Community HealthChoices (CHC)
The New Waiver Program for Pennsylvania

June 25, 2019

PENNSYLVANIA
Health Law
PROJECT

BIAPA Annual Conference

Amy E. Lowenstein
ALowenstein@phlp.org

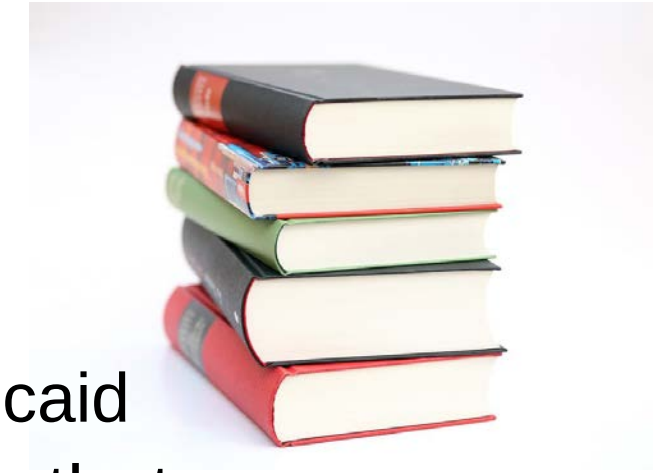
About the Pennsylvania Health Law Project

- Statewide non-profit legal organization dedicated to ensuring access to public health coverage and services
- What we do:
  - Helpline for clients & advocates
  - FREE advice & legal representation
  - Community education/trainings & self-help materials
  - Monthly email newsletter - staff@phlp.org to join
  - Policy advocacy to increase access to quality healthcare coverage & services

Agenda

- Medicare & Medicaid: A Brief Overview
- What is Community HealthChoices?
- What Does & Doesn’t Change with CHC?
- Benefits
- Timeline & Enrollment Considerations
- Person-Centered Service Planning
- Participant Rights

Terminology



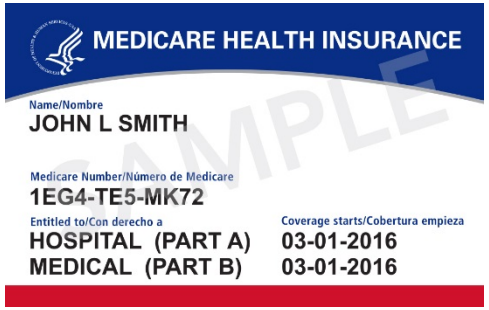
- **CHC** – Community HealthChoices
- **Dual Eligible** – Person enrolled in both Medicare & Medicaid
- **HCBS** – Home and Community-Based Services. Services that help people who are aging or have disabilities to live at home and pursue goals for community integration
- **LTSS** – Long-Term Services and Supports
  - Home & community-based services
  - Nursing home services
- **MCO –** Managed Care Organization – a health plan
- **NFCE** – Nursing Facility Clinically Eligible - a clinical eligibility standard to receive Medicaid-funded long-term services and supports

Medicare & Medicaid

A Brief Overview

Medicaid vs. Medicare

- **Medicaid** (aka Medical Assistance) means-tested health insurance for low-income people
- **Medicare** – federal health insurance primarily for people
  - Age 65+
  - Receiving Social Security Disability for 24 months
- People who get Medicare and Medicaid are called **Dual Eligibles** (aka “Duals”)



Medicare & Medicaid Work Together For Dual Eligibles

- Medicare is **primary** → for services it covers, it pays first
  - Medical coverage
  - Hospital coverage
  - Prescription drug coverage
- Medicaid **pays last** → wraps around Medicare
  - Picks up Medicare medical/hospital co-pays / co-insurance
  - Pays Medicare hospital/medical deductibles
  - Doesn't contribute directly to Medicare Rx coverage, but having Medicaid qualifies person for Extra Help with Rx costs
- Medicaid offers services Medicare doesn't cover
  - E.g., dental, vision, non-emergency medical transportation, over-the-counter medication, **long term services and supports**

What is Community HealthChoices?

