

COMMUNITY HEALTHCHOICES (CHC)**OPERATIONS MEMORANDUM #2021-03**

SUBJECT: **REVISED-** Participant Transitions between Living Independence for the Elderly (LIFE) and Community HealthChoices (CHC) Long-Term Services and Supports (LTSS)

TO: CHC-Managed Care Organizations (MCO), Independent Enrollment Broker (IEB), LIFE Provider Organizations (PO)

FROM: Bureau of Policy Development and Communications Management

DATE: ~~November 12, 2021~~ **January 21, 2022**

PURPOSE

LIFE, nationally known as the Program for All-Inclusive Care for the Elderly (PACE), and CHC are managed care programs that provide a comprehensive array of services to dually eligible individuals and individuals with physical disabilities who are eligible for nursing facility care. Participants who are receiving services in either LIFE or CHC have the option to remain in, or transfer to, the other program. Section V.O.9 of the CHC Agreement requires that CHC-MCOs assist eligible Participants with transitions between LIFE and CHC. Section 460.166 of the LIFE Provider Agreement requires that LIFE PO assist Participants who disenroll from LIFE with continuity of care. Section IV-6-N of the IEB Statement of Work requires the IEB to coordinate Program Transfers to and from LIFE into CHC LTSS or other Office of Long-Term Living (OLTL) Programs. This Operations Memorandum describes the actions for CHC-MCOs, LIFE POs, and the IEB to take to transition eligible Participants between the LIFE and CHC programs.

PROCEDURES**LIFE To CHC Transition**

The LIFE program requires that Participants may voluntarily disenroll from the program at any time. When this occurs, LIFE coverage will always end the last day of the month in which the LIFE Disenrollment Form was signed.

The Department of Human Services' (DHS) financial eligibility system is designed to have CHC coverage begin the day after the County Assistance Office

(CAO) processes eligibility for CHC Home and Community-Based Services (HCBS) and CHC Long-Term Care (LTC) Nursing Facility (NF) Participants. The CHC begin date depends on whether the Participant is Nursing Facility Clinically Eligible (NFCE) or Nursing Facility Ineligible (NFI), the date the LIFE Disenrollment Form is signed, and the date the County Assistance Office (CAO) processes eligibility. If the day after CAO processing falls on a date before the end of the month in which the LIFE Disenrollment Form was signed, OLTL performs a manual process to have CHC enrollment begin the first day of the following month.

Because the timing of actions by involved parties will impact the end date of LIFE coverage and the begin date of CHC coverage, all parties should consider the factors involved in a successful transition to avoid any gaps in funding for services, including the time needed for documentation to be sent to and processed by the CAO.

LIFE to CHC HCBS

The LIFE PO must work with the IEB, the Participant, and the CHC-MCO's **Complex Care Unit (CCU)** ~~Special Needs Unit (SNU)~~, as needed, to ensure a smooth transition for Participants transferring from LIFE to CHC HCBS. Below are the steps taken by the parties involved in the transition.

1. The LIFE Participant expresses interest in disenrolling from LIFE and transitioning to CHC by initiating the transfer through either the LIFE PO or the IEB.
 - a) As soon as the Participant initiates the transfer through the LIFE PO, the LIFE PO will notify the IEB of the referral by sending the LIFE Referral Form and the Physician Certification (MA 570) to the IEB via the "redacted due to internal information" email account.
 - b) When the Participant initiates the transfer through the IEB, the IEB will complete an in-home visit within seven business days of the Participant expressing interest in CHC and request a copy of the Functional Eligibility Determination (FED) and MA 570 from the Participant's LIFE PO.
2. The LIFE PO will work with the Participant to identify a disenrollment date that prevents the Participant from experiencing a gap in service and obtain the Participant's signature on the LIFE Disenrollment Form.
3. Within two business days after the Participant has signed the LIFE Disenrollment Form, the LIFE PO will send the signed LIFE Disenrollment Form to the IEB at "redacted due to internal information" and OLTL at "redacted due to internal information". The LIFE PO will also provide the IEB with the Participant's Plan of Care (POC), including any pertinent medical records, and the setting where the Participant is currently receiving services.
4. Upon receipt of the Participant's signed LIFE Disenrollment Form, the IEB will process the Participant's CHC application following established procedures, confirm functional eligibility, and verify the Participant's CHC-MCO selection.

