

Community HealthChoices

Frequently asked Questions

1. What is Community HealthChoices (CHC)?

Community HealthChoices is a new initiative that will use managed care organizations to coordinate physical health care and long-term services and supports (LTSS) for older persons, persons with physical disabilities, and Pennsylvanians who are dually eligible for Medicare and Medicaid (dual eligible).

2. What is a CHC-MCO?

A CHC-MCO is short for Community HealthChoices managed care organization. These are insurance providers that will be responsible for the physical health care and LTSS of participants enrolled in their plan.

3. What are the goals of CHC?

- Enhance opportunities for community-based services
- Strengthen health care and LTSS delivery systems
- Allow for new innovations
- Promote the health, safety, and well-being of enrolled participants
- Ensure transparency, accountability, effectiveness, and efficiency of the program

Eligibility and Enrollment

4. Am I eligible for CHC?

You are eligible for Community HealthChoices if you are over 21 years old and

- need Medicaid LTSS (whether in the community or in a private or county nursing facility) because you need the level of care provided by a nursing facility; OR
- are dually eligible for Medicare and Medicaid, whether or not you need or receive LTSS.

You are NOT eligible for CHC if you:

- are an Act 150 program participant;
- receive services through the Department of Aging's lottery-funded Options program (unless you are dual eligible);
- are a person with intellectual or developmental disabilities (ID/DD) who is eligible for services through DHS' Office of Developmental Programs; OR

- are a resident in a state-operated nursing facility, including the state veterans' homes.

If you are a dual eligible, you can continue to get your long-term services through the Options program. You will get your Medicaid health care services through CHC and your Options services until you are clinically eligible for nursing facility level of care.

If you are eligible for, and select, the LIFE program, we will not enroll you in CHC unless you specifically ask to be.

5. How do I enroll in CHC?

Our enrollment assister will talk to you about your CHC-MCO options and enroll you in the program. You will have your choice of CHC-MCOs (or LIFE programs, where available) and will receive counseling to help you to decide which CHC-MCO best meets your needs. If you do not choose a CHC-MCO, we will automatically assign you to a plan based on your needs.

CHC Services

6. What services will CHC cover?

The physical health benefits will mirror [HealthChoices](#).

If you are eligible for LTSS, all services currently available in the Office of Long-Term Living waivers will be included in CHC. The following additional services will also be available:

- pest eradication
- benefits counseling
- enhanced employment services

Existing OLTL waiver services from each of the separate waivers will now be available to all CHC participants based on their assessed needs and person-centered plan. This means the nursing facility clinically eligible population will have access to a broader array of home and community based services, which may more appropriately meet their needs.

CHC-MCOs will have flexibility to offer additional services on a case-by-case basis as agreed to in the person-centered plan.

7. How will I get behavioral health services through CHC?

You will access Medicaid behavioral health services through the existing HealthChoices behavioral health managed care organizations in each county. CHC-MCOs will provide non-State Plan behavioral health services, such as cognitive rehabilitation therapy. CHC-MCOs and behavioral health managed care organizations will coordinate services for participants they have in common.

8. Will the current OLTL waiver programs continue to operate as separate waivers or is a single CHC Home- and Community-Based Services waiver replacing them?

One CHC waiver will include all of the services in the individual waivers. OLTL waiver program participants will enroll in CHC as it phases in across the state. The commonwealth will be repurposing the current COMMCARE waiver as the CHC waiver.

The Aging, Attendant Care, and Independence waivers will continue to operate in the current form until each of the respective regions implement CHC. The OBRA waiver will continue to operate across the state in its current form to accommodate those individuals who are currently in the OBRA waiver who will not qualify for CHC.

The OBRA waiver will serve 18 through 20 year olds, and those who require certain LTSS (that are not offered through the Medicaid State Plan) until they age into CHC.

9. Will I have to change my provider?

It depends.

If you do not reside in a nursing facility, you can keep all of your current service authorizations and can stay with your current Medicaid providers for 180 days or until your new service plans are implemented, whichever is later. This includes your current service coordinators.

If you ARE a nursing facility resident at the time of CHC implementation, you can remain in that nursing facility for as long as you wish (if you remain eligible).

If you live in the community at the time of CHC implementation, and choose to remain in the community, the CHC-MCO will be required to support your choice.

Following the initial implementation, new enrollees and those that transfer to a different CHC-MCO will have a 60-day continuity of care period.

Provider Networks

10. Will the CHC-MCOs offer contracts to all current MA providers?

All current MA providers in good standing that are willing to enter into an agreement with a CHC-MCO will be included in CHC-MCO's provider network for a minimum of six months during the implementation phase. CHC-MCOs are required to keep provider networks that meet the needs of their participants and allow for participant choices after the initial six-month period.