What is Community HealthChoices?

- New delivery system for **Medicaid** services for adults in “target population”
- Managed care for Long Term Services & Supports, including waiver services
- Eligible individuals **must** enroll in 1 of 3 **managed care** plans that cover:
  - Medicaid physical health coverage **and**
  - Medicaid long term services & supports (if eligible)

Community HealthChoices

CHC Managed Care Plans

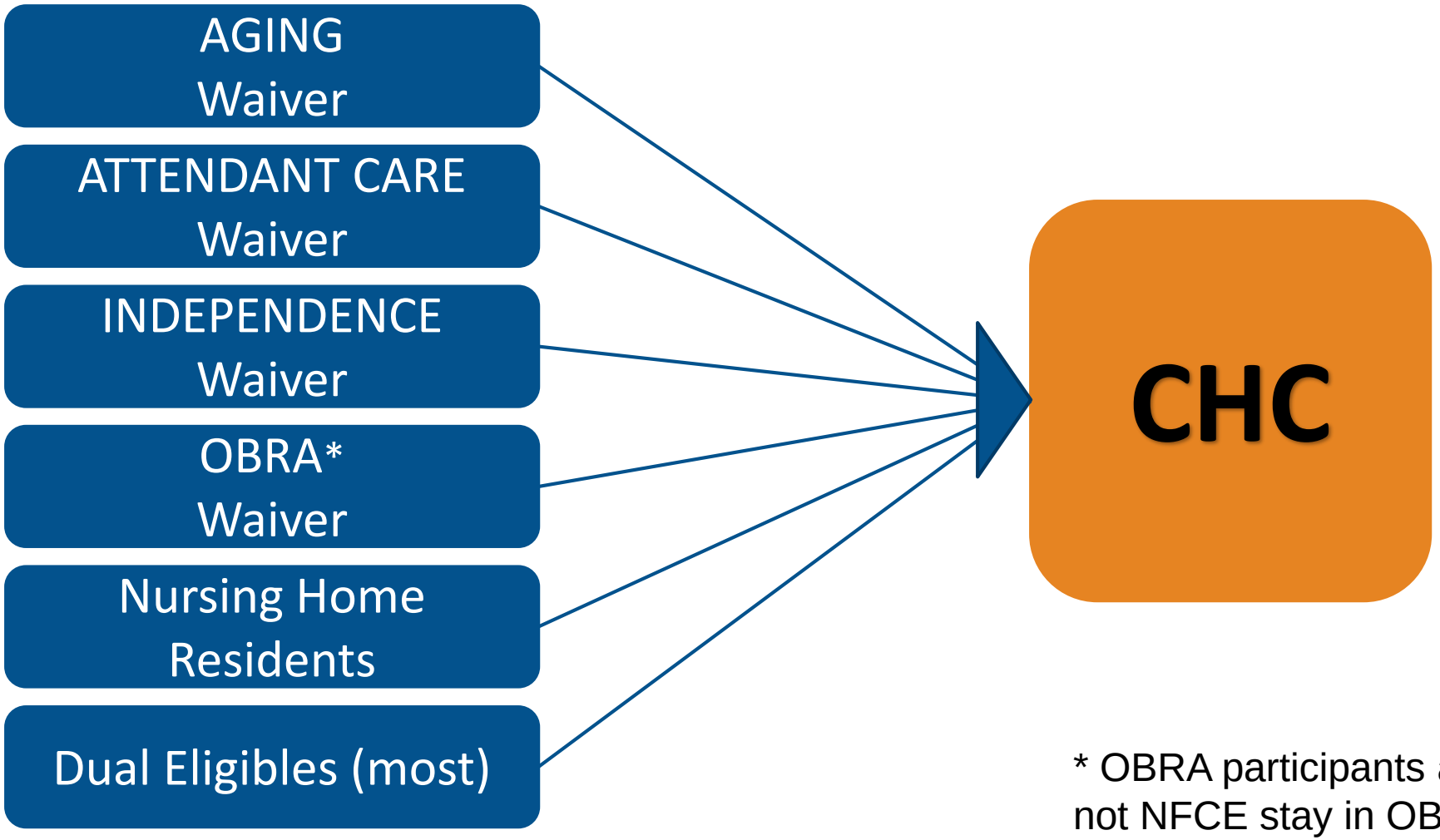
- 3 Plans (each will be statewide)
  - **Keystone First CHC / Amerihealth Caritas CHC**
    855-235-5115
    www.keystonefirstchc.com; www.amerihealthcaritaschc.com
  - **PA Health & Wellness**
    844-626-6813
    www.PAHealthWellness.com
  - **UPMC Community HealthChoices**
    844-833-0523
    www.upmchealthplan.com/chc
- Plans develop provider network and provide CHC benefit package required by DHS

