

THE OFFICE OF DEVELOPMENTAL PROGRAMS'
(ODP) REFERENCE MANUAL ON COMMUNITY
HEALTHCHOICES (CHC) FOR ADMINISTRATIVE
ENTITIES (AE)

Version 1.0

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OVERVIEW OF REFERENCE MANUAL

This reference manual serves to provide procedures to the Office of Developmental Programs' (ODP) County/Administrative Entities (AEs) to assist individuals transitioning to/from Community Health Choices (CHC) Managed Care Organization (MCO) services to/from one of the following ODP Home and Community Based Services (HCBS): base services, ID/A waivers (which include the Consolidated, Community Living, or the Person/Family Directed Support Waivers), the Adult Autism Waiver (AAW), or the Adult Community Autism Program (ACAP).

With transfers of individuals utilizing ODP and CHC services there is a risk of overlapping coverage. New protocols have been implemented to ensure that individuals do not overlap with CHC services. The ODP Guidance Manual is a fluid document and will be updated to describe the manual steps necessary for smooth transition involving CHC and ODP programs.

BACKGROUND

Community Health Choices (CHC) is a Medicaid managed care program that includes physical health benefits and long-term services and supports (LTSS). The program is referred to nationally as a managed long-term service and supports program (MLTSS). The populations serviced by CHC include:

- Home and Community Based Services (HCBS) Dual: Individuals who are 21 years of age or older, dually eligible for Medicare and Medicaid and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility (NF) and receive services at home and in the community
- HCBS Non-Dual: Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a NF and receive services in the home and community
- Long Term Care (LTC) Dual: Individuals who are 21 years of age or older, dually eligible for Medicare and Medicaid and eligible for Medicaid (LTSS) because they need the level of care provided by a NF and receive services in a NF
- LTC Non-Dual: Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a NF and receive services in a NF
- NF Ineligible (NFI) Dual: Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid

When an individual enrolled in a CHC waiver has been identified to need ODP HCBS (including ODP base services, ID/A waivers, AAW, and ACAP), it is optimal that a transition date is coordinated to prevent a disruption of services and to ensure health, safety, and continuity.

Enrollment in the CHC waiver prevents enrollment in ODP HCBS until the CHC MCO enrollment is end dated. This reference manual outlines the responsibilities of the ODP County/AEs, ODP Bureau of Supports for Autism and Special Populations (BSASP) staff, the County Assistance

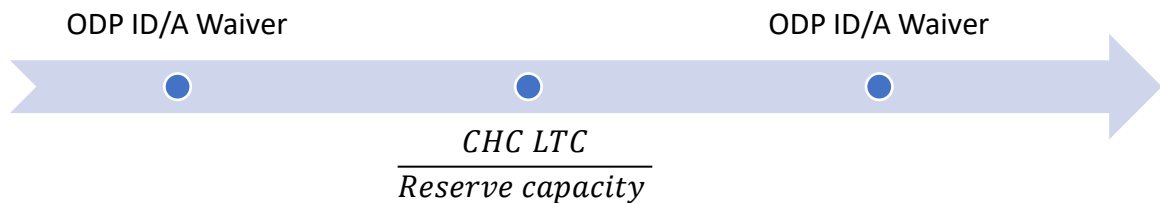
Office (CAO), and the Bureau of Data Claims Management (BDCM) to coordinate a transition from CHC to ODP HCBS Services.

Please note: References to ODP County/AE roles identified in this reference manual apply only to individuals receiving ODP base or ID/A waiver services. Such roles will be performed directly by BSASP staff for individuals enrolled in the AAW or ACAP in applicable scenarios.

SCENARIOS AND PROCEDURE TO RESOLVE:

Scenario 1:

An individual is enrolled in an ODP ID/A waiver, then transfers to Reserved Capacity CHC LTC (currently in a nursing facility) and then returns to the ODP ID/A waiver*



Marcia is a 48-year-old enrolled in the Consolidated Waiver. She was admitted to the hospital on 4/1/2020 and then transferred to a nursing facility on 4/2/2020. She is placed in reserved capacity, suspending the ODP Consolidated Waiver on day 31, 5/2/20. She is discharged from the nursing facility and will then be enrolled back into the Consolidated Waiver.

1. Marcia was originally enrolled in the ODP Consolidated Waiver (one of the ID/A waivers) She was admitted to the hospital on 4/1/2020. She remains enrolled in the Waiver for 30 days with the day count starting the day after admission – in this case 4/2/2020. On the 31st day, she is placed into reserved capacity and the ODP Consolidated Waiver enrollment is suspended in HCSIS.
2. The County/AE ends waiver enrollment in the Home and Community Services Information System (HCSIS) and creates an "Intent to Enroll" record on the Waiver/Program Enrollment screen in HCSIS. The County/AE is responsible for completing the PA 1768. Once the CAO receives the 1768 form, notification of relocation in the individual's MCO plan will be auto assigned at the time the individual's information is changed in CIS within 24 hours.
3. The County/AE, SC, and nursing facility must work with the individual and their families to assess an expected nursing facility discharge date. The individual must be re-enrolled in the ODP waiver and continue obtaining waiver services the day he or she is released from the nursing facility.
4. The County/AE is responsible for completing the PA 1768 form upon transferring to Reserved Capacity CHC LTC (to a nursing facility). This represents notification of relocation.

Note: If a Waiver participant is in a hospital or rehabilitation care facility for more than 30 consecutive days, the waiver participant will be terminated from the waiver and placed in reserve capacity status. The participant's waiver reserve capacity will be maintained up to 6 consecutive months. Day one starts the first day after the participant reaches 30 consecutive

days in the hospital/rehabilitation care facility and ends when the ODP waiver participant reaches six consecutive months. Effective July 1 2020, ID/A waivers allow waiver services to continue during a hospital stay as long as they are not duplicate services that the hospital is obligated to provide through Federal or state law, In these situations the waiver will remain active while the person is in the hospital. Once transferred to a nursing facility the reserve capacity process begins.

5. The County/AE completes the PA 1768 form that will be sent to the CAO when the discharge date is known. This is a notification to the CAO of the intent to return to the ODP waiver program.
6. The comment section of the PA 1768 form needs to indicate that a Nursing Home Transition (NHT) is occurring.
7. On the PA 1768 form, the County/AE completes the "Transferring HCBS Program section."

