

## COMMUNITY HEALTHCHOICES (CHC)

### OPERATIONS MEMORANDUM #2020-02

---

**SUBJECT:** **REVISED-** Participant Transfer from CHC to Office of Developmental Programs (ODP) Waiver, ODP Base (MRX) Services or Facility

**TO:** CHC-Managed Care Organizations (MCO)

**FROM:** Bureau of Coordinated and Integrated Services

**DATE:** ~~March 2, 2020~~ November 14, 2024

---

#### **PURPOSE**

The Pennsylvania Department of Human Services (DHS) ODP provides Medicaid waiver ~~h~~**H**ome and ~~e~~**C**ommunity-~~b~~**B**ased ~~s~~**S**ervices (HCBS) and ODP Base (MRX) services. ODP Base (MRX) are services and supports for ODP individuals eligible for Medicaid but not enrolled in an ODP HCBS waiver. In addition, ODP oversees facilities for individuals with intellectual disabilities (ID) **or autism**. In general, individuals receiving HCBS, ODP Base (MRX) services or facility services from ODP cannot be enrolled in CHC. This Operations Memorandum describes actions the CHC-MCO must take when a CHC Participant transitions from CHC to an ODP HCBS waiver, ODP Base (MRX) services or an ODP facility, to ensure a coordinated transition and prevent service interruptions in accordance with Section V.C.3. of the CHC Agreement.

#### **PROCEDURES**

The CHC-MCO must cooperate with ODP Administrative Entities (AE) **(or the Bureau of Supports for Autism and Special Populations (BSASP) for cases pertaining to the Adult Autism Waiver (AAW) or the Adult community Autism Program (ACAP))**, County Mental Health/Intellectual Disability (MH/ID) Programs, ODP Supports Coordinators (SC), and Targeted Services Management (TSM) providers, as needed, during a Participant's transition from CHC to an ODP HCBS waiver, ODP Base (MRX), or facility. ODP AEs are local offices which perform operational and administrative functions for ODP waiver services, such as Participant enrollment, level of care determinations, review and approval of Individual Support Plans (ISPs) and provider enrollment. If a CHC Participant has a Person-Centered Service Plan (PCSP) or a Care Management Plan, the CHC-MCO is responsible for transferring the CHC Participant's PCSP or Care Management Plan to ODP when the Participant enrolls in ODP

Base (MRX) or transfers to an ODP HCBS waiver or facility.

### **Scenarios**

Below are the steps taken by the parties involved in the most common transition scenarios CHC-MCOs may encounter. However, CHC-MCOs must coordinate with ODP, as needed, to ensure a smooth transfer for Participants moving between programs, regardless of the scenario that presents itself.

#### **CHC Long-Term Care (LTC) Nursing Facility (NF) Resident to ODP Base (MRX)**

1. The ODP AE/**BSASP** identifies that an individual receiving NF care ~~beyond 30 days~~ is eligible to receive services through ODP Base (MRX).
2. The ODP AE/**BSASP** reviews the individual in the Eligibility Verification System (EVS) and identifies the individual is enrolled in CHC.
3. The ODP AE/**BSASP** completes an ODP release of information with the CHC Participant or the Participant's representative, to obtain CHC service information from the CHC-MCO.
4. The ODP AE/**BSASP** sends an email, with the ODP release of information form attached, to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in ODP Base (MRX).
5. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant's representative to confirm the current ~~Person-Centered Service Plan (PCSP)~~ or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant's record in accordance with document retention requirements.
6. The ODP AE/**BSASP** refers the Participant or the Participant's representative to the County Assistance Office (CAO) to see if leaving CHC long-term services and supports (LTSS) would impact financial eligibility for Medical Assistance (MA).
7. The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/**BSASP** with the current PCSP or Care Management Plan, as applicable, and contact information of the individual at the CHC-MCO who will coordinate the transfer.
8. The CHC-MCO contacts the Participant to confirm the request to disenroll from CHC and enroll in ODP Base (MRX). The CHC-MCO completes a Voluntary Withdrawal form (Attachment 1) with the Participant or the Participant's representative, documenting their choice, and keeps it in the Participant's record in accordance with document retention requirements.
9. The CHC-MCO notifies the ODP AE/**BSASP**, via email, that the Voluntary Withdrawal form has been completed.
10. The ODP AE/**BSASP**, CHC-MCO and the NF coordinate with the individual and family, the ODP AE county MH/ID program, **BSASP**, ODP SC, or TSM provider, as appropriate, to determine an anticipated date of discharge from the NF. The individual must begin to receive ODP Base (MRX) on the day he or she is discharged from the NF.

