

# PENNSYLVANIA'S BEHAVIORAL HEALTH HEALTH CHOICES PROGRAM

January 2024



# STATEWIDE INTENTION AND COMMITMENT

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*Create A Culture of Communication* is the name of Pennsylvania's Behavioral Health Managed Care Organization and Primary Contractor Collaborative Workgroup. Representatives of the provider-community participate with valuable feedback. The mission is to enhance communication with a common and consistent message, the intention is to create a universal learning tool that is shareable with stakeholders, and the commitment is to maintain the accuracy of this document with bi-annual reviews. This is largely an acronym-free document

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# The Basics

## WHO'S WHO IN HEALTHCHOICES



### DEPARTMENT OF HUMAN SERVICES

The Commonwealth of Pennsylvania, Department of Human Services (DHS) submitted a waiver request to the Centers for Medicare and Medicaid Services to implement a mandatory managed care program, under the name HealthChoices Behavioral Health (HealthChoices BH Program) for Medical Assistance beneficiaries in Pennsylvania.

### PRIMARY CONTRACTORS

The Commonwealth of Pennsylvania offered the counties the right of first opportunity to administer the HealthChoices Behavioral Health Program in order to coordinate behavioral health services provided under Medical Assistance with the publicly funded behavioral health and human services dollars.



## PRIMARY CONTRACTORS AND MANAGED CARE

### PRIMARY CONTRACTORS

Primary Contractors hold the agreement with the Commonwealth of Pennsylvania, Department of Human Services. The Agreement along with Appendices or the HealthChoices Program Standards and Requirements are the standards that the Primary Contractors must monitor to ensure compliance.

### BEHAVIORAL HEALTH MANAGED CARE

The Primary Contractors can subcontract with one of the five Managed Care Organizations in Pennsylvania to assume, satisfy, and discharge certain service obligations of the County/ Primary Contractor under the Department of Human Services Agreement.

## CHAPTER I - The Basics

### State Medical Assistance (Medicaid) Mandatory Managed Care Program

The HealthChoices Program has  
**three main goals:**

1. To improve **access** to healthcare services for people with Medicaid
2. To improve the **quality of care** available to people with Medicaid
3. To **stabilize** Pennsylvania's Medicaid spending

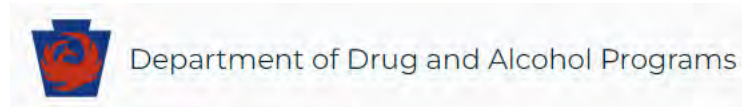
### Important to Know

- ✓ The Department of Human Services, Primary Contractors, and Behavioral Health Managed Care Organizations requirements are generally tied to achieving these goals.
- ✓ As a result, Primary Contractors have a variety of required activities such as performance improvement plans, quality initiatives, physical health-behavioral health collaboration, treatment record reviews, and monitoring access standards. The Primary Contractor can subcontract any or all of these requirements to a Behavioral Health Managed Care Organization; however, oversight of the activities remains the responsibility of the Primary Contractor.

## Chapter I - The Basics

### Primary Participants

- People with Medicaid
- The Department of Human Services (DHS)
- The Office of Mental Health and Substance Abuse Services (OMHSAS)
- The Department of Drug and Alcohol Programs (DDAP)
- Primary Contractors (PC)
- Behavioral Health Managed Care Organizations (BHMCO)
- County Administrators
- Single County Authorities (SCA)
- Service Providers
- Other Associations



### Important to Know

- ✓ Access to services for people with Medicaid Recipients is essential
- ✓ Primary Contractors work in partnership with the County Administrators, Behavioral Health Managed Care Organizations, and the Single County Authority to meet member needs
- ✓ Other associations, such as the Rehabilitation and Community Providers Association, support providers and assist with the exchange of information
- ✓ Providers are encouraged to network, join associations, and develop relationships with Primary Contractors, Behavioral Health Managed Care Organizations, County Administrators, and the Single County Authority
- ✓ Providers may also have direct funding relationships with counties for behavioral health services
- ✓ The Department of Human Services has an online directory of licensed programs!