This will include:

- Name of program transferring from: (CHC LTC)
 - Service end date
 - Name of program transferring to: (ODP ID/A waiver services)
 - Service begin date
8. In addition to the AE's completion of the 1768 upon discharge, the CHC MCO or the NF ensures the NF is responsible for submitting the MA 103 within 3 business days to the CAO to end date the NF code.
 9. The CAO processes the MA 103 by end dating the NF code effective the date of discharge and confirms the NF code will be end dated the day prior to the discharge date.
 10. The NF code end dates the CHC LTC MCO plan effective the last day of the month.
 11. If the County/AE receives an error message in the Waiver/Program Enrollment screen in HCSIS, the County/AE completes the CHC to Base Form and submits to BDCM to request the CHC MCO plan be end dated to the day prior to the anticipated discharge date. The CHC to Base Form is located on the extranet at the following location:
https://www.humanservices.state.pa.us/hc-extranet/forms/form_chc_mrx_transfer.asp
 12. AEs submitting requests to the resource account RA-MEMMANAGEMENT@pa.gov may simply enter dummy data in this field; i.e. '99/9999999/99' for County/Record/Line Number. If the correct County/Record/Line Number can be obtained via eCIS, the Eligibility Verification System (EVS), or the Provider Reimbursement and Operation

Management Information System (in electronic format) (PROMISE™), its inclusion on the form provides additional verification that the correct record is being adjusted.

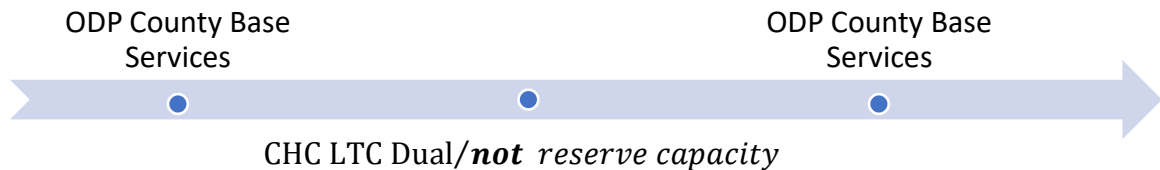
Note: The CHC MCO plan must end before the ODP ID/A waiver reenrollment date can occur.

13. BDCM end dates the CHC MCO plan, disenrolling the participant from the CHC MCO if the date is prior to the last date of the month.
14. The County/AE completes the ID/A waiver enrollment in HCSIS effective the day after the CHC MCO ends.

*In the above scenario, BSASP staff would replace County/AE roles in cases pertaining to the AAW. This section does not apply to the ACAP. Participants in ACAP are already covered for nursing facility services, so no waiver transfer is necessary.

Scenario 2:

A participant enrolled in county base services is transferred to the CHC LTC Dual (NF) and then returns to county base services.



Alan is a 67-year-old who receives base services. He has a category of CHC LTC Dual which will affect a CHC enrollment if his base services are ended. The County/AE receives notification he is admitted to a NF. At discharge he will return to his base funded supports.

1. The County/AE is notified of Alan's end date for base supports in HCSIS from ODP Central Office.
2. The AE must verify that the individual is enrolling into a NF before removing the base record.
3. The County/AE reviews the individual's PROMISE™, eCIS, and EVS record. They verify the individual's effective dates for enrollment in the nursing facility as a CHC LTC dual.
4. Based on the effective CHC enrollment date, the AE will enroll Alan in service coordination (SC) only in HCSIS.
5. Please note: If Alan's NF stay does not extend beyond 30 days and the AE has discharged Alan from base services prior to the 30th day, base services are end-dated in HCSIS and the CHC MCO will enroll within 24 hours. The AE will not be able to bill for services. The AE will need to negate the CHC MCO before his enrollment back into base services.
6. The AE ensures the individual is informed of service options and completes the "Release of Information Approval Form" along with the request for care plan from the CHC MCO. The "Release of Information Approval Form" should be used if the agency does not have their own form to utilize. The "Release of Information Approval Form" can be found at the following link:
[https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Communications/ODP/2020/1815+HIPPA+form+\(002\).pdf](https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Communications/ODP/2020/1815+HIPPA+form+(002).pdf)
7. The CHC SC will share the current care plan with the County/AE.
8. The County/AE completes the "[CHC to MRX Transfer form](#)" to record the approved disenrollment of the participant from the CHC MCO, and to request exemption code 07.

Note: The Voluntary Disenrollment from CHC to Base form exemption code 07 is not automatic in all transfers. The AE will need to add the request to the form. In the comments section, the AE shall add exemption code 07.

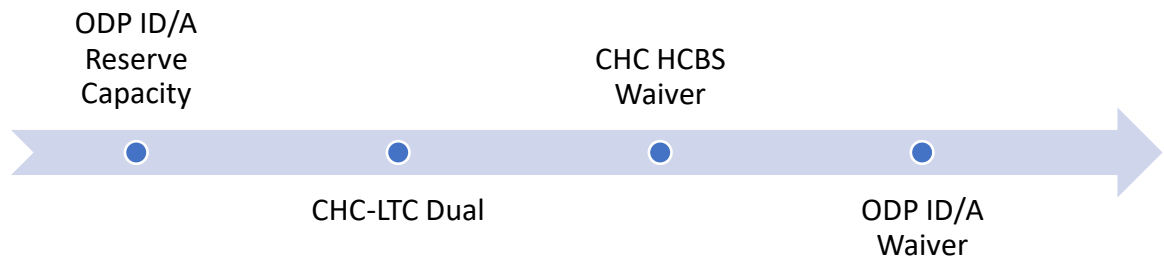
9. Upon discharge, the CHC MCO or the NF ensures that the NF has issued the MA 103 within 3 business days of discharge to end date the NF code.

Note: If the individual ODP base overlaps with the CHC MCO end in CIS, the AE must request BDCM end date the CHC MCO services in CIS.

