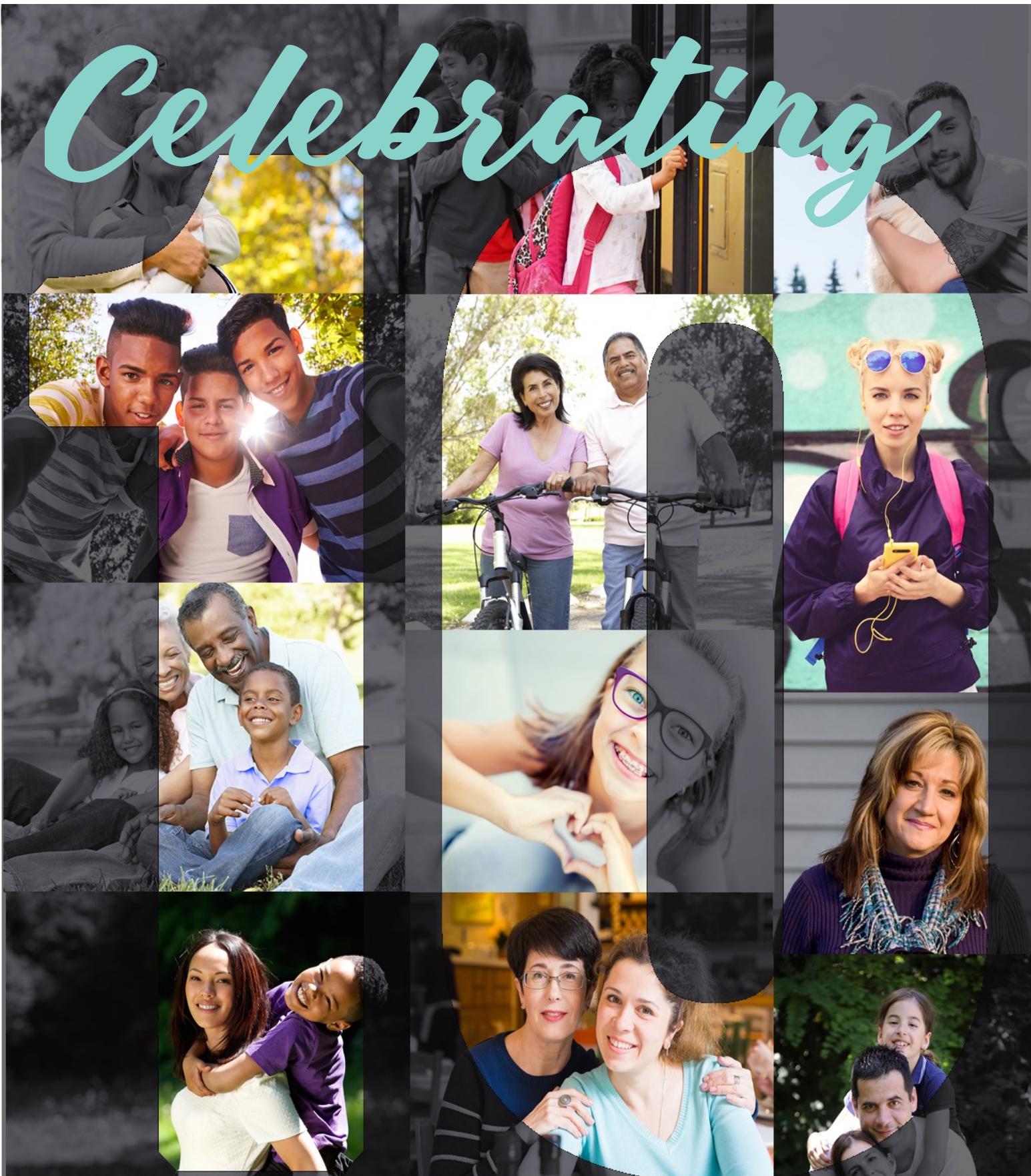


# Celebrating



2016-2017  
ANNUAL REPORT  
TO THE BOARD OF DIRECTORS

Tuscarora  
Managed Care Alliance

*To be successful,  
the first thing to  
do is fall in love  
with your work.*

The 2016-2017 Tuscarora Managed Care Alliance  
Annual Report is dedicated to  
our friend, colleague, and community advocate

**Jean E. Snyder**

December 9, 1950 - August 27, 2017

# A Message...

## FROM THE DIRECTOR



Ten years.....yes, ten years. I have heard it said that the only time you should look back is to see how far you have come. This year I will not only take the glance back to the beginning but also highlight operations from the past year.

From the beginning in 2006, the primary program activities were to ensure high quality care and timely access to appropriate mental health and substance abuse services. Efforts in the early years were concentrated on the basics; we sought to strengthen a foundation of traditional behavioral health services through activities that:

- Prioritized access to the traditional behavioral health services.

*Each subsequent year since program inception resulted in a decrease in the number of Service Exceptions to Office of Mental Health and Substance Abuse Services. This culminated with the current year having the lowest since the beginning of the program with two (2) exceptions.*

- Provided opportunities for clinicians to enhance skills.

*Throughout the program existence local trainings and scholarships have occurred for children and adults whom experienced trauma, specialized treatments for youth offenders, , for the LGBTQI populations and for co-occurring persons. In the current year, TMCA sponsored trainings on Co-Occurring treatment philosophies, continued to support clinicians whom within the year acquired their Trauma Focused Cognitive Behavioral Therapy certification and provided a scholarship for clinicians to acquire certification in Eye Movement Desensitization Reprocessing therapy.*

- Continued efforts to improve timeliness of access to all services.

