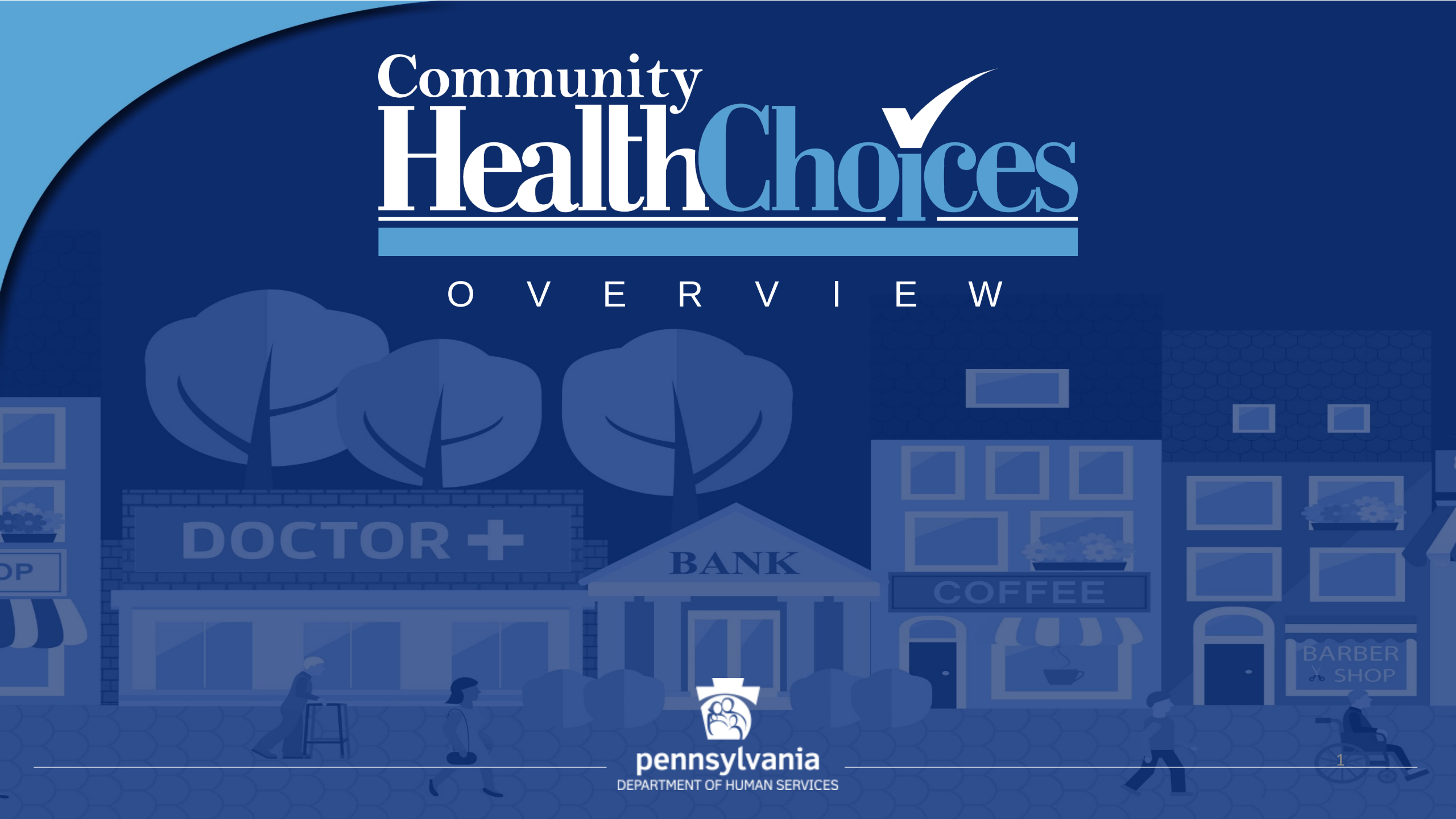
Community HealthChoices

O V E R V I E W



pennsylvania
DEPARTMENT OF HUMAN SERVICES