CHC Phased Roll-out

Phase - Date	
✓ 1	January 2018
✓ 2	January 2019
3	January 2020

CHC is Mandatory for Target Populations

Age 21+ **and** in one of these groups

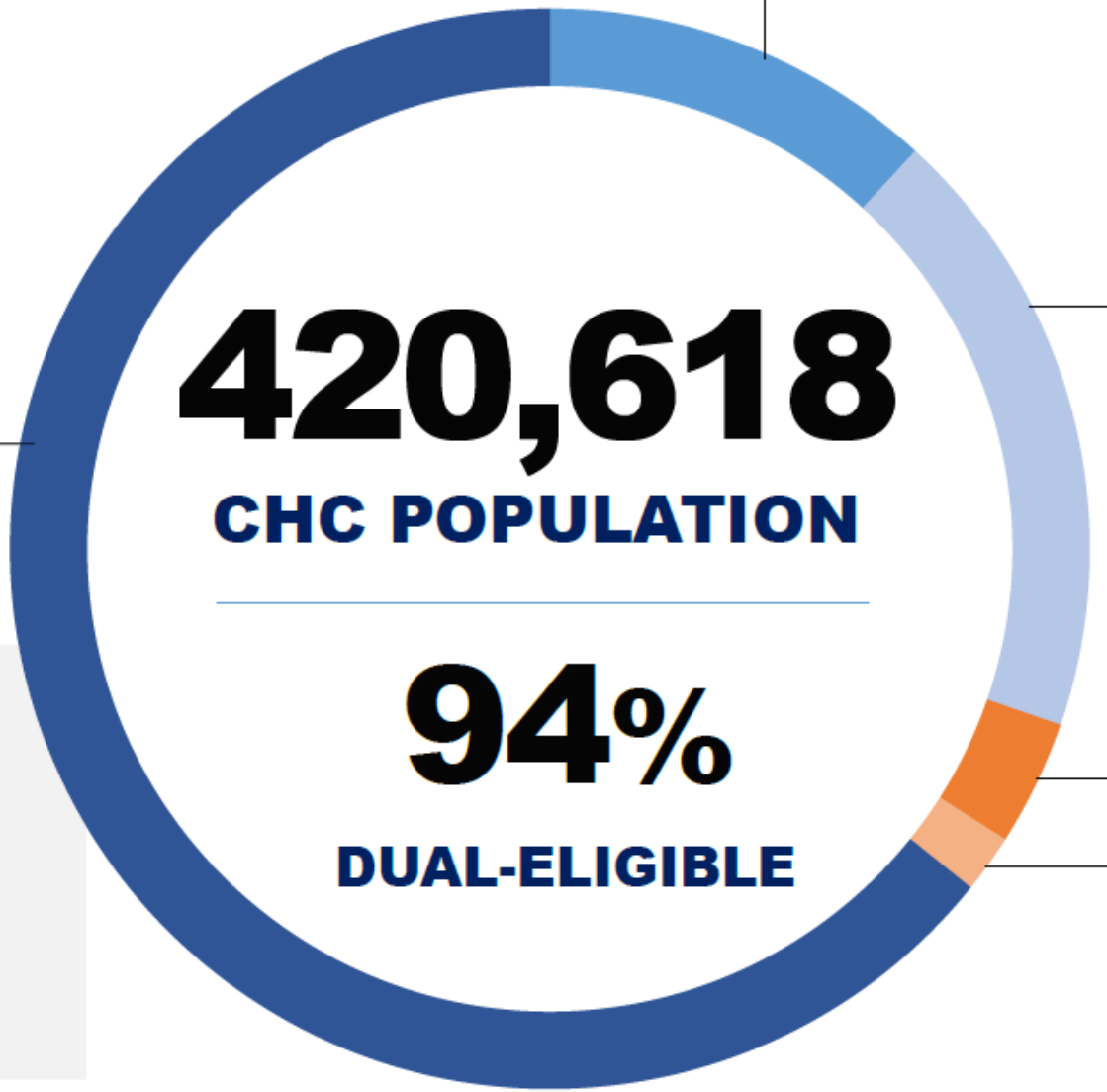


* OBRA participants age 21+ who are not NFCE stay in OBRA

Exceptions to CHC Mandatory Enrollment – Who's Out?

Exempt from CHC Even if Dual Eligible:

- People in Office of Developmental Programs waivers or getting base services from county intellectual disability office
  - Consolidated, Person/Family Directed Supports, or Community Living Waivers
  - Autism Waivers (Adult Autism or Adult Community Autism Program)
- OBRA Waiver participants who are not nursing facility clinically eligible
- State-operated nursing facility residents, including veterans' homes
- LIFE Program participants



420,618
CHC POPULATION

94%
DUAL-ELIGIBLE

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

What Does & Doesn't Change With CHC?

Medicare DOES NOT CHANGE Under CHC

- Medicare eligibility **DOES NOT change**
- Medicare coverage options and plan choices **DO NOT change**
- Continue to use Medicare card or Medicare Advantage plan card for most physical and behavioral health care
- Continue to use Medicare Prescription Drug card (Medicare Part D) for prescription drugs

Medicaid Under CHC

- CHC **Changes the Delivery System** for Medicaid physical health and LTSS for CHC Target Populations
- Medicaid and Medicaid Long Term Services & Supports eligibility & application process **do not change**
