Eligibility for Community HealthChoices (“CHC”) and Other Programs that Provide Home and Community-Based Services for Adults as Alternatives to Nursing Facilities

Pennsylvania has several programs that provide home and community-based services to allow adults to live in the community rather than in a nursing facility: the Community HealthChoices (“CHC”) Home and Community-Based Services Waiver; the Act 150 Attendant Care Program; the OPTIONS Program; and the Living Independence For the Elderly (“LIFE”) Program. Generally, if you are determined to need the level of care provided by a nursing facility and you meet specified Medicaid financial eligibility requirements, you can receive home and community-based services through the CHC Home and Community-Based Services Waiver or through the LIFE Program. If you are determined to need a nursing facility level of care but do not meet the Medicaid financial eligibility requirements, you may qualify for services through the Act 150 Program if you are under age 60 or the OPTIONS Program if you are age 60 or older.

This publication provides an overview of the eligibility requirements and the process to apply for Community HealthChoices, the LIFE Program, the Act 150 Program, and the OPTIONS Program.
Community HealthChoices ("CHC") Waivers

Community HealthChoices, often called CHC, is the name that refers to two separate Pennsylvania Medicaid waiver programs:

- **Community HealthChoices Physical Health Services Waiver ("Community HealthChoices PH Waiver")** – This program provides traditional Medicaid physical health services, including, for example: doctor services, hospitals, prescriptions, laboratory tests, prosthetics, durable medical equipment, some therapies and home health services, medical transportation, and nursing facility services. The following individuals will be enrolled in the Community HealthChoices PH Waiver: (a) individuals who qualify for both Medicaid and Medicare (often called “dual-eligible” participants); (b) Medicaid-eligible individuals who reside in nursing facilities; and (c) individuals who are enrolled in the Community HealthChoices Home and Community-Based Services Waiver. The Community HealthChoices PH Waiver is not required to cover home and community-based services, such as personal assistance services, vocational services, and community integration. Not all participants enrolled in the Community HealthChoices PH Waiver are eligible for home and community-based services and to receive those services they must apply specifically for them as described below in the section titled “How to Apply for Home and Community-Based Services.”

- **Community HealthChoices Home and Community-Based Services Waiver ("Community HealthChoices HCBS Waiver")** – This program provides home and community-based services for individuals who require the level of care provided by a nursing facility but who want to live in a community setting rather than in a nursing facility. It pays for a wide array specialized services, many of which could not be funded by traditional Medicaid, including, for example: residential habilitation, personal assistance services, community integration, community transition,
vocational services, home and vehicle modifications, benefits counseling, non-medical transportation, home-delivered meals, and pest eradication. All participants in this Waiver are also enrolled in the Community HealthChoices PH Waiver for their traditional Medicaid benefits.

Individuals enrolled in either or both of the Community HealthChoices Waivers will receive their services through one of four Managed Care Organizations (“MCOs”) that contract with the Pennsylvania Department of Human Services. The same MCOs serve clients in both Waivers.

This publication focuses on the Community HealthChoices HCBS Waiver.

To be eligible for the Community HealthChoices HCBS Waiver you must:
- be 21 or older;
- live in Pennsylvania;
- be determined Nursing Facility Clinically Eligible (“NFCE”); and
- meet financial income and resource requirements.

More information about these eligibility standards is included below in the section on “How to Apply for Home and Community-Based Services.”
Pennsylvania’s Living Independence For the Elderly, known as the LIFE Program, is an alternative to the Community HealthChoices HCBS Waiver and the Community HealthChoices PH Waiver for those who are eligible. The LIFE Program is an all-inclusive managed care program that uses local service providers to offer a comprehensive package of medical and supportive services, including traditional health care, to eligible individuals who choose the Program. Services available through the LIFE Program include, for example: primary medical care and medical specialists; hospitals; laboratory services; nursing; personal care; in-home supports; certain therapies; recreational activities and socialization; specialized medical equipment; and transportation.

