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

**WITH THE IMPLEMENTATION OF COMMUNITY HEALTHCHOICES (CHC), TWO NEW POPULATIONS — INDIVIDUALS PREVIOUSLY IN THE AGING WAIVER AND INDIVIDUALS RESIDING IN A NURSING FACILITY — HAVE BECOME ELIGIBLE FOR BEHAVIORAL HEALTH SERVICES THROUGH THE BEHAVIORAL HEALTHCHOICES PROGRAM.**

These individuals previously received their behavioral health services through fee-for-service.

These two populations will be eligible to receive behavioral health services provided by a behavioral health managed care organization (BH-MCO) once CHC has been implemented in their zone. They will be eligible to receive the full array of behavioral health services provided in HealthChoices. Providers should continue to check the Eligibility Verification System (EVS) daily to confirm BH-MCO enrollment.

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**When does the CHC program begin?**

CHC is rolling out in three phases: the Southwest Zone was implemented on January 1, 2018; the Southeast Zone on January 1, 2019; and the remainder of the state on January 1, 2020.

- **PHASE 1:** January 2018
- **PHASE 2:** January 2019
- **PHASE 3:** January 2020
Should behavioral health providers be enrolled in the Community HealthChoices managed care organization’s (CHC-MCO) network?

All State Plan behavioral health services will continue to be covered by the BH-MCO and their provider networks. There are some non-State Plan behavioral health waiver services that are covered by the CHC-MCO for individuals eligible for long-term services and supports in the home and community. The CHC-MCO might want to contract with a behavioral health provider to provide these services which include counseling services, cognitive rehabilitation therapy, and behavior therapy services.

Who is responsible for coordination of behavioral health services with the BH-MCO and CHC-MCO?

Each BH-MCO and CHC-MCO will have a point of contact for coordination activities between these two entities. The behavioral health provider is responsible for obtaining releases of information to allow the CHC-MCO, their service coordinators, or providers to participate in coordination activities and treatment team meetings regarding their behavioral health care. Behavioral health providers enrolled with the BH-MCOs may also be invited to participate in service planning meetings set up by the CHC-MCO service coordinator.

What if a behavioral health provider is currently providing behavioral health services to a newly eligible individual but is not in the BH-MCO network?

There is a 60-day continuity of care period for all newly eligible members when CHC starts in each zone. Prior to the end of this continuity of care period, the provider must either seek enrollment into the BH-MCO network, enter into an out-of-network agreement with the BH-MCO, or assist with transitioning the member to a BH-MCO network provider. More details about continuity of care are available by reading Medical Assistance Bulletin 99-03-13 at www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=99-03-13.