

# 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.

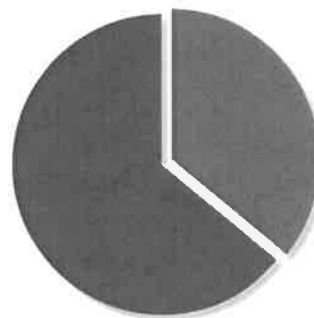
**2. PARTICIPANTS NEEDING LTSS SERVICES**

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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