WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

WHO IS PART OF CHC?

• Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
• Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  ✓ This care may be provided in the home, community, or nursing facility.
  ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).
WHO IS NOT PART OF CHC?

- People receiving long-term services & supports in the OBRA waiver & are not nursing facility clinically eligible (NFCE)
- A person with an intellectual or developmental disability receiving services beyond supports coordination through the Department of Human Services’ Office of Developmental Programs
- A resident in a state-operated nursing facility, including the state veterans’ homes
CHC STATEWIDE POPULATION

- 15% Duals in Waivers: 66,561
- 63% NFI Duals: 285,018
- 93% DUAL-ELIGIBLE: 454,045
- 20% IN WAIVERS: 90,809
- 17% IN NURSING FACILITIES: 76,707

- 15% Duals in Nursing Facilities: 69,036
- 6% Non-duals in Waivers: 26,293
- 2% Non-duals in Nursing Facilities: 7,137
CHC PHASE 3 POPULATION

143,004
CHC POPULATION

96%
DUAL-ELIGIBLE

14,609
Duals in Waivers

99,887
NFI Duals

23,323
Duals in Nursing Facilities

4,089
Non-duals in Waivers

1,096
Non-duals in Nursing Facilities

10%
16%
70%
3%
13%
1%
PHASE 3 ZONES: LEHIGH/CAPITAL

CHC POPULATION: 66,044

- 70% NFI Duals: 46,411
- 10% Duals in Waivers: 6,269
- 16% Duals in Nursing Facilities: 10,861
- 3% Non-duals in Waivers: 1,996
- 1% Non-Duals in Nursing Facilities: 507

LEHIGH/CAPITAL COUNTIES:
Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, York
PHASE 3 ZONES: NORTHWEST

NORTHWEST COUNTIES:
Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, Warren

CHC POPULATION: 27,730

- 13% 3,671 Duals in Waivers
- 68% 18,737 NFI Duals
- 15% 4,053 Duals in Nursing Facilities
- 4% 1,080 Non-duals in Waivers
- <1% 189 Non-Duals in Nursing Facilities
PHASE 3 ZONES: NORTHEAST

**CHC POPULATION**

- **NORTHEAST COUNTIES:** Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming

- **49,195**
  - **71%** 34,727 NFI Duals
  - **9%** 4,664 Duals in Waivers
  - **17%** 8,397 Duals in Nursing Facilities
  - **2%** 1,007 Non-duals in Waivers
  - **1%** 400 Non-Duals in Nursing Facilities
## WHAT ARE THE GOALS OF CHC?

<table>
<thead>
<tr>
<th><strong>GOAL 1</strong></th>
<th>Enhance opportunities for community-based living.</th>
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<tr>
<td><strong>GOAL 2</strong></td>
<td>Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.</td>
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<tr>
<td><strong>GOAL 3</strong></td>
<td>Enhance quality and accountability.</td>
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<tr>
<td><strong>GOAL 4</strong></td>
<td>Advance program innovation.</td>
</tr>
<tr>
<td><strong>GOAL 5</strong></td>
<td>Increase efficiency and effectiveness.</td>
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COMPARISON OF FFS VS. MANAGED CARE

**FEE-FOR-SERVICE**
- Providers enroll as Medicaid providers
- Providers contract with the Commonwealth
- Providers bill PROMISe

**MANAGED CARE**
- Providers enroll as Medicaid providers
- Providers contract with MCOs
- Providers bill MCOs
- MCOs paid by Commonwealth capitation rate
COVERED SERVICES

FOR ALL PARTICIPANTS:

Physical health services

All participants will receive the Adult Benefit Package, which is the same package they receive today.

This includes services such as:

• Primary care physician
• Specialist services
• Please note: Medicare coverage will not change.
COVERED SERVICES

FOR ALL PARTICIPANTS:

Behavioral health services

• All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs.
• This is new for Aging Waiver participants and nursing facility residents, who receive behavioral health services through fee-for-service.