5. The IEB will notify the CHC-MCO chosen by the Participant of the transition and forward the enrollment packet to the selected CHC-MCO's **CCU SNU** via the established email account, notifying them of the pending enrollment and anticipated effective date. Because LIFE eligibility **always ends on the last day of a month**, the anticipated effective date for CHC is the first day of the following month.
6. The CHC-MCO's **CCU SNU** will contact the Participant within one business day of receiving the enrollment packet from the IEB to complete the Comprehensive Needs Assessment (CNA) and begin developing the Person-Centered Service Plan (PCSP) to ensure services are in place by the anticipated effective date.
7. The IEB will send a transfer Home and Community Based Services (HCBS) Eligibility/Ineligibility/Change Form (PA 1768) to the CAO, the LIFE PO and OLTL no more than 15 calendar days prior to the transfer date. The CHC "Service begin date" and LIFE "Service end date" must be noted in the "TRANSFERRING HCBS PROGRAMS" section of the PA 1768.
NOTE: The CAO typically acts on the PA 1768 within five business days, but this could vary based on CAO workload at the time of receipt. If the CAO isn't given enough time to process eligibility prior to LIFE disenrollment, the Participant will not be seen by the financial eligibility system as eligible for CHC and will experience a gap in coverage.
8. OLTL ends the LIFE plan code effective on the "Service end date".
9. The CHC-MCO will receive the change in the Participant's eligibility status on the daily 834 Eligibility file the day after CAO processing. CHC effective dates on the 834 Eligibility file that do not fall on the first day of the month will be adjusted by OLTL.

LIFE NF to CHC LTC NF

When a LIFE Participant residing in a NF chooses to transition from LIFE to CHC LTC NF coverage, the LIFE PO must work with the NF and CAO to ensure a smooth transition for the Participant. Below are the steps taken by the parties involved in the transition.

1. Within two business days after the Participant has signed the LIFE Disenrollment Form, the LIFE PO will send the signed LIFE Disenrollment Form and a completed PA 1768 to OLTL at "**redacted due to internal information**". The "TERMINATION OF HCBS PROGRAM" section of the PA 1768 must be completed; the "Reason" will indicate LIFE disenrollment, and the "Date of termination" will be the last day of the month in which the LIFE Disenrollment Form was signed.
2. OLTL sends a copy of the PA 1768 to the CAO.
3. The LIFE PO will notify the NF social worker who coordinates the advance plan selection with the IEB.
4. OLTL ends the LIFE plan code effective on the "Service End Date".

5. The CHC-MCO will receive the change in the Participant's eligibility status on the daily 834 Eligibility file the day after CAO processing. CHC effective dates on the 834 Eligibility file that do not fall on the first day of the month will be adjusted by OLTL.

LIFE to CHC NFI Dual

When a LIFE Participant who wishes to transfer to CHC is found to be NFI as a result of the FED assessment, the IEB will send the case to OLTL who will facilitate resolution of the case as appropriate.

CHC to LIFE Transition

CHC program Participants who are qualified for LIFE may voluntarily disenroll from CHC at any time. When a Participant transfers from CHC to LIFE, the last day of CHC coverage must be the last day of the month in which the LIFE Enrollment Agreement was signed. The begin date for LIFE enrollment is always the first day of the month following the month in which the LIFE Enrollment Agreement was signed.

When a transition from CHC to LIFE results in an overlap of CHC eligibility and LIFE enrollment, due to CAO eligibility processing that falls on a date after LIFE enrollment was assigned, the LIFE PO will receive a capitation payment for the month of overlap. Per existing DHS processes, the CHC-MCO will not receive a capitation payment for the month of overlap if LIFE enrollment begins before CHC coverage ends.

Because the timing of actions by involved parties will impact the end date of CHC coverage and the begin date of LIFE coverage, all parties should consider the factors involved in a successful transition, including the time needed for documentation to be sent to and processed by the CAO.

The CHC Participant can initiate a referral to LIFE either through the IEB (known as a community referral) or directly with the LIFE PO (known as a LIFE referral).

CHC HCBS to LIFE

Community Referral

1. The IEB will notify the LIFE PO daily of any referrals received and complete an in-home visit within seven business days of the Participant's referral.
2. The LIFE PO will determine if the Participant can be safely served in the community and, if so, send a signed Intent to Enroll Form to the IEB via "redacted due to internal information" within 10 calendar days of receiving the referral.
3. The IEB will send a transfer PA 1768 to the CAO and the LIFE PO no more than 15 calendar days prior to the transfer date with a LIFE "Service begin date" and CHC "Service end date" and notify the CHC-MCO of the transfer so they can plan to end services accordingly.