# Chapter I - The Basics

## Common Terms Defined

**Mandatory Managed Care** – Individuals with Medicaid in Pennsylvania with physical health and behavioral health benefits are enrolled in the Pennsylvania HealthChoices program

**Fee-for-Service** – A payment model where services are unbundled and paid for based on the quantity of care

**HealthChoices** – Pennsylvania's managed care programs for Medicaid assistance recipients.

**HealthChoices Behavioral Health Program Standards and Requirements** – The annual agreement by which the Primary Contractors and Managed Care Organization must abide

**State Plan Services** - Must be provided by each Primary Contractor/Behavioral Health Managed Care Organization

**In Lieu Of Services**- Effective alternative services may be developed by providers, behavioral health managed care organizations, and county partners. Alternative services must be submitted to The Office of Mental Health and Substance Use Services for approval.

**Medical Assistance for Workers with Disabilities (MAWD)** - A state health insurance program for individuals who have chronic health problems and are working.

## Important to Know

- ✓ Most people with Medicaid have Managed Care.
- ✓ There are still people with Medicaid in the fee-for-service program. These individuals have an ACCESS card.
- ✓ Individuals in behavioral health managed care **do not** have a BH MCO insurance card separate from their ACCESS card.
- ✓ Primary Contractors enter into agreement with one of the five MCO's and individuals are "assigned" to a Behavioral Health Managed Care Organization based on their county of residence.
- ✓ Knowing the language, acronyms, and terminology is not easy. Ask questions if someone uses a term or acronym you do not understand.
- ✓ The Electronic Verification System (EVS) is used to check the eligibility of recipients.
- ✓ MAWD is often a good option for individuals who have too much income to qualify for other categories of Medical Assistance (MA), but still need health insurance.

## Chapter I - The Basics

# ACCESS Cards

Even if an individual is enrolled in a Medicaid-managed care plan (HealthChoices or another voluntary Health Maintenance Organization (HMO), the ACCESS Card is still necessary.

The ACCESS Card can be used for certain eligible services that are not covered by a managed care plan, such as non-emergency medical transportation or SNAP benefits.

Remember, individuals in behavioral health managed care **do not** have a BH MCO insurance card in addition to their ACCESS Card.



# CHAPTER I – The Basics

Program is statewide

43 counties (joinders/multi-counties) accepted the right of first opportunity.  
Mixture of Administrative Services only, County risk sharing arrangements may vary by County.

For example, 23 counties (rural) – Recently converted from a state contract to a direct county contract.  
Behavioral Health Alliance of Rural Pennsylvania

1 county (southwest zone) – Previously a state contract. Has joined Behavioral Health Alliance of Rural Pennsylvania

Five Current Contractors/Subcontractors

Community Care  
Behavioral Health  
Organization

Magellan Behavioral  
Health

Carelon Health of  
Pennsylvania

PerformCare

Community  
Behavioral Health  
(Philadelphia)

## Important to Know

- ✓ County Right of First Opportunity ensures local control and gives Counties the ability to meet local needs.
- ✓ Although there are 67 Counties, there are various arrangements for Counties in how they work with Managed Care Organizations (single county, multi-county/joinder, etc. ).
- ✓ There are **Five Behavioral Health Managed Care Organizations** that cover all 67 Counties and the Primary Contractors contract with **1 Behavioral Health Managed Care Organization per county.**
- ✓ Providers can benefit from understanding the relationships between the Primary Contractor/Counties and their Behavioral Health Managed Care Organizations.
- ✓ Partnership is key and encouraged.



## The Requirements: It's All in Writing

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### Program Standards and Requirements for the HealthChoices Program