11. Upon discharge, the CHC-MCO ensures the NF issues the MA 103, within 3 business days, to the CAO to end-date the NF code.
12. The CAO processes the MA 103, end-dating the NF code effective the date of discharge.
  - a. The process of end-dating the NF code end-dates the CHC LTC MCO plan effective the last day of the month.
  - b. If the Participant is dually eligible for Medicare and Medicaid (Dual), they will be systematically enrolled in CHC as a Nursing Facility Ineligible (NFI) Dual.
13. When the CHC-MCO receives notification of the CHC LTC disenrollment via the daily 834 file, the CHC-MCO notifies the ODP AE/BSASP, via email, that the CHC LTC disenrollment is processed.
14. Upon receipt of confirmation, the ODP AE/BSASP will work with the Office of Medical Assistance Programs (OMAP) Bureau of Data Claims Management (BDCM) to have the CHC-MCO plan end-dated the day prior to the anticipated date of discharge and have exemption code 07 added to the record to avoid re- enrollment in CHC.

#### **CHC LTC NF to ODP HCBS Waiver**

1. The ODP AE/BSASP identifies that an individual receiving NF care beyond 30 days is eligible to receive services in an ODP HCBS waiver upon discharge from the NF.
2. The ODP AE/BSASP reviews the individual in EVS and identifies the individual is enrolled in CHC.
3. If the individual was enrolled in an HCBS waiver just before they entered the facility and is in reserve capacity status, the ODP AE/BSASP will skip steps 4, 5, 6 and 7. The ODP AE/BSASP will contact the CHC-MCO and send an email notification to the email address identified by the CHC-MCO providing notification that the Participant has been identified to be enrolled in an ODP HCBS waiver.
4. The ODP AE/BSASP completes an ODP release of information with the CHC Participant or the Participant's representative to obtain CHC service information from the CHC-MCO.
5. The ODP AE/BSASP sends an email, with the ODP release of information form attached to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in an ODP HCBS waiver.
6. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant's representative to confirm the current PCSP or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant's record in accordance with document retention requirements.

The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/BSASP with the current PCSP or Care Management Plan, as applicable, and contact information of the Individual at the MCO who will coordinate the transfer.

7. The ODP AE/**BSASP**, CHC-MCO and the NF will coordinate with the individual and family, county MH/ID program, ODP SC, or TSM provider, as appropriate, to determine an anticipated date of discharge from the NF. The individual must begin to receive waiver services on the day he or she is discharged from the NF.
8. At least two weeks prior to the anticipated discharge date, the ODP AE/**BSASP**, county MH/ID program, ODP SC or TSM provider will complete a PA 1768 and send it to the CAO to add the ODP HCBS waiver code effective the day after the anticipated discharge date. If the applicant is determined financially eligible for the waiver, the process of adding the HCBS waiver code will end the CHC LTC MCO plan effective the last day of the current month.
9. Upon discharge, the CHC-MCO ensures the NF issues the MA 103, within 3 business days, to the CAO to end date the NF code.
10. The CAO processes the MA 103, end-dating the NF code effective the date of discharge.
  - a. The process of end-dating the NF code end dates the CHC LTC MCO plan effective the last day of the month.
  - b. If the Participant is a Dual, they will be systematically enrolled in CHC as an NFI Dual.
11. When the CHC-MCO receives notification of the CHC LTC disenrollment via the daily 834 file, the CHC-MCO notifies the ODP AE/**BSASP**, via email, that the CHC LTC disenrollment is processed.
12. Upon receipt of confirmation, the ODP AE/**BSASP** will work with BDCM to have the CHC- MCO plan end-dated the day prior to the anticipated date of discharge and have exemption code 07 added to the record to avoid re-enrollment in CHC.

