WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

WHO IS PART OF CHC?

• Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
  ✓ Individuals with intellectual or developmental disabilities who are eligible for services through the Office of Developmental Program will not be enrolled in CHC.

• Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  ✓ This care may be provided in the home, community, or nursing facility.
  ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).
CHC STATEWIDE POPULATION

- **12%**
  - 49,759
  - Duals in Waivers

- **64%**
  - 270,114
  - Healthy Duals

- **18%**
  - 77,610
  - Duals in Nursing Facilities

- **4%**
  - 15,821
  - Non-duals in Waivers

- **2%**
  - 7,314
  - Non-duals in Nursing Facilities

**CHC POPULATION**: 420,618

- **94%** Dual-eligible
- **16%** in Waivers
- **20%** in Nursing Facilities
HOW DOES CHC WORK?

Participants
• Choose their MCO
• Should consider the provider network and additional services offered by the MCOs

DHS
• Pays a per-member, per-month rate (also called a capitated rate) to MCOs
• Holds the MCOs accountable for quality outcomes, efficiency, and effectiveness

MCO
• Coordinates and manages physical health and LTSS for participants
• Works with Medicare and behavioral health MCOs to ensure coordinated care
• Develops a robust network of providers
WHAT ARE THE GOALS OF CHC?

GOAL 1
Enhance opportunities for community-based living.

GOAL 2
Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3
Enhance quality and accountability.

GOAL 4
Advance program innovation.

GOAL 5
Increase efficiency and effectiveness.
COVERED SERVICES

FOR ALL PARTICIPANTS:

Physical health services

All participants will receive the Adult Benefit Package, which is the same package they receive today. This includes services such as:

• Primary care physician
• Specialist services
• Please note: Medicare coverage will not change.
COVERED SERVICES

FOR ALL PARTICIPANTS:

Behavioral health services

All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs. Services available to participants include but are not limited to:

• Inpatient Psychiatric Hospital
• Inpatient Drug and Alcohol Detox and Rehabilitation
• Psychiatric Partial Hospitalization
• Outpatient Psychiatric Clinic
• Drug and Alcohol Outpatient Clinic

This is new for Aging Waiver participants and nursing facility residents, who receive behavioral health services through fee-for-service.
COVERED SERVICES

FOR PARTICIPANTS WHO QUALIFY FOR LTSS:

• Home and community-based long-term services and supports including:
  ✓ Personal assistance services
  ✓ Home adaptions
  ✓ Pest eradication

• Long-term services and supports in a nursing facility

• Participant-directed services will continue as they exist today.
CONTINUITY OF CARE

• MCOs are required to contract with all willing and qualified existing LTSS Medicaid providers for 180 days after CHC implementation.

• Participants may keep their existing LTSS providers for the 180-day continuity of care period after CHC implementation.

• For nursing facility residents, participants will be able to stay in their nursing facility as long as they need this level of care, unless they choose to move.

• The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.
SERVICE COORDINATION OBJECTIVES

• Every participant receiving LTSS will choose a service coordinator.
• The service coordinator will coordinate Medicare, LTSS, physical health services, and behavioral health services.
• They will also assist in accessing, locating and coordinating needed covered services and non-covered services such as social, housing, educational and other services and supports.
• The service coordinator will also facilitate the person-centered planning team.
• Each participant will have a person-centered planning team that includes their doctors, service providers, and natural supports.
SOUTHWEST IMPLEMENTATION

• Successfully implemented the southwest on January 1, 2018
• Approximately 79,000 Participants were transitioned to the CHC program
• Lessons Learned (so far)
  • Earlier stakeholder engagement opportunities
  • Enhanced communication materials and training regarding Medicare vs. CHC
  • More education and communication on continuity-of-care
  • MCO Provider Training and outreach to occur earlier and more often
  • Earlier OBRA reassessments
  • Earlier data clean-up in HCSIS and SAMS
  • Earlier pre-transition notices
• Transportation issues
PRIORITIES THROUGH IMPLEMENTATION

ESSENTIAL PRIORITIES
• No interruption in participant services
• No interruption in provider payment

HOW WILL WE ENSURE NO INTERRUPTIONS?
• The Department of Human Services (Department) is engaged with the MCOs in a rigorous readiness review process that looks at provider network adequacy and IT systems.
• The Department of Health must also review and approve the MCOs to ensure they have adequate networks.