• Services available to participants include but are not limited to:
  • Inpatient Psychiatric Hospital
  • Inpatient Drug and Alcohol Detox and Rehabilitation
  • Psychiatric Partial Hospitalization
  • Outpatient Psychiatric Clinic
  • Drug and Alcohol Outpatient Clinic
Covered Services

For Participants Who Qualify for LTSS:

Home and community-based long-term services and supports including:

- Adult Daily Living
- Assistive Technology
- Behavior Therapy
- Benefits Counseling
- Career Assessment
- Cognitive Rehabilitation Therapy
- Community Integration
- Community Transition Services
- Counseling Services
- Employment Skills Development
- Financial Management Services
- Home Adaptations
- Home Health Aid Services
- Home Delivered Meals
- Non-Medical Transportation
- Nursing
- Nutritional Consultation
- Occupational Therapy
- Personal Assistance Services
- Personal Emergency Response System (PERS)
- Pest Eradication
- Physical Therapy
- Job Coaching
- Job Finding
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Speech and Language Therapy
- Telecare
- Vehicle Modifications

- Long-term services and supports in a nursing facility
- Participant-directed services will continue as they exist today.
COVERED SERVICES

TRANSPORTATION SERVICES:

• All CHC participants have access to emergency and non-emergency medical transportation.

• Participants will continue to use the Medical Assistance Transportation Program (MATP) for non-emergency medical transportation to and from medical appointments.
  • Participants residing in nursing facilities are the exception.
  • Nursing facilities will continue to coordinate transportation for their residents.

• Nursing facility clinically eligible (NFCE) participants also have access to non-medical transportation. Non-medical transportation can include:
  • Transportation to community activities, religious services, employment and volunteering, and other activities or LTSS services as specified in the Participant’s Person-Centered Service Plan (PCSP).
  • This service is offered in addition to medical transportation services and shall not replace them.
  • These services may include the purchase of tickets or tokens to secure transportation for a participant.
CONTINUITY OF CARE

• MCOs are required to contract with all willing and qualified existing LTSS Medicaid providers for 180 days after CHC implementation. The 180 day continuity of care requirement includes service coordination entities.

• Participants may keep their existing LTSS providers for the 180-day continuity of care period after CHC implementation.

• Participants may keep their existing physical health providers for the 60-day continuity of care period after CHC implementation.

• For nursing facility residents, participants will be able to stay in their nursing facility as long as they need this level of care, unless they choose to move.

• The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.

• For all participants, the CHC-MCO must comply with continuity of care requirements for continuation of providers, services, and any ongoing course of treatment outlined in MA Bulletin 99-03-13, Continuity of Care for Recipients Transferring Between and Among Fee-for-Service and Managed Care Organizations.
COORDINATION WITH MEDICARE

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC. Better coordination between these two payers can improve participant experience and outcomes.

- Dually eligible participants will continue to have all of the Medicare options they have today, including Original Medicare and Medicare Advantage managed care plans. The implementation of CHC will not change the services that are covered by Medicare.

- All CHC-MCOs are required to offer a companion Dual Eligible Special Needs Plans, also known as D-SNPs to its dually eligible participants. D-SNPs are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services.
COORDINATION WITH MEDICARE

• Medicare will continue to be the primary payor for any service covered by Medicare. Providers will continue to bill Medicare for eligible services prior to billing Medicaid. All Medicaid bills for participants will be submitted to the participant’s CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim.

• Participants must have access to Medicare services from the Medicare provider of his or her choice. Participants will be able to keep their Medicare PCP even if they are not enrolled with the CHC-MCO. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO’s provider network.

• Providers cannot bill dually eligible participants for Medicare cost-sharing when Medicare or Medicaid do not cover the entire amount billed for a service delivered.

• Providers should still check EVS to confirm participant eligibility, their CHC MCO, and any other coverage a participant might have.
MANAGED CARE ORGANIZATIONS

- The selected offerors were announced on August 30, 2016.

- [AmeriHealth Caritas](http://www.AmerihealthCaritasCHC.com)
- [Pennsylvania](http://www.PAHealthWellness.com)
- [UPMC Community HealthChoices](http://www.upmchealthplan.com/chc)
The third and final phase of Community HealthChoices will be implemented in January 2020!
Click here to see a map of the rollout. Click here to register for a CHC participant meeting near you.

RESOURCE INFORMATION

CHC LISTSERV // STAY INFORMED:  http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html

COMMUNITY HEALTHCHOICES WEBSITE:  www.healthchoices.pa.gov

MLTSS SUBMAAC WEBSITE:  www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss

EMAIL COMMENTS TO:  RA-PWCHC@pa.gov

OLTL PROVIDER LINE:  1-800-932-0939

OLTL PARTICIPANT LINE:  1-800-757-5042

INDEPENDENT ENROLLMENT BROKER:  1-844-824-3655 or (TTY 1-833-254-0690)

or visit  www.enrollchc.com
QUESTIONS