*Routine access (7 day) metrics have not been satisfactory throughout the program lifetime with the January 2016 average routine access at 76.9%. . TMCA and our BHMCO partner secured the consulting of MTM Consultants – National Council of Behavioral Health affiliate and offered the consultants to all Outpatient Mental Health Clinics. The consultants assisted willing providers to analyze their organizational efficiencies to maximize timely scheduling using both the Just In Time Scheduling and Same Day Access. From the consultation, TMCA is preparing to implement in all reinvestment plan, the DLA 20 (The Daily Living Activities Scale), as a standardized outcome measure. We will also measure the impact of this effort via access metrics of the effects on 7-day Outpatient Mental Health Access.*

- Monitor, improve and enhance the quality and safety of member care

*Throughout the year, TMCA and our subcontracted BHMO, PerformCare, monitor trends in Critical Incident Reports; Complaint and Quality of Care referrals. Each has trended downward spanning the years with the current year having 72 Quality of Care referrals, the majority of which being member safety concerns. Seventeen (17) complaints were filed with the majority being dissatisfied with treatment. There were 484 Critical Incidents submitted by providers with the majority being abuse allegations/ CPS reporting or restraints.*

# A Message...

## FROM THE DIRECTOR



All of our hard work was recognized in December 2016, when the Office of Mental Health and Substance Abuse Services released the 2015 Measurement Year IPRO Report Card. Tuscarora Managed Care Alliance, Franklin Fulton's HealthChoices oversight organization, ranked number one in PA among thirty-four (34) HealthChoices contracts in Performance Measures.

This year we expanded our focus from the basics to the facilitation of effective coordination with other needed services, which we believe will enhance our memberships' recovery from behavioral health challenges. Some examples of our programmatic shift included:

- Specialty Population Program focus.

*Integrated Care Coordination for members with behavioral health and physical health needs. In conjunction with our BHMCO Partner PerformCare and multiple Physical Health Managed Care Organizations, data was exchanged to perform a stratification of our shared membership. The stratification revealed members that had both high physical health and mental health needs. From the stratification, outreach and active care management efforts are currently occurring to improve quality of life for the members.*

*Better access to Applied Behavioral Analysis for members with Autism Spectrum Disorders. We devoted a concerted effort to assist providers in recruitment of clinicians possessing certifications to deliver Applied Behavioral Analysis, which is an evidenced based intervention for the behaviors resulting from Autism Spectrum Disorders. The efforts included active recruitment of providers specializing in ABA and also development of an enhanced rate for clinicians meeting ABA certifications.*

*Persons experiencing Substance Use Disorders increased during the fiscal year. In response to the changing trends in substance of choice and demand, TMCA worked to add an additional provider of Outpatient Substance Abuse Services in Fulton County along with a SAMSHA modeled Buprenorphine Medication Assisted Treatment clinic.*

- Reinvestment plan development focused on programs/services that are complimentary traditional treatment,

*TMCA implemented a Substance Abuse Bridge Subsidy Housing Program for individuals residing in a Certified Recovery House during initial stages of recovery. By augmenting these individuals housing expenses the member can focus on recovery and wellness instead of basic living demands.*

*TMCA is in the process of implementation of Certified Recovery Specialists within network Outpatient Substance Abuse Clinics. The service will provide peer recovery support to individuals transitioning from Substance Abuse Rehabilitation to the community.*

# A Message...

## FROM THE DIRECTOR



We also are in the process of implementing an approved plan for a Nurse Navigator targeted to persons with both high behavioral health and high physical health needs. This service will be a team delivered service of nurse and case manager to address health coordination, health education and health lifestyle needs.

TMCA received approval to implement Critical Time Intervention, an evidenced based outreach and engagement program for persons interfacing with Crisis Intervention due to acute behavioral health issues but have not engaged into treatment/referral post crisis contact. Implementation will occur during the 2017-2018 program year.

- Enhancement of data systems to better identify needs and trends in Franklin County.

TMCA has partnered with Franklin County Human Services Departments to create and develop a unified Human Services Database system. The goal of the cross department data system is to improve data driven decision making.

While we focused much of our efforts on direct member services, many of the activities supported the financial security of TMCA's network providers, the community and our HealthChoices program.

TMCA with OMHSAS approval implemented a one-time rate adjustment recognizing providers that contributed to our IPRO Report Card performance measures. The one time adjustment's basis was calculated on provider individual performance towards readmission rates and 7, 14 and 30 day follow up performance post behavioral health inpatient admission.

Providers that are not on a fee schedule can request rate increases. Typically these providers are hospital or facility based providing higher levels of care. TMCA considered multiple requests and approved rate increases for seven (7) providers.

TMCA's subcontracted BHMCO, PerformCare, also provided grants to the community. The grants, which were a result of contract required performance incentives, were given to the United Way of Franklin County and to Fulton County Human Services Block Grant Committee for use towards the social service needs of low income residents in the two communities.

TMCA was a fully self-funded Risk Assuming Non Licensed Insurer for Behavioral Health Services during the program year. We were able to satisfy obligations for Risk Instruments through program efficiencies and sound fiscal management.

As I viewed our program from the driver's seat, my glance into the rear view mirror made me appreciate how far we have traveled....however, I also realized that my windshield is larger than the rear view mirror by design. TMCA's future direction is much better than where we have been in the past.