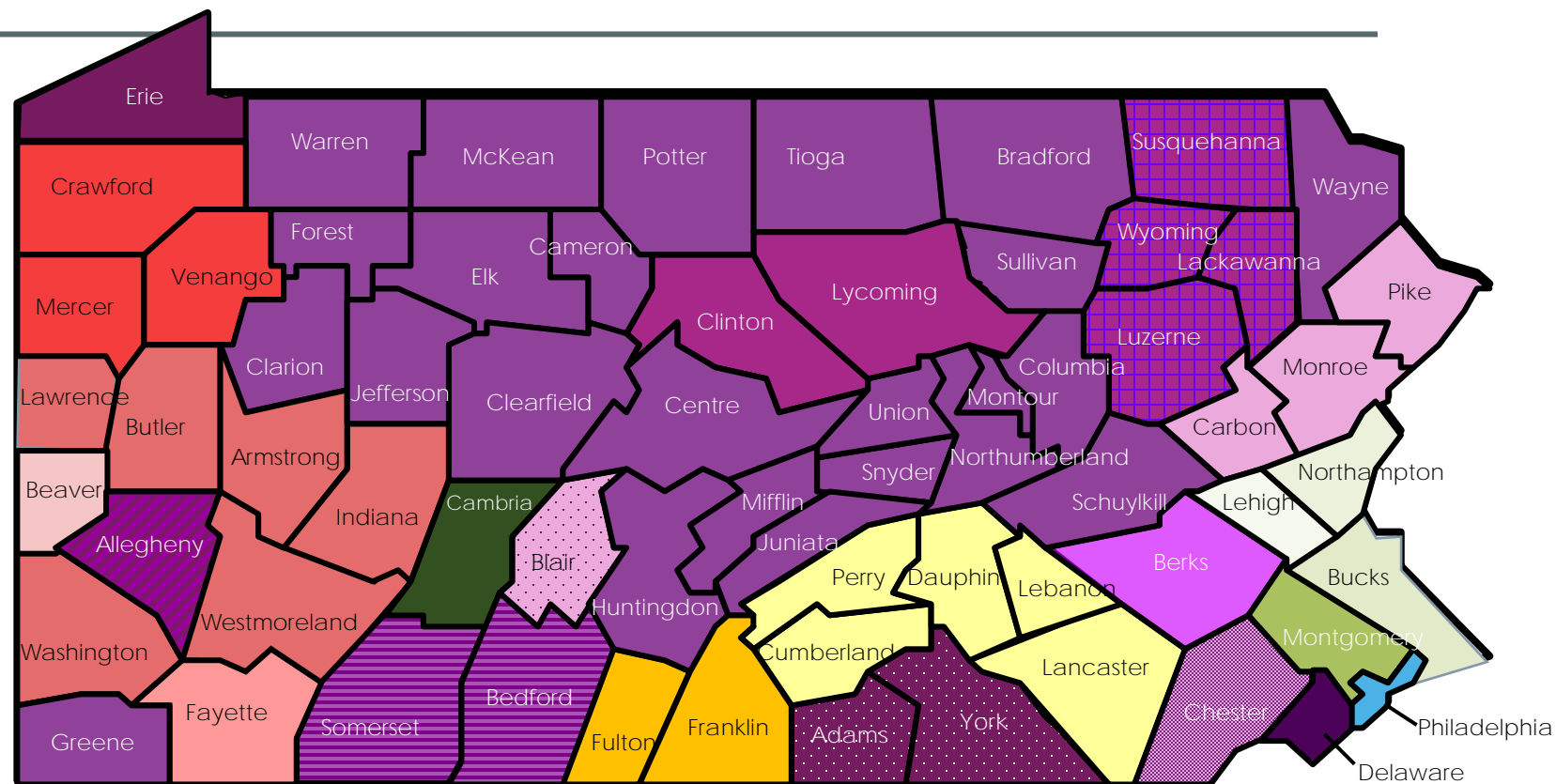
- The Program Standards and Requirements is part of the Health Choices Agreement between DHS and Primary Contractors and is updated annually.
- HealthChoices may be administered as single counties or a group of counties/joinders.
- Primary Contractors provide oversight to ensure the Managed Care Organizations are complying with the Program Standards and Requirements.
- Risk Arrangements vary across counties. The contract is between the state and Primary Contractor, or the county and a Behavioral Health Managed Care Organization.
  - Primary Contractors may be at full risk or may pass all or some risk to Behavioral Health Managed Care Organizations via their subcontracted arrangement.

### Important to Know

- ✓ The Department of Human Services, Primary Contractors, and Behavioral Health Managed Care Organizations must comply with these requirements.
- ✓ As a result, a variety of the Behavioral Health Managed Care Organization activities may be down-streamed to providers or include providers such as Performance Improvement Plans, quality initiatives, physical health-behavioral health collaboration, treatment record reviews, and monitoring access standards.



