



OPTIONS to MA Long-Term Services and Supports Transfer Process

Office of Long-Term Living

Purpose

- Prevent potential gaps in services
- Prevent overlap of OPTIONS and MA Long-Term Services and Supports (also referred to as MA LTSS, Community HealthChoices, or CHC)
- Provide a seamless transition of services from OPTIONS to MA Long-Term Services and Supports
- Identify the responsibilities of the Pennsylvania Independent Enrollment Broker (PA IEB), OPTIONS Care Manager, and CHC-Managed Care Organizations (MCOs) in the process

Key Points for Seamless Transition of Services

OPTIONS services that meet the following criteria will transfer:

- OPTIONS services provided by Medical Assistance enrolled providers
- OPTIONS services utilizing the Agency Model of provider payment
 - Services provided through the Consumer Reimbursement and Fiscal Agent payment models will **not** transfer
- OPTIONS services in which there is a comparable CHC Service
 - OPTIONS services that will **not** transfer include:
 - Home Modifications
 - Medical Equipment, Supplies, and Assistive/Adaptive Devices
 - Barrier Cream, Disposable Undergarments, and Wipes are exceptions and **will** transfer

Process Overview:

1. PA IEB receives referral for CHC on an active OPTIONS consumer
2. OPTIONS Care Manager prepares OPTIONS Care Plan for transfer to CHC
3. PA IEB completes the eligibility and enrollment process
4. PA IEB receives financial eligibility confirmation from the County Assistance Office (CAO) for CHC
5. PA IEB notifies OPTIONS Care Manager to end-date OPTIONS Care Plan
6. OPTIONS Care Manager end-dates the OPTIONS Care Plan and notifies providers
7. PA IEB sends the OPTIONS Care Plan to the selected CHC-MCO
8. The CHC-MCO will contact providers identified on the OPTIONS Care Plan within 2 business days of the receipt of the participant's Care Plan

Step 1 – CHC Referral

- OPTIONS consumer is determined to be potentially eligible for CHC (NFCE)
 - *All applicants for OPTIONS services, or existing OPTIONS consumers, whose income and assets are under the financial thresholds, who have been assessed and determined to be Nursing Facility Clinically Eligible (NFCE) shall apply for MA Long-Term Services and Supports (MA LTSS), and comply with the MA Eligibility Determination Process**

- OPTIONS Care Manager will refer CHC applicants to the PA IEB

*Refer to Aging Services Policy and Procedure Manual, Chapter IV: OPTIONS Program

Step 2 – OPTIONS Care Manager prepares OPTIONS Care Plan for transfer to CHC

➤ **OPTIONS Care Manager:**

- Determines if current OPTIONS service providers are also enrolled as Medical Assistance service providers to ensure a seamless transition of services
 - If an OPTIONS provider is not enrolled as a Medical Assistance provider, the OPTIONS Care Manager will offer the applicant a list of their OPTIONS providers who are also enrolled as Medical Assistance providers to select a new provider(s). OPTIONS Care Manager will update the OPTIONS Care Plan with any provider changes.
 - OPTIONS services provided by the Consumer Reimbursement or Fiscal Agent payment models will not transfer to CHC. CHC utilizes Financial Management Services (FMS) which cannot be set up prior to transition to CHC.
 - If a consumer utilizes Consumer Reimbursement or Fiscal Agent payment models, the Care Manager shall explain to the consumer that there **will** be a gap in services unless they change to an Agency Model with MA providers

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Step 3 – PA IEB completes enrollment process

- PA IEB will:
 - Schedule an in-home visit to:
 - Assist with completion of the 600L
 - The PA IEB will gather documents that are available at the time of the in-home visit for submission to the CAO
 - Complete Freedom of Choice form with applicant
 - Complete choice counseling for the applicant to select a CHC-MCO
 - Complete COMPASS application and submit to the CAO
 - Obtain the Functional Eligibility Determination & Physician Certification
 - Upon confirmation of NFCE determination, send the PA 1768 approval to CAO within 1 business day

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Step 4 – Financial Eligibility Received

- PA IEB receives financial eligibility determination for CHC from CAO

- Within 3 business days, the PA IEB will:
 - Open applicant's record in SAMS
 - Save "Active" OPTIONS Care Plan as a PDF
 - Contact AAA to end-date OPTIONS Care Plan *(see Step 5)*
 - Sends OPTIONS Care Plan to selected CHC-MCO *(see Step 7)*

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Step 5 - PA IEB notifies OPTIONS Care Manager to end-date OPTIONS Care Plan

- PA IEB contacts AAA via (email, phone, voicemail) to end-date OPTIONS Care Plan
- PA IEB enters journal note in SAMS confirming CHC enrollment and transfer of OPTIONS services
 - Journal type – Care Enrollment
 - Subject – OPTIONS to CHC Enrollment

Example:

Applicant enrolled in CHC Waiver effective [date]. The OPTIONS Care Plan has been forwarded to the participant's selected CHC-MCO (*selected CHC-MCO*) for continuity of care. AAA was contacted via (*email, voice mail, phone contact*) to end date OPTIONS Care Plan (*enter date 1 day prior to (enrollment date)*). If you have questions, please contact the IEB Call Center at 1-877-550-4227

NOTE: The end-date for the OPTIONS Care Plan may be prior to the date the Care Manager receives the notification. The MCO is responsible for payment of services as of the enrollment date for MA-enrolled providers.

