Community HealthChoices Waiver Participants

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# Welcome

This course was created by the PA Department of Human Services to help people understand a new Medicaid (also known as Medical Assistance) program for older adults and people with physical disabilities. The new program is called Community HealthChoices or CHC.

This course answers important questions you may have about CHC. It is going to help you better understand what the new CHC program is, what benefits it covers, how to know if your doctors and hospitals are part of it, and what to do when you’re enrolled.

This course focuses on CHC for home and community-based waiver participants. Being a waiver participant means you are getting services through the state to help you live in the community. These services may include a service coordinator to help you access care, a personal care attendant or direct care worker, home modifications, home delivered meals, and more.

There are other courses about CHC for people who have Medicare and Medicaid and for people who live in a nursing facility.

## Resources

We know that some terms used in this course may be confusing. The Glossary & Acronyms guide includes a list of these terms and acronyms. You can find the Glossary & Acronyms guide [here](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_237794.pdf). You may also want to read about the Adults Benefits Package. You can find that [here](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_264102.pdf).

# What is Community HealthChoices?

So, you’ve found out that you’re going to be enrolled in Community HealthChoices. You may be asking yourself, what is Community HealthChoices? Why am I being put into this program? Do I need to enroll in this program? Do I have to be in the program?

Community HealthChoices, also known as CHC, is a mandatory managed care program for people who are eligible for both Medicare and Medicaid or for individuals with physical disabilities who need the level of care provided by a nursing facility – whether in a nursing facility or in their home. CHC will serve more people in communities, give them the opportunity to work, spend more time with their families, and experience an overall better quality of life. CHC will improve services for hundreds of thousands of Pennsylvanians.

## Why the change to CHC?

You may need a doctor, specialist, therapist, home care worker, and other specialty providers. Before CHC, you or your family had to manage all these services with limited support.

There are many organizations that provide services. It’s hard to know which are the good providers that will give you the services that you need.

With CHC, managed care organizations, which are known as CHC health plans, are responsible for coordinating all these services and making sure you get the quality services you need.

## How does CHC work?

First, you will need to pick a CHC health plan. There are three CHC health plans in Pennsylvania:

* AmeriHealth Caritas, which goes by Keystone First in the Southeast,
* UPMC Community HealthChoices, and
* Pennsylvania Health & Wellness.

You will be asked to select one of the three CHC health plans when you move to or enroll into CHC. If you do not choose a CHC health plan, you will be automatically enrolled in one. You may change your CHC health plan at any time whether you picked it yourself or you were automatically enrolled.

That plan will pay for your physical health benefits, like doctors’ visits and specialists. The CHC health plan will also pay for your long-term services and supports, if you are eligible for those services. Your CHC health plan will coordinate with Medicare and your behavioral health plan to make sure that you get the services you need. The CHC health plan is there to help take the confusion out of your health care.

## Who is included?

So, you may be wondering, exactly who is eligible to enroll in the CHC health plans. Community HealthChoices enrolls people 21 and older who are:

* Eligible for both Medicare and Medicaid – which is referred to as dual eligible, or
* Receiving long-term services and supports through Medicaid home and community-based waiver programs for individuals and are not enrolled in the Living Independence for the Elderly program, which is called LIFE, or
* Living in a nursing facility paid for by Medicaid.

If you are not sure this includes you, don’t worry. The PA Department of Human Services will contact you if you’re eligible for CHC.

## LIFE

There is another program available to some folks who are eligible for Community HealthChoices. People age 55 and older and are eligible may choose to enroll or remain in the Living Independence for the Elderly program. This program is known as the LIFE program. The LIFE program features a managed care approach. It combines long-term services and supports, behavioral health, and physical health services to Medicare or Medicaid participants.

To be eligible for the LIFE program, you must:

* Be age 55 or older,
* Be nursing facility clinically eligible,
* Live in an area served by LIFE, and
* Be able to be safely served in the community.

The LIFE program focuses on individuals living independently in their homes and communities for as long as possible. The LIFE program will continue to remain an option for eligible individuals alongside CHC.

## Will CHC affect my Medicare plan or services?

No, it won’t.

If you are on both Medicare and Medicaid, Medicare is your main insurance. That means when you get services covered by Medicare, Medicare pays first, and Medicaid pays what Medicare doesn’t cover.