# BHMCOs



## Community Care Behavioral Health

Allegheny	Carbon/Monroe/Pike	NBHCC
Berks	Chester	North Central State
Bedford/Somerset	Delaware	Lycoming/Clinton
Blair	Erie	York/Adams

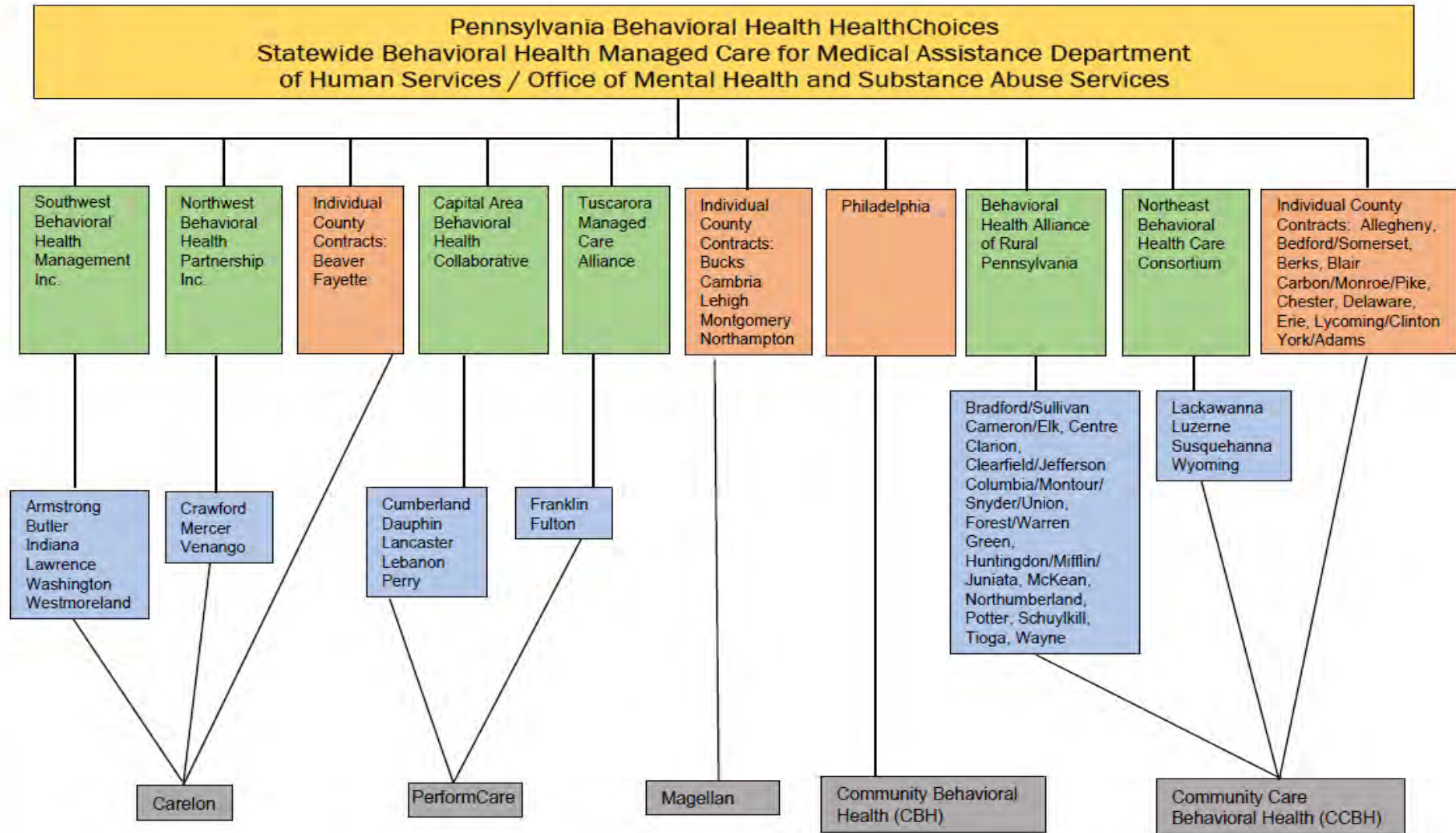
## Community Behavioral Health

### Magellan

### PerformCare

### Carelon

Philadelphia				
Lehigh	Northampton	Bucks	Montgomery	Cambria
Fulton, Franklin	Perry, Cumberland, Dauphin, Lebanon, Lancaster			
Crawford, Mercer, Venango				
Lawrence, Butler, Beaver, Washington, Butler, Armstrong, Indiana, Westmoreland				
Fayette	Beaver			