# Get to Know...

## THE TEAM



Melissa Reisinger  
Executive Director



Genevieve Harper  
Quality & Compliance  
Director



Jessica Allen  
Office Supervisor



Darren Hale  
Interim Finance  
Director



Michelle Mosher  
HHS Planning &  
Development Director



Bradley Coccagna  
Quality Specialist



Thomas Hippenstiel  
HHS Informatics  
Analyst

TMCA's staffing compliment was increased from 5 employees to seven 7 during the fiscal year. The move from a linear organization structure to a hierarchical structure was accomplished by creating 3 managerial positions: Director of Quality and Compliance, Health and Human Services Planning and Development Director and Office Supervisor. With the addition of the Human Services Database, a Health and Human Services Informatics Analyst was added to the department. The position of Finance Director remains unfilled, however, we are utilizing a sub-contract to manage the job duties.

# Steering Committee & BOARD OF DIRECTORS



## TMCA STEERING COMMITTEE MEMBERS:

### Franklin County

Sheldon Schwartz, Chair  
Community Member  
4127 Fletcher Dr.  
Greencastle, PA. 17225

David Keller  
Franklin County Commissioner  
14 North Main St.  
Chambersburg, PA. 17201

Teresa Beckner  
Franklin County Fiscal  
218 North Second St.  
Chambersburg, PA. 17201

Steven Nevada  
Franklin/Fulton MH/ID/EI  
425 Franklin Farm Ln.  
Chambersburg, PA. 17202

April Brown  
Franklin/Fulton Drug & Alcohol  
425 Franklin Farm Ln.  
Chambersburg, PA. 17202

### Fulton County

Julia Dovey, Vice Chair  
Fulton Family Partnership  
22438 Great Cove Rd.  
McConnellsburg, PA. 17233

Jean Snyder  
Fulton County Human Services  
219 North Second St.  
McConnellsburg, PA. 17233

Pete Lynch  
Fulton County Commissioner  
116 West Market St.  
McConnellsburg, PA. 17233

## TMCA BOARD OF DIRECTORS:

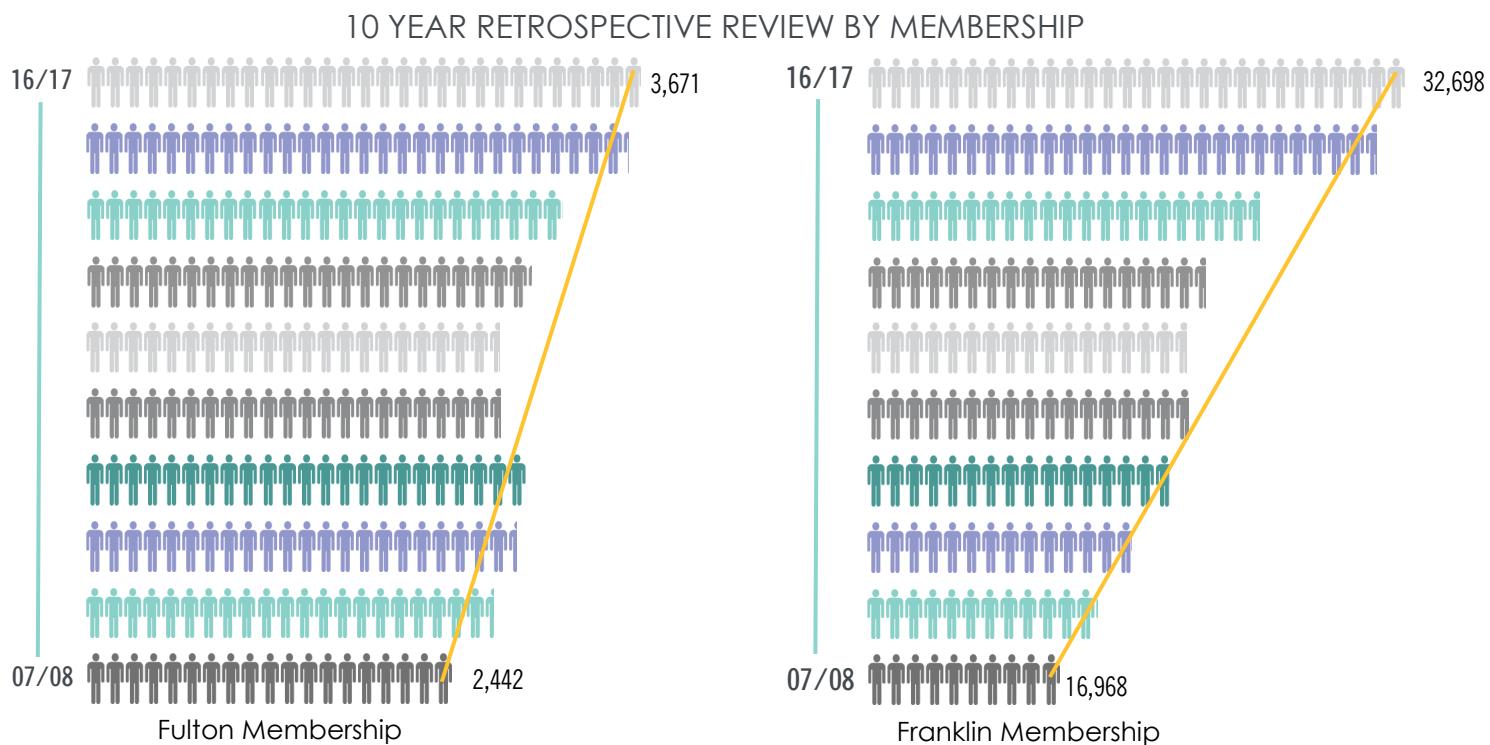
Rodney L. McCray, Chairman  
Robert G. Ziobrowski, Vice Chairman  
David S. Keller, Treasurer  
Stuart L. Ulsh, Secretary  
Robert L. Thomas, Board Member

