Service Coordination

Q1. When will participants select their service coordinators for CHC implementation and then after the 180-day continuity-of-care period?

A. Participants who transition into CHC at the implementation date for the CHC zone will have a 180-day continuity-of-care period for their long-term services and supports (LTSS), including service coordination. This means that the CHC-MCOs are required to continue services through all existing providers, including service coordination entities, for 180 days.

Before expiration of the 180-day continuity-of-care-period, CHC-MCOs will notify participants how their service coordination will be provided and whether their existing service coordination entity (SCE) will continue to provide services as the CHC-MCO’s subcontractor. If the CHC-MCO does not contract with the participants existing SCE, the CHC-MCO will give participants the opportunity to choose a new service coordinator from amongst those employed by or under contract with the CHC-MCO.

Q2. How and when will providers know which CHC-MCO is contracting with which service coordination entity? And when will providers receive this information?

A. The CHC-MCOs will be responsible for service coordination under CHC. Providers should discuss service coordination with the MCOs.

Q3. What happens to Service Coordination Entities (SCEs) after the Continuity-of-Care period?

A. All existing SCEs on the date of implementation for each CHC zone are covered by the continuity-of-care period. After the continuity-of-care period ends, the CHC-MCO can decide to continue contracting with the SCE, conduct service coordination themselves, or execute a mixture of contracting and direct service coordination. CHC-MCOs are responsible for service coordination under the CHC agreement and are given the flexibility to decide how it is administered.

Q4. Will CHC-MCOs have their own internal Service Coordination Entities (SCE) or will that be subcontracted to the existing SCEs?

A. CHC-MCOs are responsible for service coordination under the CHC agreement and are given the flexibility to decide how to administer it. All existing SCEs that are enrolled in the PA Medical Assistance Program on the date of implementation for each CHC zone are covered by the continuity-of-care period. After the continuity-of-care period, the CHC-MCO can decide to continue contracting with SCEs, conduct service coordination themselves, or do a mixture of contracting and direct service coordination. If a CHC-MCO chooses to discontinue with a SCE at the end of the continuity-of-care period, the CHC-MCO must comply with the provider termination requirements in Exhibit V, which includes notifying the Department of Human Services (DHS) and the participants and providing the DHS with a termination work plan. If a SCE chooses to end contracting with a CHC-MCO at the end of the continuity-of-care period, the CHC-MCO must also comply with the provider notification requirement in Exhibit V.
Q5. How many service coordination entities will be contracted by the CHC-MCOs?

A. During the continuity-of-care period, the CHC-MCOs must contract with all willing and qualified entities. After the continuity-of-care period, the CHC-MCOs will determine subcontracting arrangements. The CHC-MCOs should be contacted to discuss this topic.

Q6. Will the CHC-MCOs have a local office in each region?

A. The CHC-MCO must have an administrative office within each CHC zone. In its discretion, the Department of Human Services (DHS) may grant exceptions if the CHC-MCO has administrative offices located elsewhere in Pennsylvania and the CHC-MCO is in compliance with all standards set forth by the Pennsylvania Department of Health (DOH) and Pennsylvania Insurance Department (PID).

Q7. Will referrals be made from the service coordinators or from the CHC-MCOs and what is the process?

A. The CHC-MCOs will develop and issue the Person Centered Service Plan, which includes referrals. Providers should contact the CHC-MCOs to discuss any questions.

Q8. If a service coordination entity contracts with all CHC-MCOs, should participants expect to continue working with the same care manager as they have now?

A. CHC-MCOs are responsible for service coordination under the CHC Agreement and are given the flexibility to decide how to administer it. Every participant receiving long-term services and supports will choose a service coordinator. While participants who are transitioning into CHC at the implementation date for the CHC zone will have a continuity-of-care period for their service coordinator, participants who transition between CHC-MCOs after the implementation date will not have a continuity-of-care period for their service coordinators. If requested after continuity-of-care period, CHC-MCOs may allow participants to continue working with the same service coordinator if the service coordination entity is contracted with the CHC-MCO.

Q9. Can service coordinators and supervisors only work with participants from one of the CHC-MCOs?

A. Service Coordination Entities interested in providing ongoing service coordination under CHC should contact the CHC-MCOs to discuss potential subcontractor agreements. Service coordinators will continue providing services through the Office of Long-Term Living (OLTL) OBRA Waiver and ACT 150 Program.

Q10. Can service coordinators and supervisors work for more than one CHC-MCO or is it exclusive?

A. During the continuity-of-care period, the CHC-MCOs must contract with all willing and qualified entities. After the continuity-of-care period, the CHC-MCOs will determine subcontracting arrangements. The CHC-MCOs should be contacted to discuss this topic.
Q11. Are Service Coordination Entities (SCE) required to be conflict free under CHC?

A. Yes, the conflict-free requirements apply whether the CHC-MCOs own employees act as service coordinators or the CHC-MCO contracts with an SCE. SCEs, either CHC-MCO employees or subcontracted arrangements, cannot be a related party to a Medicaid provider.

Q12. From a participant’s perspective, how will a conflict of interest impact them?

A. The conflict of interest restriction helps to ensure that the participant has the freedom to choose the long-term services and supports provider of their choice without undue pressure or incentives to steer individuals toward or away from certain choices.

Q13. If service coordination is provided by non-CHC-MCO staff and contracted out, does the service coordination entity need to be an "enrolled Medicaid provider" in order for the CHC-MCO to contract with them for this service?