## Chapter II – The Requirements: It’s All in Writing

### HealthChoices Program Overview

- The Centers for Medicare & Medicaid Services (CMS) administers Medicare and Medicaid along with other Federal programs and services
- The Pennsylvania Department of Human Services is the Medicaid Authority for PA. The Office of Medical Assistance Programs oversees physical health plans and pharmacy benefits. The Office of Mental Health & Substance Abuse Service oversees behavioral health. The Office of Long-Term Living oversees the long-term care (Community Health Choices) program.
- Medicare is a federal health care program for people aged 65 or older, certain people under 65 with disabilities, and people of any age with end-stage renal disease. There are more than 58.5 million beneficiaries enrolled in Medicare.
- Medicaid is a shared federal/state program for low-income adults, pregnant women, and children. There are 72 million beneficiaries, including 28 million children, enrolled in Medicaid (Centers for Medicare and Medicaid Services 2018).
- Pennsylvania has more than 3 million enrollees in Medicaid (also referred to as Medical Assistance/MA).

### Important to Know

- ✓ The Commonwealth of Pennsylvania offered the Counties the right of first opportunity to administer the HealthChoices Behavioral Health Program. The Commonwealth entered into agreements with each County’s Primary Contractor.
- ✓ The big picture is Primary Contractors work with Behavioral Health Managed Care Organizations and Providers to meet state and Federal requirements.
- ✓ Behavioral Health Managed Care Organizations and providers coordinate benefits with other payors like Medicare and private insurers.

# Chapter II: The Requirements: It's All in Writing

## Medicaid Golden Rules for Providers

Provider must be enrolled as a Medicaid Provider with Pennsylvania

Individuals **must** have active HealthChoices coverage. Electronic Verification System (EVS) is used to check eligibility.

Service **must** be Medicaid/Medical Assistance compensable

All services need to be properly documented

### Important to Know

- ✓ Key elements necessary for Medicaid to reimburse providers.
- ✓ Defines the alignment of the Medicaid system in Pennsylvania per Federal requirements on a provider, member, and service level.

### Provider Enrollment as a Medical Assistance Provider

- For providers to participate in the Department of Human Services and HealthChoices program they must enroll in Medicaid through PA PROMISe
- To be eligible to enroll, practitioners and providers must be licensed or approved by the appropriate state agency
- The provider enrollment application must be completed online via the portal.
- Provider types considered a “high” categorical risk level must obtain criminal background checks and a PA state police criminal record check
- Must update or re-enroll when the licensed site moves, relocates, or there is a change in ownership. Providers must revalidate their enrollment every 5 years.

### Important to Know

- ✓ It is important for providers to maintain contact information in the PA PROMISe portal to receive status updates.
- ✓ Providers must be fully credentialed by the Behavioral Health Managed Care Organization before enrolling in their network.
- ✓ Provider Medical Assistance enrollment **protects members** per the Affordable Care Act. Enrollment requires provider agencies to disclose ownership and management information. The screening includes the requirement to include the social security numbers of board members and other information.





## Making it Work for Members

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### Who is Eligible for Medicaid?

Individuals are eligible for Medicaid based on income and/or disability. PA has over 50 categories for Medicaid Assistance (MA).

### Medicaid Categories

- Adults aged 19-64 with incomes at or below 138% of the Federal Income Poverty Guidelines
- Social Security Income-Related – Individuals who are aged (65 or older), blind, and disabled
- Low-Income Families with children under the age of 21
- Special Medical Assistance conditions

### Important to Know

- ✓ Understand the population being served
- ✓ Electronic Verification System (EVS) is used to verify that the person being served has Medical Assistance with active Behavioral Health Managed Care coverage.

## Chapter III – Making it Work for Members

### Physical Health Choices / Community Health Choices

In Pennsylvania, several options for Physical Health are provided in each Zone. Current health care systems include: AmeriHealth Caritas, Geisinger Health, Health Partners, Highmark Wholecare, Keystone First, United Healthcare Community Plan and UPMC for You.

Community Health Choices is a program targeted to individuals who are Nursing Facility Clinically Eligible or Dual Eligible (Medicare + Medicaid). UPMC, PA Health and Wellness, Keystone First, and AmeriHealth Caritas cover the entire state.

Behavioral Health is covered by 5 Managed Care Organizations (BH MCO) with 1 BH MCO contracted by the Primary Contractor per county.

