

All Participants are entitled to the physical health benefits and services provided under the Pennsylvania Community HealthChoices program. Additionally, Participants who qualify as nursing facility clinically eligible (NFCE) through the Department of Human Services (DHS) are eligible to receive long-term services and supports (LTSS) and home- and community-based services (HCBS) benefits and services.

The chart below outlines covered benefits and services for AmeriHealth Caritas Pennsylvania Community HealthChoices (CHC) Participants. Please see the Participant Handbook for more information on covered benefits and services.

CHC covered physical health services	
Category	Category
<p><b>Inpatient hospital services</b></p> <ul style="list-style-type: none"> <li>Inpatient acute hospital</li> <li>Inpatient rehab hospital</li> </ul> <p><b>Outpatient hospital clinic</b></p> <ul style="list-style-type: none"> <li>Outpatient hospital clinic</li> <li>Outpatient hospital short procedure unit</li> <li>Federally qualified health center/ rural health clinic</li> </ul> <p><b>Other laboratory and X-ray services</b></p> <ul style="list-style-type: none"> <li>Laboratory</li> <li>Radiology (e.g., X-rays, MRIs, CTs)</li> </ul> <p><b>Nursing facility services</b></p> <p><b>Family planning clinic services and supplies</b></p> <p><b>Physician services</b></p> <p><b>Primary care provider</b></p> <ul style="list-style-type: none"> <li>Physician services and medical and surgical services provided by a dentist</li> </ul> <p><b>Medical care and any other type of remedial care</b></p> <ul style="list-style-type: none"> <li>Podiatrist services</li> <li>Optometrist services</li> <li>Chiropractor services</li> </ul> <p><b>Home health services</b></p> <ul style="list-style-type: none"> <li>Home health care, including nursing, aide, and therapy</li> <li>Medical supplies</li> <li>Durable medical equipment (DME)</li> </ul>	<p><b>Clinic services</b></p> <ul style="list-style-type: none"> <li>Independent clinic</li> <li>Maternity-physician, certified nurse midwives, birth centers</li> <li>Renal dialysis services</li> <li>Ambulatory surgical center (ASC) services</li> </ul> <p><b>Dental services</b></p> <p><b>Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders</b></p> <ul style="list-style-type: none"> <li>Prescribed drugs, dentures, and prosthetic devices; eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist</li> <li>Prescribed drugs</li> <li>Dentures</li> <li>Prosthetic devices</li> <li>Eyeglasses</li> </ul> <p><b>Diagnostic, screening, preventive, and rehabilitative services</b></p> <ul style="list-style-type: none"> <li>Tobacco cessation</li> <li>Therapy (physical, occupational, speech) — Rehabilitative</li> </ul> <p><b>Certified registered nurse practitioner services</b></p> <p><b>Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary</b></p> <ul style="list-style-type: none"> <li>Ambulance transportation</li> <li>Non-emergency medical transport</li> <li>Emergency room</li> </ul> <p><b>Hospice care</b></p> <p><b>Limited abortions*</b></p>



**CHC covered physical health services (continued)**

Category	Category
<b>Therapy (physical, occupational, speech)</b>	Definitions for physical health services may be found in the Pennsylvania Medicaid State Plan at: <a href="http://www.dhs.state.pa.us/publications/medicaidstateplan">http://www.dhs.state.pa.us/publications/medicaidstateplan</a> .

**CHC LTSS benefits**

Nursing facility services
Nursing facility services are professionally supervised nursing care and related medical and other health services furnished by a health care facility licensed by the Pennsylvania Department of Health as a long-term care nursing facility under Chapter 8 of the Healthcare Facilities Act (35 P.S. §§ 448.801-448.821) and certified as a nursing facility provider in the MA program (other than a facility owned or operated by the federal or state government or agency thereof). Nursing facility services include services that are skilled nursing and rehabilitation services under the Medicare program and 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 or health care and management. A Participant must be NFCE to receive nursing facility services under the CHC program. Nursing facility services include at least the items and services specified in 42 CFR 438.10(f)(11)(i). Nursing facility services are covered as defined in 55 Pa. Code § 1187.51.
Exceptional DME for CHC Participants Residing in a Nursing Facility.

**Home- and community-based services**

Adult daily living	Home adaptations	Pest eradication
Assistive technology	Home-delivered meals	Physical therapy
Behavior therapy	Home health aide	Residential habilitation
Benefits counseling	Occupational therapy	Respite
Career assessment	Participant-directed community supports	Specialized medical equipment and supplies
Cognitive rehabilitation	Participant-directed goods and services	Speech and language therapy
Community integration	Nutritional consultation	Structured day habilitation
Community transition services	Personal assistance services	Telecare
Counseling	Personal emergency response system	Vehicle modifications
Employment skills development		
Financial management services		

\*Some services are included on the CHC covered physical health services list and the CHC LTSS benefits list. The CHC LTSS benefits are available only after the Participant’s State Plan, Medicare, or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Definitions for the LTSS listed above can be found in the 1915(c) Home and Community Based Services Waiver, as may be amended from time to time, found at: [http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c\\_264258.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_264258.pdf).

\*An abortion is a covered service only when a physician has found, and certified in writing to the Medicaid agency that, on the basis of that physician’s professional judgment, the life of the mother would be endangered if the fetus were carried to term (which is in accordance with 42 CFR 441.202).

**AmeriHealth Caritas Pennsylvania Community HealthChoices** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**AmeriHealth Caritas Pennsylvania Community HealthChoices** does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**AmeriHealth Caritas Pennsylvania Community HealthChoices** provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**AmeriHealth Caritas Pennsylvania Community HealthChoices** provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **AmeriHealth Caritas Pennsylvania Community HealthChoices** at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you believe that **AmeriHealth Caritas Pennsylvania Community HealthChoices** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

AmeriHealth Caritas Pennsylvania  
Community HealthChoices,  
Participant Complaints Department,  
Attention: Participant Advocate,  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Phone: **1-855-235-5115, TTY 1-855-235-5112**,  
Fax: **215-937-5367**, or  
Email: PAmemberappeals@amerihealthcaritas.com

The Bureau of Equal Opportunity,  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675,  
Phone: **(717) 787-1127**, TTY/PA Relay **711**,  
Fax: **(717) 772-4366**, or  
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, AmeriHealth Caritas Pennsylvania Community HealthChoices and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue S.W.,  
Room 509F, HHH Building,  
Washington, DC 20201,  
**1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Nondiscrimination Notice

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you.

**Call: 1-855-235-5115 (TTY 1-855-235-5112).**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-235-5115 (TTY 1-855-235-5112).**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-235-5115 (телетайп: 1-855-235-5112).**

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-855-235-5115 (TTY 1-855-235-5112)**。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-235-5115 (TTY 1-855-235-5112).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-235-5115 (رقم هاتف الصم والبكم: 1-855-235-5112).**

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-235-5115 (टिटीवाइ: 1-855-235-5112)** ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-235-5115 (TTY 1-855-235-5112)** 번으로 전화해 주십시오.

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-855-235-5115 (TTY 1-855-235-5112)** ។

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-235-5115 (ATS 1-855-235-5112).**

**သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-235-5115 (TTY 1-855-235-5112) သို့ ခေါ်ဆိုပါ။**

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-235-5115 (TTY 1-855-235-5112).**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-235-5115 (TTY 1-855-235-5112).**

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-855-235-5115 (TTY 1-855-235-5112).**

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-855-235-5115 (TTY 1-855-235-5112).**

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-235-5115 (TTY 1-855-235-5112).**