

WHO IS SERVED BY CHC?

COMMUNITY HEALTHCHOICES (CHC)

is Pennsylvania’s mandatory managed care program for individuals who are eligible for both Medical Assistance and Medicare (dual eligibles), older adults, and individuals with physical disabilities — serving more people in communities while giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. When implemented, CHC will improve services for hundreds of thousands of Pennsylvanians.



THE CHC POPULATION IS ESSENTIALLY TWO POPULATIONS:

1. DUAL-ELIGIBLE PARTICIPANTS

Individuals enrolled in both Medicare and Medical Assistance.

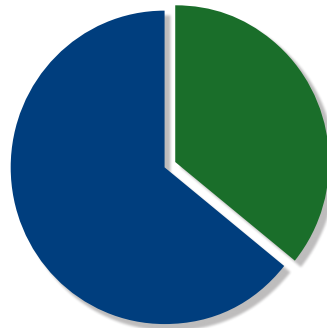
2. PARTICIPANTS NEEDING LTSS SERVICES

Individuals who qualify for Medical Assistance long-term services and supports (LTSS) due to a need for the level of care provided by a nursing facility. Participants receiving LTSS at home through a waiver program or reside in a nursing facility. They may also be enrolled in both Medicare and Medical Assistance.

420,618

TOTAL CHC POPULATION

64.2%
270,114
DUAL-ELIGIBLE PARTICIPANTS



35.8%
150,504
PARTICIPANTS NEEDING LTSS SERVICES

PARTICIPANTS NEEDING LTSS SERVICES

PARTICIPANTS IN NURSING FACILITIES

84,924

PARTICIPANTS IN WAIVER PROGRAMS

65,580

QUESTIONS? CALL THE CHC PROVIDER HOTLINE AT 1-800-932-0939.

BENEFITS FOR DUAL-ELIGIBLE PARTICIPANTS

Must be on both Medicare and Medical Assistance.

▶ **Adult Benefit Package**

Physical and behavioral health

**Behavioral health benefits are provided through the existing behavioral health managed care organizations.*

▶ **Screenings**

- Managed care organizations (MCOs) must do a health screening for all dual-eligibles within 90 days of the start date of CHC in the zone.

▶ **Care management plans**

- The MCO must offer dual-eligibles the ability to have a care management plan.

▶ **Comprehensive needs assessment**

- The MCO must conduct a comprehensive needs assessment when the participant requests one, self-identifies as needing LTSS, or if the MCO or independent enrollment broker identifies the need for one.

▶ **Medicare and behavioral health coordination**

- The MCO must coordinate with Medicare and the behavioral health MCOs to provide participants with comprehensive and coordinated services.



DEFINITIONS

• **Care Management Plan**

A written plan that identifies and addresses how the participant's physical, cognitive, and behavioral health care needs will be managed.

• **Comprehensive Needs Assessment**

A tool that assesses a participant's physical and behavioral health, as well as social, psychosocial, environmental, caregiver, LTSS and other needs. Preferences, goals, housing, and informal supports are also assessed.

• **Person-Centered Service Plan (PCSP)**

A written plan that addresses how the participant's physical, cognitive, and behavioral health needs will be managed, and how the participant's LTSS services will be coordinated. This includes both a care management plan and LTSS plan.



BENEFITS FOR PARTICIPANTS NEEDING LTSS SERVICES

▶ **Adult Benefit Package**

Physical and behavioral health

▶ **LTSS Benefit Package**

▶ **Comprehensive needs assessment**

- The MCO must conduct a comprehensive needs assessment for all LTSS participants annually.
- MCOs will also conduct an assessment if a trigger event occurs, such as a significant health care event or change in supports or settings.

▶ **Person-centered service plan (PCSP)**

- All LTSS participants will have a PCSP developed by the participant, their service coordinator and their person-centered planning team.
- The plan must be completed and updated no more than 30 days after the last comprehensive needs assessment.

▶ **Service coordination**

- The primary objective of service coordination is to support participants to identify needs, assure appropriate service delivery, and coordination with all other services including Medicare and behavioral health.
- All LTSS participants will have a service coordinator.

