

North Central State Option
HealthChoices Program

Community Care Behavioral Health

Children and Youth, Juvenile Probation
and County Assistance Office
Informational Sessions

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PA's HealthChoices Program

- Medicaid is a joint Federal/State entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. The Medicaid program is codified in Title XIX of the Social Security Act.
- Within broad national guidelines established by Federal statutes, regulations, and policies, each State (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; and (3) administers its own program.
- States are required to provide Medicaid coverage for certain individuals who receive federally assisted income-maintenance payments, as well as for related groups not receiving cash payments.
- States also have the option of providing Medicaid coverage for other "categorically related" groups. These optional groups share characteristics of the mandatory groups (that is, they fall within defined categories), but the eligibility criteria are somewhat more liberally defined.

PA's HealthChoices Program (continued)

- Medicaid operates as a vendor payment program. States may pay health care providers directly on a fee-for-service basis, or States may pay for Medicaid services through various prepayment arrangements, such as health maintenance organizations (HMOs) and managed care organizations (MCOs).
- States can make managed care enrollment voluntary, or seek a waiver of section 1915(b) of the Social Security Act (the Act) from CMS to require certain populations to enroll in an MCO.
- In 1996, the Commonwealth introduced its plan for an integrated and coordinated health care model through development of HealthChoices, a mandatory managed care program for certain Medicaid recipients.
 - Children in Substitute Care are mandated to enroll in HealthChoices
 - Medicaid Fee for Service program will still exist

PA's HealthChoices Program (continued)

The Pennsylvania "Carve Out"

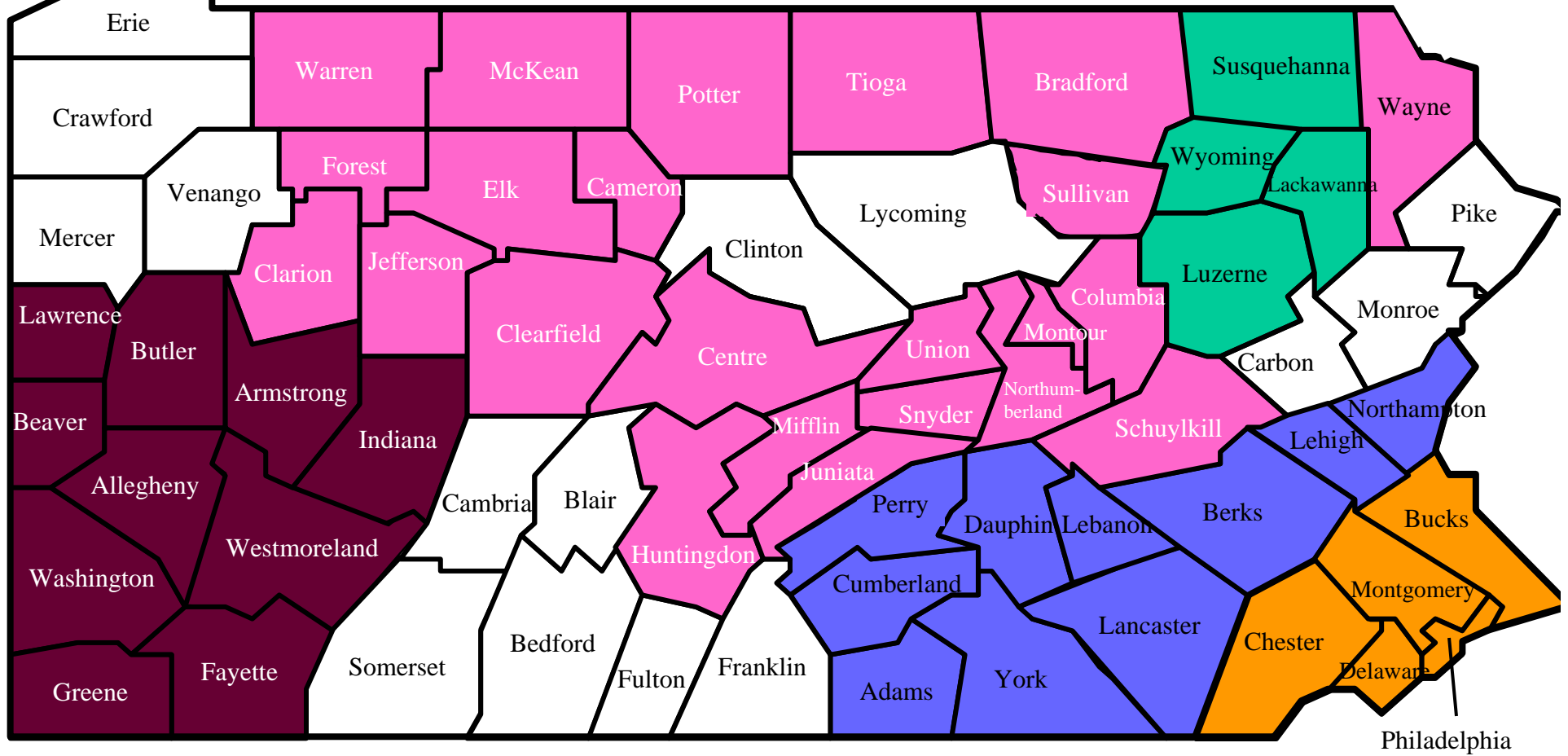
- HealthChoices consists of two components:
 - Physical Health – PH-MCO
 - Behavioral Health – BH-MCO
- In certain zones (Southeast, Southwest, Lehigh/Capital), recipients must enroll with a PH-MCO. Recipients are offered a choice of PH-MCOs from which to select.
- In other zones, recipients may enroll with a PH-MCO if one is available in their county. If they elect not to enroll with a PH-MCO, recipients will be enrolled in the ACCESSPlus program.
- In all zones, recipients must enroll with the BH-MCO in operation in the recipient's county of residence.



