

SOUTHWEST REGION

END OF CONTINUITY OF CARE

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.

CHC includes provisions to help maintain continuity of care and avoid interruptions of service for participants when they are first enrolled, as well as when choosing to switch from one managed care organization (CHC-MCO) to another.

- **The Southwest Zone includes** Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties.
- **The following requirements apply** during the first 180 days of each phase of implementation:
 - » CHC-MCOs are required to contract with all willing and qualified, existing long-term services and supports (LTSS) and nursing facility Medicaid providers.
 - » Participants may keep their existing LTSS providers (including service coordinators).
 - » No changes to the participants' services.
- **End of continuity of care dates in the Southwest Zone:**
 - » Physical health services: Ended March 2, 2018
 - » LTSS and service coordination: June 30, 2018
- **Nursing facility residents** may stay in the nursing facility where they resided on Jan. 1, 2018, as long as they remain a resident regardless of whether the nursing facility is in their CHC-MCO's network.

PARTICIPANT QUESTIONS

Participants may have questions and/or concerns about the following changes that may occur after the 180-day continuity of care period:

- A change to their service provider due to the CHC-MCO ending a provider contract.
- A change in service coordinator due to the CHC-MCO ending a contract with the service coordination entity.
- A change to the amount, duration, or frequency of services they are receiving. The CHC-MCOs must complete a comprehensive needs assessment, as well as develop and implement a person-centered service plan (PCSP) which includes at minimum:
 - » Choice of network providers
 - » Collecting any necessary information including the participant's preferences, strengths, and goals to inform the development of the PCSP.

Participants with questions and/or concerns about changes to their current services or the providers who deliver their services, should contact their CHC-MCO.

(Please see Page 2 for MCO contact information)

LTSS CONTINUITY OF CARE ENDED JUNE 30, 2018
I N T H E S O U T H W E S T R E G I O N

COMPLAINTS & GRIEVANCES

If participants have unresolved concerns about an CHC-MCO, participants should contact the CHC-MCO to file a complaint or grievance.

Because there are timeframes related to filing a complaint or grievance, it is important the participant does not delay when taking action.

Participants who file a grievance due to a reduction or stoppage of services must file an appeal within 10 days of the date of the notice to continue to receive services previously authorized pending resolution of the grievance.

- **Complaint:** A dispute or objection about a participating provider or the coverage, operations, or management policies of the CHC-MCO. A complaint may be filed regarding:
 - » A denial because the requested service or item is not a covered service.
 - » Failure of the CHC-MCO to provide a service or item in a timely manner, as defined by the department.
- **Grievance:** A request to reconsider a plan's decision that a service or treatment is not medically necessary. A grievance may be filed regarding the CHC-MCO decision to:
 - » Deny, in whole or in part, payment for a service or item.
 - » Deny or issue a limited authorization of a requested service or item, including a determination based on the type of level of service or item.
 - » Reduce, suspend, or terminate a previously authorized service/item.
 - » Deny the requested service/item but approve an alternative service/item.

STANDARDS AND PROTECTIONS FOR CONTINUITY OF CARE

- The CHC-MCO must notify the Office of Long-Term Living (OLTL) in writing of its intent to terminate a network provider and services that network providers provide, 90 days prior to the effective date of the termination.
- The CHC-MCO must have procedures to address changes to its network providers that impact participant access to services.
- The CHC-MCO is required to provide written notice to the participant 45 days prior to the effective date of the provider's termination.
- The CHC-MCO is required to provide written notice of any change to a participant's service plan with information on filing a complaint or grievance with the CHC-MCO.

OLTL MONITORING

- OLTL continues to monitor notification requirements, service plan changes, missed services, service denial notices, and complaints and grievances through the continuity of care period, and will continue its oversight after the continuity of care period ends.
- OLTL will hold the CHC-MCOs accountable for meeting notification requirements and ensure that participants are receiving appropriate levels of service.
- OLTL will send information about the LIFE program to potentially eligible CHC recipients (age 55 or older and nursing facility clinically eligible) in the Southwest Zone. The information will be sent at the conclusion of the continuity of care period and will reach approximately 19,000 individuals.



1-855-235-5115
(TTY 1-855-235-5112)



1-844-626-6813
(TTY 1-844-349-8916)



1.844.833.0523
(TTY 1-866-407-8762)

CONTACT OLTL IF QUESTIONS REMAIN AFTER TALKING WITH CHC-MCOS

OLTL PARTICIPANT LINE: 1-800-757-5042 // OLTL PROVIDER LINE: 1-800-932-0939