4. The CAO end-dates the CHC waiver code and opens the LIFE program code based on the information noted in the PA 1768.
5. The CAO sends the PA 162 to the Participant, the Participant's representative when applicable, the IEB, the LIFE PO, and OLTL.
6. The IEB will send a letter to the Participant and email the LIFE PO confirming the enrollment has been completed.
7. The LIFE PO will send a copy of the PA 1768 and the signed Enrollment Agreement with the LIFE "Service begin date" noted to OLTL at "redacted due to internal information" within two business days of signature.
8. OLTL assigns the LIFE plan code effective on the "Service begin date".
9. The CHC-MCO will receive notification of the Participant's eligibility status on the daily 834 Eligibility file the day after CAO processing. CHC end dates on the 834 Eligibility file that do not fall on the last day of the month, as identified by the IEB, will be adjusted by OLTL.

LIFE Referral

1. The LIFE PO determines the Participant can be safely served in the community and submits the LIFE Referral Form to the IEB via the "redacted due to internal information" email account.
2. The IEB will notify the LIFE PO that the Participant is enrolled in CHC and complete an in-home visit within seven business days.
3. The LIFE PO will send the signed Intent to Enroll Form to the IEB via "redacted due to internal information" within 10 calendar days of step #1 above.
4. The IEB will send a transfer PA 1768 to the CAO and LIFE PO no more than 15 calendar days prior to the transition date with a LIFE "Service begin date" and CHC "Service end date" and notify the CHC-MCO of the transfer so they can plan to end services accordingly.
5. The CAO end-dates the CHC waiver code and opens the LIFE program code based on the information noted in the PA 1768.
6. The CAO sends a PA 162 to the Participant, the Participant's representative when applicable, the IEB, LIFE PO, and OLTL.
7. The IEB will send a letter to the Participant and email the LIFE PO confirming the enrollment has been completed.
8. The LIFE PO will send a copy of the PA 1768 and the signed Enrollment Agreement with LIFE "Service begin date" noted to OLTL at "redacted due to internal information" within two business days of signature.
9. OLTL assigns the LIFE plan code effective on the "Service begin date".
10. The CHC-MCO will receive notification of the Participant's eligibility status on the daily 834 Eligibility file the day after CAO processing. CHC end dates on the 834 Eligibility file that do not fall on the last day of the month, as identified by the IEB, will be adjusted by OLTL.

CHC NF to LIFE

When a CHC Participant residing in a NF will be discharged and chooses to transition from CHC to LIFE, all parties will follow the established LIFE enrollment process.

NEXT STEPS

1. Review this Operations Memorandum with appropriate staff.
2. CHC-MCOs should contact the Bureau of Coordinated and Integrated Services with questions.
3. The IEB should contact Amy High with questions.
4. LIFE POs should contact the Division of Integrated Care Programs with questions.

ATTACHMENTS

Attachment 1: [LIFE Referral Form](#)

Referral Guidelines

1. To refer an individual, please complete this form and return it to Pennsylvania Independent Enrollment Broker (PA IEB) via **secure email** to LIFEReferrals@maximus.com. If it is a transfer, send to PAIEBWaiverTransfers@maximus.com .
2. If a document containing Protected Health Information (PHI) or Personally Identifiable Information (PII) is sent to PA IEB in a method that is not secure, then the document will not be opened.
3. After the referral is received, the individual will be contacted via phone within 1-3 business days. PA IEB may use an automated dialer to make contact with these individuals.

Additional Documents & Information

(check boxes of documents included):

PA600L

LIFE Intent to Enroll Form

Physician Certification

VA Pay



Call toll-free:

1-877-550-4227
(TTY: 1-877-824-9346)



Email to:

LIFEReferrals@maximus.com
PAIEBWaiverTransfers@maximus.com

LIFE Program Referral Form

Applicant Information

Name *(first, middle, last)*:

Recipient ID Number *(Medicaid recipients only)*:

Date of birth *(mm/dd/yyyy)*:

Social Security Number:

Street address:

City:

State:

Zip Code:

Email address:

Phone number:

Alternate phone:

▶ Please correspond with the additional contact(s) below to begin process, rather than the applicant.

Additional Contacts *(add another page, if needed)*

Contact name or entity:

Contact type: Family POA AAA Social Worker

Phone number:

Contact name or entity:

Contact type: Family POA AAA Social Worker

Phone number:

Referral Made By

Name:

Agency:

Date of referral *(mm/dd/yyyy)*:

Phone number:

Email address:

Above staff has confirmed that the referral has requested that an application be initiated on their behalf. *(Check box to confirm.)*

Is this a CHC waiver to LIFE program **transfer** or a LIFE disenrollment (LIFE Program to CHC waiver transfer)? *(Check box to confirm.)*

Physician Information

Physician name:

Physician street address:

City:

State:

Zip Code:

Phone number:

Fax number: