

Services Available Through The Community HealthChoices ("CHC") HCBS Waiver



Pennsylvania's Community HealthChoices ("CHC") Home and Community-Based Services ("HCBS") Waiver provides services and supports to enable adults with disabilities to live in their own homes and communities, rather than in nursing facilities. The Community HealthChoices HCBS Waiver identifies all of the services potentially available to participants. The services are listed in Appendix C of the HCBS Waiver document (called "Application for 1915(c) Waiver"). Each service is defined in detail in that Appendix, including the scope of the service, any limits on the service, and who can provide the service.

This Fact Sheet provides a summary of many of the services currently available in the Community HealthChoices HCBS Waiver and some limits that might apply. More information about the Community HealthChoices HCBS Wavier can be found on the Pennsylvania Department of Human Services [website](#), and specific information for all available services can be found by reviewing the Waiver document. The current version of the Waiver document is available [here](#) but be aware that it can change annually so you want to make sure you have the current version. For more information about who can get services through the Community HealthChoices HCBS Waiver, please see our publication titled "Eligibility for Community HealthChoices ("CHC") and Other Programs that Provide Home and Community-Based Services for Adults as Alternatives to Nursing Facilities."

Getting Started

Once you are determined to be eligible for the Community HealthChoices HCBS Waiver, you will be directed to select one of Community HealthChoices Managed Care Organizations (“MCOs”), which will be responsible to ensure that you receive the home and community-based services you need under the HCBS Waiver as well as the traditional Medicaid physical health services you need. You will select a Service Coordinator who will be the person responsible to help you create a Person-Centered Service Plan (“PCSP”). The Person-Centered Service Plan will identify the services and supports you need, including those covered by the Community HealthChoices HCBS Waiver and other sources. The Service Coordinator will help you to identify and choose providers for those services identified in your Person-Centered Service Plan.

Disagreements About Needed Services

Although the Service Coordinator should help you identify the home and community-based services you need, it is important that you have a good understanding of what services are potentially available under the Community HealthChoices HCBS Waiver. You can then request and advocate for the specific services you need. If the service is available under the Community HealthChoices HCBS Waiver but your Service Coordinator says that it is not available to you for any reason, then it is important to ask the Service Coordinator to put the decision in writing in a formal denial notice. You will then be able to file a grievance to challenge the decision if you do not agree with it. If the Service Coordinator does not give you a written denial notice, you still can file a complaint or grievance.

For more information on complaints and grievances, see our publication titled “Challenging Eligibility and Service Decisions Under the Community HealthChoices (“CHC”) HCBS Waiver.”

Summary of Services and Limitations

I. Community HealthChoices HCBS Waiver Services

A. Housing-Related Services

Residential Habilitation provides between 8 and 24 hours of services daily in a residential setting. The services are designed to assist an individual to acquire the basic skills needed to maximize his or her independence in performing daily living activities and to fully participate in community life. The settings can be licensed or unlicensed, but licensed settings cannot serve more than eight unrelated individuals and unlicensed settings cannot serve more than three individuals. All settings must be located in residential neighborhoods.

Community Transition Services allow payment of one-time expenses for individuals who move from institutional settings (like nursing facilities) or provider-operated living arrangements to private living arrangements where they are responsible to pay for living expenses. These costs can include: security deposits for housing; moving expenses; essential furnishings; and set-up fees or deposits for utilities. Costs cannot exceed more than \$4,000 per individual per lifetime.

Home Adaptations are physical adaptations to the primary private residence of an individual that are needed to enable him or her to function with greater independence in the home, such as widened doorways, slip-resistant flooring, modifications to kitchens and baths to make them accessible, and accessible alert systems. This service includes purchase or rental, installation, maintenance, repairs, and permits. NOTE: Other types of home adaptations, including wheelchair ramps, stair glides, and ceiling lifts, and installation of that equipment are covered by traditional Medicaid, so they should be available if needed through the Community HealthChoices MCOs as part of their obligation to provide traditional Medicaid physical health benefits.

Pest Eradication addresses pest infestations that, if not treated, would create a risk to the individual's health or safety.

B. Habilitation and Day Services

Community Integration is a service that is intended to assist individuals to learn, keep, and improve their self-help, communication, socialization, and adaptive skills to maximize their independent functioning in the community. This service must identify one or more specific goals that are to be met and progress is reviewed quarterly. If the individual has not met the goal(s) after 13 weeks, then the justification for continuation must be included in his or her Person-Centered Support Plan when it is reviewed. If the goal(s) is not met at the end of 26 weeks, the goal(s) must be changed although the MCO has discretion to authorize the service for more than 26 weeks. The service is limited to 8 hours per week if the individual has one goal or 12 hours per week if the individual has more than one goal, although the MCO has discretion to authorize up to 21 hours per week.

