



ELIGIBILITY FOR CHC

COMMUNITY HEALTHCHOICES (CHC) is Pennsylvania's mandatory managed care program for individuals who are dually eligible for both Medicaid and Medicare, older adults, and individuals with physical disabilities — serving more people in communities while giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. Once fully implemented, CHC will improve services for hundreds of thousands of Pennsylvanians.

WHO IS ELIGIBLE FOR CHC?

1. Individuals are eligible for CHC if they are 21 years old or older and:

- Dually eligible for Medicare and Medicaid. In CHC, that includes individuals with Medicare Part A and/or Part B; or
- Qualify for Medicaid long-term services and supports (LTSS) because they need the level of care provided by a nursing facility.

2. Individuals are NOT eligible for CHC if they:

- Are a person with an intellectual or developmental disability receiving services beyond supports coordination through the Department of Human Services' Office of Developmental Programs (ODP); OR
- Are a resident in a state-operated nursing facility, including state veterans homes.

NOTE: The LIFE Program may be an alternative to CHC for individuals who are age 55 or older and qualify for LTSS.

- For additional CHC fact sheets, visit www.healthchoices.pa.gov/providers/about/community.
- **Questions?** Visit www.healthchoices.pa.gov or call our CHC Provider Hotline at **1-800-932-0939**.

DISCLAIMER: Due to the complexity of the eligibility process for LTSS and home and community-based services (HCBS), eligibility for each case is determined using particular circumstances in relation to eligibility rules. This document is not a definitive accounting of all eligibility factors; it is, however, a general guideline of the financial eligibility rules associated to LTSS.

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WHAT FINANCIAL ELIGIBILITY POLICIES ARE CHANGING?

None. Existing financial eligibility rules still apply to all qualifying individuals. The County Assistance Offices (CAOs) will determine financial eligibility the same way they do today for all populations.

- » For billing issues, please call the provider hotline at 1-800-932-0939, do not call the CAOs.

WHAT ARE THE INCOME AND RESOURCE LIMITS FOR LTSS?

- For nursing facility services and home and community-based services (HCBS), an individual is income-eligible if gross monthly income is within 300 percent of the Federal Benefit Rate (FBR). A gross monthly income of \$2,313 (2019) or less is considered income-eligible.
 - » An individual is resource-eligible if total countable resources are at or below \$2,000, after a \$6,000 standard automatic disregard from the total countable resources of the applicant.
 - » Examples of countable resources include assets such as cash (including checking and savings accounts), stocks, bonds, investments, and retirement plan assets.
- For nursing facility services, if monthly income is greater than 300 percent of the FBR, an individual can still be income-eligible if income is equal to or less than the semi-annual amount of \$2,550. The semi-annual income limit is evaluated after deducting medical expenses which include six months of the nursing facility private pay rate.
 - » If monthly income is greater than 300 percent of the FBR, an individual can still be resource-eligible for nursing facility services if their total countable resources are at or below \$2,400.
- LTSS waiver services cannot begin until the provider receives a participant's eligibility notice (PA 162). CAOs may not backdate any services within the CHC Waiver.

WHAT FACTORS COULD AFFECT FINANCIAL ELIGIBILITY, EVEN IF AN INDIVIDUAL IS WITHIN ALL INCOME AND RESOURCE LIMITS?

The implementation of CHC will not change any existing policies on transfers of income and/or assets for less than fair market value within the five-year look back period, or spousal impoverishment rules which allow a married individual to protect a portion of their income and resources for the benefit of the spouse in the community. For example:

- If an individual applies for — or renews — LTSS or HCBS benefits and it is discovered the applicant or recipient transferred assets without receiving fair market value within the five-year look back period, the CAO will apply a penalty period based on the uncompensated value of the asset(s) transferred. DHS will not pay for nursing facility services or HCBS during the penalty period. Individuals are financially responsible for all facility services and HCBS received during that time. During the penalty period, physical health and behavioral health services are covered.
- If an applicant is married (or separated), all income and resources of the spouse must be reported and verified.
- The total countable resources of the applicant/recipient and the spouse will be divided in half and a resource eligibility determination will be completed by the CAO.

DATE: AUGUST 2019