10. BDCM ends the CHC MCO program, which disenrolls the CHC MCO participant.
11. BDCM adds exemption code 07 to the record to prevent re-enrollment.
12. BDCM notifies the County/AE by email of the completion of the CHC disenrollment. For instruction, see ODP Announcement [19-148](#).
13. The County/AE completes the base service enrollment in HCSIS effective the day after the CHC enrollment ends. If the base enrollment is not completed on the day the CHC enrollment ends and a 07 code was not added to the record the individual could be auto enrolled back into a CHC MCO plan.

Scenario 3:

Enrolled in an ODP ID/A waiver, then enrolled into the CHC HCBS Waiver Program then chooses to remain in the ODP ID/A waiver*



Cindy is a 67-year-old ID/A waiver recipient currently in reserve capacity status. She was placed into NF services as CHC LTC Dual but her health needs became more critical and a CHC waiver application was submitted to cover health services provided by the CHC waiver effective 04/1/18. While in the NF CHC, the SC is unaware that Cindy is still in suspended ODP waiver status. Processing enrollment into the CHC HCBS Waiver began on day 31 of the nursing facility stay. Before the 180-day deadline, Cindy decides she wishes to return to the ID/A waiver, but an error message is received, and the SC is unable to enroll Cindy back into the ID/A waiver.

1. The County/AE reviews the individual in eCIS, PROMISe™, and EVS and identifies that the individual is enrolled in the CHC Waiver (CHC Waiver Code 20) and the CHC MCO assigned to the individual.
2. The County/AE emails a completed release of information form to the individual's email address with the assigned CHC MCO identified. **Note:** The form is located at [https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Communications/ODP/2020/1815+HIPPA+form+\(002\).pdf](https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Communications/ODP/2020/1815+HIPPA+form+(002).pdf)
3. The email should have the subject line *ODP Transfer Request MCI #* and include a proposed enrollment date for the ODP ID/A Waiver or base services and an ODP contact for coordination of transition.
4. Within 2 days, the CHC MCO will provide the ODP County/AE with the current Person-Centered Service Plan (PCSP) or Care Management Plan (CMP) as applicable and the individual's contact information to the MCO coordinating the transfer.
5. The CHC MCO contacts the participant to confirm the choice to transfer from the CHC Waivers.
6. The CHC MCO completes Form 1768 and submits it to the CAO to end date the CHC Waiver on the agreed upon effective date. The 1768 form is completed as follows:

- Select Termination – the date before waiver services are to begin per coordination with the County/AE.
 - The CHC MCO must complete the “Transferring HCBS Program section” with the following information:
 - Name of program transferring from (In this case CHC LTC)
 - Service end date
 - Name of the program transferring to (in this case ODP HCBS waiver services)
7. The County AE completes Form 1768 and submits it to the CAO to begin the ODP waiver 5/2/2018.
 8. **Note:** If, after these process improvements have been implemented, the County/AE attempts to end services in HCSIS and receives an error, they are to contact Central Office to troubleshoot the issue.

*In the above scenario, BSASP staff would replace County/AE roles in cases pertaining to the AAW or ACAP.

Scenario 4:

Participant Enrolled in ODP County Base Services Transfers to CHC MCO as a Nursing Facility Ineligible (NFI) Dual Eligible



Greg is a 66-year-old who receives ODP base funding for Community Participation Support (CPS) services. He is assigned to a CHC MCO as NFI Dual and is transitioning to CHC MCO AmeriHealth 4/1/2020. The county agreed to pay for ODP CPS through base services, so Greg still wants AmeriHealth as CHC MCO for his physical health plan.

1. The OLTL SC identifies the individual who wants CHC MCO services. The OLTL SC will notify the County/AE to end HCSIS enrollment (base).
2. The County/AE reviews the individual in PROMISE™, eCIS, and EVS and identifies 4/1/2020 as the effective date for the individual's enrollment in the CHC MCO.
3. The County/AE ends HCSIS enrollment (base) for all services except supports coordination for the participant.
4. The County/AE notifies the CHC Lead that the individual is no longer enrolled in base services as of 03/31/20.
5. **Note:** Anytime a change is made to the record in HCSIS, the individual is auto assigned a plan. After 24hrs the individual will transfer in CIS.
6. CIS record correction may be needed if the individual transferred receives the message, **"This waiver/program cannot coexist with the CHC services program."** The County/AE cannot create "overlapping records" when backdating the effective begin date.

Scenario 5:

Individual Enrolled in the ODP ID/A Waiver Transferring to CHC Waiver Program as a Nursing Facility Non-Dual*



Bobby is a 46-year-old P/FDS Waiver recipient whose mother contacts the IEB and expresses her son's interest in transferring to the CHC Waiver. With IEB's assistance, Bobby transferred to CHC Waiver services.

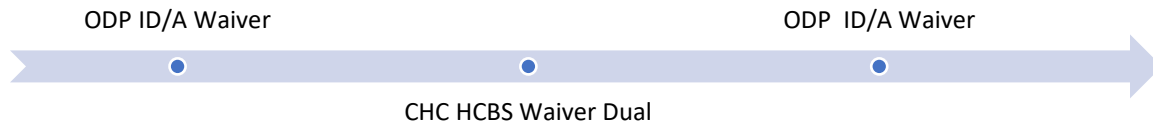
1. The IEB contacts the P/FDS Waiver recipient's mother to inform her that the recipient was determined functionally eligible for the CHC Waiver. The family confirms they would like to move forward with the transition to the CHC Waiver.
2. The IEB obtains contact information for the P/FDS Waiver recipient's County/AE.
3. OLTL confirmed receiving updated contact information for the County/AE. If the individual's representative does not have contact details for the correct County/AE, the IEB will contact the local MH/ID County/AE office to provide contact information for the individual's AE/SC. If the AE contact details are not available the IEB will contact the AE where the individual resides, the ODP regional office where the individual resides, or other identified options.
4. The IEB then reaches out to the P/FDS Waiver recipient's AE to transition to the CHC Waiver with an agreed upon transition date of 11/15/19.
5. A release of information request will be submitted by the IEB to the appropriate County/AE for the individual's current service plan.
6. The ODP County/AE will be expected to respond to the IEB within 5 business days. If the ODP County/AE does not respond timely, the individual's CHC application will remain open and the IEB will follow up with the County/AE accordingly.
7. The IEB issues the PA 1768 transfer form to the CAO and the appropriate ODP County/AE, indicating a service end date for the P/FDS Waiver ((e.g. 11/14/19) and a service begin date for the CHC Waiver (of 11/15/19). This should be 15 calendar days prior to the agreed upon start date.