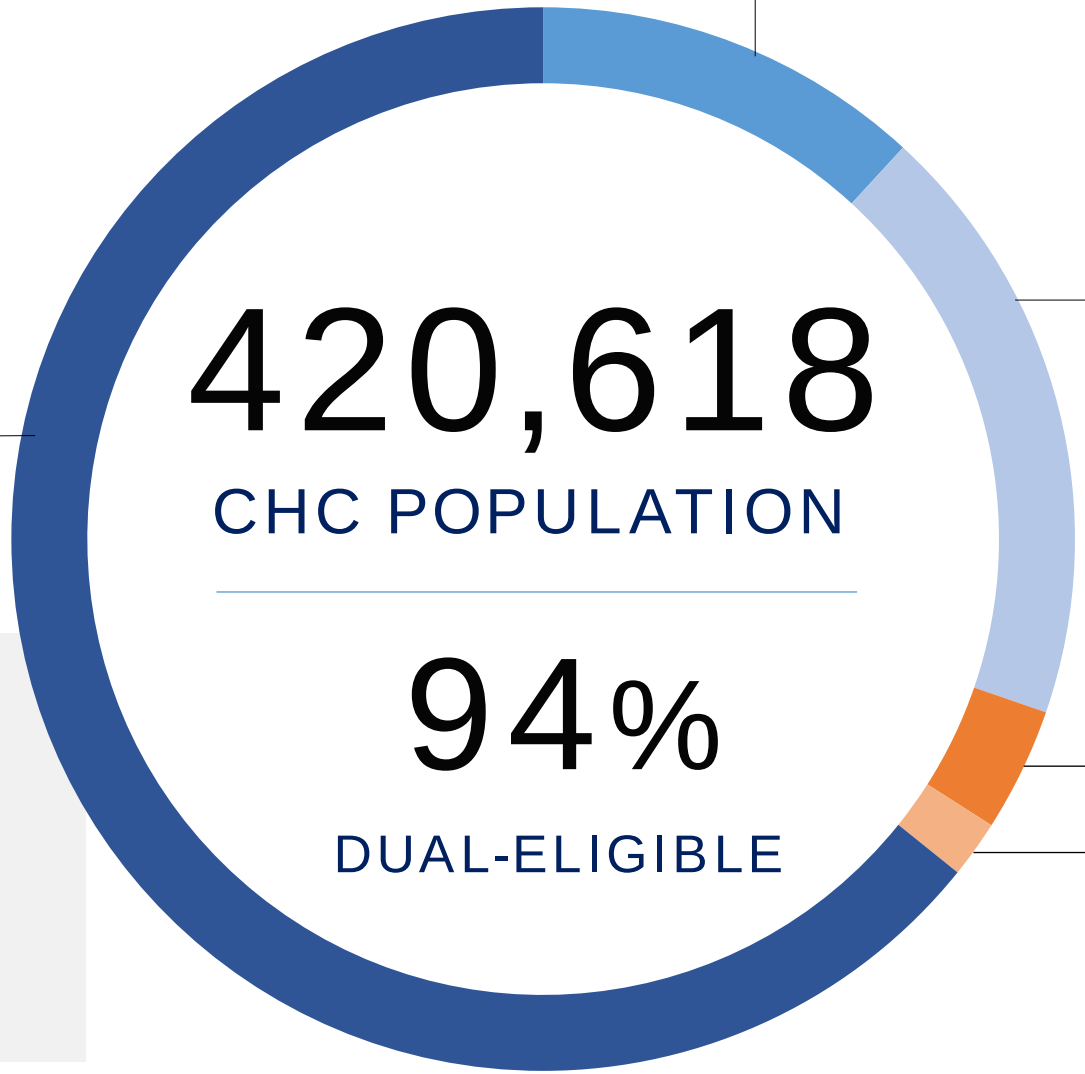
WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

WHO IS PART OF CHC?

- Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
  - ✓ Individuals with intellectual or developmental disabilities who are eligible for services through the Office of Developmental Program will not be enrolled in CHC.
- Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  - ✓ This care may be provided in the home, community, or nursing facility.
  - ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

CHC STATEWIDE POPULATION



12%
49,759
Duals in Waivers

64%
270,114
Healthy Duals

18%
77,610
Duals in Nursing Facilities

4%
15,821
Non-duals in Waivers

2%
7,314
Non-duals in Nursing Facilities

16%
IN WAIVERS

20%
IN NURSING FACILITIES

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HOW DOES CHC WORK?

Participants

- Choose their MCO
- Should consider the provider network and additional services offered by the MCOs

DHS

- Pays a per-member, per-month rate (also called a capitated rate) to MCOs
- Holds the MCOs accountable for quality outcomes, efficiency, and effectiveness

MCO

- Coordinates and manages physical health and LTSS for participants
- Works with Medicare and behavioral health MCOs to ensure coordinated care
- Develops a robust network of providers

WHAT ARE THE GOALS OF CHC?

GOAL 1

Enhance opportunities for community-based living.

GOAL 2

Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3

Enhance quality and accountability.

GOAL 4

Advance program innovation.

GOAL 5

Increase efficiency and effectiveness.

COVERED SERVICES

FOR ALL PARTICIPANTS:

Physical health services

All participants will receive the Adult Benefit Package, which is the same package they receive today.

This includes services such as:

- Primary care physician
- Specialist services
- Please note: Medicare coverage will not change.

COVERED SERVICES

FOR ALL PARTICIPANTS:

Behavioral health services

All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs.

Services available to participants include but are not limited to:

- Inpatient Psychiatric Hospital
- Inpatient Drug and Alcohol Detox and Rehabilitation
- Psychiatric Partial Hospitalization
- Outpatient Psychiatric Clinic
- Drug and Alcohol Outpatient Clinic

This is new for Aging Waiver participants and nursing facility residents, who receive behavioral health services through fee-for-service.

COVERED SERVICES

FOR PARTICIPANTS WHO QUALIFY FOR LTSS:

- Home and community-based long-term services and supports including:
  - ✓ Personal assistance services
  - ✓ Home adaptions
  - ✓ Pest eradication
- Long-term services and supports in a nursing facility
- Participant-directed services will continue as they exist today.

CONTINUITY OF CARE

- MCOs are required to contract with all willing and qualified existing LTSS Medicaid providers for 180 days after CHC implementation.
- Participants may keep their existing LTSS providers for the 180-day continuity of care period after CHC implementation.
- For nursing facility residents, participants will be able to stay in their nursing facility as long as they need this level of care, unless they choose to move.
- The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.

SERVICE COORDINATION OBJECTIVES

- Every participant receiving LTSS will choose a service coordinator.
- The service coordinator will coordinate Medicare, LTSS, physical health services, and behavioral health services.
- They will also assist in accessing, locating and coordinating needed covered services and non-covered services such as social, housing, educational and other services and supports.
- The service coordinator will also facilitate the person-centered planning team.
- Each participant will have a person-centered planning team that includes their doctors, service providers, and natural supports.

SOUTHWEST IMPLEMENTATION

- Successfully implemented the southwest on January 1, 2018
- Approximately 79,000 Participants were transitioned to the CHC program
- Lessons Learned (so far)
    - Earlier stakeholder engagement opportunities
    - Enhanced communication materials and training regarding Medicare vs. CHC
    - More education and communication on continuity-of-care
    - MCO Provider Training and outreach to occur earlier and more often
    - Earlier OBRA reassessments
    - Earlier data clean-up in HCSIS and SAMS
    - Earlier pre-transition notices
- Transportation issues

