

## **Executive Summary: Pennsylvania CHC 2026 Request for Information (RFI)**

The Pennsylvania Department of Human Services (DHS) issued this RFI on June 1, 2026, to gather stakeholder input before re-procuring the Community HealthChoices (CHC) managed care program. DHS is seeking recommendations on how to strengthen CHC's delivery of Medicaid physical health services and long-term services and supports (LTSS) for older adults, individuals with physical disabilities, and dual eligibles. Responses are due July 15, 2026.

### **Key Strategic Areas DHS is Seeking Feedback On**

#### **1. Program Design and Covered Services**

DHS is asking stakeholders to recommend changes to covered services, program requirements, service coordination, assessments, person-centered planning, complaints and appeals processes, and participant-directed services. Particular emphasis is placed on improving participant choice, independence, and access to services.

#### **2. LTSS Access and Community Living**

A major focus is on strengthening community-based care and reducing barriers to remaining at home. DHS specifically seeks recommendations related to:

- Self-direction expansion
- Employment supports
- Non-medical transportation
- Home modifications
- Durable medical equipment (DME)
- Housing supports
- Assistive technology
- Nursing facility quality and transitions
- Complex care placements and reentry from correctional facilities

#### **3. Services for High-Need Populations**

The RFI specifically requests recommendations on better serving participants with:

- Intellectual Disabilities and Autism (IDA)
- Alzheimer's disease
- Dementia
- Brain injuries
- Other cognitive impairments

DHS is looking for strategies to improve care coordination and service delivery for these populations.

#### **4. Financial and Value-Based Purchasing Reform**

DHS is evaluating potential changes to financial requirements and is explicitly seeking recommendations on Value-Based Purchasing (VBP), including how payment models can improve outcomes and service quality within CHC.

For providers, this signals continued interest in expanding performance-based contracting and outcome measurement.

#### **5. Reporting and Administrative Requirements**

Stakeholders are invited to recommend changes to reporting requirements, data collection, and agreement exhibits. This presents an opportunity for providers to advocate for reducing administrative burden and streamlining reporting.

#### **6. Program Structure and Procurement Design**

DHS is seeking feedback on broader program logistics, including:

- Number of CHC MCOs
- Regional versus statewide models
- Contract duration
- Whether longer contract terms (6, 8, or 10 years) would improve stability for participants and providers

This may foreshadow significant procurement design decisions in the upcoming CHC rebid.

#### **7. Medicare-Medicaid Integration**

One of the most important sections asks stakeholders how to further integrate Medicare and Medicaid services for dual eligibles. DHS specifically references:

- Greater alignment with D-SNPs
- Coordinated enrollment processes
- Better integration of benefits and care management

This aligns with broader CMS goals around integrated care and could have major implications for future CHC MCO participation requirements.

#### **8. Artificial Intelligence (AI)**

For the first time, DHS is requesting feedback on how AI can be safely and appropriately used within CHC to:

- Reduce administrative burden

- Improve efficiency
- Expand workforce capacity
- Enhance program operations and participant outcomes

This signals growing state interest in AI-enabled care management, service coordination, and operational functions.

### **Key Themes Most Relevant to LTSS Providers**

For organizations such as RCPA members and CHC LTSS providers, the RFI is primarily focused on:

1. **Strengthening community-based services and reducing institutional reliance.**
2. **Improving service coordination and person-centered planning.**
3. **Expanding participant direction and self-directed services.**
4. **Addressing housing, transportation, workforce, and social determinants of health.**
5. **Increasing Medicare-Medicaid integration for dual eligibles.**
6. **Advancing value-based purchasing and quality incentives.**
7. **Improving services for individuals with IDA, dementia, brain injury, and other complex needs.**
8. **Exploring AI and technology-enabled care models.**

### **What This Means for Providers**

The RFI suggests that the next CHC procurement will likely place greater emphasis on:

- Integrated care models,
- Community-based LTSS expansion,
- Health equity and social determinants of health,
- Outcome-based payment arrangements,
- Enhanced support for complex populations,
- Technology and AI adoption,
- Stronger alignment between Medicare and Medicaid managed care programs.

For provider organizations, this is an opportunity to influence the structure of CHC for the next procurement cycle and advocate for reforms related to workforce shortages, administrative burden, reimbursement adequacy, participant access, and provider network sustainability.