** Behavioral health benefits are provided through the existing behavioral health managed care organizations. This is new for Aging Waiver participants and nursing facility residents.*

• **QUESTIONS?** CALL THE CHC PROVIDER HOTLINE AT **1-800-932-0939**.

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ADULT BENEFIT PACKAGE

THE FOLLOWING PHYSICAL AND BEHAVIORAL HEALTH BENEFITS ARE AVAILABLE TO **ALL CHC PARTICIPANTS**. BEHAVIORAL HEALTH BENEFITS WILL BE PROVIDED BY THE BEHAVIORAL HEALTH MANAGED CARE ORGANIZATIONS.

- Certified registered nurse practitioner services
- Chiropractic services
- Clinic services
- Crisis services
- Contact lenses (limited to individuals with aphakia)
- Dental care services
- Durable medical equipment
- Emergency room/ambulance services
- Eyeglass frames (limited to individuals with aphakia)
- Eyeglass lenses (limited to individuals with aphakia)
- Family planning services and supplies
- Federally qualified health center services/rural health clinic services

- Home health services
- Hospice services
- ICF/IID and ICF/ORC (requires an institutional level of care)
- Inpatient hospital services
- Laboratory services
- Maternity (physician, certified nurse, midwives, birth centers)
- Medical supplies
- Mobile mental health treatment
- Nonemergency Transportation (only to and from MA-covered services)
- Nursing facility services
- Nutritional supplements
- Optometrist services
- Outpatient hospital services

- Peer support services
- Physician services
- Podiatrist services
- Prescription drugs
- Primary care provider services
- Prosthetics and orthotics (Orthopedic shoes and hearing aids are not covered)
- Radiology services (i.e., x-rays, MRIs, CTs)
- Renal dialysis services
- Targeted case management services (behavioral health only, limited to individuals with SMI only; other than behavioral health; limited to individuals identified in the target group)
- Therapy (physical, occupational, speech; habilitative and rehabilitative; only when provided by a hospital, outpatient clinic or home health provider)
- Tobacco cessation

HELPFUL TIPS

- **Be sure to carry your ACCESS card with you at all times.** When receiving health care services, show all your insurance cards, including your ACCESS card.
- **If you need a new ACCESS card,** call 1-877-395-8930. In Philadelphia, call 1-215-560-7226.

CHC managed care organizations may provide more services than those required by the CHC program.

LONG-TERM SERVICES AND SUPPORTS BENEFIT GUIDE

THE FOLLOWING BENEFITS ARE AVAILABLE TO PARTICIPANTS WHO ARE DETERMINED TO BE **NURSING FACILITY CLINICALLY ELIGIBLE AND RECEIVE MEDICAL ASSISTANCE LONG-TERM SERVICES AND SUPPORTS THROUGH A HOME- AND COMMUNITY-BASED WAIVER OR RESIDE IN A NURSING FACILITY**. THESE ARE IN ADDITION TO THE PHYSICAL HEALTH BENEFITS IN THE ADULT BENEFIT PACKAGE.

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| <ul style="list-style-type: none"> • Adult daily living services • Assistive technology • Behavior therapy • Benefits counseling • Career assessment • Cognitive rehabilitation therapy • Community integration • Community transition services • Counseling • Employment skills development • Financial management services • Home adaptations • Home delivered meals • Home health aide | <ul style="list-style-type: none"> • Home health – nursing • Job coaching • Job finding • Non-medical transportation • Nutritional counseling • Participant-directed community supports • Participant-directed goods and services • Personal assistance services • Personal emergency response system (PERS) • Pest eradication • Residential habilitation • Respite • Service coordination (including information and assistance in support of | <p>participant direction. Service coordination is furnished as a distinct activity to waiver participants as an administrative activity)</p> <ul style="list-style-type: none"> • Structured day habilitation • TeleCare • Vehicle modifications <p>EXTENDED STATE PLAN SERVICES</p> <ul style="list-style-type: none"> • Home health – physical, occupational, and speech and language therapies • Specialized medical equipment and supplies |
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CHC managed care organizations may provide more services than those required by the CHC program.