11. How will you guarantee that the MCOs offer competitive rates to ensure access to specialized services?

The CHC-MCOs must provide all covered services and meet access to care standards. If a provider type must be included in the network, but there is a shortage of these types of providers, the MCOs will need to pay competitive rates to obtain these services.

12. Can the MCOs directly provide services like home health and home care?

The MCOs will not be prevented from having an affiliated service provider. However, DHS requires that a hospital, nursing facility, or home health agency that is a related party to a CHC-MCO must be willing to negotiate in good faith with other CHC-MCOs to ensure participants have adequate provider choice within their network. The CHC-MCO must adhere to access to care standards, which may be difficult using just affiliated entities.

Service Coordination and Level of Care Determination

13. Who is responsible for service coordination in CHC?

The CHC-MCOs will be responsible for assuring that service coordination is provided. That will be done either through contracts with service coordination entities or through internal CHC-MCO service coordination staff.

14. How will the commonwealth ensure that service coordinators include all needed services in the service plan?

Service coordinators will work with participants and their supports to ensure the participant’s person-centered service plan meets their needs. Participants must be provided all needed, covered services. There are many ways that the commonwealth will monitor this requirement:

- Monitoring of reduction in service plan authorizations
- Requiring service plan change reports from the CHC-MCOs
- Review of all grievances and appeals from participants
- Review of Fair Hearings decisions
- Review of encounter data and plan comparisons
- Monitoring of CHC-MCO changes by participants
- Participant surveys

15. Who will perform the long-term services and supports clinical eligibility determinations?

The commonwealth will select a conflict-free entity to perform clinical eligibility determinations.

16. What tool will be used for the level of care determination?

The commonwealth will develop a standardized level of care tool to replace what is currently used across OLTL programs. The tool will comply with all federal and state laws and regulations. This tool is being developed with stakeholder input.

Dual – Special Needs Plan (D-SNP) Requirements

17. How will the CHC-MCOs work with a dual-eligible Medicare plan (D-SNP) or Medicare FFS?

The commonwealth is updating the MIPPA (Medicare Improvements for Patients and Providers Act) Agreement with D-SNP plans that will increase requirements for benefit and service coordination. For participants in traditional Medicare or another Medicare Advantage plan, the CHC-MCOs will offer assistance in coordinating and accessing their Medicare services.

18. When will the CHC-MCOs need to have a D-SNP in place?

CHC-MCOs must have their D-SNP operational by January 2018 for the Southwest (Phase One) and Southeast (Phase Two) regions. For Phase Three regions (Northwest, Lehigh-Capital, and Northeast), the CHC-MCOs must have their D-SNP operational for January 2019.

Timeline

19. What is the timeline for CHC implementation

- March 1, 2016 - CHC-MCOs RFP released
- June 2016 – CHC-MCOs notified of selection (all regions)
- November 2016 - CHC participants for Phase One receive enrollment notices
- January 2017 - Implementation of Phase One (Southwest region)
- January 2018 - Implementation of Phase Two (Southeast region)
- January 2019 - Implementation of Phase Three (Northwest, Lehigh-Capital, and Northeast regions)

Stakeholder Engagement and Website

20. How can older adults and persons with disabilities stay involved in the process? Will the commonwealth hold more community conversations?

The commonwealth has had, and will continue to have, an extensive stakeholder engagement process throughout the implementation of CHC. Stakeholder input is key to the overall success of the program. The commonwealth is committed to drawing stakeholder input by:

- **Public Forums**
- **CHC Advisory Committee – MLTSS SubMAAC.** Monthly meetings are held and 50 percent of the committee's members are LTSS participants or caregivers. More information about meetings and schedule are on the website.
- **Third Thursday Webinars.** The commonwealth is holding public webinars, currently

on the third Thursday of every month, to provide updates on the progress of program development and to take questions from the public.

- **CHC Mailbox.** The commonwealth maintains a mailbox that stakeholders can use at any time to ask questions or make comments about CHC. The mailbox address is RA-MLTSS@pa.gov.
- **Webinar Consultations on Topics of Special Interest.** We have held and will continue to hold webinars on topics of special interest regarding CHC implementation activities
- **Topic-Specific Advisory Groups.** Topic-specific advisory groups have been created and will continue to be formed on issues that are of strong concern to specific groups of stakeholders and are technical in nature.
- **CHC-MCO Participant Advisory Committees.** Each CHC-MCO must establish and maintain a Participant Advisory Committee that reflects the diversity of participants enrolled in the CHC-MCO.

21. Where can I get updated information about CHC?

Information is available on the DHS website at www.dhs.pa.gov.