### Important to Know

- ✓ All HealthChoices recipients have a physical health plan and can choose their plan from several Physical Health Managed Care Organization options in each state zone, but the Primary Contractor contracts with only one of the Behavioral Health Managed Care Organizations in each county.
- ✓ People with Medicaid are sometimes confused about the role of the Physical Health Managed Care Organization versus the Behavioral Health Managed Care Organization. They also may not know that they have a Behavioral Health Managed Care Organization separate from their Physical Health Managed Care Organization plan.
- ✓ Providers should check member eligibility frequently.
- ✓ Remember there is **NO CARD** for BHMCO coverage. Check for coverage using the Electronic Verification System (EVS).
- ✓ Pharmacy Benefits (except Methadone) are paid for by Physical Health or Fee for Service.

### State Plan Services

- State Plan Services, cost-effective alternatives, and In Lieu Of services (referenced in Clinical Chapter) are all available through the HealthChoices Program.
- Consumer/Family Satisfaction Teams are in every contract.
- Reinvestment of savings at the local level must be committed to behavioral health and targeted to the Medicaid population.
- A robust performance measurement system.

### Important to Know

- ✓ Created alongside Managed Care program to help ensure member's voice
- ✓ In Lieu Of services offer an opportunity for the provider community to work with their Primary Contractor and Behavioral Health Managed Care Organization on creative programming that meets the needs of the community outside of the State Plan Services with approval and a commitment to recovery and outcomes.



## For Fans of Finance and Government

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### Capitation Explained

**Capitation:** Primary Contractors are paid on a Per Member Per Month basis. The administration spending is capped by the Centers for Medicaid/Medicare Services under the Affordable Care Act.

Capitation payments are required to be actuarially sound, based on an “efficient” and “well-operated” managed care organization.

Providers predominantly paid on a Fee-for-Service basis, Alternative Payment Arrangements (APA), or Value-Based Payments must be approved by the state and shown to be cost-effective.

### Important to Know!

- ✓ Providers can benefit from understanding the Primary Contractor holds the contract with the State and are paid on the Per Member Per Month Basis. This will assist in understanding how the Behavioral Health Managed Care Organizations are funded, the constraints Behavioral Health Managed Care Organizations have, the relationship to rate setting, and provider payment methods.

## Chapter IV – For Fans of Finance and Government

### Rate Setting Process

Health Choices Rate Setting process is with the Department of Human Services, the **Primary Contractors, and Behavioral Health MCOs.**

- Department of Human Services has long-term contracts with Primary Contractors with rate adjustments annually, and rate negotiations every two or three years.
- Rates must be actuarially sound, approved by Center for Medicare and Medicaid Services (CMS), and based on expenditures of the previous year(s) such as new initiatives and/or policy directives from the state.
- Primary Contractors are paid by DHS on a per member/per month basis, are “at risk,” and must pay providers for all approved services even if the cost of care exceeds the amount paid to Primary Contractors.
- Department of Human Services rates with Primary Contractors include adjustments in provider costs.
- Department of Human Services rates with Primary Contractors include Managed Care adjustments.

### **Important to Know**

- ✓ Long Term Contracts provide for the stability of the HealthChoices program.
- ✓ Understand how Primary Contractors and BH-MCOs are funded.
- ✓ Primary Contractors/BH MCOS are “at risk” to pay providers for services if the medical spend amount exceeds capitation payments received from DHS, but Primary Contractors can retain unspent funds up to 3% (savings) for reinvestment.

### Payment Models

HealthChoices standards require each primary contractor / BH-MCO to have a provider rate-setting policy.

- Most services are paid Fee for Service based on a unit of service rate.
- Some services can be paid via Variable Rates.
- Primary Contractors and BH-MCO can fund providers using alternative payment arrangements, subject to approval by the Office of Mental Health and Substance Use Services.
- Primary Contractors and BH MCOs' are required to use Value Based Purchasing / Performance based arrangements with contractually defined minimum targets for overall claims payment and the type of risk arrangement and must be approved by OMHSAS
- Value Based Purchasing agreements must include quality benchmarks, cost savings and/or demonstrated cost avoidance measures, and must be approved by OMHSAS.

### Important to Know

- ✓ Know and understand the opportunities to expand services.
- ✓ Understand the payment models and the future of Value-Based Performance.
- ✓ Providers must rely on communication from the primary contractor / BHMCO.

