

DHS BUDGET REQUEST FOR FY 2016-2017
(\$ Amounts in Thousands)

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APPROPRIATION:
Attendant Care

I. SUMMARY FINANCIAL DATA

	<u>2014-2015 Actual</u>	<u>2015-2016 Available</u>	<u>2016-2017 Budgeted</u>
State Funds	\$137,229	\$160,010 ¹	\$172,909
Federal Funds Total	\$124,402	\$149,434	\$157,267
Federal Sources Itemized			
<i>Medical Assistance-Attendant Care</i>	\$124,402	\$149,434 ²	\$157,267
Other Funds Total	\$749	\$749	\$749
Other Fund Sources Itemized			
<i>Attendant Care-Parking Fines</i>	\$59	\$59	\$59
<i>Attendant Care-Patient Fees</i>	\$690	\$690	\$690
Total	\$262,380	\$310,193	\$330,925

IA. REQUESTED SUPPLEMENTALS (Included above)

State Funds	\$11,719
Federal Funds Total	\$11,557
Federal Sources Itemized	
<i>Medical Assistance-Attendant Care</i>	<u>\$11,557</u>
Total	\$23,276

¹ Includes a recommended supplemental appropriation of \$11.719 million. Act 10-A of 2015 provided \$148.291 million for this program in Fiscal Year 2015-2016.

² Includes a recommended supplemental appropriation of \$11.557 million. Act 10-A of 2015 provided \$137.877 million for this program in Fiscal Year 2015-2016.

II. DETAIL BY MAJOR OBJECT (\$ Amounts in Thousands)	APPROPRIATION: Attendant Care				
	2014-2015 Actual	2015-2016 Available	2016-2017 Budgeted	Change Budgeted vs. Available	Percent Change
PERSONNEL					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Personnel	\$0	\$0	\$0	\$0	0.00%
OPERATING					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Operating	\$0	\$0	\$0	\$0	0.00%
FIXED ASSETS					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Fixed Assets	\$0	\$0	\$0	\$0	0.00%
GRANT & SUBSIDY					
<i>State Funds</i>	\$137,229	\$160,010	\$172,909	\$12,899	8.06%
<i>Federal Funds</i>	\$124,402	\$149,434	\$157,267	\$7,833	5.24%
<i>Other Funds</i>	\$749	\$749	\$749	\$0	0.00%
Total Grant & Subsidy	\$262,380	\$310,193	\$330,925	\$20,732	6.68%
NONEXPENSE					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Nonexpense	\$0	\$0	\$0	\$0	0.00%
BUDGETARY RESERVE					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Budgetary Reserve	\$0	\$0	\$0	\$0	0.00%
UNCOMMITTED					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Uncommitted	\$0	\$0	\$0	\$0	0.00%
OTHER					
<i>State Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Federal Funds</i>	\$0	\$0	\$0	\$0	0.00%
<i>Other Funds</i>	\$0	\$0	\$0	\$0	0.00%
Total Other	\$0	\$0	\$0	\$0	0.00%
TOTAL FUNDS					
<i>State Funds</i>	\$137,229	\$160,010	\$172,909	\$12,899	8.06%
<i>Federal Funds</i>	\$124,402	\$149,434	\$157,267	\$7,833	5.24%
<i>Other Funds</i>	\$749	\$749	\$749	\$0	0.00%
Total Funds	\$262,380	\$310,193	\$330,925	\$20,732	6.68%

APPROPRIATION:
Attendant Care

III. HISTORY OF LAPSES (\$ Amounts in Thousands)	<u>2013-2014</u>	<u>2014-2015</u>	<u>2015-2016 Estimated</u>
State Funds	\$1	\$0	\$0

IV. COMPLEMENT INFORMATION	<u>12/31/2014</u>	<u>12/31/2015</u>	<u>2016-2017 Budgeted</u>
State/Federally Funded			
<i>Authorized</i>	N/A	N/A	N/A
<i>Filled</i>	N/A	N/A	N/A
Federally Funded			
<i>Authorized</i>	N/A	N/A	N/A
<i>Filled</i>	N/A	N/A	N/A
Other Funded			
<i>Authorized</i>	N/A	N/A	N/A
<i>Filled</i>	N/A	N/A	N/A
Total			
<i>Authorized</i>	N/A	N/A	N/A
<i>Filled</i>	N/A	N/A	N/A
Benefit Rate	N/A	N/A	N/A

V. DERIVATION OF REQUEST / LEGISLATIVE CITATIONS / DISBURSEMENT CRITERIA

Derivation of Request:

The Fiscal Year 2016-2017 Governor's Executive Budget reflects an increase of \$12.899 million in State funds from the Fiscal Year 2015-2016 funding level of \$160.010 million to \$172.909 million. It also reflects an increase of \$7.833 million in Federal Medical Assistance funds from the Fiscal Year 2015-2016 funding level of \$149.434 million to \$157.267 million. The budget maintains the Attendant Care Parking Fine revenues as well as the Patient Fees at the Fiscal Year 2015-2016 level.