#### **CHC NFI Dual to ODP Base (MRX) Services**

1. The ODP AE/**BSASP** identifies an individual as eligible to be enrolled in ODP Base (MRX)
2. The ODP AE/**BSASP** reviews the individual in EVS and identifies the individual is enrolled in CHC.
3. The ODP AE/**BSASP** completes an ODP release of information with the Participant or the Participant's representative to obtain CHC service information from the CHC- MCO.
4. The ODP AE/**BSASP** sends an email, with the ODP release of information form attached to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in ODP Base (MRX).
5. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant's representative to confirm the current PCSP or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant's record in accordance with document retention requirements.

6. The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/**BSASP** with the current PCSP or Care Management Plan, as applicable, and contact information of the individual at the CHC-MCO who will coordinate the transfer.
7. The CHC-MCO contacts the Participant to confirm the request to disenroll from CHC as an NFI Dual and enroll in ODP Base (MRX). The CHC-MCO completes a Voluntary Withdrawal form (**Attachment 2**) with the Participant or the Participant's representative, documenting their choice, and keeps it in the CHC-MCO record in accordance with document retention requirements.
8. The CHC-MCO notifies the ODP AE/**BSASP**, via email, that the Voluntary Withdrawal form has been completed.
9. Upon receipt of confirmation that the CHC Voluntary Withdrawal form has been received, the ODP AE/**BSASP** will work with BDCM to have the CHC-MCO plan end- dated and have exemption code 07 added to the record to avoid re-enrollment in CHC.

#### **CHC NFI Dual to ODP HCBS Waiver**

1. The ODP AE/**BSASP** identifies an individual as eligible to be enrolled in an ODP HCBS waiver.
2. The ODP AE/**BSASP** reviews the individual in EVS and identifies the individual is enrolled in CHC.
3. The ODP AE/**BSASP** completes an ODP release of information with the Participant or the Participant's representative to obtain CHC service information from the CHC- MCO.
4. The ODP AE/**BSASP** sends an email, with the ODP release of information form attached to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in an ODP HCBS waiver.
5. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant's representative to confirm the current PCSP or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant's record in accordance with document retention requirements.
6. The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/**BSASP** with the current PCSP or Care Management Plan, as applicable, and contact information of the individual at the CHC-MCO who will coordinate the transfer.
7. The CHC-MCO contacts the Participant to confirm the request to disenroll from CHC as an NFI Dual and enroll in ODP Base (MRX). The CHC-MCO completes a Voluntary Withdrawal form (**Attachment 2**) with the Participant or the Participant's representative, documenting their choice, and keeps it in the Participant's record in accordance with document retention requirements.
8. The CHC-MCO notifies the ODP AE/**BSASP**, via email, that the Voluntary Withdrawal form has been completed.
9. Upon receipt of confirmation that the CHC Voluntary Withdrawal form has been received, the ODP AE/**BSASP** will work with BDCM to have the CHC-MCO plan end- dated and have exemption code 07 added to the record to avoid re-enrollment in CHC.

10. At least two weeks prior to the projected service begin date, the ODP AE/**BSASP** completes a PA 1768 and submits it to the CAO to add the ODP HCBS waiver code effective the day after the CHC end date.

