COMMUNITY HEALTHCHOICES (CHC) is Pennsylvania’s mandatory managed care program for individuals who are eligible for both Medicaid 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.

SERVICE COORDINATION includes activities to identify, coordinate, and assist participants in obtaining access to needed health services and in-home supports, as well as social and housing services needed to help participants live in their communities. Under CHC, a service coordinator is a managed care organization’s (CHC-MCO) designated, accountable point-of-contact for each participant receiving long-term care services, their person-centered service plan (PCSP), and service coordination.

TRANSITIONING INTO CHC — FIRST 180 DAYS

• The CHC-MCO must provide service coordination through appropriately qualified service coordinators employed by, or under contract with, the CHC-MCO.

• Participants who transition into CHC at the start date for the CHC zone will have a 180-day continuity-of-care period for their service coordinator. This means that the CHC-MCOs are required to continue services through all existing providers, including service coordination entities, for 180 days.

• CHC-MCOs will contract with all willing and qualified service coordination entities during the 180-day continuity-of-care period.

• For participants who transition between CHC-MCOs, during the initial 180-day continuity-of-care period, the receiving CHC-MCO must keep the same continuity of care for service coordination for the remainder of the 180 days or until a comprehensive needs assessment has been completed and a PCSP has been developed and implemented; whichever date is later.

• Once CHC begins in a zone, service coordinators currently serving participants transitioning to CHC will bill the MCO in which the participant is enrolled during the continuity of care period.

ONGOING SERVICE COORDINATION

• Service coordination entities interested in providing ongoing service coordination under CHC must coordinate with the CHC-MCOs to discuss potential subcontractor agreements.

• Service coordinators will continue providing services through the OBRA Waiver and Act 150 program.

• Service coordination entities will be required to maintain their enrollment status as a Medical Assistance provider with the Office of Long-Term Living in order to provide and be reimbursed for services.