Detail on the appropriation is outlined in Section VI entitled "Explanation of Changes" on the next page.

Legislative Citations:

62 P.S. §§ 201, 206, 3051 et seq.

Disbursement Criteria:

The provider of service must be enrolled in the Medical Assistance program and the service must be a covered Medical Assistance benefit. The recipient of the service must be deemed eligible to receive Medical Assistance benefits and the reimbursement of the covered services must be in accordance with promulgated fee schedules/ rates of reimbursement established for the service.

VI. EXPLANATION OF CHANGES (\$ Amounts in Thousands)	APPROPRIATION: Attendant Care			
	State \$	Federal \$	Other \$	Total
GENERAL FUND				
GRANT & SUBSIDY				
1. Provides for the annualization of Attendant Care Waiver users entering the program in Fiscal Year 2015-2016:	\$5,476	\$5,943	\$0	\$11,419
2. Reflects a decrease in Attendant Care Waiver monthly cost per consumer from \$2,571.26 in Fiscal Year 2015-2016 to \$2,547.75 in Fiscal Year 2016-2017:	(\$1,154)	(\$1,601)	\$0	(\$2,755)
3. Provides for an increase in Act 150 monthly cost per consumer from \$2,583.31 in Fiscal Year 2015-2016 to \$2,601.45 in Fiscal Year 2016-2017:	\$192	\$0	\$0	\$192
4. Reflects the net impact of costs and expenditure adjustments related to the Pennsylvania Department of Aging's over 60 Act 150 program:	\$4,478	\$0	\$0	\$4,478
5. Provides for the annualization of the addition of Personal Assistant Services and Respite Care Overtime Rates, effective January 1, 2016:	\$934	\$772	\$0	\$1,706
6. Impact of the loss of enhanced Federal funding associated with the Balancing Incentive Program which expired on September 30, 2015:	\$2,766	(\$2,766)	\$0	\$0
7. Impact of the change in the Federal Medical Assistance Percentage (a decrease from 52.01 percent to 51.78 percent, effective October 1, 2016). Full-year blended rate decreases from 51.9625 percent to 51.8375 percent:	\$380	(\$380)	\$0	\$0
8. Reflects the non-recurring roll forward of costs from Fiscal Year 2014-2015 to Fiscal Year 2015-2016:	(\$5,594)	\$0	\$0	(\$5,594)
Subtotal Grant & Subsidy	\$7,478	\$1,968	\$0	\$9,446
FISCAL YEAR 2016-2017 INITIATIVE				
1. Community Opportunities				
A. To provide home and community-based services to 600 additional individuals with disabilities in Fiscal Year 2016-2017:	\$4,739	\$5,133	\$0	\$9,872
2. Community HealthChoices				
A. Impact of the transition from multiple fee-for-service delivery systems to a consolidated, capitated, managed long-term services and supports system called Community HealthChoices. This system will be implemented in the Southwest Region of the Commonwealth beginning January 2017:	\$682	\$732	\$0	\$1,414
Subtotal Fiscal Year 2016-2017 Initiatives	\$5,421	\$5,865	\$0	\$11,286
TOTAL GENERAL FUND	\$12,899	\$7,833	\$0	\$20,732

Attendant Care
Fiscal Year 2016-2017 Governor's Executive Budget
Fiscal Year 2015-2016