8. The IEB will include the appropriate ODP County/AE as an additional contact on the PA 1768 transfer form.
9. The County/AE will be expected to inform the ODP provider that a transition is taking place when individuals are registered as CHC Waiver recipients to avoid billing.
10. The County/AE adds the P/FDS Waiver end date in HCSIS prior to 11/14/19 and before the CAO action of adding the CHC start date in CIS. This includes the CHC Waiver and the CHC MCO plan.
11. The County/AE sends a PA 1768 form ending the P/FDS Waiver to the CAO indicating the correct end date of 11/14/19 in CIS.
12. The CAO processes the PA 1768 and enters a service end date of 11/14/19 for the P/FDS Waiver.
13. This action by the CAO prematurely enrolls the individual into a CHC MCO plan. The AE follows the sequence of ending HCSIS enrollment so as not to receive a CIS error message.
14. **Note:** The notice/reason option the individual will receive is generated systemically on the PA 162 in this scenario. The PA 162 will be sent to the individual and the County/AE. The County/AE should notify providers of the notice and reason for the transfer.

*In the above scenario, BSASP staff would replace County/AE roles in cases pertaining to the Adult Autism Waiver or the Adult Community Autism Program.

Scenario 6:

Individual Enrolled in the ODP ID/A waiver or County Base Services and CHC HCBS Waiver



Anita, a 35-year-old ODP Consolidated Waiver recipient received a visit on Monday from a CHC SC for a wellness visit. Anita was accidentally enrolled in the CHC Waiver when she was transferred to the **Consolidated** Waiver last summer. Anita told the CHC MCO SC she did not want to change services, and she wants to stay in the ODP Waiver. There is a problem because she is enrolled in both the Consolidated Waiver and the CHC Waiver/program*.

1. The County/AE identifies an individual enrolled in an ODP ID/A waiver or base services in HCSIS.
2. The County/AE reviews the individual in Promise, eCIS, or EVS and identifies that the individual is enrolled in the CHC MCO plan and CHC Waiver Code 20 but did not see the ODP waiver in CIS.
3. The County/AE completes the CHC to Base form and submits it to BDCM to request the CHC MCO plan be negated or end dated one day prior to the Consolidated Waiver start date.
4. The CHC to Base Form is located on the Extranet at the following location:
https://www.humanservices.state.pa.us/hc-extranet/forms/form_chc_mrx_transfer.asp
5. **Note:** The CHC MCO plan end date must be entered on the chronologic day before the ODP HCBS start date.
6. Once the ODP County/AE submits the request to the RA account RA-MEMMANAGEMENT@pa.gov, they may simply enter dummy data in this field; i.e. '99/9999999/99' for County/Record/Line Number.
7. **Note:** The correct County/Record/Line Number can be obtained via eCIS, EVS, or PROMISE™, and its inclusion on the form provides additional verification that the correct record is being adjusted.
8. BDCM end dates the CHC MCO plan, disenrolling the participant from the CHC MCO if the date is prior to the last date of the month. This allows the ODP HCSIS program to end date, correcting the overlap.

9. The ODP Provider may contact the CHC MCO and coordinate payment by the CHC MCO for services in situations where PROMISE™ denied payment due to the overlap.

*In the above scenario, BSASP staff would replace the County/AE roles in cases pertaining to the Adult Autism Waiver. Also, this section does not apply to the Adult Community Autism Program (ACAP).

Scenario 7:

Participant Enrolled in the ODP ID/A Waiver and the CHC HCBS Waiver Action Taken on a Record During Which the CAO Processed the CHC Waiver Code and the Waiver is not End-dated in HCSIS*



Steve is a 41-year-old P/FDS Waiver recipient and contacts the IEB to express interest in transferring to the CHC HCBS Waiver. The IEB carries out its in-home visit and begins coordinating the functional eligibility decision (FED). The CAO processes the PA 1768 and enters the starting date of 12/2/19 for the waiver. There is a problem because the waiver codes do not match, and the eCIS waiver code is open in both CIS and HCSIS.

1. The County/AE reviews the individual in Promise, CIS, or EVS and identifies that the individual is enrolled in CHC HCBS Waiver (Code 20).
2. The County/AE ends the HCSIS record a day before the CHC HCBS Waiver effective date.

Note: When the County/AE cannot end date the HCSIS records before the effective date of the CHC HCBS Waiver and receives an error message "**This waiver/program cannot coexist with the CHC Services program**" there are overlapping dates. The County/AE must request a correction from BDCM.

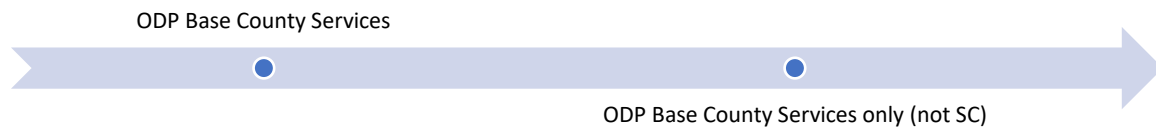
3. The County/AE completes the CHC to Base Form and submits it to BDCM to request the CHC MCO plan be end dated the day prior to the anticipated discharge date.
4. The CHC to MRX is located on the Extranet at the following location: [CHC to MRX Transfer form](#)
5. The County/AE submitting requests to RA account RA-MEMMANAGEMENT@pa.gov may simply enter dummy data in this field; i.e. '99/9999999/99' for County/Record/Line Number. If the correct County/Record/Line Number can be obtained via CIS, EVS, or PROMISE, its inclusion on the form provides additional verification that the correct record is being adjusted.
6. BDCM end dates the CHC HCBS Waiver and CHC MCO plan, disenrolling the participant.

7. BDCM notifies the County/AE by email that the CHC disenrollment is complete. If BDCM does not disenroll the individual from both the CHC HCBS Waiver and CHC MCO as a response to the request, the County/AE will contact the CHC Region Lead to resolve the issue.
8. The County/AE ends the individual's service plan in HCSIS on the day before the start date of the CHC HCBS Waiver.
9. **Note:** The ODP provider may be owed for services and payment pending due to overlapping enrollment. The ODP provider may contact the CHC MCO to coordinate payment by the CHC MCO for services denied by PROMISE™ as a result of overlapping registrations.

