COMMUNITY HEALTH CHOICES UPDATE
What You Need to Know about the Statewide Transition Plan

Below are the most recent updates with the Managed Care transition.

COMMUNITY HEALTH CHOICES (CHC) is Pennsylvania’s mandatory managed care program for dually eligible individuals and individuals with physical disabilities — serving more people in communities, 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.

CHC is being developed to: (1) enhance access to and improve coordination of medical care and; (2) create a person-driven, long-term support system (LTSS) in which people have choice, control, and access to a full array of quality services that provide independence, health, and quality of life. LTSS help eligible individuals to perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications.

Who will enroll in CHC?

Individuals will be enrolled in CHC if they are 21 years old or over and are:
- Receiving both Medicare and Medicaid; OR
- Receiving LTSS in the Attendant Care, Independence, COMMCARE, or Aging waivers; OR
- Receiving services in the OBRA waiver AND determined nursing facility clinically eligible; OR
- Receiving care in a nursing home paid for by Medicaid; OR
- An Act 150 participant who is dually eligible for Medicare and Medicaid.

Individuals are NOT eligible for CHC if they are:
- Receiving LTSS in the OBRA waiver and are NOT nursing facility clinically eligible; OR
- An Act 150 program participant, who is not dually eligible for Medicare and Medicaid; OR
- A person with an intellectual or developmental disability who is receiving services through the Department of Human Services’ Office of Developmental Programs; OR
- A resident in a state-operated nursing facility, including the state veterans’ homes.

For more information, visit www.dhs.pa.gov.

COMMON QUESTIONS

1. What is changing with CHC?
Today, the Department of Human Services coordinates the care for most participants in two different fee-for-service systems. Under CHC, managed care organizations (MCO) will coordinate both the physical health and LTSS in one system.
2. Who can I ask my CHC questions to?
Participants who are transitioning to CHC should reach out to their Service Coordinator with questions. You also can call the OLTL Participant Hotline at 833-735-4416.

3. Will this change Medicare?
Participants will not need to change their Medicare. However, participants may choose to have the same CHC-MCO provide their CHC services and Medicare coverage. This will improve coordination between Medicare and Medical Assistance. Participants will receive more information about this option once they select their CHC-MCO.

Additionally, CHC-MCOs have the same responsibility for coordination of members’ Medicare coverage — whether they participate in traditional Medicare or a Medicare Advantage product.

4. What happens to the waiver programs?
With one exception, CHC will replace the waiver programs available through the Office of Long-Term Living. The OBRA waiver will continue to exist for individuals 18 and older who have a severe developmental physical disability and need an Intermediate Care Facility/Other Related Conditions (ICF/ORC) level of care.

5. Do Participants have to change waiver providers of Service Coordinator?
For the first 180 days of CHC, participants will be able to keep their current waiver providers and service coordinator. After that, they will need to use providers and service coordinators who are in the CHC-MCO’s network. United Disabilities Services (UDS) has enrolled with AmeriHealth Caritas and UPMC for You for Service Coordination.

ADDITIONAL INFORMATION

Need more information?
Go to http://www.healthchoicespa.com/ or call:
• Participant Hotline: 833-735-4416

For faster and more efficient communication, please send your email to us at: ADVOCATE@udservices.org