

December 8, 2017

Service Coordinators:

The purpose of this communication is to provide you additional guidance regarding continuity of care and service plan updates for **Aging Waiver participants in the Southwest Zone who are transitioning to Community HealthChoices (CHC) on 01/01/2018.**

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 CHC MCOs through 12/31/17. All service plans that are in are pending approval or revision status as of 12/31 will need to be submitted to the CHC MCOs for authorization. Please reference the attached "Service Plan Changes for CHC Transition/Continuity of Care - SAMS" flow diagram for sequence details on service plan approvals.

All current service coordination entities must contract with the CHC MCOs in order to continue providing services through the 180-day 'continuity of care' provision of Community HealthChoices (CHC). 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 document carefully.

1. How should I handle service plan changes if they are required before 12/31/2017?

If a service plan revision is necessary prior to 12/31/2017 to meet the assessed needs of a participant, you should make the update in the Social Assistance Management System (SAMS).

2. How will service plans for Aging Waiver participants be handled during the CHC continuity of care period?

CHC MCOs are using SAMS or their own service plan management system during the 180-day continuity of care period. If a participant is enrolled with a CHC MCO that continues to use SAMS for plan management, the participant's service plan will remain in SAMS until the end date of the current plan. The new service plan begins in the CHC MCO's service plan management system the first day following the end date of the current plan. For example, if the participant's current plan in SAMS has an end date of 01/31/2018, the service plan in the CHC MCO's system should begin on 02/01/2018.

3. How should I handle service plan changes for a participant if they are required during the CHC continuity of care period?

If a service plan revision is necessary to meet a participant's assessed needs during the 180-day continuity of care period, take the following steps:

1. If a participant is enrolled with a CHC MCO that is continuing to use SAMS during the continuity of care period, any updates needed prior to the plan's end-date are to be made to the service plan in SAMS. These updates require coordination with the CHC MCO to operationally obtain plan approvals. Make sure to follow the CHC MCO's direction on any plan changes.
 - a. On day 1 following the current plan's end date, the CHC MCO's service plan management system and processes are to be used to document the service plan and any necessary updates, as well as to receive required plan approvals.
 - b. All future revisions to the plan are then to be made using the CHC MCO's service plan management system.
2. If the participant is enrolled with a CHC MCO that is not using SAMS for plan management during the continuity of care period, any necessary updates should be made in the CHC MCO's service plan management system.

Please see the attached process flow document for additional details on making changes to service plans after 12/31/2017.

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

You will see the selected CHC MCO for Aging Waiver 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 additional information on accessing this information for 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 01/01/18 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.