Adult Daily Living is a service offered in a non-institutional, community-based setting licensed as Adult Day Centers or Older Adult Daily Living Centers. This service helps individuals with personal care, social service, nutritional, and therapeutic needs. Nursing care and enhanced staffing, when needed, can also be provided.

Structured Day Habilitation is a service provided in a small group setting that assists individuals to learn, keep, and improve their self-help, socialization, and adaptive skills to achieve greater independence. Enhanced staffing may be provided when additional behavioral support is needed. These services differ from Adult Daily Living because they are more therapeutic in nature.

C. Job-Related Services

Job Coaching provides services for individuals who are employed in competitive, integrated workplaces to help them learn their jobs and maintain their employment. A competitive integrated workplace is one that pays workers with disabilities at least minimum wage, offers similar wages and benefits for disabled and non-disabled workers, and ensures that disabled workers work alongside non-disabled workers. Job coaching can also be offered to individuals who are self-employed. There are two levels of job coaching (Intensive and Follow Along) that can be provided, depending on the level of support needed.

Job Finding helps individuals obtain full-time or part-time competitive, integrated employment by identifying appropriate jobs that match their strengths, skills, and interests. It also includes, as needed, transportation to job interviews.

Employment Skills Development provides learning and work experiences, including volunteer work, to enable individuals to develop strengths and skills that will ultimately lead to paid employment in integrated community settings.



Career Assessment helps to identify potential career options based on the individual's strengths and interests. This can consist of standardized evaluations or "discovery" for individuals whose skills, preferences, and potential contributions cannot be adequately captured through standardized evaluations. "Discovery" includes observation of the individual, interviews with people who know him or her well, and identification of conditions for success and then using that information to identify possible integrated employment or self-employment opportunities.

Benefits Counseling informs and answers questions about how competitive employment can impact eligibility for government benefits (such as SSI, SSDI, Medicaid, and food stamps) and income reporting requirements for public benefits programs.

D. Personal Assistance Services

Personal Assistance Services ("PAS") are services to maintain individuals' health, safety, and welfare and to enable them to be more fully integrated into community life. PAS can include: (1) assisting individuals to complete their activities of daily living (such as eating, bathing, dressing) if they cannot do so independently, cueing individuals to perform such tasks themselves, and supervising individuals who cannot safely be left alone; (2) performing health maintenance activities (such as bowel and bladder routines); (3) providing routine support services, such as helping individuals with meal planning and maintaining health regimens and assistance with therapies; (4) accompanying individuals into the community for purposes related to PAS, such as grocery shopping and picking up medications; and (5) providing incidental homemaker tasks, such as changing linens, washing towels from bathing, and washing dishes associated with meal preparation, if neither the individual nor others are available, willing, and able to do so.

E. Health-Related Services

Home Health Aide Services are services prescribed by a physician and supervised by a registered nurse to enable the individual to participate more fully in community life and ensure his or her health, safety, and welfare. These services can include personal care, performing simple measurements or tests to monitor the individual's medical condition, assisting the individual with ambulation, and assisting with exercises.

Nursing Services are services performed by a registered nurse or practical nurse and are prescribed by a physician. Nursing services can be short-term or intermittent or long-term/continuous.

Specialized Medical Equipment and Supplies are supplies or items that provide direct medical or remedial benefit and are directly related to an individual's disability. This can include, for instance: devices, controls, or appliances that enable individuals to increase, maintain, or improve their ability to perform their activities of daily living and equipment maintenance and repair. This service includes hearing aids, though they can be authorized only once every three years.

Personal Emergency Response System ("PERS") is an electronic device that sends a signal to a central monitoring center to call for assistance in the event of an emergency. PERS are available for individuals who live alone, are alone for significant parts of the day, live with others whose ability to summon help in an emergency would be limited, or otherwise need more extensive in-person monitoring and assistance.

TeleCare uses technology to measure and monitor the individual's health care (such as remotely monitoring vital signs), track the individual's movements and notify emergency responders if needed, and assist the individual to ensure medication compliance.



F. Therapies

Cognitive Rehabilitation Therapy is a systematic, goal-oriented therapeutic approach for individuals whose cognitive or neurological functioning (such as memory, language, attention, or executive functions) is impaired (due to, for instance, a brain injury or stroke) so they can become better aware of their limitations, strengths, and needs, and acquire skills to improve their cognitive function or compensate for the loss of cognitive function.

Physical Therapy includes evaluation and treatment using physical measures (such as massage, heat, cold) and therapeutic exercises and rehabilitative procedures to limit or prevent disability and alleviate or correct physical or mental conditions.

Occupational Therapy includes therapy to improve the individual's sensory and motor functioning, teaching skills, behaviors, and attitudes crucial to social functioning, and assisting individuals to use prosthetics or equipment.

Speech and Language Therapy evaluates and addresses communication disorders involving speech, voice, or language. It can include an evaluation for, adaptation of, and training in the use of augmentative and alternative communication strategies.