### **CHC HCBS Waiver to ODP Base (MRX) Services**

1. The ODP AE/**BSASP** identifies an individual as eligible to be enrolled in ODP Base (MRX).
2. The ODP AE/**BSASP** reviews the individual in EVS and identifies that the individual is enrolled in the CHC waiver (CHC waiver Code 20).
3. The ODP AE/**BSASP** completes a release of information with the Participant or the Participant's representative to obtain CHC waiver information from the CHC- MCO.
4. The ODP AE/**BSASP** sends an email, with the release of information form attached to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in ODP Base (MRX). The email subject line should include "ODP Transfer Request," and the Participant's Master Client Index (MCI) number. The email should include a proposed enrollment date for the ODP Base (MRX) and contact information of the ODP AE/**BSASP** contact for coordination of transition.
5. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant's representative to confirm the current PCSP or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant's record in accordance with document retention requirements.
6. The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/**BSASP** with the current PCSP or Care Management Plan, as applicable, and the contact information of the individual at the CHC-MCO who will coordinate the transfer.
7. The CHC-MCO contacts the Participant to confirm the request to disenroll from CHC waiver and enroll in ODP Base (MRX). The CHC-MCO completes a Voluntary Withdrawal form (**Attachment 3**) with the Participant or the Participant's representative, documenting their choice, and keeps it in the Participant's record in accordance with document retention requirements.
8. The CHC-MCO notifies the ODP AE/**BSASP**, via email, that the Voluntary Withdrawal form has been completed. The ODP AE/**BSASP** and CHC-MCO coordinate a transfer date.
9. The CHC-MCO completes a PA 1768, as follows, and submits it to the CAO to end-date the CHC waiver code 20 effective the agreed upon date.
  - a. On Page 1, select "Termination."
  - b. On Page 2, select "HCBS terminated" and enter the "Date of termination" as the date before ODP Base (MRX) is to begin, per coordination with the ODP AE/**BSASP**.



- c. Enter a comment on Page 2 to say “Participant selecting to end CHC waiver code 20 to enroll in ODP Base (MRX). Review for other MA.”
10. The CAO processes the PA 1768, end-dating the CHC waiver code 20 effective the date indicated on the PA 1768. The CHC-MCO is notified, via the 834 file, when the transaction is complete.
11. Upon receipt of the 834 file, the CHC-MCO will notify the ODP AE/**BSASP**, via email, to finalize the transition of services.
12. Upon receipt of confirmation that the CHC waiver code has been end-dated, the ODP AE/**BSASP** will work with BDCM to have the CHC-MCO plan end-dated and have exemption code 07 added to the record to avoid re-enrollment in CHC.

### **CHC HCBS Waiver to ODP HCBS Waiver**

1. The ODP AE/**BSASP** identifies an individual as eligible to be enrolled in an ODP HCBS waiver program.
2. The ODP AE/**BSASP** reviews the individual in EVS and identifies that the individual is enrolled in the CHC waiver (CHC waiver Code 20).
3. The ODP AE/**BSASP** completes a release of information with the Participant or the Participant’s representative to obtain CHC waiver information from the CHC- MCO.
4. The ODP AE/**BSASP** sends an email, with the release of information form attached to the email address identified by the CHC-MCO, providing notification that the Participant has been identified to be enrolled in an ODP HCBS waiver program. The email subject line should include “ODP Transfer Request” and the Participant’s MCI number. The email should include a proposed enrollment date for the ODP HCBS waiver and contact information of the ODP AE/**BSASP** contact for coordination of transition.
5. The CHC-MCO completes a CHC-MCO release of information with the Participant or the Participant’s representative to confirm the current PCSP or Care Management Plan can be released to ODP. The CHC-MCO release of information is kept on file in the Participant’s record in accordance with document retention requirements.
6. The CHC-MCO, within 2 business days of completing the CHC-MCO release of information, sends an email to the ODP AE/**BSASP** with the current PCSP or Care Management Plan, as applicable, and the contact information of the individual at the CHC-MCO who will coordinate the transfer.
7. The CHC-MCO contacts the Participant to confirm the request to disenroll from CHC waiver code 20 and enroll in an ODP HCBS waiver. The CHC-MCO completes a Voluntary Withdrawal form (**Attachment 3**) with the Participant or the Participant’s representative, documenting their choice, and keeps it in the Participant’s record in accordance with document retention guidelines.
8. The CHC-MCO notifies the ODP AE/**BSASP**, via email, that the Voluntary Withdrawal form has been completed. The ODP AE/**BSASP** and CHC-MCO coordinate a transfer date.

