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Pennsylvania Releases Managed Long-Term Services and Supports Plan Concept Paper

Community HealthChoices will support older individuals and adults with physical disabilities

Harrisburg, PA -- The Departments of Human Services (DHS) and Aging (PDA) today took the next step in Governor Tom Wolf's plan to improve the quality of care for seniors and individuals living with disabilities through managed long-term services and supports (MLTSS). The Departments released a concept paper, based on public input, which describes the plan's features and is intended to gather feedback from stakeholders.

In [February](#), Governor Wolf joined DHS and PDA to announce an initiative to improve home- and community-based care services for seniors in Pennsylvania. The plan included budgetary, legislative, and executive actions such as expanding services for older Pennsylvanians and reducing long term care costs, phasing in Medicaid managed long term care, and ensuring seniors have choices about where to age. The Wolf administration remains committed to providing choices and protections for seniors as they age.

The MLTSS plan, named Community HealthChoices (CHC), is an integrated system of physical health and long-term services that supports (LTSS) which focuses on improving health outcomes and allowing individuals to live safe and healthy lives with as much independence as possible. CHC supports individuals dually eligible for Medicare and Medicaid, older adults and adults with physical disabilities in the most integrated settings possible. CHC will serve an estimated 450,000 individuals, including 130,000 older persons and adults with physical disabilities who are currently receiving LTSS in the community and in nursing facilities.

"We chose the name Community HealthChoices for two reasons. The first is that CHC will allow us to serve more Pennsylvanians who need long-term services and supports in the community. The second is that CHC will build on the values and processes of the HealthChoices program, which has successfully served millions of Pennsylvanians since its inception in 1997," said DHS Secretary Ted Dallas. "In fact, many of the tenets of the program mirror the processes that have proved to be successful in the HealthChoices program."

The current LTSS system is expanding community options, but not rapidly enough to keep up with growing demand. Pennsylvania has made progress on reforming its LTSS system. The percentage of LTSS funding spent on HCBS increased from 37.3 percent in 2011 to 41.9 percent in 2013. However, Pennsylvania still lagged significantly behind the national average of 51.3 percent spent on HCBS in 2013, ranking it 37th among states.

The LTSS system currently operates separately from the Medicare and Medicaid physical health systems, leaving participants to navigate these complex programs on their own.

“Our quest is to ensure that older Pennsylvanians and individuals with physical disabilities are able to age with the dignity, respect and security they deserve,” said Secretary of Aging, Teresa Osborne. “We believe that the breadth of Community HealthChoices is necessary and best supports our responsibility to better manage, support and coordinate care, preserve consumer choice and meet the actual and most critical needs of those who require long-term services and supports.”

Based on public input, the Departments drafted a plan that enhances opportunities for community-based living; strengthens coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligible individuals; enhances quality and accountability; advances program innovation; and increases efficiency and effectiveness.

The concept paper includes the following highlights:

- Coordinates physical health and LTSS through CHC managed care organizations (CHC-MCO).
- Provides participants with a choice of two to five CHC-MCOs in each region.
- Includes value-based incentives to increase the use of home and community-based services and meet other program goals.
- Creates a system that allows Pennsylvanians to receive services in the community, preserves consumer choice, and lets consumers have an active voice in the services they receive.
- Standardizes measures of both program and participant-level outcomes to assess overall program performance and improve CHC over time.
- CHC-MCOs will be accountable for most Medicaid-covered services, including preventive services, primary and acute care, LTSS (home and community-based services and nursing facilities), prescription drugs, and dental services.
- Participants who have Medicaid and Medicare coverage (dual eligible participants) will have the option to have their Medicaid and Medicare services coordinated by the same MCO.
- Behavioral health services continue to be provided through the behavioral health managed care organizations (BH-MCOs), but CHC-MCOs and BH-MCOs will be required to coordinate services for individuals who participate in both programs.

In February 2015, Governor Wolf directed DHS and PDA to develop CHC. Following a national review of best practices, the commonwealth outlined the basis for CHC in a public discussion document. In June and July, officials from DHS and PDA received verbal feedback at six public forums held across Pennsylvania, attended by over 800 stakeholders. Also, 316 organizations and individuals sent comments via mail and e-mail.

Feedback may be submitted through October 16, 2015. The concept paper feedback will shape the November 2015 request for proposals (RFP) for CHC-MCOs. The RFP will be tentatively awarded in March 2016, contingent upon successful readiness reviews and negotiations. CHC will go live in the Southwest region in January 2017, the Southeast region in January 2018, and the Northwest, Lehigh-Capital and Northeast regions in January 2019.

For more information on Community HealthChoices or to view the concept paper, visit www.dhs.state.pa.us.

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