

Department of Human Services

Request for Information (RFI)



Date: June 1, 2026

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PART 1. General Information

1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services (“Department”), Bureau of Procurement & Contract Management issues this Request for Information (“RFI”) to gather input and information concerning the current Community HealthChoices (“CHC”) agreement for the anticipated re-procurement of the CHC managed care organizations (“CHC-MCOs”).

Specifically, this RFI seeks information to assist the Department in gathering stakeholder feedback on the CHC agreement prior to issuing a Request for Applications. Through this RFI, the Department hopes to become aware of and knowledgeable about stakeholder feedback regarding the current CHC program and any opportunities to strengthen the program for the benefit of participants.

The Department encourages all interested parties to provide feedback in response to this RFI or any part thereof. A respondent may respond to all or any of the specific questions or topics included in this RFI.

1.2 Request for Information Timeline

Event	Date
Release RFI	June 1, 2026
RFI Responses Due	July 15, 2026

The Department is requesting that all responses to this RFI be submitted by 12:00 p.m. on the due date. Responses must be submitted electronically to the following email account with “Community HealthChoices RFI” in the email subject line: RA-PWRFICOMMENTS@PA.GOV .

While the Department does not intend to respond to questions or clarifications during the RFI response period, responders may submit administrative questions related to this RFI electronically to: RA-PWRFICOMMENTS@PA.GOV using “Community HealthChoices RFI question” in the email subject line. The Department may or may not respond based on the nature of the question. The Department will post all answers provided online at: <http://www.emarketplace.state.pa.us>.

1.3 Disclaimers

The Department is not liable for any costs or expenses incurred by respondents in the preparation of responses related to this RFI.

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement action, and is only intended to gather information and input. The Department will not award an agreement on the basis of this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future procurement documents; however, the Department does not guarantee that this will occur. The Department will not return responses to this RFI. Respondents will not be notified of the result of the review, nor will they be provided copies of it. If the Department issues a procurement document, no vendor will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that no claims of confidentiality will be honored. The Department is not requesting, and does not require, confidential, proprietary information, or other competitively sensitive information to be included as part of the RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2. Background

2.1 Background Information

CHC is Pennsylvania's mandatory managed care program for dually eligible individuals and individuals with physical disabilities. CHC provides Medicaid, known as Medical Assistance ("MA") in Pennsylvania, physical health benefits as well as long-term services and supports ("LTSS") to those who qualify for that level of care.

CHC was developed to:

1. Enhance access to and improve coordination of medical care; and
2. Create a person-driven, long-term support system in which people have choice, control, and access to a full array of quality services that provide independence, health, and quality of life. LTSS help eligible individuals to perform daily activities in their homes such as bathing, dressing, preparing meals, and administering medications.

The goals of the CHC program are:

1. Enhance opportunities for community-based living for participants through:
 - Improved person-centered service planning and whole person care;
 - Increased participant education;
 - Empowerment; and
 - Inclusion of a comprehensive support team chosen by the participant.

2. Implement an approach that focuses on population health and addresses social determinants and drivers of health and their interactions.
3. Increase the use of evidence-based practices; increase upstream interventions; apply multiple strategies to improve or preserve health and wellness; collaborate across all payors, sectors, and settings; employ mechanisms for public involvement and uplifting the lived experiences; and demonstrate accountability for health outcomes.
4. Advance equity and ensuring a diverse and culturally competent network of providers and community partners that level the playing field, eliminate practices that reinforce differential treatment for groups of people who have been marginalized, and creating policies and practices that improve outcomes for those who have been underrepresented and undervalued across health and LTSS systems.
5. Strengthen coordination of LTSS and other types of healthcare, including but not limited to Medicare, Behavioral Health, and MA services for Dual Eligible individuals.
6. Enhance quality and accountability.
7. Advance program innovation to address social determinants of health and other health related social needs.
8. Increase efficiency and effectiveness of healthcare and LTSS.
9. Promote achievement of Quintuple Aim (addressing health equity; improving workforce well-being; and pursuing better health, improved outcomes, and lower costs).
10. Promote the expansion of collaborative and integrated approaches to include whole person coordinated care and community services.
11. Promote community-based public health initiatives.
12. Increase participant understanding of the benefits in using participant directed model services and ensure it is offered as a first option.
13. Increase consumer access and accessibility to needed services, especially in rural and underserved areas of the Commonwealth.

CHC was implemented in Pennsylvania beginning January 1, 2018 in a staggered approach by CHC Zone:

- January 1, 2018: Southwest Zone, consisting of Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Green, Indiana, Lawrence, Somerset, Washington and Westmoreland counties.
 - January 1, 2019: Southeast Zone, consisting of Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.
 - January 1, 2020: Remaining Zones:
 - Lehigh/Capital Zone: Adams, Berks, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties.
 - Northeast Zone: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming counties.
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Northwest Zone: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, and Warren counties.

PART 3. Request for Information Submission Format

Through this RFI, the Department is soliciting information and comments regarding stakeholder areas of interest about the current CHC program and opportunities to strengthen and improve the quality of health care and LTSS in the program for the benefit of participants. All interested respondents are asked to respond in writing to this RFI, per the items outlined below.