- To be eligible for the LIFE program, you must:
  - be 55 or older;
  - be determined Nursing Facility Clinically Eligible (“NFCE”);
  - meet the financial income and resource requirements for Medicaid,
  - be dually eligible for Medicaid and Medicare, or be able to privately pay;
  - reside in an area served by a LIFE provider; and
  - be able to be safely served in the community.

For information on how to apply for the LIFE Program, follow the instructions in the last section below on “How to Apply for Home and Community-Based Services.” You can also find out if there is a LIFE provider that serves your area here (https://www.palifeprograms.org/locate-a-life-program/) and, if so, you can contact your local LIFE Program for more information.
The Act 150 Attendant Care Program

If you are determined to need a nursing facility level of care but not to meet the financial eligibility requirements for the Community HealthChoices HCBS Waiver and the LIFE Program, the Act 150 Attendant Care Program (“Act 150 Program”) may be available to provide you with home and community-based services. However, services available under the Act 150 Program are limited to personal assistance services (which help with activities of daily living), personal emergency response systems, financial management services, and service coordination.

To be eligible for the Act 150 Program, you must:

• be between 18 and 59, inclusive;
• live in Pennsylvania;
• be determined Nursing Facility Clinically Eligible (“NFCE”);
• have a physical impairment that is expected to last a continuous period of not less than 12 months or that may result in death;

• be capable of (a) hiring, firing, and supervising attendant care worker(s);
  (b) managing your own financial affairs; and (c) managing
• your own legal affairs; and
• be capable of directing your own care.

If you are determined to be eligible for the Act 150 Program, you may have to pay a copayment for services. The amount of the co-payment will be based on your income and the number of people in your household. For information on how to apply for the Act 150 Program, follow the instructions in the last section below on “How to Apply for Home and Community-Based Services.”
The OPTIONS Program provides home and community-based services and supports to older Pennsylvanians who are financially or clinically ineligible for the Community HealthChoices HCBS Waiver program or the LIFE Program. The OPTIONS Program is administered by the Pennsylvania Department of Aging.

Services available through the OPTIONS Program are provided by your county Area Agency on Aging ("AAA"). The Program must offer care management; home-delivered meals; adult day services (supervised care for older adults with functional or cognitive impairments); and personal care services to assist with daily living activities. County AAAs may offer several additional services, including: emergency services (such as overnight shelter or life-sustaining supplies); home health services (including nursing, home health aides, and therapies); home modifications; home support services (such as basic housekeeping, shopping, and laundry); medical equipment, supplies, and assistive devices; personal emergency response system; pest control/fumigation; and specialized medical transportation for individuals who require a stretcher to be transported. There is a cap on the costs of services OPTIONS participants can receive, which currently is $765 per month (averaged over 12 months).

To be eligible for the OPTIONS Program, you must:
- be 60 or older;
- be a Pennsylvania resident;
- be experiencing some degree of frailty in regard to physical and/or mental status that impacts daily functioning; and
- not reside in a personal care home, assisted living residence, nursing home, or correctional facility.
You may be assessed a copayment to receive services under the OPTIONS Program. The amount of the copayment will be based on your and (if applicable) your spouse's income.

If you are 60 or older, it may be a good idea to apply for the Community HealthChoices HCBS Waiver or LIFE Program even if you think you do not meet the standards. If you are eligible, the Community HealthChoices HCBS Waiver or LIFE Program can provide more comprehensive services than the OPTIONS Program without monthly cost caps or copayments. If you already receive services through the OPTIONS Program, you can continue to receive those services pending a determination of eligibility for the Community HealthChoices HCBS Waiver or LIFE Program. If you are determined to be eligible for the Community HealthChoices HCBS Waiver or LIFE Program, you will no longer be eligible for OPTIONS services and will be transitioned to one of those programs. If you are determined to be ineligible for the Community HealthChoices Waiver and LIFE Program, you will remain eligible for OPTIONS services.

To get more information about the OPTIONS Program and services available in your county and to apply for that Program, contact your local AAA. You can find contact information for your local AAA [here](https://www.aging.pa.gov/local-resources/Pages/AAA.aspx).
To apply for the Community HealthChoices ("CHC") HCBS Waiver, the LIFE Program, and the Act 150 Program, you must contact the Independent Enrollment Broker ("IEB"). The current Independent Enrollment Broker is Maximus, a company hired by the Pennsylvania Department of Human Services to administer the eligibility and initial enrollment processes for those Programs. You can apply by contacting the IEB either by phone at 877-550-4227 or online at https://www.paieb.com/.

