



Community HealthChoices: Impact on Persons with Disabilities

Community HealthChoices (CHC) is Pennsylvania's plan for the delivery of long-term services and supports and the delivery of healthcare for individuals receiving both Medicare and Medicaid through a capitated managed care system. The state's goals for CHC are to improve quality, health outcomes and service delivery for persons with disabilities and seniors.

Who Will Be Impacted by Community HealthChoices?

- ❖ Adults who are dual eligible – individuals receiving Medicare and Medicaid, age 21 and older
- ❖ Adults (21 and older) receiving or eligible for Home & Community Based Waiver Services through the Office of Long Term Living (OLTL) on the Attendant Care, Independence, CommCare and Aging Waivers
- ❖ Adults in nursing homes paid for by Medicaid
- ❖ Adults in the OBRA waiver who are determined nursing facility clinically eligible (NFCE)

What are Long-Term Services and Supports (LTSS)?

LTSS provides individuals with disabilities and significant health issues the supports they need to maintain their health and live their lives. LTSS can be provided in an institutional setting, such as a nursing home, or in the community in the individual's home. The primary source of payment for these services in Pennsylvania is Medicaid.

Who are "Adults who are Dual Eligible"?

Dual eligible is a federal and state term used to describe an individual's benefit status as eligible for and receiving both Medicare and Medicaid insurances. The dual eligible population consists of low-income seniors, 65 and older, and younger low-income individuals with disabilities.

Community HealthChoices will change the way dual eligible Pennsylvanians receive their Medicaid health care services. CHC will also change the way people receive long-term services and supports in a nursing home and in the community.

To fully understand the changes, it is helpful to know how access to health care for people who are dual eligible and access to LTSS works now, and how it will be different under CHC.

How Do People Who Are Dual Eligible Currently Access Health Care?

Ideally, people who are dual eligible access health care through providers who accept Medicare and Medicaid. Medicare is the primary insurance, meaning it pays first, while Medicaid is secondary. Medicare beneficiaries can choose to receive their Medicare services directly through the Center for Medicare and Medicaid Services (CMS) using their Medicare card (a.k.a. traditional Medicare) or through an approved Medicare health plan. Either way, Medicare is the primary insurance for people who are dual eligible.

People who are dual eligible receive their Medicaid covered services by using their ACCESS card for physical health services. However, payment for behavioral health services (mental health and substance abuse treatment) is through a Medicaid Behavioral Health Managed Care Plan. An individual's behavioral health plan varies depending on the county in which they live.

For example, Rhonda is dual eligible and lives in Philadelphia County. She needs to see a cardiologist for an irregular heartbeat and a psychiatrist for depression. (She has traditional Medicare; she is not in a Medicare health plan.) For health care with the cardiologist, Rhonda should be sure that doctor accepts Medicare and Medicaid using her ACCESS card. For health care with the psychiatrist, she wants to make sure that doctor accepts Medicare and Community Behavioral Health because that is the behavioral health plan for Medicaid in Philadelphia County.

How Will Access to Health Care Change for People Who are Dual Eligible in Community HealthChoices?

Nothing will change for people who are dual eligible regarding their access to care with Medicare. People who are dual eligible will still be able to get care with just their Medicare card or choose to enroll in a Medicare health plan. Access to physical health care services with Medicaid will change. Individuals will receive Medicaid services through a CHC health plan, instead of using the ACCESS card. They will have a choice of plans. Behavioral health care services will still be accessed from their Medicaid behavioral health plan.

In the prior example, Rhonda will access care with the cardiologist differently under CHC as a person who is dual eligible. She will need to make sure the doctor accepts Medicare and her Community HealthChoices health plan, instead of using her ACCESS card. She will still access health care with the psychiatrist with her Medicare and Medicaid with Community Behavioral Health.

How Do Individuals Currently Access Long Term Services and Supports?

People receiving LTSS through home and community based waiver programs access those services directly through the state. After approved for one of the Office of Long Term Living Waiver Programs, an Individual Service Plan is developed based on available services and the person's needs and that Plan is approved (or not) by OLTL. If all services are not approved as requested the waiver recipient has a right to appeal to the Department of Human Services by requesting a Fair Hearing.

Those receiving LTSS in a nursing home have those services paid directly by the state Medicaid program.

How Will Access to LTSS Change with Community HealthChoices?

People receiving home and community based waiver programs will have those services paid for by a Community HealthChoices managed care plan. Waiver recipients will have a choice of at least three CHC plans. An Individual Service Plan will still have to be developed but the CHC plan will approve (or not) the requested services. If services are not approved the individual can appeal to the CHC plan by requesting a grievance and/or to the Department of Human Services by requesting a Fair Hearing.

Those receiving LTSS in a nursing home will also have to choose a CHC plan. Individuals must choose a nursing home in the network of their CHC plan or they can change plans. *An exception to this rule is made for individuals in a nursing home when CHC begins; those people can stay in that nursing home and will not be required to move.

When Will These Changes with Community HealthChoices Occur?

The state plans to implement CHC in three (3) phases over a period of two years.

- **January 1, 2018** - Phase 1 implementation begins in Southwest PA. The Southwest PA rollout will include the 14 counties of: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland.
- **July 1, 2018** - Phase 2 begins in the 5 Southeast PA counties of: Bucks, Chester, Delaware, Montgomery and Philadelphia
- **January 1, 2019** - Phase 3 begins in the remaining 48 counties in the state.

What Concerns Have Impacted Consumers Voiced about Community HealthChoices?

A variety of concerns have been expressed. Most of the questions and worries are coming from people receiving LTSS in home and community based waiver programs.

Affected individuals are especially concerned about:

1. Loss of access to providers not enrolled in any of the CHC plans.
2. Finding a CHC plan that includes all service providers to meet all their care needs.
3. CHC plans reducing services or denying services completely.
4. CHC plans not understanding non-medical needs such as personal care services.
5. The state Office of Long Term Living not adequately monitoring the CHC plans.
6. Not being able to stay in the community because of inadequate services and having to go into a nursing home!

How Can Consumers and Others Learn More about Community HealthChoices and Voice Their Concerns?

- The state's website for Community HealthChoices has additional information: <http://www.dhs.pa.gov/citizens/communityhealthchoices/>
- The state holds "Third Thursday" webinars each month with CHC updates and opportunities for questions and feedback.
- Monthly public meetings of the state's Managed Long Term Services and Supports Subcommittee in Harrisburg – see above website for details.
- PA Health Law Project's newsletter, *Health Law PA News*, provides monthly CHC updates since June 2015, <http://www.phlp.org/home-page/news/news-archives>

Consumers and other interested stakeholders can contact Janice Meinert, PA Health Law Project jmeinert@phlp.org with questions or to become more involved in the state's implementation of Community HealthChoices.

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