3.1 Response Submission

Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in 12-point font. Please limit your response to no more than five pages, not including the cover letter or attachments. Please refrain from sending marketing materials, pictures, or commentary on MCO performance to the Department.

3.2 Cover Letter

Please include a cover letter with the following information:

- 3.2.1.** An introduction to the respondent's organization, background, and interest in the CHC agreement.
- 3.2.2.** General information about the respondent and respondent's organization, including an address and a point of contact along with a telephone number and an e-mail address.
- 3.2.3.** Describe the respondent organization's overall familiarity with the CHC program requirements, agreement, and 1915(b)(c) waiver.

3.3 Conceptual Solutions and Strategies Response

The following provides a suggested structure for a response to this RFI. This structure is intended to minimize the effort required to develop and analyze submitted responses. Please address the following:

3.3.1 Program Requirements.

Note: If your response includes suggested revisions to any of the provisions in the attached Appendices or Exhibits, please identify the specific provision in your response in addition to the suggested revisions.

3.3.1.1. Appendix A – Program Requirements.

- a.** Specify any additions, deletions, or other modifications that you suggest the Department make to the Program Requirements.
 - b.** Provide any feedback or recommendations for changes or additions regarding covered services provided in the CHC program.
 - c.** Provide any recommendations for changes in the Service Coordination, Assessment and Person-Centered Service Planning processes.
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- d. Provide any recommendations for changes to the complaints, grievance and fair hearing process.
- e. Provide any recommendations on any additions, changes, or new requirements to increase and enhance self-direction. Specify strategies to enhance support to the participant/managing employer with ongoing tasks associated with participant-direction.
- f. Provide any recommendations on any additions, changes, or requirements to enhance employment services and supports to increase individuals' access to competitive integrated employment.
- g. Provide any recommendations, changes, or new requirements to improve access to non-medical transportation. Include any comments on the current broker model and suggestions for improvement.
- h. Provide any recommendations, changes, or new requirements to improve access to Home Adaptions and DME.
- i. Provide any recommendations, changes, or new requirements to address housing. Specify strategies to engage landlords, develop strategic partnerships, provide participant support, ideas for innovation, and sustainability.
- j. Provide any recommendations, changes or new requirements to increase the adoption of supportive assistive and enabling technology.
- k. Provide any recommendations, changes, or new requirements to better address the needs of participants with Intellectual Disability/Autism(IDA) and cognitive impairments, such as Alzheimer's, Dementia, Brain Injury, etc.
- l. Provide any recommendations, changes, or new requirements for nursing facility services. Provide comments on any quality improvement initiatives and specify strategies to improve transitions among facility settings, including discharges from hospitals.
- m. Provide any recommendations on complex care placements, including individuals transitioning or re-entering the community from a correctional facility.
- n. Provide any recommendations on innovations for nursing facilities to address the changing acuity needs of residents and continue to support nursing facility transition success.

3.3.1.2. Appendix B – Financial Requirements.

- a. Specify any additions, deletions, or other modifications that you suggest the Department make to the Financial Requirements.
- b. Provide any recommendations regarding Value Based Purchasing. Include any recommendations to use Value Based Purchasing arrangements to increase the health outcomes of the populations in CHC and the quality of services, as well as any specific new requirements or recommendations to include in this section.

3.3.1.3. Appendix C – Reporting Requirements.

- a. Specify any additions, deletions, or other modifications that you suggest the Department make to the Reporting Requirements.
- b. Provide any recommendations you have related to reports and data collection.

3.3.1.4. Agreement Exhibits. Specify any additions, deletions, or other modifications that you suggest the Department make to the Agreement Exhibits.

3.3.1.5. Appendix D – Revenue Sharing. Please include any comments or recommendations on the revenue sharing requirements contained in **Appendix D.**

3.3.2 Program Logistics

Provide any feedback or recommendations on any program logistics related to CHC, which could include the number of MCOs in the program, the regional versus statewide breakdown, or similar subjects.

Provide feedback or recommendations on length of the agreement term. For example, would a longer grant period (i.e., 6, 8, or 10 years) enhance consistency for participants and providers?

3.3.3 Medicare and Medicaid Integration

Please comment on ways the Department can achieve further integration between Medicare and Medicaid services. Specify strategies to further align Medicare and Medicaid coordination and services. This may include, for example, comments and recommendations on exclusive alignment with Dual Special Needs Plans (D-SNPs) or changes to Medicaid managed care enrollment timeframes to align with Medicare enrollment.

3.3.4 Program Recommendations

Please specify any other recommendations that may not be specifically mentioned above or included in the current CHC agreement.

3.3.5 Artificial Intelligence (AI)

Artificial Intelligence (AI) use has been advancing rapidly with adoption in many industries with goals of increasing efficiency, managing administrative burdens, and expanding workforce capacity. Please comment on the ways the Department can appropriately and safely adopt AI technology to improve or enhance the CHC program.