You will be able to keep your Medicare health plan or stay in original Medicare if you do not have a Medicare health plan. You will also keep your Medicare doctors. CHC replaces your Medicaid. CHC has no impact on your Medicare.

What will change is that Medicare (your main insurance) and your CHC health plan (which will be your Medicaid) will work together better.

# What if I’m enrolled in a waiver?

Now that you know more about what CHC is, let’s talk about what CHC means for you, your current programs, providers, and services?

Since you are 21 years old or over, nursing facility clinically eligible, and receiving services through Medicaid home and community-based waivers, you’ll move to CHC.

## What about the services & care I get now?

As you move to CHC, there are rules in place to make sure you receive the same level of services as you get now. This is called the continuity of care period.

You can keep your physical health providers, like your doctors and specialists, for 60 days and your long-term services and supports providers for 180 days. CHC health plans must work with all qualified and willing home and community-based services providers during the transition, including your service coordinator.

## What about my current providers?

A benefit of CHC is that you’ll be able to choose a CHC health plan that best fits your needs. Each CHC health plan needs to have enough providers in its network. To keep your same providers, they need to be in the network of the CHC health plan you select. Remember that if you have Medicare, you’ll be able to keep those doctors no matter which CHC health plan you choose.

## What about my service coordinator?

After the 180-day transition period, the CHC health plans have the option to use existing service coordinators, use their own staff, or hire staff to perform service coordination. Depending on what the CHC health plans do, you may or may not be able to keep your current service coordinator. Your CHC health plan will work with you to pick a new service coordinator, if needed.

## What if I hire and manage my care workers?

So, if you hire and manage your long-term service and support care workers, does this change? No, it doesn’t.

This is called the “participant-directed” or “employer authority model,” which continues under CHC. Services My Way also continues under CHC. You can keep your care workers and continue to work with the financial management service as you do today.

## What about my current benefits?

How does Community HealthChoices affect your current benefits?

You will receive the same Adult Benefit Package that you receive today. Physical health benefits, like doctor visits, laboratory tests, and hospital stays, are provided by the CHC health plans. Behavioral health benefits, like mental health or drug and alcohol services, are provided by behavioral health plans.

If you are covered by Medicare, that won’t change. CHC works directly with Medicare to coordinate your services.

## What about my current long-term services and supports?

For 180 days after you select your CHC health plan, the services you receive will remain the same even if the service providers are not in your CHC health plan’s network.

During this time, the CHC health plan will reach out and work with you to make sure that your current service plan is meeting your needs. They’ll also talk to you about other services that are offered through your CHC health plan.

## Comprehensive Assessments

CHC health plans have service coordinators who visit you to go over your current services. They look at your needs, strengths, goals, and preferences. The service coordinator will talk to you about healthcare, home care, housing, community engagement, and employment.

This is called a comprehensive needs assessment. The assessment provides information for planning the services you get and how you will get them.

A new assessment will happen each year, or more often if something about your situation changes. For example, CHC health plans should do a new assessment when there are changes in your needs, health conditions, or environment. If you feel you have needs that are not being met or your needs change, you can request a new assessment at any time.

It is important that you are an active part of the assessment process. Work with your CHC health plan and the assessor to make sure your needs and goals are considered.

## Person-Centered Service Plan

Once your needs are assessed and identified, the CHC health plan is responsible for planning your services. They’ll create what is called a person-centered service plan.

All person-centered service plans include a care management plan. The care management plan focuses on how your physical, cognitive, and behavioral healthcare needs are managed. The care management plan includes specifics of how the CHC health plans will coordinate with Medicare, Veteran’s services, behavioral health plans, and other insurers and supports to make sure your needs are met.

Person-centered service plans are developed with you, your service coordinator, and other people you want involved in your plan. This is your person-centered service planning team.

## What does the planning team do?

Your person-centered planning team works together to come up with the best way to meet your needs and goals. Team planning ensures that your services, providers, and appointments are well coordinated. It also helps everyone who supports you to understand your situation so that they can provide better quality service.

## What is added?

In addition to better planning, coordinating, and monitoring of your services, the CHC health plan has flexibility to provide a broader range of services.

### Employment

For example, Lisa chooses to live at home and wants to start working again. Through her CHC health plan, her service coordinator can help her develop job skills, find a job, and keep that job. Her service coordinator may also need to include transportation services to help Lisa get to and from her job.