# HealthChoices

## MEMBERSHIP & GROWTH

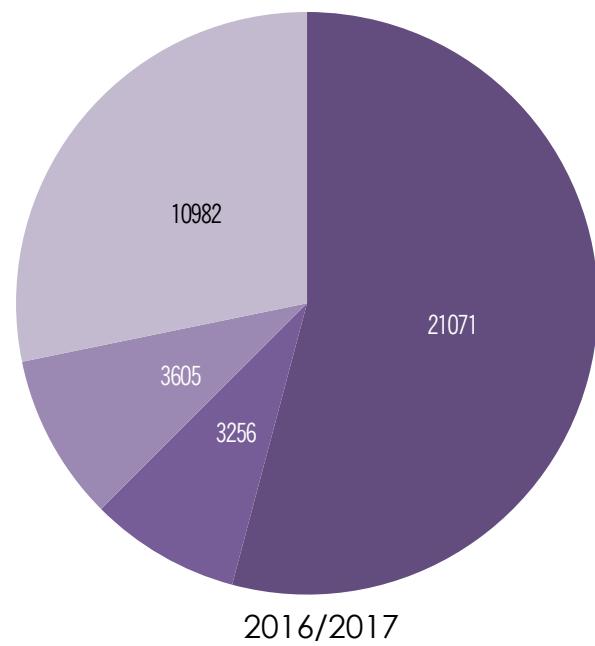
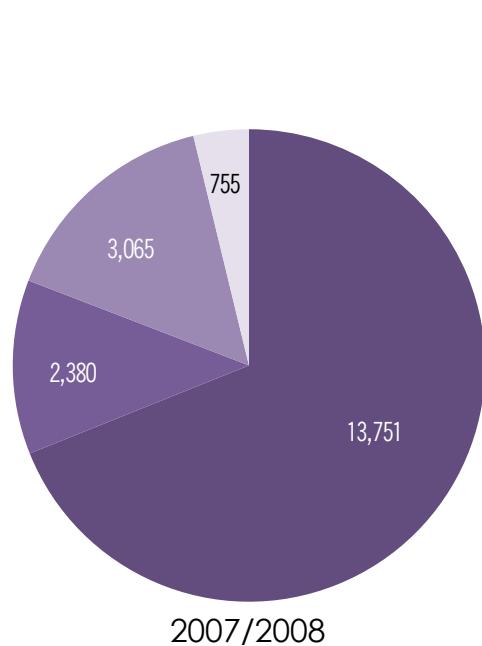
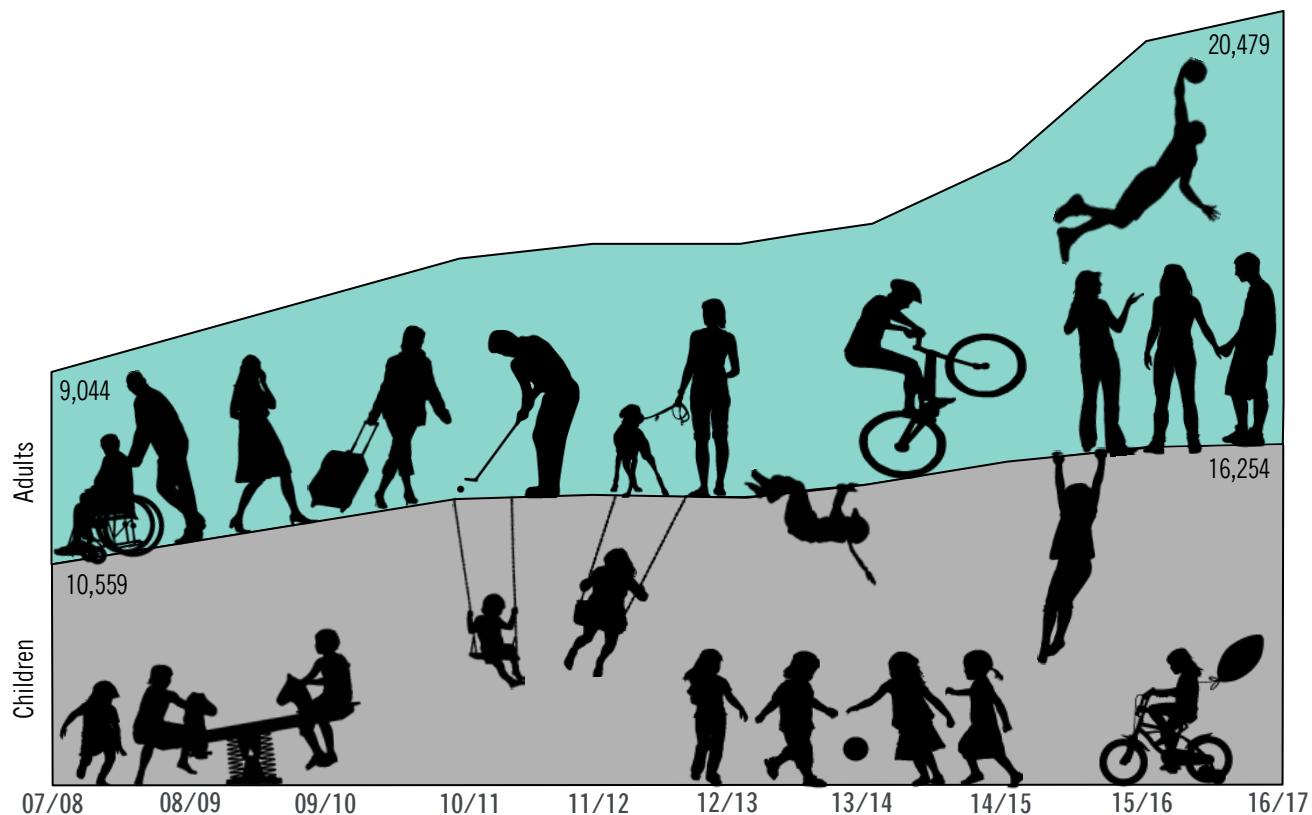