## Chapter IV – For Fans of Finance and Government

### County Government

67 County programs administer a range of human services through a variety of models

- 48 County Mental Health /Intellectual Disabilities Programs
  - Mental Health /Intellectual Disabilities Act of 1966
- 47 Single County Authorities
  - Department of Drug & Alcohol Programs as Single State Agency
  - DOH Primary Licensing entity for D&A
  - SCA can be part of the County government or 501(c)(3)
- 30+ Human Services Block Grants (blended human services funding)
- 67 Child Welfare Administrators

### Important to Know

- ✓ Integrated Care is housed at the county for various human services. Primary Contractors, County MH, Drug and Alcohol Programs, and BH–MCOs are partners in local human service integration efforts.
- ✓ Primary Contractors/Behavioral Health Managed Care Organizations work in partnership with County Mental Health /Intellectual Disabilities, Single County Authority programs, and other County Human Service agencies to meet the needs of our members.
- ✓ Primary Contractors and Counties in partnership with Behavioral Health Managed Care Organizations work to integrate care at the local level to meet local needs and partner to address social determinants of health.
- ✓ Providers may also have direct funding relationships with Counties for behavioral health services.
- ✓ Providers are encouraged to develop relationships with the Primary Contractors as well as Behavioral Health Managed Care Organizations.

### Single County Authorities

**County Government for Drug and Alcohol** services can be organized differently across the Commonwealth.

**Single County Authorities (Drug and Alcohol Programs)** may be part of the County government, be a separate entity, be under a Human Services Umbrella, be coupled with mental health, or a stand-alone office. May influence Health Choices, but not oversee the Medical Assistance Program.

**Single County Authorities** administer federal, state, and local funding streams

- Act 152- Medical Assistance Fee-for-Service administered through The Office of Mental Health and Substance Use Services
- Behavioral Health Special Initiative- For uninsured and administered through The Office of Mental Health and Substance Use Services
- State Base Funding administered through the Department of Drug and Alcohol Programs
- Federal Block Grant administered through the Department of Drug and Alcohol Programs
- Other federal/state grants, gambling, prevention administered through the Department of Drug and Alcohol Programs

### Important to Know

- ✓ Single County Authorities manage the funding for a variety of substance use services that are separate and distinct from services funded by HealthChoices.
- ✓ Substance use providers are encouraged to collaborate with their Single County Authorities.



## Chapter IV – For Fans of Finance and Government

### Counties/Mental Health/Intellectual Disabilities/Early Intervention (MH/ID/EI) Programs

- Pursuant to the Mental Health/Intellectual Disabilities Act of 1966 and the Early Intervention Act of 1990, Counties are responsible for certain **Mental Health, Intellectual Disability and Early Intervention programs**, services, and functions.
- There are 48 County MH/ID/EI programs, including jointers or multi-County programs for 67 PA Counties.
- County MH Funding is for people who are uninsured, or for services not covered by Medical Assistance, such as housing, employment, adult residential programs, social rehabilitation, and administrative case management.
- County ID funding is for people with an intellectual disability including services such as employment, habilitation, residential, life sharing, and support coordination.
- County Early Intervention funding is for children aged 0-3 with a developmental delay and funds various therapies, including speech therapy, occupational therapy, and physical therapy.

### Important to Know

- ✓ County MH/ID /EI programs are an entry point for services.
- ✓ County MH/ID/EI programs manage the funding for a variety of services.
- ✓ Providers are encouraged to collaborate with County MH/ID/EI programs.

### Children and Youth & Aging Services

- All 67 PA Counties have a Children and Youth (CYS) agency responsible to protect children from abuse and neglect.
- CYS Funds various prevention, in-home, permanency, residential, and juvenile justice programs.
- 52 Area on Agency Programs (AAA) serve people aged 60+ in the 67 PA Counties funding programs such as Senior Centers, Meals on Wheels, Transportation, Information, and Referral services

### Important to Know

- ✓ CYS and AAAs also provide funding for a variety of services that are separate and distinct from services funded by HealthChoices.
- ✓ Providers are encouraged to collaborate with their CYS and AAA agencies.



# Clinically Speaking

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## Chapter V - Clinically Speaking

### The Definition of Behavioral Health

**Behavioral Health:** Includes mental health and substance use. May include broader behavioral issues including traumatic brain injury, an intellectual disability, autism, and dementia.

**Serious and Persistent Mental Illness:** Schizophrenia, Bipolar Disorder, Major Depression and Borderline Personality Disorder.