### Housing

Like many people who want to live at home, Lisa has also had trouble finding affordable, accessible housing. CHC health plans work with individuals and housing services so that someone isn’t forced into a nursing facility simply because they can’t find appropriate housing. CHC health plans also work with people to make their housing accessible through home modifications, and to deal with getting rid of pests like rodents and insects.

### Behavioral Health

In some cases, people may need help with behavioral health or drug and alcohol abuse services to stay independent. The CHC health plan works with the behavioral health plan to coordinate all services. If you are enrolled in the Aging waiver, this is new for you. You’ll receive behavioral health services through the behavioral health plan in your county. The behavioral health plans are:

* Community Behavioral Health,
* Community Care Behavioral Health Organization,
* Magellan Behavioral Health of Pennsylvania,
* PerformCare, and
* Value Behavioral Health.

In addition to services covered by the behavioral health plan, CHC provides counseling services, cognitive rehabilitation, and behavioral therapy services. Community HealthChoices supports people living successfully in the community and recognizes that mental health and drug and alcohol abuse services can be an important part of staying independent.

# What are my next steps?

So, we’ve talked about CHC and how it may affect you. You may be wondering…what are my next steps?

## Review the Enrollment Packet

After you receive the letter from the Department of Human Services telling you that you will move to CHC, you will get an enrollment packet. The enrollment packet will come from an organization called the independent enrollment broker or IEB. Read the information in the enrollment packet carefully. It tells you about the different CHC health plans, benefits, and things to think about when choosing your CHC health plan.

Remember, if you are on Medicare, you will be able to keep your Medicare providers for services that are covered by Medicare. CHC will not change your Medicare plan or services.

If you are not on Medicare or if you get services that aren’t covered by Medicare, you should pick a CHC health plan that has your providers in its network. It’s a good idea to have a list of your current providers so you can check and see which providers work with which CHC health plans. This is the time to get that information together.

## Learn about CHC Health Plans

You can learn more about the CHC health plans by visiting the CHC enrollment [website](http://www.enrollchc.com). You can also call the IEB at 844-824-3655 or (TTY) 833-254-0690. They’ll answer your questions and give you information about your health plan options. You’ll want to have the list of your providers available because the IEB can tell you which of your providers are in each CHC health plan.

## Talk to Your Providers

You’ll want to talk to your providers about which CHC health plans they accept or plan to accept. This helps you determine which plan to choose so you can keep your current providers. Remember, you’ll be able to keep your Medicare providers. You’ll want to be sure to check with your Medicaid providers before choosing your plan.

## Select Your Plan

Even though enrolling in CHC is mandatory, you do have some choice in the process. You can choose your CHC health plan. This is important because if you don’t choose a plan, you’ll be automatically enrolled in one. Think about which plan includes your providers and the services that are most important to you. Which plan you choose depends on your needs and situation.

Some things to think about when selecting a health plan are:

* What agencies currently help you?
* Who is your doctor?
* What agency employs your care workers, like your aides or attendants?

Include these providers on your list and check to make sure they are in the network for the plan you choose. The independent enrollment broker can help you do this.

If you decide to choose the LIFE program instead of CHC, the independent enrollment broker can help you get connected with local LIFE providers.

If all this seems confusing, don’t worry. You can change your CHC health plan at any time. To do this, just go to the CHC enrollment [website](http://www.enrollchc.com) or call the IEB at 844-824-3655 or (TTY) 833-254-0690.

## Work with Your Plan

Once you’ve selected your CHC health plan, they’ll send you a welcome packet and ID card. Be sure to show this new card at any appointments. If you have Medicare, you will need to continue showing that card as well.

Talk to your CHC health plan about your needs and preferences. Work with them during the needs assessment process to make sure your voice is heard. Ask them about additional services they provide.

Remember, your CHC health plan is the single point of contact for your services. CHC health plans make it easier for you to plan and receive high-quality services.

# Conclusion

Thank you for taking the time to learn about CHC, what it features, who is involved, and what to do when you’re enrolled.

For more information, go to the HealthChoices [website](http://www.healthchoices.pa.gov) or the CHC enrollment [website](http://www.enrollchc.com). You may also call the IEB at 844-824-3655 or (TTY) 833-254-0690.