The Independent Enrollment Broker will coordinate the process for assessing your eligibility. The Independent Enrollment Broker will initially conduct a visit with you to start the process and complete some initial forms and then will coordinate the next steps in the process. The process will include: (1) submission of a Physician Certification Form from your doctor to confirm that you are Nursing Facility Clinically Eligible; (2) a Functional Eligibility Determination to assess whether you are Nursing Facility Clinically Eligible; and (3) a determination of whether you are financially eligible for the Community HealthChoices HCBS Waiver and LIFE Program.

Generally, this process should be completed and your eligibility should be determined within 90 days after you apply to the Independent Enrollment Broker. If, however, you are in a nursing home and waiting to find housing in the community, the eligibility determination may be delayed.
1. Physician Certification Form

The Independent Enrollment Broker will send you a Physician Certification Form (Form MA 570), which your doctor must complete and submit to the Independent Enrollment Broker. The form must be signed by someone with an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine) degree. Your doctor must indicate all diagnoses related to your need for care. Your doctor also must indicate whether you are: (1) Nursing Facility Clinically Eligible (“NFCE”); (2) Nursing Facility Ineligible (“NFI”); and/or (3) eligible for an Intermediate Care Facility for Persons with Other Related Conditions (“ICF/ORC”), which is a facility that serves individuals with a developmental disability that occurred prior to age 22. It is possible in some cases to be both Nursing Facility Clinically Eligible and ICF/ORC-eligible.

To qualify for the Community HealthChoices HCBS Waiver, the LIFE Program, or the Act 150 Program, your doctor must certify that you are Nursing Facility Clinically Eligible using the Physician Certification Form. If she or he does not, your application will be denied.

While the Independent Enrollment Broker will send the form to your doctor, you might want to check with your doctor’s office and make sure that the form is timely submitted. If the Independent Enrollment Broker does not receive the Physician Certification Form within 86 days of its first visit with you, your application may be denied.
2. Functional Eligibility Determination

In addition to your doctor submitting a Physician Certification Form that you are Nursing Facility Clinically Eligible, you will need to undergo a Functional Eligibility Determination to confirm that you are Nursing Facility Clinically Eligible to qualify for the Community HealthChoices HCBS Waiver, the LIFE Program, and Act 150 Program. This generally means you need the level of care provided in a nursing facility.

To qualify as Nursing Facility Clinically Eligible, the following criteria must be met:

- you have an illness, injury, disability, or medical condition diagnosed by a physician;
- as a result of that diagnosed illness, injury, disability, or medical condition, you require care and services above the level of room and board; and
- the care and services you require are either (1) skilled nursing or rehabilitation services; or (2) health-related care and services that may not be as inherently complex as skilled nursing or rehabilitation services but which are needed and provided on a regular basis in the context of a planned program of health care and management and were previously available only through institutional facilities.

The Functional Eligibility Determination will be made by your county Area Agency on Aging. The Independent Enrollment Broker will work with you and the Area Agency on Aging to schedule an in-person assessment so that it can make this determination. The Area Agency on Aging will conduct the assessment wherever you are – in your home, in a hospital, or in a nursing facility. If your Functional Eligibility Determination has not been scheduled promptly after you initiate your application, contact the Independent Enrollment Broker to follow up.
The Functional Eligibility Determination will assess your physical, behavioral, and functional attributes in five categories: (1) cognition; (2) mood and behavior; (3) functional status; (4) continence; and (5) treatments and procedures. The assessor will assign scores to various attributes in those categories, and those scores are used to determine your needed level of care.

If either the Physician Certification Form or the Functional Eligibility Determination determines that you are not Nursing Facility Clinically Eligible, the Independent Enrollment Broker will send you a notice denying your application for services.

