

December 8, 2017

Service Coordinators:

The purpose of this communication is to provide you with additional guidance regarding continuity of care and service plan updates for **waiver participants in the Southwest Zone who are transitioning to Community HealthChoices (CHC) on 01/01/2018**. This includes all COMMCARE, Attendant Care, and Independence Waiver participants who reside in the Southwest Zone, and OBRA Waiver participants aged 21 and over who reside in the Southwest Zone who have been assessed as meeting a Nursing Facility Clinically Eligible (NFCE) level of care.

CHC Managed Care Organizations (CHC MCOs) are responsible for authorizing services for waiver participants effective 01/01/2018. OLTL is providing data extracts of service plan services and authorizations to the MCOs through 12/31/17. All service plans that are in pending approval or revision status as of 12/31 will need to be submitted to the MCOs for authorization. For more information, please reference the attached "Service Plan Changes for CHC Transition/Continuity of Care - HCSIS" flow diagram for sequence details on service plan approvals.

All current service coordination entities must contract with the MCOs in order to continue providing services through the 180-day 'continuity of care' provision of Community HealthChoices. You can find contact information for the MCOs as a resource at the end of this letter.

Please review the below frequently asked questions and the attached process flow documents carefully.

1. Why do service plans and services for FY 2017/18 plans display an end date?

The HCSIS release on 11/18/2017 systematically end-dated service plans and services effective 12/31/2017 for all participants in the Southwest Zone who are transitioning to CHC in preparation for CHC implementation on 01/01/2018. Service plans display a *Plan End Date* of 12/31/2017, and services on these plans indicate a *Service End Date* of 12/31/2017.

Participants are able to continue to receive all authorized services through these end-dated plans through the *Plan End Date* of 12/31/2017.

2. What changes are being made in HCSIS to support CHC implementation and the continuity of care period?

CHC MCOs are using HCSIS or their own service plan management system during the 180-day continuity of care period. To support the continued use of

HCSIS for CHC plans during the continuity of care period, OLTL has made system changes in HCSIS to utilize the COMMCARE Waiver as the CHC Waiver effective 01/01/2018.

In preparation for CHC implementation in the Southwest Zone on 01/01/2018, HCSIS will perform the following activities during the weekend of 12/16/2017:

- Systematically transition all Attendant Care, Independence, and OBRA NFCE (21 and older) Waiver participants who reside in the Southwest Zone to the COMMCARE Waiver with an *Effective Begin Date* of 01/01/2018.
- Auto-create CHC service plans in the system for all of the participants who were systematically transitioned to the COMMCARE Waiver and who have an existing service plan in an *Approved* status. **All of the CHC plans will appear in HCSIS as COMMCARE plans with a *Plan Start Date* of 01/01/2018.**

The CHC plans will include all services and units for which the participant is currently approved, with units reflecting all units that have not been utilized as of 12/16/2017. If there is a service on the plan with zero remaining units, this service will appear on the CHC plan in a status of 'Unauthorized'.

3. **How should I handle changes to the current fee-for-service (FFS) Waiver service plan for an existing participant if they are required before 12/31/2017?**

a. **Changes to FFS Waiver Service Plans Prior to 12/16/2017**

If the change is required before 12/16/2017 to meet the needs of a participant, you should update the service plan in HCSIS through the use of a "Critical Revision".

1. Complete the "Critical Revision" to the FFS Waiver service plan in HCSIS. Unit calculations should reflect the full amount of annualized units needed for the Fiscal Year through 06/30/2018 even though the current *Plan End Date* is showing as 12/31/2017.
2. Work with the Office of Long-Term Living (OLTL) to ensure approval of the plan changes *before* 12/16/2017.
3. Because changes were made to the plan prior to 12/16/2017, the new CHC plan that HCSIS auto-creates on 12/16/2017 will reflect the updated units, minus any billing utilization.

b. **Changes to FFS Waiver Service Plans After 12/17/2017**

If a "Critical Revision" is necessary after 12/17/2017, including for services that extend beyond 12/31/2017, you should take the following steps:

1. Complete the “Critical Revision” to the FFS Waiver service plan in HCSIS. The number of units entered on the plan should only reflect the number of units needed for the remainder of the current FFS Waiver plan, which ends on 12/31/2017. You will therefore need to manually calculate the number of units needed for the service through 12/31/2017.
2. Update the CHC plan in HCSIS that begins on 01/01/2018 to incorporate the same changes made to the FFS Waiver plan. The units on this plan, however, should reflect the number of units needed for the continuity of care period, from 01/01/2018 through 6/30/2018.
3. If a participant is enrolled with a CHC MCO that is not using HCSIS during the continuity of care period, you will also need to work with the CHC MCO to complete service plan management activities in the CHC MCO’s system for plans effective 01/01/2018.

Please see the attached process flow document for additional details on making changes to service plans.

4. How should I handle changes to the CHC Waiver service plan effective 01/01/2018 or later?

- a. Contact the participant’s CHC MCO to inform them of the need for a “Critical Revision”. Make sure to follow the CHC MCO’s direction on any plan changes.
- b. Once you receive the authorization back from the CHC MCO, complete the “Critical Revision” to the CHC Waiver service plan in HCSIS.
- c. HCSIS will then auto approve the plan update.

5. How should I handle new Waiver enrollments for participants before CHC goes live on 01/01/2018?

If a participant in the Southwest Zone needs to receive waiver services prior to the implementation of CHC on 01/01/2018, you should enroll the participant into the appropriate FFS Waiver. Because HCSIS is auto-creating CHC plans on 12/16/2017 for participants with an approved FFS Waiver plan in the system, the steps you must take to enroll a new participant before and after 12/16/2017 differ.

a. How should I handle new FFS Waiver enrollments prior to 12/16/2017?