TOTAL FRANKLIN/FULTON INDIVIDUALS ELIGIBLE TO  
RECEIVE MEDICAID SERVICES IN 16/17 = 36,250



# HealthChoices

## MEMBERSHIP COMPOSITION



HealthChoices Expansion-Newly Eligible

Supplemental Security Income (SSI) w/Medicare

Supplemental Security Income (SSI) w/o Medicare

Temporary Assistance for Needy Families (TANF) Total

General Assistance Total

# HealthChoices

## CONSUMER FOCUS-CHILDREN



### CHILD & ADOLESCENT CONSUMERS BY SERVICE:

	FY 07/08	FY 11/12	FY 16/17
Inpatient Mental Health	71	76	88
Psychiatric Partial Hospital	78	63	2
Inpatient Drug & Alcohol	7	9	17
Outpatient Mental Health	746	1,257	2,088
Behavioral Health Rehab. Service	633	792	525
Residential Treatment Facility	41	30	6
Outpatient D&A	31	89	67
Crisis Intervention	74	139	203
Family-Based MH	100	145	151
Targeted MH Case Management	150	269	342
Tele-psychiatry		1	136
<b>GRAND TOTAL</b>	<b>1,227</b>	<b>1,916</b>	<b>2,412</b>



**12%**

Of child members, (1,227), received a service in 2007/2008.



**15%**

Of child members, (2,412), received a service in 2016/2017.

### # OF CHILDREN WITH CO-OCCURRING DISORDERS RECEIVING SERVICES:

**54**

2016/2017

**45**

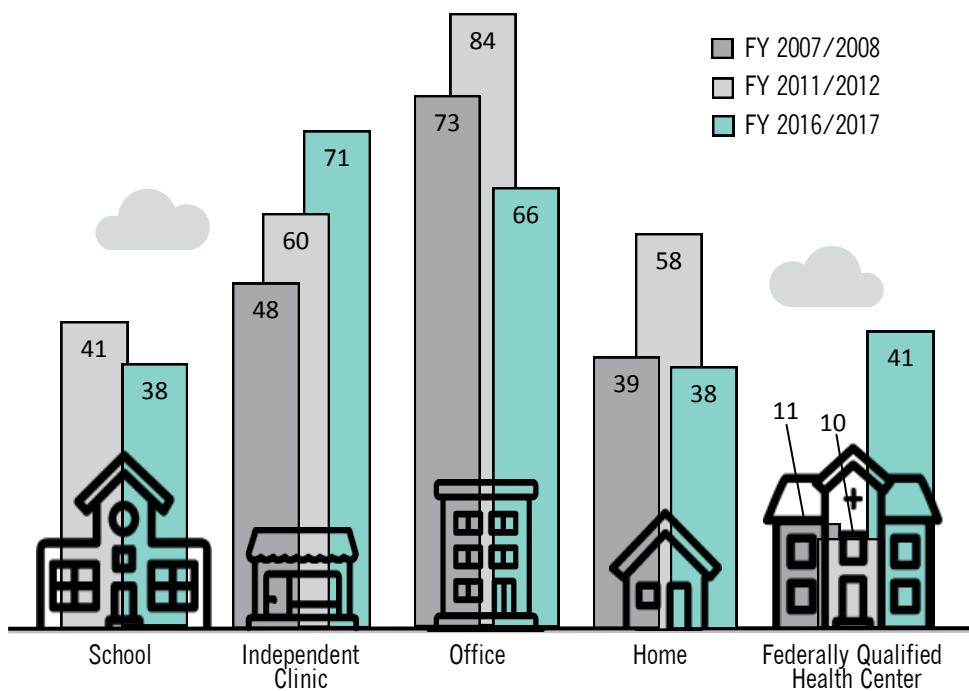
2011/2012

**16**

2007/2008

### TREATMENT BY PLACE OF SERVICE:

\*consumers per 1,000



# HealthChoices

## CONSUMER FOCUS-ADULTS



ADULT CONSUMERS BY SERVICE:			
	FY 07/08	FY 11/12	FY 16/17
Inpatient Mental Health	180	211	255
Outpatient Mental Health	1,102	1,927	3,317
Outpatient Drug & Alcohol	113	328	883
Inpatient Drug & Alcohol	66	95	367
Crisis Intervention	145	280	451
Targeted MH Case Management	263	379	496
Peer Support Services	0	69	114
Tele-psychiatry	0	2	169



**16%**

Of adult members,(1,418), received a service in 2007/2008.