*In the above scenario, BSASP staff would replace County/AE roles in cases pertaining to the AAW or ACAP.

Scenario 8:

The Participant is Enrolled in ODP Base Services, and when action was taken on the record, also Auto-assigned in the CHC HCBS Waiver Program



Peter is a 52-year-old Dual ODP base & not supports coordination services only. The County/AE received an error message "**This waiver/program cannot coexist with CHC Services,**" as the County/AE tried to adjust the date in HCSIS. This message suggests ODP base services overlap with the CHC HCBS Waiver.

1. The County/AE reviews HCSIS and sees the individual is enrolled in base services and not Supports Coordination services only.
2. The County/AE also reviews CIS, PROMISe™, or EVS and sees that Peter is enrolled in the CHC HCBS Waiver (Code 20).
3. **Note:** Peter is enrolled in both programs and a request for correction must be made to BDCM to correct the overlapping records.
4. The County/AE completes the CHC to Base Form and submits it to BDCM to request the CHC MCO plan be end dated the day prior to the effective start date of the base enrollment.

The CHC to Base Form is located on the extranet at the following location:

5. https://www.humanservices.state.pa.us/hc-extranet/forms/form_chc_mrx_transfer.asp
6. When the AE submits a request to RA account RA-MEMMANAGEMENT@pa.gov, they may simply enter dummy data in the field; i.e. '99/99999999/99' for County/Record/Line Number. The correct County/Record/Line Number can be obtained via CIS, EVS, or PROMISe™, and its inclusion on the form provides additional verification that the correct record is being adjusted.
7. BDCM end dates the CHC MCO and CHC waiver plan, disenrolling the participant from CHC. BCDM does not perform the CHC waiver disenrollment in CIS. That is the function of the CAO, requiring notification to the CAO from the County/AE.
8. BDCM notifies the County/AE via email that the CHC disenrollment is completed.

9. The County/AE verifies the CHC MCO and CHC waiver disenrollment are in the CIS record.
10. The ODP base enrollment entry in HCSIS is successful. The “waiver program cannot coexist with the CHC services,” message does not appear.

Glossary of Terms:

Administrative Entity (AE): A county/joinder or non-governmental entity that performs waiver operational and administrative functions delegated by the Department, under the Department's approved Consolidated, P/FDS and Community Living Waivers and Administrative Entity Operating Agreement.

Adult Autism Waiver (AAW): The Adult Autism Waiver (AAW) is a 1915(c) Home and Community Based Services (HCBS) Medicaid Waiver designed to provide long-term services and supports for community living, tailored to the specific needs of adults age 21 or older with ASD. The program is designed to help adults with ASD participate in their communities in the way they want to, based upon their identified needs.

Adult Community Autism Program (ACAP): The Adult Community Autism Program, ACAP, is a managed care program in Pennsylvania for adults 21 or older with ASD who reside in Chester, Cumberland, Dauphin, and Lancaster counties. It is a fully integrated, comprehensive system of care that includes physical health, behavioral health, social, recreational, transportation, employment, therapeutic, educational, crisis, in-home support, and independent living services.

Applicants: Individuals who are applying for or re-applying for Medicaid, long-term services and supports, and any other benefits the Department of Human Services (DHS) offers. The Department of Human Services was formerly known as the Department of Public Welfare (DPW)

Base-funded Services: State funding from the PA Office of Developmental Programs that is given to the counties. Counties can use Base funding to provide services similar to Waiver. This funding is becoming more limited as states turn to federal dollars to support community programs

Bureau of Supports for Autism and Special Populations (BSASP): Develops and manages services and supports to enhance the quality of life of individuals in Pennsylvania living with Autism Spectrum Disorder (ASD) and their families. BSASP also focuses on building statewide capacity and competency in the professionals who assist and support Pennsylvanians with ASD across the lifespan. The Special Populations Unit focuses on capacity building to support individuals who are Deaf, Hard of Hearing, and Deaf-Blind.

Capitation Payment: A payment the Department pays per month to the CHCMCO for each Participant to provide coverage of all Covered Services, whether or not the Participant receives services during the period covered by the payment.

CHC MCO Disenrollment: The process by which a participant's ability to receive services from a CHC-MCO is terminated due to ineligibility or participant choice.

CHC Enrollment: The process by which a Participant is enrolled in a CHC-MCO. CHC eligible participants systematically by processing a data file generated from HCSIS which identifies participants by their waiver code and level of care determination.

CHC Waiver disenrollment – The process by which a participant’s ability to receive waiver services is terminated due to ineligibility or participant choice.

eCIS: The mainframe system of record for eligibility information. It drives the eligibility determination, benefit calculation, and benefit issuance processes. It also handles automated actions which processes payments for benefit issuance and various case maintenance activities.

Claim: A bill for a service(s) or a line item of service within a bill for a service(s) provided to an ID/A waiver Participant that is submitted through PROMISE™.

Client Information System (CIS): The Department's database of recipients. The database contains demographic and eligibility information for all recipients.

Community Health Choices Home and Community Based Services (HCBS) Waiver: CHC is Pennsylvania’s managed Long-Term Services and Supports (LTSS) initiative. The waiver allows the Commonwealth to require Medicaid beneficiaries age 21 or older to receive both LTSS, including nursing facility, hospice, Home and Community Based Services (HCBS), and physical health services through managed care organizations.

Community Health Choices Managed Care Organization (CHC-MCO): Health insurance plans that are responsible for the physical health care and LTSS of their enrolled participants.

Community Living Waiver: The Community Living Waiver supports individuals with an intellectual disability, autism, or developmental disability to live more independently in their homes and communities through the provision of a variety of services that promote community living, employment, communication, self-direction, choice, and control.

Consolidated Waiver: The Pennsylvania Consolidated Waiver is designed to help individuals with an intellectual disability, autism or developmental disability to live more independently in their homes and communities and to provide a variety of services that promote community living, including self-directed service models and traditional, agency-based service models.

County Assistance Office (CAO): The county offices of the Department that administer public assistance benefits including determining recipient’s financial eligibility for the ID/A waivers and AAW.