Enter all new FFS Waiver plans that start on or before 12/15/2017 in HCSIS and submit them to OLTL using normal procedures. The units that are included on these plans should reflect the full amount of annualized units

needed for the Fiscal Year through 06/30/2018. You can use the unit calculator, therefore, in adding the units to the plan. Note that because all FFS Waivers end in HCSIS effective 12/31/2017, HCSIS will require that you enter 12/31/2017 as the *Plan End Date*, *Service End Date*, and *Waiver/Program Enrollment Effective End Date*.

When HCSIS auto-creates the CHC plan on 12/16/2017, it will carry over the remaining units after billing utilization to the new CHC waiver plan to cover the rest of the fiscal year from 01/01/2018 through 06/30/2018.

b. How should I handle new FFS Waiver enrollments after the auto-approval process takes place on 12/16/2017?

Enter new FFS Waiver plans that start between 12/17/2017 and 12/31/2017 in HCSIS using normal procedures, with the exception of unit calculations. Plans should only reflect the required number of units needed to cover the services for the FFS Waiver from the service start date through 12/31/2017.

Upon receiving service plan approval from OLTL, you will need to manually submit a Waiver/Program Transfer to OLTL to transition the person to the COMMCARE Waiver effective 01/01/2018. The new CHC waiver plan (under the COMMCARE enrollment) should reflect the same services but update the units to reflect those needed for the continuity of care period, from 01/01/2018 to 06/30/2018.

d. How should I handle a new waiver enrollment for a participant if I receive a new enrollment on 12/28/2017 and the initial service plan is not due for a submission until after 01/01/2018? Is there a cut-off date for when I should stop submitting the initial service plan into HCSIS?

You can submit initial service plans through 12/29/2017. Any plans not submitted or approved before 01/01/2018 will become the responsibility of the MCO. Service coordinators will follow the directions of the MCO to ensure service plan authorization.

6. Is a new Service Authorization Form (SAF) required for services that are end-dated to 12/31/2017?

The end-dating of services on the current waiver plan in this instance is a procedural step to transition participants from the FFS Waiver system to CHC; it is not a “true” end-dating of the service. Therefore, the current SAF that is in place remains effective through the continuity of care period.

If you make a critical revision to the plan prior to 12/31/2017 that changes service authorization, you will issue a new SAF to the provider as you normally would. If you make a critical revision to the plan after 12/31/2017, you will follow the CHC MCO procedures for service authorization.

Providers should not issue termination notices for FFS Waiver plan services that have been end-dated to 12/31/2017 due to transition activities.

As per the continuity of care requirements, participants should continue to receive services on current plans through all existing providers until the end of the continuity of care period.

7. Will SCs have access to HCSIS after 12/31/2017 for participants in the Southwest Zone who have transitioned to CHC?

SCs providing services to participants in the Southwest Zone who have transitioned to CHC will continue to have update and read access to service plans in HCSIS. HCSIS will continue to be available to be used as the service plan management system for CHC plans during the continuity of care period. SCs should work with participants' CHC MCOs regarding the MCO's system of choice for service plan management during the continuity of care period.

8. Why can I no longer see information for participants on the Waiver/Program Enrollment screen in HCSIS?

The HCSIS release on 11/18/2017 systematically end-dated waiver enrollment effective 12/31/2017 for all participants in the Southwest Zone who are transitioning to CHC in preparation for CHC implementation on 01/01/2018.

Because of this system change, the current view of the *Waiver/Program Enrollment* screen in HCSIS appears blank. To view waiver/program enrollment status for a participant, you will need to navigate to *Waiver/Program Enrollment History* screen. Follow the steps below to view waiver/program enrollment history:

1. From the *Waiver/Program Enrollment* screen click the [View History] button.
2. The *Waiver/Program Enrollment History* screen appears.
3. The Effective End Date is shown as 12/31/2017 in the table.
4. Click the [View Current] button to return to the *Waiver/Program Enrollment* screen.

9. How do I know which CHC MCO the participants that I serve have selected?

You will see the selected CHC MCO for participants in the Electronic Verification System (EVS) beginning 01/01/2018, similar to how the Physical and Behavioral Health MCO information displays. The attached EVS tip sheet provides

information to access participants served by your entity. See EVS error codes at the following link:

www.dhs.pa.gov/cs/groups/webcontent/documents/document/s_001986.pdf

Please note that you can only view to the end of the current month for an EVS inquiry. EVS will not return the CHC-MCO plan information until 01/01/2018 or after.

Contact information for the CHC MCOs is below:

- AmeriHealthCaritas
 - CHCProviders@amerihealthcaritas.com
 - www.amerihealthcaritaschc.com
 - 1-855-235-5115(TTY1-855-235-5112)

- Pennsylvania Health and Wellness (Centene)
 - information@pahealthwellness.com
 - www.PAHealthWellness.com
 - 1-844-626-6813 (TTY 1-844-349-8916)

- UPMC Community HealthChoices
 - CHCProviders@UPMC.edu
 - www.upmchealthplan.com/chc
 - 1-844-833-0523 (TTY 1-866-407-8762)

If you have any questions, please call the OLTL Participant Helpline at 800-757-5042 or email RA-PWCHCWaiverProTra@pa.gov.

Thank you for your assistance in this very important step in the CHC transition process.