**21%**

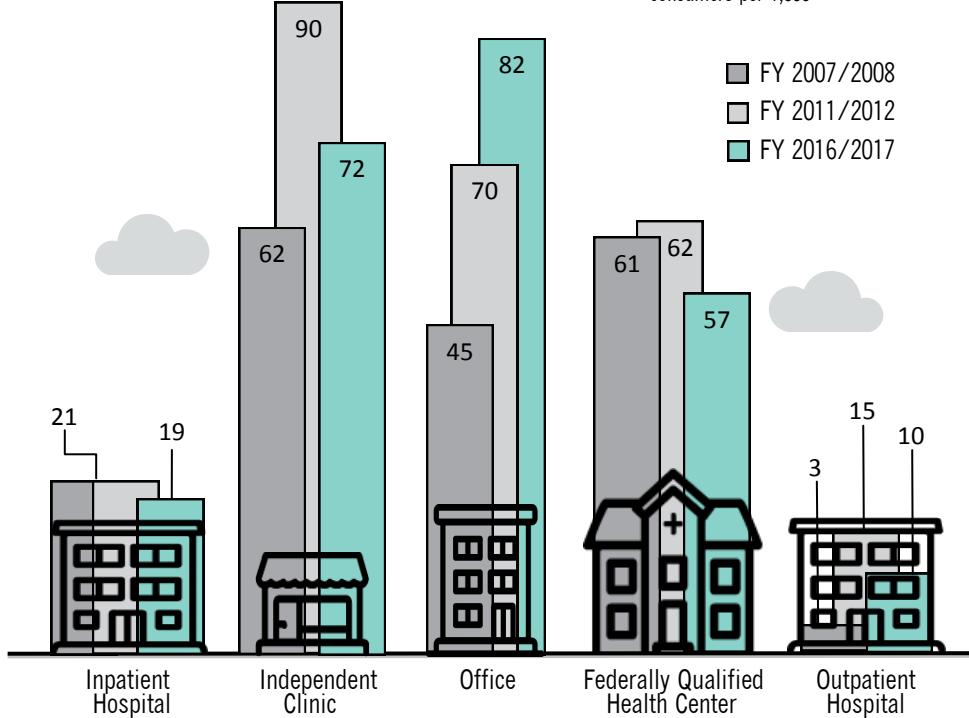
Of adult members, (4,387), received a service in 2016/2017.

### # OF ADULTS WITH CO-OCCURRING DISORDERS RECEIVING SERVICES:



### TREATMENT BY PLACE OF SERVICE:

\*consumers per 1,000

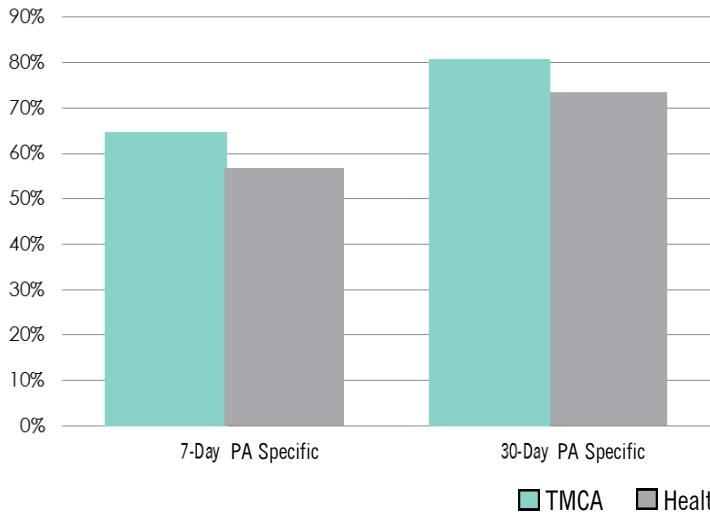


# Quality

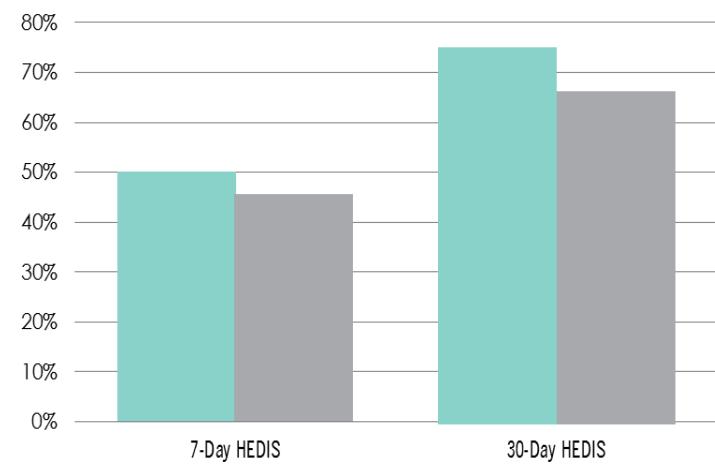
## INDICATORS & SATISFACTION



PA SPECIFIC FOLLOW-UP APPOINTMENT AFTER  
MH INPATIENT DISCHARGE FY 2016/2017



HEDIS MEASURE FOLLOW-UP APPOINTMENT AFTER  
MH INPATIENT DISCHARGE FY 2016/2017

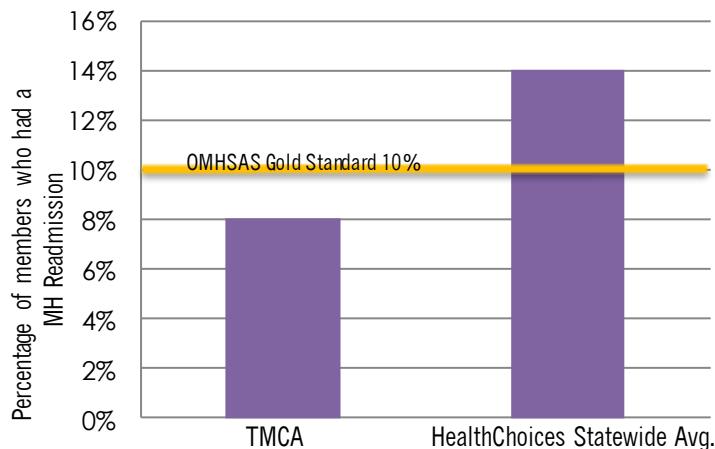


The HEDIS indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Two rates are reported, the percentage of members who received follow-up within seven days of discharge. And the percentage of members who received follow-up within 30 days of discharge.