  - General Medicaid eligibility **does not change**
  - Medicaid Nursing Home care eligibility **does not change***
  - HCBS Waiver eligibility **does not change***
  - LIFE Program eligibility **does not change ***

* Unrelated to CHC, beginning April 1, 2019, a new instrument is used to assess clinical eligibility for these program.

Medicaid Under CHC (cont'd)

- Medicaid Physical Health Services through CHC Plan
  - Instead of fee-for-service or HealthChoices plan
- HCBS Waiver services all through CHC Plan
- Nursing Home Services through CHC Plan
- Behavioral Health Services through Behavioral Health Managed Care Organization (BH-MCO)
  - Behavioral access **changes for some** → Nursing home residents and Aging Waiver participants move to BH-MCOs for first time

Summary of Medicaid Changes With CHC

Population	Service Need	Before CHC	Under CHC
Duals without LTSS	Physical →	ACCESS (FFS)	CHC-MCO
	Behavioral→	BH-MCO	BH-MCO
Duals in Attendant, Independence & OBRA	Physical→	ACCESS (FFS)	CHC-MCO
	Behavioral→	BH-MCO	BH-MCO
	HCBS→	Waiver	CHC-MCO
Medicaid-Only in Attendant, Independence & OBRA	Physical→	HealthChoices MCO	CHC-MCO
	Behavioral→	BH-MCO	BH-MCO
	HCBS→	Waiver	CHC-MCO
Aging Waver (Duals & Medicaid-Only)	Physical→	ACCESS (FFS)	CHC-MCO
	Behavioral→	ACCESS (FFS)	BH-MCO
	HCBS→	Waiver	CHC-MCO
Nursing Home (Duals or Medicaid-Only)	Physical / NH →	ACCESS (FFS)	CHC-MCO
	Behavioral→	ACCESS (FFS)	BH-MCO

