What services are covered under CHC?
- Physical health (like doctor’s visits and hospital stays) that are typically covered by Medicare
- Long-term services and supports such as nursing home stays and home health visits that are typically covered by Medicaid, as well as home care, adult day care, and personal assistance services
- Behavior health services will continue to be offered through the existing network of behavioral health MCOs who will work with MCOs to ensure coordinated services

How can I be sure I will still get the services I need?
The commonwealth will continue to monitor service plans to assure participants are provided all of their needed, covered services.

How do I enroll?
The commonwealth will contract with an Independent Enrollment Broker (IEB) who will be responsible for streamlining the eligibility and enrollment process for applicants seeking LTSS.

To begin the eligibility and enrollment process, please contact the IEB. The IEB will be able to provide information and counseling regarding the eligibility and enrollment process.

For those who are currently receiving Medicaid at the time of CHC implementation, the IEB will notify all eligible participants of their enrollment options.

Disclaimer: The information provided in this publication is current as of October 2016 but may change prior to CHC implementation.
Who is eligible for CHC?

Individuals over 21 who
- Receive Medicare and Medicaid benefits
- Qualify for Medicaid long-term services and supports

Individuals are not eligible who
- Receive services through the ACT 150 program or the OBRA Waiver
- Receive services through the Department of Human Services’ (DHS) Office of Developmental Programs for intellectual or developmental disabilities
- Are a resident of a state operated nursing facility

What is managed care?
Managed care is a health care delivery system that focuses on coordination of services to manage cost, utilization, and quality.

Medicaid managed care is a contracted arrangement between a state’s Medicaid agency and managed care organizations (MCO) to provide Medicaid health benefits and additional services to participants. The state pays the MCO a set payment per member per month (capitation payment) for these services.

What is Community HealthChoices?
Community HealthChoices (CHC) is the commonwealth’s plan to deliver Medicaid funded long-term services and supports (LTSS) through a capitated managed care program to older Pennsylvanians and adults with physical disabilities. CHC will use MCOs to coordinate the physical health, behavioral health, and long-term services needs of participants in order to improve access, efficiency, and quality to qualifying populations.

Will I have to change my provider?
If you are a resident of a nursing facility and are receiving Medicaid at the time of CHC implementation, you may choose to remain in that facility for as long as you remain eligible.

If you are not receiving LTSS or are receiving home and community-based services, you will be able to stay with your current Medicaid providers for 180 days or until the new service plans are implemented.

All current Medicaid providers that are in good standing and willing to enter into an agreement with a CHC MCO will be included in the provider network for the first six months of implementation in the region.

What other options are there?
In geographic areas where the Living Independence for the Elderly (LIFE) program is available, it will continue to be an alternative to CHC for those who are eligible or currently enrolled.

When is CHC coming to my area?
CHC is being implemented in three phases across the commonwealth using the five geographic HealthChoices zones. The map below shows the breakdown by region of each phase.

- Phase One: southwest zone – to begin January 1, 2018
- Phase Two: southeast zone – to begin July 1, 2018
- Phase Three: northwest, Lehigh/Capital, and northeast zones – to begin January 1, 2019

Will I have my choice of CHC MCOs?
Yes, CHC participants will be able to select their own MCO.