A. Service Coordination Entities (SCEs) do not need to be enrolled as a Medical Assistance provider after the continuity-of-care period to subcontract with a CHC-MCO to provide SCE. However, SCEs will be required to maintain their enrollment status as a Medical Assistance provider with the Office of Long-Term Living (OLTL) in order to provide, and be reimbursed for services under the OLTL OBRA Waiver and Act 150 Program.

Q14. If the service coordinating entity is a Medicaid provider only, do they need to become a Medicare provider as well in order to participate in CHC?

A. Current Service Coordination Entities (SCE) should check with the CHC-MCOs on their credentialing requirements. CHC-MCOs are responsible for service coordination under the CHC Agreement and are given the flexibility to decide how to administer it. All existing SCEs that are enrolled in the Pennsylvania Medical Assistance Program on the date of implementation for each CHC zone are covered by the continuity-of-care period. After the continuity-of-care period, the CHC-MCO can decide to continue contracting with SCEs, conduct service coordination themselves, or do a mixture of contracting and direct service coordination.

Q15. Will there be a process by which a service coordinator who has multiple years of direct experience providing service coordination be grandfathered if they don't have a social services or a related degree?

A. Service coordinators hired prior to the CHC zone implementation date must have the qualifications and standards proposed by the CHC-MCOs and be approved by the Department of Human Services (DHS). Service coordinator supervisors hired prior to the CHC zone implementation date (who are not an RN, a Pennsylvania-licensed social worker or Pennsylvania-licensed mental health professional) must either: 1) obtain a license within the first year of the start of CHC; or 2) have the qualifications and standards proposed by the CHC-MCOs and approved by the DHS. Current service coordination entities should check with the CHC-MCOs on this question.
Q16. Are the three CHC-MCOs working together regarding service coordination and supervisor educational requirements for consistency across the CHC-MCOs? If yes, what are they and what is the process for consideration?

A. The CHC-MCOs should be contacted to discuss this topic.

Q17. Will each CHC-MCO provide specific training for service coordinators and supervisors to learn compliance?

A. The CHC-MCOs are required to train providers on service coordination. The CHC Agreement requires that each CHC-MCO must submit and obtain prior approval from the Department of Human Services of an annual provider education and training work plan that outlines its plans to educate and train network providers. This includes educating contracted and non-contracted providers regarding needs screening, comprehensive needs assessment and reassessment, service planning system and protocols, and a description of the provider's role in service planning and service coordination. Current service coordination entities should contact the CHC-MCOs to learn more about their training plans.

Q18. Will Service Coordinators be available 24-hours a day?

A. The CHC-MCO’s participant services functions must be operational at a minimum during regular business hours (9:00 a.m. to 5:00 p.m., Monday through Friday), plus one evening per week (5:00 p.m. to 8:00 p.m.) or one weekend per month to address non-emergency problems encountered by participants. The CHC-MCO must have arrangements to receive, identify, and resolve in a timely manner emergency participant Issues on a 24 hour-per-day, seven day-per-week basis. The CHC-MCO must forward all telephone calls received by the participant service area in which the caller requests his or her service coordinator to the participant’s service coordinator.

In the event a call is received beyond the hours of availability, CHC-MCO staff must record a message, including the participant’s name, participant identification number and call back number, and forward the information to the service coordinator staff for a return call. The service coordinator or the service coordinator’s designated back-up person must return the call as soon as possible but no longer than two business days from the receipt of the call unless the participant indicates the need for immediate assistance. The CHC-MCO will then direct the participant to the Nurse Hotline for assistance.

Q19. For participants who have Medicare with a different health plan than the CHC MCO, how will these plans share medical information so that service coordinators are informed about hospitalizations in a timely manner?

A. The CHC-MCO must specify how it will coordinate with the participant’s Medicare coverage in the participant’s Person-Centered Service Plan.
Q20. What will be the service coordination case load?

A. The CHC-MCOs are required to have sufficient staff to service participants. The CHC-MCO must annually submit and obtain the Department of Human Services approval of its service coordination staffing plan, including a staff-to-participant ratio. Providers should contact the CHC-MCOs to learn their specific staffing ratios.

Q21. What is the anticipated caseload for service coordinators, and will this conflict with behavioral case management services?

A. The CHC-MCOs are required to have sufficient staff to service participants. Providers should contact the CHC-MCOs to learn their specific staffing ratios. To enhance the treatment of participants who need both CHC and behavioral health services, the CHC-MCO must develop and implement written agreements with each BH-MCO in the CHC zone regarding the interaction and coordination of services provided to participants.

Q22. How will the service coordinator role be different whether internal at the CHC-MCO or external at a contracted provider? Will the CHC-MCOs share the scope for contracted services?

A. The CHC-MCOs will determine the roles of employed service coordination staff versus subcontract service coordination staff. The CHC-MCOs should be contacted to discuss the roles.

Q23. What will the role of the CHC-MCO housing coordinator be in relation to the service coordinator?

A. The service coordinator oversees the Person-Centered Service Plan (PSCP). Housing is one component of the PSCP, and the housing coordinator is part of the PCSP team. The CHC-MCO should be contacted to learn more details on the roles.

Q24. Will nursing home transition and service coordination be merging under CHC?

A. During the continuity-of-care period, the CHC-MCOs must contract with all willing and qualified nursing home transition and service coordination entities. After the continuity-of-care period, the CHC-MCOs will determine the roles and subcontracting arrangements for nursing home transition. The CHC-MCOs should be contacted to discuss this topic.

Q25. How important is transitions of care in CHC and to the CHC-MCOs?

A. Transitions of care are vitally important to the CHC program. Many of the CHC goals are dependent on improved transitions of care to serve more individuals in the community, strengthening coordination, enhance quality, and increase efficiency and effectiveness.