9. At least two weeks prior to the projected service begin date, the ODP AE/**BSASP** completes a PA 1768 and sends it to the CAO to transfer the Participant from the CHC waiver to the ODP HCBS waiver effective on the agreed-upon date.
10. The ODP AE/**BSASP** will send a copy of the PA 1768 to the CHC-MCO within 1 business day of issuing to the CAO.
11. Upon receipt of a PA 162 confirming the CAO has completed the transfer of the Participant from the CHC waiver to the ODP HCBS waiver, the ODP AE/**BSASP** will work with BDCM to have the CHC-MCO plan end-dated and have exemption code 07 added to the record to avoid re-enrollment in CHC.

### **NEXT STEPS**

1. Review this Operations Memorandum with appropriate staff.
2. Contact the Bureau of Coordinated and Integrated Services if you have questions.

### **ATTACHMENTS**

Attachment 1: [CHC LTC NF Termination Letter- Voluntary Withdrawal](#)

Attachment 2: [CHC NFI Termination Letter- Voluntary Withdrawal](#)

Attachment 3: [CHC HCBS Termination Letter- Voluntary Withdrawal](#)



[Date]

**YOUR REQUEST FOR VOLUNTARY WITHDRAWAL FROM  
COMMUNITY HEALTHCHOICES LONG-TERM CARE  
NURSING FACILITY**

By signing this form, you are confirming that you want to voluntarily withdraw from Community HealthChoices (CHC) Long-Term Care (LTC) Nursing Facility (NF) services.

**[CHC-MCO]** will notify the County Assistance Office (CAO) to take action to end your CHC LTC NF services. You will receive a separate notice from the CAO. That notice will tell you how to appeal the decision to end your CHC LTC NF coverage.

Your signature below means that you understand that the services you receive through CHC LTC NF coverage will end.

Your signature also means that you understand that your eligibility for Medical Assistance may be impacted by your voluntary withdrawal from CHC LTC NF coverage.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

[Date]

**YOUR REQUEST FOR VOLUNTARY WITHDRAWAL FROM  
COMMUNITY HEALTHCHOICES**

By signing this form, you are confirming that you want to voluntarily withdraw from the Community HealthChoices (CHC) Program.

**[CHC-MCO]** will notify the County Assistance Office (CAO) to take action to end your CHC coverage. You will receive a separate notice from the CAO. That notice will tell you how to appeal the decision to end your CHC coverage.

Your signature below means that you understand that the services you receive through the CHC Program will end.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHC Managed Care Organization  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

[Date]

## YOUR REQUEST FOR VOLUNTARY WITHDRAWAL FROM HOME AND COMMUNITY-BASED SERVICES

By signing this form, you are confirming that you want to voluntarily withdraw from Home and Community Based Services (HCBS) provided through the Community HealthChoices (CHC) Waiver.

**[CHC-MCO]** will notify the County Assistance Office (CAO) to take action to end your HCBS. You will receive a separate notice from the CAO. That notice will tell you how to appeal the decision to end your HCBS.

Your CHC HCBS Waiver service plan includes the following services:

- |                     |                   |
|---------------------|-------------------|
| 1. <b>[Service]</b> | <b>[Provider]</b> |
| 2. <b>[Service]</b> | <b>[Provider]</b> |
| 3. <b>[Service]</b> | <b>[Provider]</b> |

*[add more lines as needed]*

Your signature below means that you understand that the services listed above will end.

Your signature also means that you understand that your eligibility for Medical Assistance may be impacted by your voluntary withdrawal from CHC HCBS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date