Understanding the Zones



The Department of Public Welfare (DPW) implemented the HealthChoices program through creation of “zones” throughout the Commonwealth.



- Southeast Zone (PH/BH)– January 1, 1997
- Southwest Zone (PH/BH)– January 1, 1999
- Lehigh/Capital Zone (PH/BH)– October 1, 2001
- Northeast Zone (BH)– July 1, 2006
- NorthCentral Zone, state option (BH)– January 1, 2007
- NorthCentral Zone, county option (BH)– July 1, 2007

HealthChoices Zones

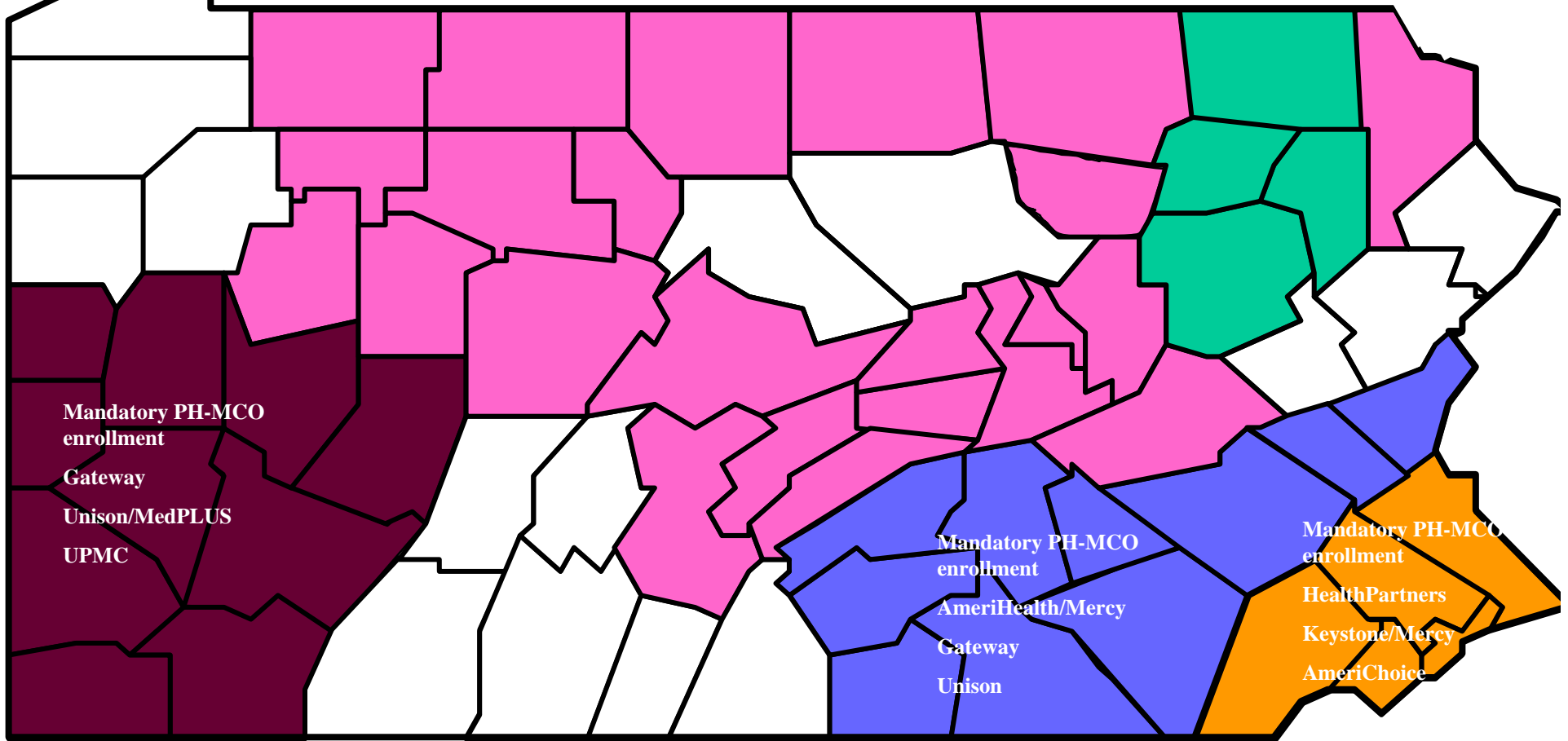



 SOUTHWEST
 NORTHCENTRAL STATE OPTION


 LEHIGH/CAPITAL
 NORTHCENTRAL COUNTY OPTION


 SOUTHEAST
 NORTHEAST


PH-MCO BY ZONE





 SOUTHWEST –Mandatory PH-MCO enrollment

 NORTHCENTRAL STATE OPTION
Voluntary PH-MCO enrollment or ACCESSPlus

 LEHIGH/CAPITAL- Mandatory PH-MCO enrollment

 NORTHCENTRAL COUNTY OPTION
Voluntary PH-MCO enrollment or ACCESSPlus

 SOUTHEAST- Mandatory PH-MCO enrollment

 NORTHEAST
Voluntary PH-MCO enrollment or ACCESSPlus

Understanding the Zones (continued)

How do these zones impact Children and Youth and Juvenile Probation?

- Placing a child into substitute care can affect the child's BH-MCO and Physical Health coverage
- BH-MCO and Physical Health coverage is affected by the application of the Facility Placement Code
- The **zone of placement** determines which Facility Placement Code to use
- The facility placement code plus the county where placed code as applied in CIS indicate payment responsibility for physical and behavioral health care services for children in substitute care.

Facility Placement Codes For Children and Adolescents in Substitute Care

Children and Adolescents in Substitute Care (CISC)- Children and adolescents who have been placed in the legal custody of a county children and youth agency (adjudicated dependent) or under the supervision of the county juvenile court (adjudicated delinquent).

Placement – Twenty-four hour out-of-home care and supervision of a child in settings such as shelter, foster home, group home, residential treatment facility, supervised independent living, juvenile detention center.

Facility Placement Codes

For Children in Substitute Care (continued)

- Facility Placement Codes are communicated to the County Assistance Office (CAO) on the CY-60 form.
- The CAO staff enter the Facility Placement Code and the county where placed code in the recipient's record in the Client Information System. This should be completed within 5 days of receipt of information.