If both the Physician Certification Form and Functional Eligibility Determination conclude that you are Nursing Facility Clinically Eligible, the Independent Enrollment Broker will send the application to your County Assistance Office (“CAO”) to determine whether you meet the Medicaid financial eligibility requirements for the Community HealthChoices HCBS Waiver and LIFE program.

3. Financial Eligibility Determination

Your County Assistance Office (“CAO”) will assess whether you meet the Medicaid financial eligibility requirements to qualify for the Community HealthChoices HCBS Waiver or the LIFE Program (which also is considered a Medicaid Home and Community-Based Services Waiver). Financial eligibility requirements for those programs are less stringent than those for traditional Medicaid. You can financially qualify for either the Community HealthChoices HCBS Waiver or the LIFE Program if your income is not more than 300% of the Federal Benefit Rate, which in 2022 is $2,523 per month, and you do not have countable resources of more than $8,000.
After your application is reviewed, the CAO will send you a notice telling you whether you have been approved or denied for the Community HealthChoices HCBS Waiver and LIFE Program.

If you are determined to meet all the requirements for the Community Health Choices HCBS Waiver or the LIFE Program, you should receive information from the Independent Enrollment Broker. If you do not meet the eligibility criteria for the LIFE Program (for instance, you are under 55), you will be directed to choose one of the Community Health Choices MCOs and begin the process of developing a Person-Centered Service Plan and setting up services in that program. If you qualify for the LIFE Program as well as the Community Health Choices HCBS Waiver, it is your choice whether to enroll in the Community Health Choices HCBS Waiver or the LIFE Program. You will always have the option of switching between those two programs if you are dissatisfied.

If you have been determined to be Nursing Facility Clinically Eligible, but the CAO determines that you do not meet the financial eligibility requirements for the Community Health Choices HCBS Waiver or the LIFE Program, you will be eligible to receive services through the Act 150 Program if you are under age 60. The Independent Enrollment Broker should refer you to a Service Coordinator to begin the process of setting up services in the Act 150 Program.

If you are 60 or older and are determined to be ineligible for the Community Health Choices HCBS Waiver or the LIFE Program for any reason (including that you are not Nursing Facility Clinically Eligible), then you can contact your county AAA to seek services under the OPTIONS Program.
4. Appeal Rights

If you are denied eligibility for the Community HealthChoices HCBS Waiver or LIFE Program for any reason, you must receive a notice that provides a detailed reason for the denial as well as information about your right to challenge that decision in an administrative appeal. You can appeal the decision to the Bureau of Hearings and Appeals of the Pennsylvania Department of Human Services. You must file the appeal within 30 days of the date on the notice. You may also file an appeal with the Bureau of Hearings and Appeals if you do not receive an eligibility determination within a reasonable period of time (usually more than 90 days from the date of application). More information on this process is included in our publication titled “Challenging Eligibility and Service Decisions Under the Community HealthChoices (“CHC”) HCBS Waiver.”
Other Resources

For more information about the Community HealthChoices HCBS Waiver, please see our publications titled “Services Available through the Community HealthChoices (“CHC”) HCBS Waiver” and “Challenging Eligibility and Service Decisions Under the Community HealthChoices (“CHC”) HCBS Waiver.” You can also find more information on the website of the Pennsylvania Department of Human Services here (https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/CHC-Main.aspx).

More information about the LIFE program can be found here (https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/LIFE.aspx).


If you have questions or concerns about Community HealthChoices, the LIFE Program, or Act 150, including eligibility standards and the application process, you can contact the OLTL Participant Hotline at 1-877-395-8930 or DHS Customer Services at 1-877-395-8930.
Stay Connected

If you need more information or need help, please contact Disability Rights Pennsylvania (DRP) at 800-692-7443 (voice) or 877-375-7139 (TDD). Our email address is: intake@disabilityrightspa.org. DRP’s live intake line is open Monday-Friday from 9:00 a.m. to 3:00 p.m.

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PLEASE NOTE: For information in alternative formats or a language other than English, contact Disability Rights Pennsylvania at 800-692-7443, Ext. 400, TDD: 877-375-7139 or intake@disabilityrightspa.org.

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