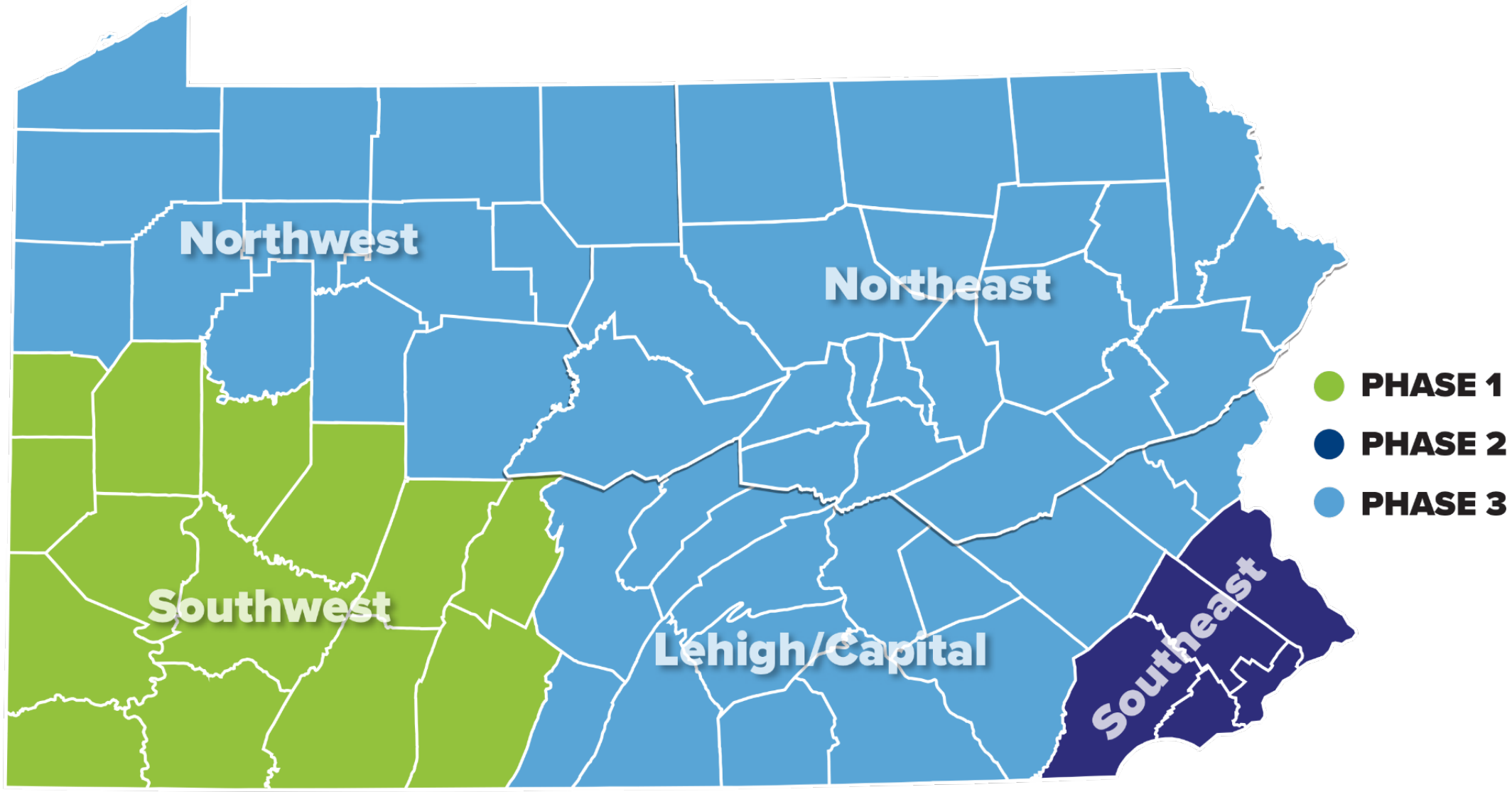
PRIORITIES THROUGH IMPLEMENTATION

ESSENTIAL PRIORITIES

- No interruption in participant services
- No interruption in provider payment

HOW WILL WE ENSURE NO INTERRUPTIONS?

- The Department of Human Services (Department) is engaged with the MCOs in a rigorous readiness review process that looks at provider network adequacy and IT systems.
- The Department of Health must also review and approve the MCOs to ensure they have adequate networks.



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