This Pennsylvania (PA) specific indicator measures two additional services in the array: Intensive Case Management contact and peer support network meeting.

MH INPATIENT READMISSION RATES FY 2016/2017



OVERALL ADULT, FAMILY & YOUTH  
SATISFACTION RATING: 4.1



TOTAL GRIEVANCES: 8



TOTAL COMPLAINTS: 20



TOTAL DENIALS: 48  
(40 children, 8 adults)



# Reinvestment

## ACTIVE PLANNING



### CRITICAL TIME INTERVENTION:

Budget: \$303,366 Fund Year: 2013/2014 & 2014/2015

Critical Time Intervention (CTI) is an evidence-based practice that will create an adjunct to Mobile Crisis Intervention Services. This service targets adults 18 and over who display behavioral health symptoms (related to mental health or substance use) while interfacing with emergency services, including and the Criminal Justice System.



### NURSE NAVIGATOR:

Budget: \$354,982 Fund Year: 2014/2015

A supplement to select Intensive Case Managers to provide services to individuals with co-morbid high behavioral health needs and high physical health needs. This service targets adults 18 years and older with a Severe Mental Illness (SMI) and high physical health needs.



### D&A CERTIFIED RECOVERY SPECIALISTS:



Budget: \$431,268 Fund Year: 2013/2014

Peer Based Recovery Support Services for persons striving to achieve long-term recovery from substance use disorder. This service targets adults 18 years and over with a substance use disorder and a high re-entry rate into substance abuse rehabilitation centers and/or institutions involved with the Criminal Justice system.

