

## **COMMUNITY HEALTHCHOICES (CHC)**

### **OPERATIONS MEMORANDUM #2023-09**

---

**SUBJECT:** Community HealthChoices (CHC) Home and Community-Based Services (HCBS) to Act 150 Transfers

**TO:** CHC Managed Care Organizations (MCOs), Independent Enrollment Broker (IEB)

**FROM:** Bureau of Policy Development and Communications Management

**DATE:** November 15, 2023

---

#### **PURPOSE**

Section V.O.13 of the CHC Agreement requires that the CHC-MCO must provide aid in transitioning a disenrolled participant to other resources for continuity of care. As part of the application and enrollment assistance requirement outlined in Section IV-6-F.5 of the IEB Statement of Work, the PA IEB must review and make recommendation to the Office of Long-Term Living whether a participant who is financially ineligible for Medical Assistance (MA) Long-Term Services and Supports (LTSS) is eligible for the Act 150 Program.

The purpose of this Operations Memorandum is to outline the CHC-MCO and PA IEB responsibilities in assisting participants with the CHC HCBS to Act 150 Program application process.

#### **PROCEDURES.**

If a CHC HCBS participant has a change in financial circumstances and is determined financially ineligible for CHC HCBS, the following process must be followed for Act 150 enrollment consideration.

As part of the assistance that CHC-MCOs must provide to participants during the financial eligibility redetermination process, CHC-MCOs must provide all participants ages 21 to 59 who are determined financially ineligible for CHC HCBS with information to access the Act 150 Application Form at [www.paieb.com](http://www.paieb.com), to aid the participant with

starting the Act 150 application process. The CHC-MCO must also provide the PA IEB phone number, (877) 550-4227, to those participants. For participants ages 60 and older who are determined financially ineligible for CHC HCBS, the CHC-MCO must provide the phone number for the Participant's County Area Agency on Aging for an OPTIONS program referral.

### **CHC-MCO Referral to PA IEB**

Upon receipt of notice of financial ineligibility, the CHC-MCO will submit a referral to the PA IEB for an Act 150 transfer review. The referral should be sent to the **\*redacted due to internal information\*** email address with "CHC HCBS to Act 150 Transfer" in the email subject line. To expedite the process, the following information should be included in the referral email:

- CHC HCBS service plan, including:
  - Type, scope, amount, duration, and frequency of services
  - Provider of each service identified on the service plan

### **Participant Referral to the PA IEB**

Upon receipt of a direct referral from a participant that has a recent financial ineligibility determination, if a referral has not yet been received from the CHC-MCO, the PA IEB will email the participant's CHC-MCO to request a copy of the CHC HCBS service plan. The CHC HCBS service plan includes;

- Type, scope, amount, duration, and frequency of services
- Provider of each service identified on the service plan

### **The PA IEB will email the CHC-MCO using the following contacts**

- AmeriHealth/Keystone First  
**\*redacted due to internal information\***
- Pennsylvania Health and Wellness - PHW Liaison  
**\*redacted due to internal information\***
- UPMC - chc (Service Account)  
**\*redacted due to internal information\***

### **The email from the PA IEB will include the following information:**

- Subject – CHC HCBS to Act 150 Transfer
- Email – The PA IEB was contacted by participant [First Name, Last Name, MCI#] for a transfer to Act 150 due to being determined financially ineligible for CHC HCBS. Please provide the most recent CHC HCBS Service Plan for the transfer to occur and avoid disruption.

### **CHC to Act 150 Transfer**

Upon receipt of the referral for Act 150, the PA IEB will complete the following steps:

1. Review the participant's record to confirm the following:
  - Notice of financial ineligibility indicates a participant is financially ineligible for CHC HCBS.
    - If the notice indicates that the denial is due to not providing requested verification to the County Assistance Office, Act 150 enrollment cannot be considered.
2. Outreach to participant to:
  - Confirm all required documents are complete
  - Provide choice of Service Coordination (SC) Agency
  - Confirm individual is interested in proceeding with an Act 150 Application

Review the Pennsylvania Individualized Assessment (PIA) System for Level of Care Determination. If the record includes a Nursing Facility Clinical Eligibility (NFCE) assessment completed within 12 months, the PA IEB can proceed to step 4. If the most recent assessment is older than 12 months, the PA IEB will request a Functional Eligibility Determination to be completed by the Independent Assessment Entity (Aging Well) and Physician Certification Form (MA 570) for Level of Care Determination.

3. Once NFCE Level of Care is confirmed, confirm acceptance from the selected SC Agency.
  - Review the Waiver Code 20 end date and CHC-MCO enrollment in eCIS. The start date of the Act 150 plan is the day after the Waiver Code 20 ends. If the CHC-MCO enrollment continues after the Waiver Code 20 end date, the PA IEB will send an email to OLTL at **\*redacted due to internal information\*** Subject – CHC HCBS to Act 150 Transfer MCO Plan Needs End Dated
  - Email – The following participant is a CHC to Act 150 transfer. The Waiver Code end date is [date]. Please adjust the CHC-MCO end date to the same date.
4. Once the PA IEB receives notification from OLTL that the MCO end date has been adjusted, enter participant record into the Home and Community Services Information System (HCSIS), including services identified on the CHC HCBS service plan that are available through the Act 150 Program. The effective date of the Act 150 enrollment and services will be the day after the CHC HCBS eligibility ended.

**NEXT STEPS**

1. Review this information with appropriate staff.
2. Contact the Enrollment Unit if you have any questions.