- The Facility Placement Code and the county where placed code determines if the member will remain enrolled in his/her current BH-MCO or revert to Medicaid Fee for Service (FFS).
- The use of appropriate Facility Placement Codes is guided by both the type of placement and the geographic location of that placement.

Facility Placement Codes (continued)

04- CYC/JPO Placement (not to be used for BH-MCO or Medicaid Fee for Service approved RTF placements). This code is used when a child is placed in a county *within the same zone* as the child's county of record.

05-CYC/JPO Placement (not to be used for BH-MCO or Medicaid Fee for Service approved RTF placements). This code is used when a child is placed in a county that is *outside the zone* of the child's county of record.

60-CISC BH Medically Necessary Mental Health RTF/CRR Host Home Placement. This code is used when a child in substitute care is placed into a Mental Health RTF/CRR Host Home that is located *within the same zone* as the child's county of record.

61-CISC BH Medically Necessary Mental Health RTF/CRR Host Home Placement. This code is used when a child in substitute care is placed into a Mental Health RTF/CRR Host Home that is located *outside the zone* of the child's county of record.

Facility Placement Codes (continued)

- 62- CISC Non-Hospital D&A Facility. This code is used for BH-MCO authorized placement of a child in substitute care into a Non Hospital D&A facility that is located *within the same zone* as the child's county of record.
- 63- CISC Non-Hospital D&A Facility. This code is used for BH-MCO authorized placement of a child in substitute care into a Non Hospital D&A facility that is located *outside the zone* of the child's county of record
- 73- State Operated Youth Development Center. This code is used when a child/adolescent is placed in a Youth Development Center, *regardless of location*. The member's HealthChoices and Medicaid eligibility will end while the child remains in YDC.
- 74- Juvenile Detention Center. This code is used when a child/adolescent is placed in a Juvenile Detention Center.

Facility Placement Codes (continued)

Juvenile Detention Center 35-day rule

During the first 35 days of the JDC placement, the BH-MCO is responsible for all covered services that are provided to the member **OUTSIDE** the JDC site. Medicaid Fee-for-Service is responsible for all covered services provided to members **INSIDE** the JDC site. A member who's placement in a juvenile detention center exceeds 35 days is disenrolled from the BH-MCO and covered through Medical Assistance Fee-For-Service.

