

Information About Covered and Non-Covered Services and Resources

You have the right to know which services are paid for by your program, which are not, and what other community options may be available to you.

Covered services

Covered services depend on your program. CHC covers medical and long-term services and supports listed in your Participant Handbook and approved in your Person-Centered Service Plan. The OBRA Waiver and Act 150 Program cover the home and community-based services approved in your service plan. Your Service Coordinator will explain what is covered and how to get it. ^{[1][2][3][4]}

Non-covered services and community resources

When a need is not covered, your Service Coordinator will help you find other options, such as Medicare, community organizations, housing and utility assistance, food programs, transportation, and unpaid supports from family and friends. ^{[2][5][6]}

Your rights

- To receive written information about the benefits available to you and any limits, and to learn how to get benefits not covered by your plan. ^{[1][2]}
- To be told if a requested service is denied, reduced or ended, and why, in a written notice. ^[7]
- To discuss all appropriate treatment and service options, regardless of cost or coverage. ^[8]
- To appeal a coverage decision. See PCC's document "Complaints, Grievances, and Appeals." ^{[7][9]}

Important

PCC does not decide what your plan covers. Coverage decisions are made by your managed care organization (CHC) or by DHS (OBRA Waiver and Act 150). PCC will help you ask for services, gather information and follow up.

Who to contact

Patient Care Coordination, Inc. (PCC)	475 N. 5th Street, Suite 2A, Philadelphia, PA 19123
Phone	215-725-7200 (Mon–Fri, 9:00 a.m.–5:00 p.m.) · After hours: 215-725-7200, Option 9
TTY / Relay	711 (PA Relay) · Fax: 215-725-7201 · www.patientcarecoordination.com
PA Health & Wellness Participant Services (CHC)	1-844-626-6813 (TTY 711)
OLTL Participant Helpline (CHC, OBRA Waiver, Act 150)	1-800-757-5042

Sources and citations

Numbers in brackets in the text refer to the authorities below. This document summarizes participant rights and is not legal advice; the governing regulations, agreements and notices control. Program-specific timeframes are stated on written notices and in the Participant Handbook.

- [1] 42 C.F.R. § 438.10 — Information requirements, incl. § 438.10(d) (language and format: free oral interpretation, taglines, auxiliary aids, alternate formats) and § 438.10(g) (participant handbook content, including covered benefits and how to obtain benefits not covered).
- [2] Community HealthChoices Agreement (effective January 1, 2026), Section V.A (Covered Services) and Exhibit A (Covered Services List); Exhibit K (CHC-MCO Participant Coverage Document); Exhibit M (Participant Handbook).
- [3] Pennsylvania 1915(c) Home and Community-Based Services Waivers (CHC and OBRA), Appendix D — Participant-Centered Planning and Service Delivery (42 U.S.C. § 1396n(c)).
- [4] Attendant Care Services Act (Act 150 of 1986), 62 P.S. § 3051 et seq.
- [5] 42 C.F.R. § 441.301(c) — Home and community-based services: person-centered planning process (c)(1), person-centered service plan (c)(2), review of the plan (c)(3), and HCBS settings requirements including privacy, dignity, respect and freedom from coercion (c)(4).
- [6] 55 Pa. Code § 52.26 — Service coordination services.
- [7] 42 C.F.R. Part 438, Subpart F, §§ 438.400–438.424 — Grievance and appeal system (filing, handling, resolution and notice, expedited resolution, State fair hearings, continuation of benefits).
- [8] 42 C.F.R. § 438.100 — Enrollee rights (Medicaid managed care), incl. § 438.100(b)(2) (respect, dignity, privacy; participation in decisions) and § 438.100(c) (free exercise of rights without adverse treatment); § 438.100(d) (compliance with Title VI, the Age Discrimination Act, Section 504, the ADA and Section 1557).
- [9] Community HealthChoices Agreement (effective January 1, 2026), Section V.R and Exhibit G — Complaint, Grievance, and Fair Hearing Processes.