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

CHC is being developed to: (1) enhance access to and improve coordination of medical care and; (2) create a person-driven, long-term support system in which people have choice, control, and access to a full array of quality services that provide independence, health, and quality of life. LTSS help eligible individuals to perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications.

Who will enroll in CHC?

Individuals will be enrolled in CHC if they are 21 years old or over and are:
- Receiving both Medicare and Medicaid; OR
- Receiving LTSS in the Attendant Care, Independence, COMMERCARE, or Aging waivers; OR
- Receiving services in the OBRA waiver AND determined nursing facility clinically eligible; OR
- Receiving care in a nursing home paid for by Medicaid.
- An Act 150 participant who is dually eligible for Medicare and Medicaid.

Individuals are NOT eligible for CHC if they are:
- Receiving LTSS in the OBRA waiver and are NOT nursing facility clinically eligible; OR
- An Act 150 program participant, who is not dually eligible for Medicare and Medicaid; OR
- A person with an intellectual or developmental disability who is receiving services through the Department of Human Services’ Office of Developmental Programs; OR
- A resident in a state-operated nursing facility, including the state veterans’ homes.

Individuals who already participate in a Living Independence for the Elderly (LIFE) program can remain in their LIFE program and will not be moved into CHC unless they specifically ask to change. Anyone who is enrolled in CHC who would prefer to participate in a LIFE program and qualifies to participate in LIFE will be free to do so.

What does CHC cover?

CHC covers the same physical health benefits that are part of the Medicaid Adult Benefit Package today. If you are eligible for LTSS, you can also get all services now available in waivers offered by the Office of Long-Term Living. With one exception, CHC will replace these waiver programs.

The OBRA waiver will continue to exist for those 18-20 year olds who qualify for Medicaid LTSS and for those who have a severe developmental physical disability and need an Intermediate Care Facility/Other Related Conditions (ICF/ORC) level of care.

Behavioral health services are not a part of CHC. The CHC MCO must coordinate care with their members’ HealthChoices Behavioral Health MCOs.

CHC MCOs have the same responsibility for coordination of members’ Medicare coverage.

Will individuals have a choice of CHC MCOs?

YES. Each CHC participant may choose his or her MCO. The MCOs are AmeriHealth Caritas, PA Health & Wellness, and UPMC Community HealthChoices.
Affected individuals will be notified at least 90 days before CHC begins in each zone, so they will be ready for the change.