Facility Placement Codes (continued)

CHILDREN IN SUBSTITUTE CARE HealthChoices (HC) Desk Reference Chart Payment and Coverage Responsibility Program Status Codes 31 and 33					
COUNTY OF CUSTODY or COURT SUPERVISION	COUNTY OF PLACEMENT	PHYSICAL HEALTH			
			Children Placed In Foster Care, Shelter, Group Home, Independent Living	Children Placed In MH RTF, or C&Y Licensed Group Home with MH Treatment Component and CRR Host Home	Children Placed In Non-Hospital D&A Rehabilitation Facility
INSIDE HC ZONE	INSIDE the same zone	Remains in same PH-MCO or AccessPlus	Remains in same BH-MCO as county of origin Placement Code 04	Remains in same BH-MCO as county of origin Placement Code 60	Remains in BH-MCO Placement Code 62
INSIDE HC ZONE	INSIDE a different zone	Becomes FFS; must enroll in PH-MCO if placed in a mandatory zone. Else, enrolled in a voluntary PH-MCO or AccessPlus.	Becomes FFS Placement Code 05	Remains in same BH-MCO as county of origin Placement Code 61	BH-MCO authorized but becomes FFS Placement Code 63
		PHYSICAL HEALTH			
INSIDE.....OUT OF STATE HC zone		PH-MCO/AccessPlus coverage is end-dated, then becomes FFS	BH-MCO coverage is end dated, then becomes FFS Placement Code 99	Remains in same BH-MCO as county of origin (if placed in C&Y Lic. Grp Home w/MH Treatment Component/CRR Host Home, use 99) Placement Code 98	BH-MCO coverage is end dated, then becomes FFS Placement Code 99

Resolving Eligibility Issues

- Each recipient's Medicaid eligibility is determined by the County Assistance Office
- Certain Medicaid Category/Program Status codes are automatically enrolled in HealthChoices
- Community Care *cannot* change a member's Medicaid status or HealthChoices eligibility

Resolving Eligibility Issues (continued)

Who is eligible for HealthChoices?

- TANF – Temporary Assistance to Needy Families
- HB – Healthy Beginnings
- HH/SSI – Healthy Horizons/Social Security Income without Medicare
- HH/SSIM – Healthy Horizons/Social Security Income with Medicare
- CNO – Categorically Needy Only
- MNO – Medically Needy Only
- FGA – Federal General Assistance

Resolving Eligibility Issues (continued)

- Problems with eligibility frequently involve the application of an incorrect facility placement code.
- CYS/JPO staff should confirm through CIS or the CAO that the correct facility placement code has been applied.
- At times, even though the correct facility placement code has been applied, the “begin date” of the member’s HealthChoices eligibility is still incorrect.
- Lapses in eligibility can be addressed through the DPW HealthChoices eligibility discrepancy website also known as the exception website
<https://secure.mercerhg.com/OMHSASexception/>

Common Acronyms

- ASAM American Society of Addiction Medicine
- BDAP Bureau of Drug and Alcohol Programs
- BEC Basic Education Circular
- BH-MCO Behavioral Health Managed Care Organization
- BHRS Behavioral Health Rehabilitation Services for Children and Adolescents
- BSU Base Service Unit
- C&Y Children and Youth
- CAO County Assistance Office
- CASSP Child and Adolescent Service System Program
- C/FST Consumer/Family Satisfaction Team
- CIS Client Information System
- CISC Children in Substitute Care

Common Acronyms (continued)

- CMS Centers for Medicare and Medicaid Services
- CRNP Certified Registered Nurse Practitioner
- CRR Community Residential Rehabilitation
- D&A Drug and Alcohol
- DOH Department of Health
- DPW Department of Public Welfare
- DSM-IV TR Diagnostic and Statistical Manual-Text Revision
- EPSDT Early and Periodic Screening, Diagnosis and Treatment
- EVS Eligibility Verification System
- FFS Fee-For-Service
- HIPAA Health Insurance Portability and Accountability Act
- JCAHO Joint Commission on the Accreditation of Hospital Organizations
- JDC Juvenile Detention Center
- JPO Juvenile Probation Office

Common Acronyms (continued)

- MA Medical Assistance
- MAID Medical Assistance Identification Number
- MCO Managed Care Organization
- OCYF Office of Children, Youth & Families
- OMAP Office of Medical Assistance Programs
- OMHSAS Office of Mental Health and Substance Abuse Services
- PH-MCO Physical Health Managed Care Organization
- PIN Parents Involved Network
- RTF Residential Treatment Facility
- SSI Supplemental Security Income
- UM Utilization Management