Benefits

CHC Benefit Package

- All plans cover the same required benefits
  - Adult **physical health Medicaid** benefit package
  - **Long Term Services and Supports** - If NFCE
    - Broad HCBS package
      - Participant direction for certain services
      - Services covered based on need; detailed in service plan
    - Nursing Home care
  - **Service Coordination** (for HCBS & Nursing Home)
- Each plan has different "**Added Benefits**"

HCBS Waiver Package

- Adult Daily Living
- **Assistive Technology**
- Benefits Counseling
- Career Assessment
- **Community Integration**
- Community Transition Services
- **Employment Skills Development**
- Exceptional DME
- Financial Management Services
- Home Adaptations
- Home Delivered Meals
- **Home Health Services** (includes speech, occupational & physical therapy)
- **Job Coaching**
- **Job Finding**
- Non-Medical Transportation
- Participant-Directed Community Supports
- Participant-Directed Goods and Services
- **Personal Assistance Services**
- Personal Emergency Response System
- Pest Eradication
- **Residential Habilitation**
- Respite
- Specialized Medical Equipment and Supplies
- **Structured Day Habilitation**
- TeleCare
- **Therapeutic & Counseling Services** (includes cognitive rehabilitation therapy)
- Vehicle Modifications

Added Benefits

- Info in Plan Comparison Chart sent with Pre-Enrollment Packet
  - Dual Eligibles not getting LTSS: http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_278825.pdf
  - Waiver recipients / Nursing Home residents: http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_278824.pdf

Note – Links on this slide are to added benefits offered in 2019. Information is subject to change in 2020.

Added benefits: The **added** benefits listed below are in addition to benefits already covered by Medicaid and/or Medicare.

Keystone First Community HealthChoices

Adult dental
- Beyond Medicaid coverage of dental services, qualified participants will get an oral hygiene kit

Adult vision
- Beyond Medicaid covered vision services, no extra services

Phone services
- Free Smartphone with 350 minutes of talk and unlimited text

Wellness programs
- Home provider visits, lab draws and testing for qualified participants
- Video visits with care manager
- Bright Start® maternity program
- Box fan for qualified participants
- Health and wellness gift cards

Other benefits
- In-home supports and services to help participants not approved for LTSS avoid nursing home stay
- Welcome Home Benefit helps qualified participants with LTSS move from nursing facility to home, with up to $6000 for rental assistance ($2000 more than the $4000 state limit)
- For those not approved for LTSS, caregiver programs offer education, respite services and supports

pa health & wellness.

Adult dental
- Beyond Medicaid coverage of dental services, extra dental cleanings, visits and oral hygiene kit for participants who are Nursing Facility Clinically Eligible (NFCE)

Adult vision
- Beyond Medicaid covered vision services, $100 yearly allowance for glasses or contacts for participants who are Nursing Facility Clinically Eligible (NFCE)

Phone services
- Free Smartphone with 350 minutes of talk and unlimited texts for participants who qualify

Wellness programs
- Post-acute: 14 days of home delivered meals
- Post-acute: 14 days of respite care
- Caregiver access and supports
- Health library
- Start Smart for Your Baby

Other benefits
- CentAccount Healthy Rewards purchasing card that can be used at authorized retailers to get health-related items
- 90-day prescription refill for those not on Medicare
- $5000 yearly financial support to move from a nursing home to the community

UPMC Community HealthChoices

Adult dental
- $500 yearly allowance for certain dental services not otherwise covered by Medicaid

Adult vision
- Beyond Medicaid covered vision services, $100 yearly allowance for glasses or contacts *and* one fitting every 12 months

Phone services
- Free Smartphone with 350 minutes of talk and unlimited texts for participants who qualify

Wellness programs
- Free health coaching services based on health needs and goals
- Online program to ease stress

Other benefits
- 24/7 UPMC provider live video access for minor health issues
- Personal support services for participants waiting for LTSS eligibility decision
- SeniorLink caregiver support with daily advice, coaching and stipend instead of personal assistance service
- Help with Medical Assistance renewal process
- $6000 yearly allowance to leave a nursing facility and move back into the community
- Temporary rental assistance if leaving a nursing facility and on rental assistance waiting list

Note – Information is for 2019. It is subject to change in 2020.