Denied Claim: An Adjudicated Claim that does not result in a payment obligation to a Provider.

Dual Eligible: An individual who is eligible to receive services through both Medicare and the MA Program. In CHC, this includes individuals with Medicare Part A and/or Part B and Part D.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT): A program which provides preventive medical services to a person under age 21 who is eligible for a medical card.

Eligibility Verification System (EVS): An automated system available to Providers and other specified organizations for automated verification of MA eligibility, CHC-MCO Enrollment, PCP assignment, TPR, and scope of benefits.

Enrollment Date: Date that a consumer becomes eligible for CHC from a PH-MCO is initiated in CIS.

Functional Eligibility Determination (FED): Questions asked to determine if an individual is clinically eligible for a nursing facility.

HCSIS Service Plan: Service plan management in the individual service plan (ISP) module. HCSIS Service Plan Management includes functions to develop, approve, and manage participant-centered service plans.

Home and Community Based Services (HCBS) Dual: Individuals who are 21 years of age or older, dually eligible for Medicare and Medicaid and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility and receive services in the home and community.

Home and Community Based Services (HCBS) Non-Dual: Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care (LOC) provided by a nursing facility and receive services at home and in the community.

Home and Community Based Services (HCBS) Waiver: A waiver of certain Medical Assistance program requirements that allows the Department of Human Services (DHS) to provide medical and supportive services to persons with physical, mental, or other disabilities in the community as an alternative to institutional or nursing facility care.

Home and Community Based Services (HCBS): Also called waiver services. Supports and services that go beyond those covered by Medicaid to enable an individual to remain in a community setting rather than be admitted to a long-term care facility, such as a nursing home.

ID/A Waiver Participant: An individual determined to meet eligibility criteria and who is enrolled in either the Consolidated, Community Living, or P/FDS Waiver.

Independent Enrollment Broker (IEB): An agency hired to help people with the eligibility and enrollment process for CHC, HCBS, and nursing homes. An independent and conflict-free entity that is responsible for providing information about CHC and the CHC-MCOs and otherwise assist the individual to choose a CHC-MCO and enrollment services to potential participants and participants. IEB is to provide the Advanced Plan Selection file to communicate plan selections of CHC eligible individuals.

Individual Support Plan (ISP): The Individual Support Plan (ISP) provides details about what is most important to an individual with intellectual disabilities or autism so that everyone involved in supporting that individual can focus on those areas. The ISP serves as the authorization and approval for funding services and supports

Long Term Care (LTC) Dual: Individuals who are 21 years of age or older, dually eligible for Medicare and Medicaid and eligible for Medicaid (LTSS) because they need the level of care (LOC) provided by a nursing facility and receive services in a nursing facility.

Long Term Care (LTC) Non-Dual: Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care (LOC) provided by a nursing facility and receive services in a nursing facility (NF).

Long-Term Services and Supports: Services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary.

Managed Care Organization : An entity that has, or is seeking to qualify for, a comprehensive risk contract under this part, and that is: (1) Federally qualified HMO that meets the advance directives requirements of 42 C.F.R. §489 Subpart I; or (2) Any public or private entity that meets the advance directives requirements and is determined by the Secretary to also meet the following conditions: (i) Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity and (ii) Meets the solvency standards of 42 C.F.R. § 438.116.

Managed Care Program: A managed care delivery system operated by a state as authorized under sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Social Security Act.

MCO plan – A managed care organization that contracts with the state to administer Medicaid services.

Medicaid or Medical Assistance (MA): The program authorized under Title XIX of the federal Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations promulgated thereunder.

Medicare: A federal health insurance program for seniors ages 65 and older, and adults with disabilities who also receive Social Security Disability Insurance (SSDI) benefits.

MRX: A category in cis that represents when open for base services in HCSIS.

Nursing Facility: A general, county or hospital-based nursing facility, which is licensed by the DOH, enrolled in the MA Program and certified for Medicare participation. The provider types and specialty codes are as follows: General, Hospital-based, County, Certified Rehab Agency.

Nursing Facility Clinically Eligible (NFCE): An individual who meets the clinical criteria to receive services through a nursing facility.

Nursing Facility Ineligible (NFI): Having clinical needs that do not require the level of care provided in a NF. An individual does not meet the criteria to receive services through a nursing facility.

Nursing Facility Ineligible (NFI) Dual: –Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid. An individual does not meet the criteria to receive services through a nursing facility

Nursing Home Transition (NHT) Program: The NHT Program was developed to assist and empower consumers who want to move from a nursing facility back to a home of their choice in the community. NHT also helps the Commonwealth rebalance its long-term living systems.

Office of Developmental Programs (ODP): The Pennsylvania state program office within the Department that oversees the ID/A waivers and AAW, sets policy, provides funds, and administers services for individuals with intellectual disabilities and autism.

Office of Long-Term Living (OLTL): The office within the Department of Human Services (DHS) that administers programs for adults with physical disabilities and older Pennsylvanians and is responsible for oversight of the Community Health Choices program.

Omnibus Budget Reconciliation Act (OBRA) Waiver: The OBRA Waiver provides home and community based services to persons with developmental physical disabilities aged 18 and over who require an Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC) level of care, and is designed to support individuals to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant directed service models and traditional agency-based service models.

PA 162: Notification is sent directly to the Individual and ODP/ County AE and as they begin coordinating services. Financial eligibility alert from CIS to HCSIS ending waivers/program.

Participants: Those found eligible for the services/ benefits for which they have applied.

Pennsylvania HealthChoices Extranet: To access the Pennsylvania HealthChoices Extranet, the PH-MCO must have established connectivity with DHS <http://www.hc-extranet.dhs.pa.gov/>

Pennsylvania Pre-Admission Screening Resident Review (PASARR): The PASARR- identifies members of a target group with mental illness, intellectual disabilities, or other related disabilities which require specialized services.

Person Centered Service Plan (PCSP): A plan to create a vision for the individual's future by focusing on how to get started on working towards their dreams. It is created for the individual and is unique to each person. Person-centered planning can be used with all people including those with mental health issues and people with significant disabilities.

Person/Family Directed Support Waiver (P/FDS): A Federally approved 1915(c) waiver program designed to help individuals with an intellectual disability or autism of any age or an individual with a developmental disability live more independently in their homes and communities.