**Children:** Serious emotional disturbances such as Autism.

**Substance Use Disorders:** Alcohol or Substance Use Disorder.

**Co-Occurring Disorder:** Mental Illness and Substance Use Disorder.

**Dual Diagnosis:** Mental Illness and an intellectual disability.

### Important to Know

- ✓ Serves diverse populations
- ✓ Members have multiple needs
- ✓ Behavioral Health Managed Care Organizations credential providers to meet many treatment needs

# Chapter V – Clinically Speaking

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## Mental Health Services

- Inpatient Psychiatric Hospitalization
- Outpatient Mental Health Counseling
- Psychiatric Evaluation and Psychological Testing
- Medication Management and Clozapine Support
- Mobile Mental Health Treatment
- Crisis Intervention
- Targeted Case Management (Blended, Intensive Case Management, and Resource Coordination)
- Intensive Behavioral Health Services for Children and Adolescents (IBHS)
- Functional Family Therapy
- Family Based Mental Health Services
- Laboratory and Diagnostic Services
- Multi-Systemic Therapy (MST)
- Peer Support
- Psychiatric Partial Hospitalization Services
- Psychiatric Rehabilitation/Clubhouse/Mobile Psychiatric Rehabilitation
- Community Residential Rehabilitation Host Home (CRR - HH)
- Residential Treatment Facilities for Children and Adolescents (RTF)

## Substance Use Services

- SU Level of Care Assessment
- SU Outpatient Drug & Alcohol Counseling
- Certified SU Recovery Specialist
- Medication Assisted Treatment
- Methadone Maintenance Clinics
- SU Intensive Outpatient
- SU Partial Hospitalization
- SU Targeted Case Management
- SU Hospital-Based Drug & Alcohol Detoxification and Rehabilitation
- SU Non-Hospital Detoxification, Rehabilitation, and Halfway House

## Other Services

- Assertive Community Treatment Team
- “In Lieu of” Services approved by OMHSAS

### In Summary

- **Some Primary Contractors are staffed with high-risk Care Management staff.**
- All five Behavioral Health Managed Care Organizations are staffed with clinicians
- Clinicians are collaborative with the provider community
- Many staff have worked in the provider community
- BHMCOs have Medical Necessity Criteria and best practices posted
- Some nuances between Behavioral Health Managed Care Organizations

### Important to Know

- ✓ Partnership is valued! Primary Contractors and Behavioral Health Managed Care Organizations work in partnership with Providers, County Mental Health / Intellectual Disabilities, Single County Authority programs, and other County Human Service agencies to meet the needs of our members.
- ✓ Primary Contractors and Counties in partnership with Behavioral Health Managed Care Organizations work to integrate care at the local level to meet local needs and address social determinants of health.
- ✓ Providers can participate in workgroups, committees, etc.
- ✓ Behavioral Health Managed Care Organizations are staffed with liaisons who work to provide education and resources to their provider community
  - ✓ Staff are available to assist in navigating the HealthChoices Program and the organization that they represent
  - ✓ Communication and partnership are key



# Member Testimonials

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N.

“

Having a Certified Peer Specialist—they're not there to treat illness, they're there to support you in your recovery. They're in the thick of things. It helps to feel connected to someone. I'm more hopeful and happier with who I am.

”

# Member Testimonials

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K.

“ I actually got to know my Peer Support Specialist. They understand what I went through because they’ve been through it. ”



N.

“ I can advocate for myself and am doing a good job with the help of my peer specialist. I am adamant that my peer support services are essential in keeping me from being impatient. I have experienced trauma, several bouts of serious depression, and feel that my increased peer support services are keeping me out of the hospital. ”

# Member Testimonials

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**Anonymous**

“

My case manager has shown me incredible complete dedication as far as always being there to help with all my needs. I couldn't ask for any better. She is my answer to my prayers! She is nothing short of amazing and I couldn't have asked for better. I always have complete assistance every time I call her.

She has gone above the call of duty as far as my care is concerned.

”



# State Resources

## DHS Website: Health Choices Standards Documents

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<https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BHProvider-Main.aspx>

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-Publications.aspx>

## DDAP

[https://www.ddap.pa.gov/Professionals/Pages/For\\_Professionals.aspx](https://www.ddap.pa.gov/Professionals/Pages/For_Professionals.aspx)

[https://www.ddap.pa.gov/Professionals/Pages/For\\_Treatment\\_Providers.aspx](https://www.ddap.pa.gov/Professionals/Pages/For_Treatment_Providers.aspx)