### SUPPORTIVE HOUSING BRIDGE SUBSIDY:

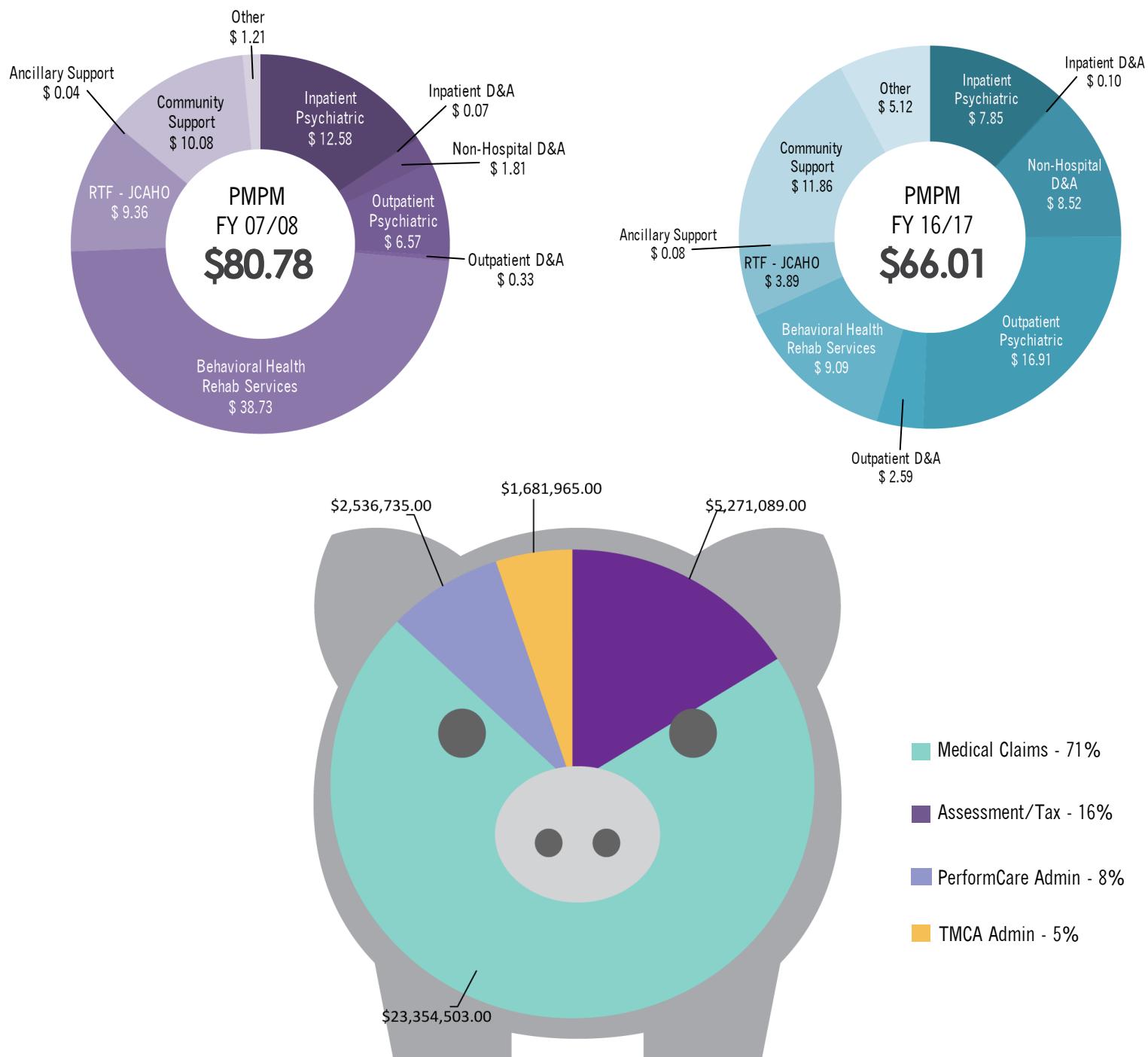
Budget: \$125,972 Fund Year: 2013/2014

Provision of rental subsidies for individuals residing in Recovery Housing on a short-term basis. This service targets adults 18 and older who have successfully completed treatment in a rehabilitation program for substance abuse, or persons at risk of requiring intensive treatment in a rehabilitation program.



# Financial

## BUDGET & SPENDING



Risk Instruments:  
 Risk & Contingency (Insolvency) = \$3.815M  
 Equity = \$1.436M

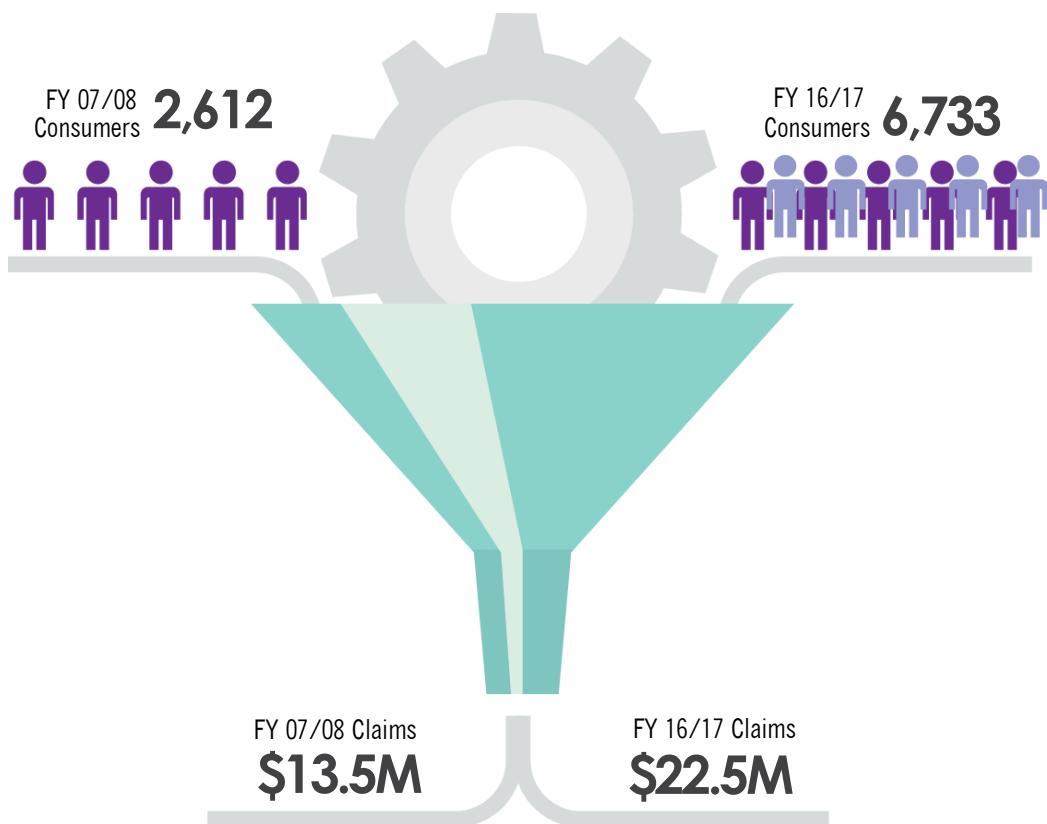
Reserves:  
 Reinvestment = \$1.218M  
 Earned Interest = \$32.5K

# Financial

## BUDGET & SPENDING



### 10 YEAR RETROSPECTIVE REVIEW CONSUMERS VS. CLAIMS



### RETROSPECTIVE REVIEW BY CATEGORY OF ASSISTANCE

Aid Category	Capitation Net		Claims Dollars	
	FY 07/08	FY 16/17	FY 07/08	FY 16/17
TANF/HB/MAGI Child	\$5,375,201.99	\$8,708,487.62	\$4,364,650.61	\$7,566,648.91
TANF/HB/MAGI Adult	\$1,609,376.89	\$1,513,162.45	\$356,540.06	\$1,576,499.26
SSI w/ Medicare & Healthy Horizons	\$1,023,483.39	\$1,601,648.25	\$671,470.00	\$1,268,551.05
SSI w/o Medicare Child	\$4,517,372.64	\$7,299,519.13	\$6,745,009.14	\$4,789,131.22
SSI w/o Medicare Adult	\$5,208,250.88	\$2,739,390.53	\$1,170,339.73	\$2,056,303.76
Catgr. Needy State-Only GA	\$207,062.97		\$193,632.39	
HC Expansion - Newly Eligible		\$5,711,207.69		\$5,244,190.96
Med. Needy State-Only GA	\$37,958.73		\$22,475.51	
Excluded			\$3,533.20	\$5,685.00
Grand Total	\$17,978,707.49	\$27,573,415.67	\$13,527,650.64	\$22,507,010.16

