

<return address>



Mail Date: <date>

[]

<mailing address>

[]

Dear <CONSUMER>: <CIN>

We are sending you this notice because our records show that you are getting Medical Assistance (also called Medicaid) and Medicare.

The way you get your Medical Assistance physical health services will change because the Department of Human Services is starting a new program.

The new program is called **Community HealthChoices (CHC)**. In CHC, you will not lose any of the Medical Assistance services you are getting now. You will not have any more costs than you have now.

You will start getting your Medical Assistance physical health services through Community HealthChoices on January 1, 2020. You will need to pick a managed care plan.

CHC will not make any change to your Medicare. Medicare will keep paying first for most services such as hospital care, lab tests, and doctors' visits.

What is CHC?

CHC uses managed care plans (CHC plans) to make sure that all of your physical health services through Medical Assistance and Medicare work together. The CHC plan you pick will work with your doctors, providers, and Medicare to make sure you get the care and services you need. The goal of CHC is to help you get all the care you need – more easily!

You will be able to choose from 3 CHC plans. The plans are:



What do I have to do?

Wait to get an enrollment packet in the mail in the next few days. Then pick a CHC plan.

The enrollment packet will give you the information you need to pick your CHC plan. All CHC plans cover the same Medical Assistance services you have today through the ACCESS card. Some CHC plans could offer extra services. You can find out about each CHC plan's services in the packet.

IT IS VERY IMPORTANT that you pick the CHC plan that will fit your needs so that you can continue to use the providers that are important to you.

You will have until **<05/31/2018>** to pick your CHC plan. If you do not choose a CHC plan, you will be automatically enrolled in one. **You may change your CHC plan at any time whether or not you picked it yourself.**

Why do I have to get my services in CHC?

Certain laws permit the department to require that you get your services through a managed care program such as CHC.

The laws that permit this include federal law at 42 U.S.C. §§ 1396n(b), 1396n(c), and state law at 62 P.S. §§ 201(2), 403(b).

To learn more about the changes under CHC, read the “CHC Notice – More Information” form that comes with this letter.

Can I appeal the department’s decision that I will get my services through CHC?

You may appeal and ask for a hearing **only if** you think we made a mistake and you should not get your services through CHC. You may appeal only if:

- You are under 21 years old;
- You are in the LIFE program; or
- You are not in any of the following groups:
 - Getting both Medicare and Medical Assistance;
 - Getting services at home through a waiver program; or
 - Getting services in a nursing home.

You may not appeal for any other reason. To learn more, read the “Appeal and Fair Hearing Form” that comes with this letter.

Do you need legal help? You can get free legal help by calling your local legal services office at <LEGALSERVICES> or the Pennsylvania Health Law Project at 1-800-274-3258.

Thank you,
The Pennsylvania Department of Human Services



CHC Notice – More Information

How will I get behavioral health services (also called mental health or drug and alcohol services)?

You will continue to get your services in the same HealthChoices behavioral health managed care plan you have today. Your CHC plan will work with your behavioral health plan so that you get all the services you need.

What if I am no longer getting Medical Assistance when CHC starts?

If you are no longer getting Medical Assistance when CHC starts, you will get a letter from the department telling you whether or not you will get your services through CHC.

Where can I learn more about CHC?

Go to www.HealthChoices.pa.gov or call 1-844-824-3655 for more information.



Appeal and Fair Hearing Form

You may file an appeal and ask for a hearing on this notice only if you think we made a mistake for one of the following reasons.

- 1) You are under the age of 21;
- 2) You are a LIFE program participant; or
- 3) You **are not** in any of the following groups:
 - Getting both Medicare and Medical Assistance;
 - Getting services at home through a waiver program; or
 - Getting services in a nursing home.

You may not file an appeal on this notice for any other reason.

If you want to appeal, you must do so within 30 days of the mail date on this letter. If your appeal is not postmarked or given to your county assistance office (CAO) within 30 days, your appeal may be dismissed without a hearing.

You can choose if you want a hearing by telephone or in person (face-to-face).

- You can have a telephone hearing at a phone number where you can be reached or at the CAO.
- If you want an in-person hearing please tell us below if:
 - 1) You want to have all participants in the hearing room with the hearing officer or connected via video conference. The hearing officer will be in a hearing room located in Harrisburg, but you may go to the Bureau of Hearings and Appeals location closest to you in Philadelphia, Pittsburgh, Erie, Reading or Harrisburg; or
 - 2) The caseworker and other Office of Long Term Living (OLTL) staff can be on the phone and you and your witnesses will be in the hearing room with the hearing officer located in Harrisburg.

At the hearing, you can tell the hearing officer the reasons why you think the facts we have about you are wrong. You can speak for yourself but, if you are uncomfortable doing so, we strongly encourage you to bring someone to speak for you. You may be represented at your hearing by a lawyer, paralegal, friend, relative, or anyone else you choose. Your witnesses can speak, and you can show documents to the hearing officer.

You can ask for an interpreter to be at the fair hearing, or other assistance, on the attached Appeal and Fair Hearing Form. This is a free service. You may bring a friend or relative to help you at the hearing but the department will provide the official interpreter.

You can get free legal help by visiting or calling the legal aid office listed in the notice or by calling the Pennsylvania Health Law Project at 1-800-274-3258.

If you would like a meeting with your caseworker to talk about the decision or to give us information that might change the decision, please call the Department of Human Services Customer Service Center at 1-877-395-8930. If you want a meeting, you can bring someone with you to speak for you at the meeting. The meeting will not delay or replace your hearing.

If you want to appeal, please complete and return the Appeal and Hearing Form. Mail the form to <CAO mailing address>.

MAIL DATE		CASE NAME	
<MAIL DATE>	<CASE NAME>		
ADDRESS			
<ADDRESS>, <CITY>, <STATE> <ZIP CODE>			
COUNTY / RECORD NUMBER		CIN	
<COUNTY> <RECORD NUMBER>	<CIN>		



Appeal and Fair Hearing Form

Please check the box next to the type of hearing you want:

- I want a telephone hearing. My witnesses and I and anyone helping me will be at this phone number:

- I want a telephone hearing. My witnesses and I and anyone helping me will be at the county assistance office (CAO).
- I want a face-to-face hearing with the caseworker, the Office of Long-Term Living staff, and a judge in the hearing room or connected via video conference. I will go to the Bureau of Hearings and Appeals location in my region (Pittsburgh, Philadelphia, Erie, Reading or Harrisburg). The hearing room is located in Harrisburg.
- I want a face-to-face hearing. My witnesses and I and anyone helping me, will be in the hearing room with the hearing officer, but the caseworker and other Office of Long-Term Living staff can be on the phone from their office. The hearing room is located in Harrisburg.

For the hearing:

- Please check here if you need a free sign language interpreter because you are deaf or hard of hearing.
- Please check here if you need a free interpreter because you do not speak or understand English.
What language? _____
- Please check here if you need help because of a disability. Describe the type of help you need:

I am filing this appeal because (attach more pages if you need to):

You must check one or more of the following if it applies to you:

- I am under the age of 21.
- I am a LIFE program participant.
- I am not in any of these groups:
 - I do not have both Medical Assistance (also called Medicaid) and Medicare.
 - I am not getting services at home through a waiver program.
 - I am not getting services in a nursing home.

YOUR SIGNATURE TELEPHONE NUMBER

ADDRESS DATE

YOUR REPRESENTATIVE'S SIGNATURE (if you have one) TELEPHONE NUMBER

ADDRESS DATE