Attendant Care	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2015	\$20,024,038	\$10,403,085	\$9,620,953			8,566	\$2,337.62
AUGUST	\$27,877,321	\$14,484,314	\$13,393,007			8,822	\$3,159.98
SEPTEMBER	\$15,905,672	\$8,268,491	\$7,637,181			8,417	\$1,889.71
OCTOBER	\$29,607,338	\$15,415,096	\$14,192,242			8,984	\$3,295.56
NOVEMBER	\$26,688,521	\$13,922,069	\$12,766,452			9,093	\$2,935.06
DECEMBER	\$20,855,366	\$10,846,876	\$10,008,490	9,093	50	9,143	\$2,281.02
JANUARY 2016	\$20,969,417	\$10,906,194	\$10,063,223	9,093	100	9,193	\$2,281.02
FEBRUARY	\$26,845,277	\$13,962,229	\$12,883,048	9,093	150	9,243	\$2,904.39
MARCH	\$21,197,519	\$11,024,830	\$10,172,689	9,093	200	9,293	\$2,281.02
APRIL	\$21,311,570	\$11,084,148	\$10,227,422	9,093	250	9,343	\$2,281.02
MAY	\$27,280,935	\$14,188,814	\$13,092,121	9,093	300	9,393	\$2,904.39
JUNE	\$21,539,672	\$11,202,783	\$10,336,889	9,093	350	9,443	\$2,281.02
Subtotal	\$280,102,646	\$145,708,929	\$134,393,717			9,078	\$2,571.26

Act 150	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2015	\$2,118,946	\$0	\$2,118,946			895	\$2,367.54
AUGUST	\$2,608,319	\$0	\$2,608,319			895	\$2,914.32
SEPTEMBER	\$2,050,147	\$0	\$2,050,147			879	\$2,332.36
OCTOBER	\$1,975,597	\$0	\$1,975,597			851	\$2,321.50
NOVEMBER	\$2,910,703	\$0	\$2,910,703			879	\$3,311.38
DECEMBER	\$2,053,529	\$0	\$2,053,529	879	0	879	\$2,336.21
JANUARY 2016	\$2,053,529	\$0	\$2,053,529	879	0	879	\$2,336.21
FEBRUARY	\$2,658,720	\$0	\$2,658,720	879	0	879	\$3,024.71
MARCH	\$2,053,529	\$0	\$2,053,529	879	0	879	\$2,336.21
APRIL	\$2,053,529	\$0	\$2,053,529	879	0	879	\$2,336.21
MAY	\$2,658,720	\$0	\$2,658,720	879	0	879	\$3,024.71
JUNE	\$2,053,529	\$0	\$2,053,529	879	0	879	\$2,336.21
Subtotal	\$27,248,797	\$0	\$27,248,797			879	\$2,583.31

Pennsylvania Department of Aging Act 150	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2015	\$2,013,763	\$0	\$2,013,763			817	\$2,464.83
AUGUST	\$2,530,263	\$0	\$2,530,263			811	\$3,119.93
SEPTEMBER	\$1,954,554	\$0	\$1,954,554			817	\$2,392.35
OCTOBER	\$1,944,303	\$0	\$1,944,303			792	\$2,454.93
NOVEMBER	\$2,712,072	\$0	\$2,712,072			819	\$3,311.44
DECEMBER	\$2,027,213	\$0	\$2,027,213	819	0	819	\$2,475.23
JANUARY 2016	\$2,027,213	\$0	\$2,027,213	819	0	819	\$2,475.23
FEBRUARY	\$2,599,236	\$0	\$2,599,236	819	0	819	\$3,173.67
MARCH	\$2,027,213	\$0	\$2,027,213	819	0	819	\$2,475.23
APRIL	\$2,027,213	\$0	\$2,027,213	819	0	819	\$2,475.23
MAY	\$2,599,236	\$0	\$2,599,236	819	0	819	\$3,173.67
JUNE	\$2,027,213	\$0	\$2,027,213	819	0	819	\$2,475.23
Subtotal	\$26,489,492	\$0	\$26,489,492			816	\$2,705.22

Subtotal PROMISe Program Expenditures	\$333,840,935	\$145,708,929	\$188,132,006				
Roll Forward from Fiscal Year 2014-2015	\$5,593,962	\$0	\$5,593,962				
Act 150 not Transferred in FY 2014-2015	(\$6,485,339)	\$0	(\$6,485,339)				
PDA Reimbursement June 2015 - May 2016	(\$24,462,279)	\$0	(\$24,462,279)				
Money Follows the Person	\$0	\$182,650	(\$182,650)				
Personal Assistant Services / Respite Care Overtime Rate	\$1,706,077	\$777,217	\$928,860				
Subtotal	\$310,193,356	\$146,668,796	\$163,524,560				

FY 2014-2015 PRR/Initiatives

Balancing Incentive Program	\$0	\$2,765,669	(\$2,765,669)				
Subtotal	\$310,193,356	\$149,434,465	\$160,758,891				
Parking Fines	(\$59,000)	\$0	(\$59,000)				
Patient Fees	(\$690,000)	\$0	(\$690,000)				
Total Program Requirement	\$309,444,356	\$149,434,465	\$160,009,891				

Act 10-A of 2015		\$137,877,000	\$148,291,000				
Surplus/(Deficit)		(\$11,557,465)	(\$11,718,891)				

Attendant Care
Fiscal Year 2016-2017 Governor's Executive Budget
Fiscal Year 2016-2017

Attendant Care	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2016	\$22,086,794	\$11,487,342	\$10,599,452	9,443	50	9,493	\$2,326.64
AUGUST	\$28,548,171	\$14,847,904	\$13,700,267	9,443	100	9,543	\$2,991.53
SEPTEMBER	\$22,319,458	\$11,608,350	\$10,711,108	9,443	150	9,593	\$2,326.64
OCTOBER	\$28,847,324	\$14,937,144	\$13,910,180	9,443	200	9,643	\$2,991.53
NOVEMBER	\$22,552,122	\$11,677,489	\$10,874,633	9,443	250	9,693	\$2,326.64
DECEMBER	\$22,668,454	\$11,737,725	\$10,930,729	9,443	300	9,743	\$2,326.64
JANUARY 2017	\$29,296,053	\$15,169,496	\$14,126,557	9,443	350	9,793	\$2,991.53
FEBRUARY	\$22,901,118	\$11,858,199	\$11,042,919	9,443	400	9,843	\$2,326.64
MARCH	\$23,017,450	\$11,918,436	\$11,099,014	9,443	450	9,893	\$2,326.64
APRIL	\$23,133,782	\$11,978,672	\$11,155,110	9,443	500	9,943	\$2,326.64
MAY	\$29,894,359	\$15,479,299	\$14,415,060	9,443	550	9,993	\$2,991.53
JUNE	\$23,372,446	\$12,102,253	\$11,270,193	9,443	600	10,043	\$2,327.24
Subtotal	\$298,637,531	\$154,802,309	\$143,835,222			9,768	\$2,547.75

Act 150	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2016	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
AUGUST	\$2,711,891	\$0	\$2,711,891	879	0	879	\$3,085.20
SEPTEMBER	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
OCTOBER	\$2,711,891	\$0	\$2,711,891	879	0	879	\$3,085.20
NOVEMBER	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
DECEMBER	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
JANUARY 2017	\$2,711,891	\$0	\$2,711,891	879	0	879	\$3,085.20
FEBRUARY	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
MARCH	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
APRIL	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
MAY	\$2,711,891	\$0	\$2,711,891	879	0	879	\$3,085.20
JUNE	\$2,074,062	\$0	\$2,074,062	879	0	879	\$2,359.57
Subtotal	\$27,440,060	\$0	\$27,440,060			879	\$2,601.45

Pennsylvania Department of Aging Act 150	Total	Federal	State	Unduplicated Users	Expansion Users	Total Users	Cost Per User
JULY 2016	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
AUGUST	\$2,651,218	\$0	\$2,651,218	819	0	819	\$3,237.14
SEPTEMBER	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
OCTOBER	\$2,651,218	\$0	\$2,651,218	819	0	819	\$3,237.14
NOVEMBER	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
DECEMBER	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
JANUARY 2017	\$2,651,218	\$0	\$2,651,218	819	0	819	\$3,237.14
FEBRUARY	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
MARCH	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
APRIL	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
MAY	\$2,651,218	\$0	\$2,651,218	819	0	819	\$3,237.14
JUNE	\$2,047,484	\$0	\$2,047,484	819	0	819	\$2,499.98
Subtotal	\$26,984,744	\$0	\$26,984,744			819	\$2,745.70

Subtotal PROMISE Program Expenditures	\$353,062,335	\$154,802,309	\$198,260,026				
PDA Reimbursement June 2016 - May 2017	(\$26,964,473)	\$0	(\$26,964,473)				
Money Follows the Person	\$0	\$182,650	(\$182,650)				
Personal Assistant Services / Respite Care Overtime Rate	\$3,412,154	\$1,549,278	\$1,862,876				
Subtotal	\$329,510,016	\$156,534,237	\$172,975,779				

FY 2016-2017 PRR/Initiatives

Community HealthChoices	\$1,414,585	\$732,472	\$682,113				
Parking Fines	(\$59,000)	\$0	(\$59,000)				
Patient Fees	(\$690,000)	\$0	(\$690,000)				
Total Program Requirement	\$330,175,601	\$157,266,709	\$172,908,892				

ATTENDANT CARE

PROGRAM STATEMENT

The Attendant Care Program provides assistance and support to individuals enabling them to live in their own homes and communities rather than in institutions. To be eligible for the program, an individual aged 18-59 must have a physical disability, be mentally alert and able to direct their own services, and need assistance with activities of daily living. The program provides assistance with bathing, dressing, meal preparation, mobility, housekeeping and other self-care and daily living functions.