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Step 6 - OPTIONS Care Enrollment and Care Plan are end-dated and providers are notified

- Upon receipt of notification, the AAA Care Manager will:
 - End-date the OPTIONS Care Enrollment and Care Plan the date prior to the CHC enrollment as identified by the PA IEB
 - Notify OPTIONS providers of CHC enrollment and the participant's selected CHC-MCO within 2 business days as identified by the PA IEB in the SAMS Journal Note

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Step 6 - OPTIONS Care Enrollment and Care Plan are end-dated and providers are notified

➤ OPTIONS Care Manager will end-date OPTIONS Care Plan as noted below:

Care Plan - OPTIONS 3/22/2018 - 11/1/2018 ✕

OPTIONS [Active : 03/22/2018 - 11/01/2018] Care Plan Dates: 03/22/2018 - 11/01/2018 Terminated as of 11/02/2018 Reason: Terminated Current

Total Cost: \$0.00 Average Monthly Cost: \$0.00
Total Units: 27.00 Average Monthly Units: 3.00

Save | Save and Close | Close | Reject Changes | Make a Copy | Print ▾ | Open Audits | Format Panels | Calendar | Worksheet | Add New ▾

Care Plan Details OK

Start Date	End Date	Adjust service plan dates automatically?
3/22/2018	11/1/2018	<input type="checkbox"/>
Prior Authorization No.	Status Date	Status
	11/2/2018	Terminated
Reason		
Terminated Current		

OPTIONS Care Plan
End Date = calendar day prior to the CHC enrollment as identified by the PA IEB
Status = Terminated
Reason = Terminated Current

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Step 6 – continued...

- OPTIONS Care Manager will terminate OPTIONS Care Enrollment

Care Enrollment - OPTIONS ✕

[OK](#) | [Cancel](#) | [Reject Changes](#) | [Open Audits](#) |

Level Of Care

Service Program

Care Program

Application Date

Received Date

Termination Date

Status

Reason

Status Date

Start Date

End Date

OPTIONS Care Enrollment

Termination Date = the calendar day preceding the CHC enrollment as identified by the PA IEB

Status = Terminated

Reason = Terminated – Enrolled into MA LTSS

End Date = the calendar day preceding CHC enrollment date

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Step 7 – PA IEB sends OPTIONS Care Plan to the selected CHC-MCO

- PA IEB sends OPTIONS Care Plan to selected CHC-MCO via email within 3 business days

Example:

NAME [MCI#] has been approved for the CHC Waiver effective (MM/DD/YY). The OPTIONS Care Manager has been contacted to end date the OPTIONS Care Plan on (MM/DD/YY). If you have questions, please contact the IEB Call Center at 1-877-550-4227. Attached please find the OPTIONS Care Plan information for participant (*enter name*) to reference for continuity of care.

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Step 8 - The CHC-MCO will contact providers identified on the OPTIONS Care Plan within 2 business days of participant's CHC enrollment

- Upon receipt of the OPTIONS Care Plan, the CHC-MCO will:
 - Contact providers identified on the OPTIONS Care Plan within 2 business days of receipt of the Care Plan to confirm billing procedures for continuity of care

- The CHC-MCO must provide continuity of care to participants upon transition into CHC per the CHC agreement
 - The CHC-MCO must continue to provide the previously authorized services for sixty (60) days or until a comprehensive needs assessment has been completed and a person centered service plan has been developed and implemented, whichever date is later
 - For all participants, the CHC-MCO must comply with continuity of care requirements for continuation of Providers, services, and any ongoing course of treatment outlined in MA Bulletin 99-03-13, Continuity of Care for Recipients transferring between and among Fee-for-Service and Managed Care Organizations

Continuity of Care Reference Documents

- MEDICAL ASSISTANCE BULLETIN #99-03-13
Continuity of Care for Recipients Transferring Between and Among Fee-for-Service and Managed Care Organizations

Bulletin- https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/d_004020.pdf
Attachment A- https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/d_004021.pdf
Attachment B- https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/d_004022.pdf
Attachment C- https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/d_004023.pdf
Attachment D- https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/d_004024.pdf

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MCO Contact Information for Individuals Transferring from OPTIONS to CHC

- Amerihealth/Keystone First
 - Jessica Wilkerson (jwilkerson@amerihealthcaritas.com)
 - Delia Santos-Rodriguez (droduiguez@amerihealthcaritas.com)
 - Yvette Toledo (ytoledo@amerihealthcaritaspa.com)

- Pennsylvania Health and Wellness (PHW)
 - PHWLiaison@PaHealthWellness.com

- UPMC
 - chc@upmc.edu