Plan Transfer: The process by which a participant changes CHC-MCOs. The term plan just refers to CHC.

Potential CHC Participant: An individual who has applied to enroll in CHC.

Primary Systems Impacted: eCIS, CIS Mainframe, HCSIS, Promise, EVS.

Provider: An entity or individual that enters into and maintains a signed ID/A waiver provider agreement with the Department to render an ID/A waiver service(s).

Reserved Capacity: The portion of the approved ID/A waivers that are reserved for the enrollment of specified groups or targeted purposes.

Service Coordinator (SC): A qualified professional who is the CHC–MCO’s designated point of contact for each participant’s person-centered service plan and coordination of services (different than an ODP Supports Coordinator – also known as an SC).

Start Date: The first date on which the CHC-MCO is operationally responsible and financially liable for the provision of covered services to a participant.

Supportive Services: Items and services necessary to enable a participant to prepare for, seek, accept, or maintain education, employment, or training.

Supports Coordinator (SC): An employee of an SCO with the primary responsibilities of locating, coordinating, and monitoring needed services and supports for ODP Participants.

Waiver: The federal government’s way of allowing states to forego federal rules to provide Medicaid funded services to people residing in the community who would otherwise be in an institution or nursing home.

Contact Information:

Bureau of Supports for Autism and Special Populations (BSASP):

Phone: 1-866-539-7689

Community Health Choices Managed Care Organization Email Contacts for the Administrative Entities to Use to Facilitate Individual Transfers from a CHC MCO to Office of Developmental Programs

AmeriHealth Caritas (SW) and Keystone First (SE):

Phone: 1-855-235-5115 (TTY 1-855-235-5112)

- jwilkerson@amerihealthcaritas.com;
- pwright@amerihealthcaritas.com;
- ytoledo@amerihealthcaritaspa.com;
- drodriguez@amerihealthcaritas.com

PA Health and Wellness:

Phone: 1-844-626-6813 (TTY 1-844-349-8916)

- PHWLiaison@PaHealthWellness.com;
- Tanika.s.taylor@pahealthwellness.com;
- Angela.F.LucenteProkop@PAHealthWellness.com

UPMC:

Phone: 1-844-833-0523 (TTY 1-866-407-8762)

- chc@upmc.edu;
- caldwellcl@upmc.edu

Appendix:

Pennsylvania HealthChoices
Extranet

CHC to MRX Transfer Form

New or Occasional User of this form? Please read the [form instructions](#).

Requestor:	<input type="text" value="Select From List"/>
Contact Name *:	<input type="text"/>
Telephone Number *:	<input type="text"/> Format: ###-###-####
E-mail Address*:	<input type="text"/>
Recipient's Name *:	<input type="text"/>
Recipient Co/Record/Line Number *:	<input type="text"/> Format: CC/RRRRRRR/LL
Recipient Number *:	<input type="text"/> Format: 9999999999
Current MCO *:	<input type="text" value="Select From List"/>
Effective End Date *:	<input type="text"/> Format: MM/DD/YYYY
Additional Information:	<input type="text"/>

* Required Fields

Upon submission, a confirmation page will be displayed, which you should print for your records.

If ODP staff (County Services SC) determine that manual disenrollment from CHC is necessary to enroll an individual in an ODP ID/A Waiver or base services, he/she will complete a CHC to MRX Transfer Form via extranet. This form will be sent to OMAP/BDCM to process. OMAP/BDCM will complete the CHC disenrollment and will notify the original sender when the transaction has been complete. The CHC to MRX Form is located on the extranet at the following location:

https://www.humanservices.state.pa.us/hc-extranet/forms/form_chc_mrx_transfer.asp

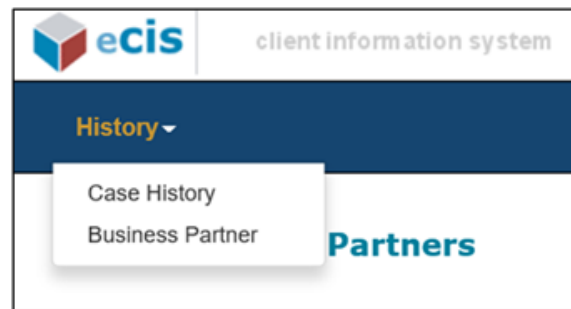
Eligibility Verification - eCIS:

An Office of Developmental Programs' (ODP) County AE requires access to eligibility information related to an individual served by their organization. The manual found at the link below will lead AE's through eCIS historical inquiry screens:

[eCIS ODP User Manual](#)

The County AE may access eCIS, using this link <https://intraapps.dpw.state.pa.us/mci/> (the Keystone Key landing page). Click **Business Partner** login, as seen in Figure 1: Keystone Key Landing Page.

To access **Case History** in eCIS, hover over the **History** module dropdown menu, as seen in the figure above, History Module Dropdown Menu. You will notice two selections under the History module dropdown. Case History opens the Historical Inquiry screen.



The figure below shows an example of the historical screen. On the historical inquiry screen, County AE general search considerations are highlighted in red above.

Individual Information											
Individual #:	Last Name:	First Name:	MI:	App:	SSN:						
880371123	BROWN	ZAC									
DOB:	Gender:	Race:	Lock In:	TPL:							
01/01/1940	M - Male	5 - White	N	Y							
Co/Record #	Eligibility Status	Budget	Eligibility Begin Date	Eligibility End Date	Physical Health	Behavioral Health	Exemptions	Facility Code	County Of Facility	Waiver Code	County Of Waiver
029475114	EA - Eligible Adult	PAW 2 2 66	02/15/2018		2B - PA Health	02 - CCBH	5 - Medicare D (Prevent Enrollment)			20 - CHC Waiver	02 - Allegheny
Physical Health											
Page 0 of 0 (0 Results)											
Plan	Begin Date	End Date	Assignment Indicator	CHC							
2B - PA Health	09/01/2018		B - Batch	2 - HCBS Dual							
2A - AmeriHealth	02/16/2018	08/31/2018	A - AutoAssign	2 - HCBS Dual							
2A - AmeriHealth	02/16/2018	02/15/2018	C - Central	2 - HCBS Dual							
31 - GATEWAY	06/01/2016	06/30/2016	A - AutoAssign								
Page 0 of 0 (0 Results)											
Behavioral Health											
Page 0 of 0 (0 Results)											
Plan	Begin Date	End Date	Assignment Indicator								
02 - CCBH	02/15/2018		A - AutoAssign								
02 - CCBH	05/13/2016	06/30/2016	A - AutoAssign								
Page 0 of 0 (0 Results)											

Eligibility Verification - Promise:

The figure below shows how the County /AE checks the recipient base or managed care enrollment historical details and eligibility for MCO enrollment. Details on CHC waiver are highlighted in red. The MCO tab on the right will provide details on the CHC MCO plan.