Timeline & Enrollment Considerations

CHC Timeline for Northeast, Northwest & Lehigh/Capital Regions

July 2019	CHC Informational Flyer mailed
August 2019	CHC Community Meeting Invite mailed
Late August	Pre-Transition Notices mailed
September - October	Community Meetings
September – October	Enrollment Packets mailed
November 13	CHC Plan Selection deadline (otherwise auto-assigned)
December 20	Last Day to change/select plan for January 1 start
January 1, 2020	CHC Begins in Northeast, Northwest & Lehigh/Capital Regions

CHC Enrollment Considerations: Medical Care & Pharmacy

- Medicaid-only Recipients
  - ✓Make sure medical providers are in CHC plan network
  - ✓Make sure medications are on CHC plan formulary
- Dual Eligibles
  - ✓For services NOT covered by Medicare (e.g., dental, eye exams), check that providers in CHC plan network
    - **CHC plan MUST pay cost sharing to Medicare providers even if not in CHC plan network** (provider must be willing to accept the payment)
- All
  - ✓Consider "**extra services**" covered by CHC Plan

CHC Enrollment Considerations: Waiver Services / Home & Community Based Services

- ✓Check with current Waiver providers (including service coordinator) to see which CHC plans they plan to participate in short- and long-term*
- ✓Pick CHC plan that has those providers in network
- ✓Consider "**extra services**" covered by CHC Plan

* Waiver providers & service coordinators may not know yet if they will have long-term contracts with CHC Plan.

Person-Centered Service Planning

How Are Service Needs Determined Under CHC?

Assessment and Person-Centered Planning

Applies to people with a need for LTSS

1. Comprehensive Needs Assessment
2. Development of Person-Centered Service Plan (PCSP)
   - Assists Participant to develop a holistic vision of the life whey want by identifying goals and outcomes

Assessment & Service Planning Process is Critical!

- Provides important information about recipient's goals, desires and needs and what services will be provided to meet them
- Participant is supposed to lead the PCSP process
- Critical to articulate needs, goals and desires
- Right to have others participate in process
  - Include or designate someone who knows recipient well and can
    - Elaborate on / clarify needs, strengths, limitations
    - Explain fluctuations in functioning
    - Identify tasks for which cueing to initiate/complete or supervision is needed
    - Explain any safety concerns

Comprehensive Needs Assessment

- In-home assessment by Service Coordinator
- **InterRAI** + Other CHC-MCO tools: VERY detailed, evaluation of health, needs, goals, and functioning, including:
  - Ability to manage own affairs
  - Need for help, including supervision/cueing with activities of daily living
  - Risks to health, safety, or independence
  - Availability of able and willing supports
  - Preferences for community engagement
  - Employment or educational goals

. . . A Word About Clinical Eligibility for Waivers

- Slimmed-down version of InterRAI, the Functional Eligibility Determination (**FED**), now used to determine HCBS (and other program) clinical eligibility.
- Important to include family or a representative in eligibility process as well to ensure information about cognition, behavior, functional status and needs are accurately assessed

Comprehensive Needs Assessment – Sections Of Particular Importance to People with Brain Injury

- **Cognition** - Cognitive skills for daily decision making, memory, disordered thinking or awareness, acute change in mental status or decision making
- **Communication** - Making self understood, understanding others
- **Mood & Behavior**- Indicators of depression, inappropriate behaviors
- **Psychosocial Well-Being** - social relations, change in social activities, major recent stressors
- **Performance of Activities and Instrumental Activities of Daily Living**, including need for supervision or cueing

Person-Centered Service Plan (PCSP)

Person-centered planning is a process whereby the needs and preferences of the individual receiving services are described by that person, in collaboration with family, friends and other care team members, to develop a plan of care that provides that individuals receive the covered services they need in a manner they prefer.”