The Attendant Care Program allows consumers to choose the model of service delivery they prefer. Under the agency model of service, services are performed by attendants employed by an agency. Under the consumer employer model, consumers recruit, hire, train and manage their own attendants. Under the Services My Way model, consumers have budget authority and are given a personalized budget, providing them with more choice and control over management of their services.

Services for the Attendant Care Program are provided under the Act 150-Attendant Care Program and the Attendant Care Home and Community-Based Waiver. Medicaid eligible individuals who meet all program criteria are served in the Waiver Program. Individuals who are not Medicaid financially eligible may be served in the Act 150-Attendant Care Program.

FISCAL YEAR 2016-2017 INITIATIVE – COMMUNITY OPPORTUNITIES

Pennsylvania citizens overwhelmingly state that they would prefer to receive long-term services and supports in a home and community-based setting rather than an institutional setting. Toward that end, a significant investment has been made in home and community-based services, greatly expanding the number of people who can be served in their home. This initiative proposes to provide home and community-based services to an additional 600 individuals with disabilities in Fiscal Year 2016 – 2017.

FISCAL YEAR 2016-2017 INITIATIVE – COMMUNITY HEALTHCHOICES

The 2016 Fiscal Year budget provides for the implementation of Community HealthChoices (CHC) to improve health outcomes. The Department of Human Services and the Pennsylvania Department of Aging will continue the combined three-year implementation of a managed long-term services and supports program for older Pennsylvanians and adults with physical disabilities - CHC. This program will ensure that one entity is responsible for coordinating the physical health and long-term services and support needs of participants to improve care coordination and health outcomes while allowing more individuals to live in their community. Community HealthChoices will be implemented in three phases. Phase one will be implemented January 2017, in the Southwest region. Phase two will be implemented January 2018 in the Southeast region. The final phase three will be implemented January 2019 in the Northwest, Lehigh-Capital and Northeast regions.

Benefits of implementing the CHC program include the following:

- **Enhanced opportunities for community-based living.** Managed long-term services and supports will improve person-centered service planning and, as more community-based living options become available, the ability to honor participant preferences to live and work in the community will expand. Performance incentives built into the program's quality oversight and payment policies will stimulate a wider and deeper array of home and community-based services options.
- **Strengthened coordination of long-term services and supports and other types of health care, including all Medicare and Medicaid services for dual eligible individuals.** Better

coordination of Medicare and Medicaid health services and long-term services and supports will make the system easier to use and will result in better quality of life, health, safety, and well-being.

- **Enhanced quality and accountability.** CHC – Managed care organizations will be accountable for outcomes for the target population and responsible for the overall health and long-term support for the whole person. Quality of life and care will be measured and published, giving participants the information they need to make informed decisions.
- **Advance program innovation.** Greater creativity and innovation afforded in the program will help to increase community housing options, enhance the long-term services and supports direct care workforce, expand the use of technology and expand employment among participants who have employment goals.
- **Increase efficiency and effectiveness.** The program will increase the efficiency of health care and long-term services and supports by reducing preventable admissions to hospitals, emergency departments, nursing facilities and other high-cost services and by increasing the use of health promotion, primary care and home and community-based services.

When fully implemented, the CHC will serve an estimated 450,000 individuals, including 130,000 older persons and adults with physical disabilities who are currently receiving long-term services and supports in the community and in nursing facilities. CHC - Managed Care Organizations will be accountable for most Medicaid-covered services, including preventive services, primary and acute care, long-term services and supports (home and community-based services and nursing facilities), prescription drugs, and dental services. Participants who have Medicaid and Medicare coverage (dual eligible participants) will have the option to have their Medicaid and Medicare services coordinated by the same managed care organization.

This initiative builds on the Commonwealth's past success in implementing the country's most extensive network of Programs of All-inclusive Care for the Elderly (called LIFE, Living Independence for the Elderly, in Pennsylvania), which will continue to be an option for eligible persons, and its Home and Community-Based Services waiver programs. It also builds on the Commonwealth's experience with HealthChoices, a statewide managed care delivery system for children and adults. Behavioral health services will continue to be provided through the Behavioral Health Services HealthChoices (Behavioral Health - Managed Care Organizations). CHC - Managed Care Organizations and Behavioral Health - Managed Care Organizations will be required to coordinate services for individuals who participate in both programs.