G. Counseling and Behavioral Health Services

Counseling is provided to individuals to help them resolve social conflicts or family issues, including improving communication with family members, developing and maintaining positive supports, and improving personal relationships.

Behavior Therapy includes the completion of a functional behavioral assessment, the development of an individualized behavioral support plan, the provision of training to individuals, family members, and providers in the implementation of the plan, monitoring implementation of the plan, and revising the plan as needed. For individuals who have behavior therapy plans, those plans should be implemented when receiving some other HCBS Waiver services, including job-related services.

H. Dietary Services

Home Delivered Meals provides meals to individuals who cannot prepare or obtain nutritionally adequate meals for themselves, no other household members are able to provide them, and no other relative or agency is able, available, or responsible to provide them.

Nutritional Consultation assists individuals and/or their caregivers to help them develop a diet and plan meals that meet the individuals' nutritional needs.



I. Other HCBS Waiver Services

Assistive Technology is an item, piece of equipment, or product system that the individual needs to improve or maintain his or her functioning or ensure his or her health, safety, and welfare. This includes the purchase or leasing of the assistive technology, any necessary customization, adaptation, or installation, training in the use of the technology, ancillary supplies (such as batteries), and repairs. Assistive technology can include things like tablets or computers to assist with communication and electronic systems to assist the individuals to control lights, doors, and security systems in the home. It can also include a generator if needed to power life-sustaining equipment.

Non-Medical Transportation offers individuals transportation when it is tied to objectives in their Person-Centered Service Plan. It can include mileage reimbursement or the purchase of tokens, tickets, or passes for transportation. While the Community HealthChoices HCBS Waiver does not cover transportation to and from medical appointments, that service (known as Medical Assistance Transportation or “MATP”) is available for individuals through traditional Medicaid and the Community HealthChoices MCO, which also is responsible to provide traditional Medicaid physical health services and should help individuals to arrange such services.

Respite is a service provided to offer relief to unpaid caregivers by providing care to the individuals so caregivers can take a rest or vacation. Respite can be provided in the individual’s home or the home of a relative or friend. Limited respite can also be provided in a nursing facility.

Vehicle Modifications are modifications to a car or van needed to make it accessible to or useable by an individual with a disability. Such modifications can include, for instance, lifts, portable ramps, alterations to seats, wheelchair docking systems, and driver control devices. Modifications of vehicles that are more than five years old and have more than 50,000 miles on them cannot cost more than \$5,000.

II. Traditional Medicaid Services

Individuals enrolled in the Community HealthChoices HCBS Waiver are also entitled to receive traditional Medicaid services. Your Community HealthChoices MCO is responsible to provide traditional Medicaid physical health services. This includes, for instance, doctors' visits, hospitals, laboratory tests, prescriptions, hospice care, some therapies, and medical transportation. Individuals in the Community HealthChoices HCBS Waiver should also be enrolled in a separate Behavioral Health MCO, which is responsible to provide Medicaid-funded behavioral health services such as therapies and counseling, peer support, inpatient psychiatric treatment, substance abuse treatment, crisis services, and targeted case management.

III. Some Limits on HCBS Waiver Services

Some of the services available through the Community HealthChoices HCBS Waiver might also be available, in whole or in part, through other sources. Some of the services in the HCBS Waiver are traditional Medicaid services that are available, at least to some extent, to all Medicaid participants who need them. These include, for instance, home health aides, nursing services, physical, speech, and occupational therapy, and counseling for those with mental health or substance abuse diagnoses. To the extent that services are available through the traditional Medicaid program, participants must first exhaust those services before they will be authorized through the Community HealthChoices HCBS Waiver.

Similarly, some services available through the Community HealthChoices HCBS Waiver might be available from Medicare or private insurers. For those services, individuals who have other forms of insurance will be required to seek services first through their insurers before the services will be authorized under the Community HealthChoices HCBS Waiver.

The vocational services offered by the Community HealthChoices HCBS Waiver may be available to individuals through the Pennsylvania Office of Vocational Rehabilitation (“OVR”). Generally, individuals will need to first seek those services through OVR unless: (1) OVR closed their cases or stopped providing services; (2) OVR determined they were ineligible for services or did not make eligibility determinations within 120 days of the individuals’ referrals; (3) OVR services are not available; or (4) OVR has closed the “order of selection” (i.e., is not taking on new clients).

Additionally, there may be other limits on services available in the Community HealthChoices HCBS Waiver. For instance, some services must be prescribed and/or supervised by specified health care practitioners. Some may have caps on the amount of services or duration of services. All must be reauthorized periodically by the MCO.

If you have questions or need additional help understanding Community HealthChoices HCBS Waiver eligibility and/or services, please contact Disability Rights Pennsylvania (DRP).