CMS Q&A to HCBS Final Rule, Question 13

Person-Centered Service Planning

- Service coordinator should work with participant and PCSP Team to put services in place to meet the needs, preferences and goals identified
- Service Coordinator must consider information provided by participant, people participant wants as part of planning team, caregivers, doctors, and other information provided
  - Cannot just rely on needs assessment or own internal forms

PCSP: Goals Are Critical

- Needs, preferences, and goals should drive what services are put in place
- Goals to consider
  - Housing/living situation
  - Education or Employment
  - Recreation and Social activities
  - Participation in Community Activities
- CHC Plan must cover medically necessary HCBS waiver services.
- **Medical Necessity for HCBS in CHC** = Services that will "provide the opportunity for a Participant receiving LTSS to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of his or her choice."

Examples of Inadequate Planning

- Service Coordinator focuses on services have/want and doesn't ask about needs/goals
- Service Coordinator refuses to include service in PCSP because "it won't get approved" or "you can't ask for that much"
- Service Coordinator does not consider information outside the comprehensive needs assessment or other CHC plan "tasking tools"
- PCSP does not include goals

What if Needs Change?

- Annual re-assessment
- New assessment REQUIRED after trigger event, e.g.,
  - Significant change in health or function
  - Change in caregiver availability
  - Hospitalization
- If need new/different services, participant or representative contacts service coordinator to request revised PCSP

Participant Rights

Continuity of Care Rights

Waiver Services

- When CHC begins in each Region
  - **180 Days** for all HCBS services getting as of Dec 31 of year before CHC starts (services + providers)
  - If switch plans – continuity for later of 60 days or end of initial continuity period
- Once CHC Established
  - Later of **60 Days** or completion and implementation of comprehensive needs assessment and PCSP

Medical Services (includes pharmacy)

- **Up To 60 Days** for prior authorized services or ongoing course of treatment
- (Medicare covers most services for duals → that is unchanged)

Continuity of Care Rights

Nursing Home Care

- **Ongoing** for people in nursing home paid by Medicaid on Dec. 31 of year prior to CHC starts in region
- Can stay in nursing home as long as want if need nursing home level of care even if nursing home not in CHC plan network

CHC Appeal Process

- **Eligibility -** If denied Medicaid or long- term services & supports based eligibilty on clinical or financial criteria → current DHS Fair Hearing appeal process available
- **Services in CHC -** If CHC plan (or service coordinator) denies, reduces or terminates services → appeal through Plan Grievance and Fair Hearing processes (must file grievance first)
  - Entitled to advance **written notice** of all changes and denials
- Right to **continued benefits / services** pending appeal

What to Look Out For in CHC

- PCSP and service denials/change decisions that fail to take account of affects of cognitive impairments
- Inadequate notices (particularly re: HCBS)
  - Notices don't give adequate reason for denial / change
- Inadequate Person-Centered Service Planning
  - Fail to reflect individual goals, copies not given to participants, participants not given opportunity to sign
  - All CHC plans have been in corrective action for a year regarding inadequate person-centered service planning
- Lack of timely response to requests for HCBS

Where Can Consumers Go for More CHC Information and Help?

- **Independent Enrollment Broker - (844) 824-3655**
  - CHC plan options, whether providers are in network and to enroll
- **Community HealthChoices Participant Call Center - (833) 735-4416**
  - CHC information and how they will be affected
- **APPRISE - (800) 783-7067**
  - Questions about Medicare coverage and options
- **PHLP - (800) 274-3258**
  - Problems enrolling in CHC plan, understanding rights in CHC, problems with CHC, denied a service or item by CHC plan
- Service coordinator if in a Waiver
- Nursing home staff if residing in a nursing home

Resources on CHC Program and Policies

- DHS' Community HealthChoices website www.healthchoices.pa.gov/info/about/community
  - Subscribe to the CHC email list-serv
  - Attend Monthly Third Thursday webinars
- PHLP's website www.phlp.org and monthly electronic newsletter *HealthLaw PA News* *www.phlp.org/home-page/news/newsletters*

Questions?

Thank You!

PHLP Helpline:

800-274-3258 or
Staff@PHLP.org

Open for call-ins MWF 8am to 8pm

PENNSYLVANIA Health Law PROJECT

www.PHLP.org