Recipient Base

File Applications Options Addtl Options Help

RID: 2 SSN: Age: 25 DOB: 1995/02/07
 Name: Address 1: Address 2: City: Phone: ST: PA Zip: 19003 2531
 Gender: F
 Adr Begin Date: 2019/03/29 Alt. Adr: N Citizen: 1 US Citizen
 Ethnicity: 1 Non-Hispanic Primary Language: 01 English Race: 5 White

Facility

Placement Code	County	Eff Dte	End Dte	Description
20	46	2019/01/01	2299/12/31	CHC WAIVER
42	46	2014/01/15	2018/12/31	OSP/Independence Waiver

Living Arrange: 00 Plan Exempt:

Case Number	District	Case Load	Case Worker	St	Begin Dt	End Dt	Pgm Off	Facility Name
1	Norristown	5544	82019					

Next RID: Inquire Exit Comments

LOCK CASE ELIG LTC H LTC D MCO TPL PCP POC DME PH95 Copay PCO

The figure below shows details on CHC MCO highlighted in red. The CHC Population details on the right will provide CHC MCO plan.

Recipient Managed Care Enrollment

File Applications Options Addtl Options Help

RID: Name: Begin Date: 20191205 End Date: 2020/12/04

All PH BH CHC Inquire

MCO Type	MCO Program	MCO Name	Begin Date	End Date	CHC Population Indicator
H	2D	VISTA HEALTH PLAN INC	2019/01/01	2299/12/31	3 - Non-Dual HCBS
B	MD	MONTGOMERY COUNTY COMMISSIONERS	2000/01/01	2299/12/31	

Exit

Eligibility verification - EVS:

The PROMISE™ Eligibility Verification System (EVS) enables County AEs and Providers to verify eligibility prior to the transfer process. Please note a dual-eligible participant without long-term services and supports is not enrolled in the Community Health Choice (CHC) Waiver.

EVS EXAMPLE

Managed Care	Category: PJW Program Status: 00 Service Program: CHC20-COMMUNITY HEALTHCHOICES WAIVER	CHC20-COMMUNITY HEALTHCHOICES WAIVER	01/31/2019
Co-Insurance	PA Medicaid-No Co-Insurance: 0%		
Co-Payment	MA-Pharmacy Generic Prescriptions/Refills: \$1.00	01/01/2019	01/31/2019
Co-Payment	MA-Pharmacy Brand Name Prescription/Refills: \$3.00	01/01/2019	01/31/2019
Co-Payment	MA-Inpatient Hospital/Rehab/Private Psych: \$3.00	01/01/2019	01/31/2019
Co-Payment	MA-Diagnostic Radiology/X-ray (Tech Component): \$1.00	01/01/2019	01/31/2019
Co-Payment	MA-Outpatient Psychotherapy Services: \$0.50	01/01/2019	01/31/2019
Co-Payment	MA-Sliding Scale: \$0.65	01/01/2019	01/31/2019
Deductible	PA Medicaid-No Deductible: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		


The figure above shows details on the CHC waiver highlighted in green. The CHC waiver plan Start and end date must be entered on the chronologic day before the ODP HCBS start date.

EVS EXAMPLE — continued

Eligibility Summary

Type	Name	BEGIN	END
Medicaid	Category: J Program Status: 37 Service Program: HCB50-ADULT	ADULT BENEFITS PACKAGE	2018
Managed Care	BHAL-COMMUNITY CARE BEHAVIORAL HLTH	BEHAVIORAL HEALTHCHOICES	3
Managed Care	CH2A-AMERIHEALTH CARITAS PA COMMUNITY HEALTHCHOICES	CHC HEALTH PLAN	01/05/2018
Other or Additional Payer	MEDICARE PART B	THIRD PARTY LIABILITY	/05/2018
Other or Additional Payer	MEDICARE PART A	01/01/2018	01/05/2018
Spend Down	Month: \$100.00	SPEND DOWN	01/05/2018
Co-Insurance	PA Medicaid-No Co-Insurance: 0%		
Deductible	PA Medicaid-Deductible: \$0		
Co-Payment	PA Medicaid-No Co-Payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

The figure above shows details of the CHC MCO plan highlighted in blue. The CHC MCO plan Start and end date must be entered on the chronologic day before the ODP HCBS start date.

 **Note Two:** If you are to enroll an individual who is also served by OLTL under Community HealthChoices (CHC), you cannot enroll the individual in any waiver or program other than SC Services Only. Attempting to do so generates the following error message, when you try to save the enrollment:

"This waiver/program cannot co-exist with the Community HealthChoices waiver."

The error message above appears when a County AE tries to register an individual in HCSIS while they are enrolled in the CHC MCO with overlapping registration date. The CHC MCO plan end date must be entered on the chronologic day before the ODP HCBS start date.

Transition:

The ODP waiver (codes 51, 52, 68, 81 or 77) or base (MRX) recipients are not to be enrolled in CHC.

in ODP waiver:	
51 ACAP Program	77 Consolidated Waiver (ODP)
52 Adult Autism Waiver	81 Community Living Waiver
68 Person/Family Directed Support	
in MRX	

Individuals with facility codes 35, 36 and 37 having no 902Z or 903Q TPL record are to be included in the population identification criteria for NFI Duals and will be transitioned into CHC.

CHC Eligible individuals in Hospice Care (facility codes 37 or 39) will be transitioned into CHC.

LTC Facility Codes 14, 24, 25, 32, 34, 71 will **NOT** transition into CHC.

Populations targeted that will transition to CHC



This figure shows rules on eligibility for target populations rules for CHC registration.