



Accessing the Community HealthChoices Waiver:

An Advocate's Guide to Eligibility

Overview

People with physical disabilities and older adults who need long-term services and supports at home may be able to get help through a Home and Community-Based Services (HCBS) waiver. These waivers are funded by Medical Assistance (MA/Medicaid) and administered by the Office of Long-Term Living (OLTL).

This fact sheet explains how to apply for the Community HealthChoices (CHC) waiver, which is one of the OLTL waivers available. To qualify, you must be age 21 or older and meet two types of eligibility requirements:

- **Functional Eligibility** — Can you perform tasks needed for daily living? A reviewer will assess your ability to do things like bathing, dressing, and managing medications.
- **Financial Eligibility** — Do your income and resources fall within the program limits? The County Assistance Office (CAO) will review your financial information, including bank accounts, property, and retirement accounts.

This guide applies to individuals seeking the Community HealthChoices (CHC) waiver. For information about the OBRA waiver or Act 150, please call PHLP's Helpline at 1-800-274-3258

This fact sheet walks through both parts of the application process, so you know what to expect at each step.

February 2026

*The Pennsylvania Health Law Project is a nonprofit legal services organization.
Helpline: 1-800-274-3258 | www.phlp.org*

What are HCBS Waivers?

Home and Community-Based Services (HCBS) waivers are Medicaid programs that help older adults and people with disabilities get the long-term care and support they need to continue living at home or in their communities. In Pennsylvania, the Office of Long-Term Living (OLTL) administers two of these waivers: Community HealthChoices (CHC) and the OBRA Waiver.

Most people getting home and community-based services from an OLTL waiver are in the CHC waiver. However, the OBRA waiver continues to exist for some individuals who do not qualify for the CHC waiver. For information about the OBRA waiver, review OLTL's [OBRA Waiver webpage](#) or call PHLP's Helpline at 1-800-274-3258.

When a person is eligible for the CHC waiver, they receive both regular Medicaid benefits as well as waiver services. Behavioral health care coverage – mental health and substance use disorder treatment – is provided through a separate behavioral health managed care plan assigned based on county. Coverage of physical healthcare, including coverage of primary care, hospital care, specialists, dental services, and home and community-based services is through a CHC managed care plan. There are three choices of CHC plans:

1. **AmeriHealth Caritas CHC/Keystone First CHC**
2. **Pennsylvania Health & Wellness**
3. **UPMC Community HealthChoices**

At the beginning of the waiver application process, applicants will receive information about their plan options and can switch plans at any time. If they don't choose a plan on their own, they will be automatically enrolled in one. To learn more about available CHC plans, visit www.enrollchc.com.

What services does the CHC waiver provide?

The CHC waiver is an alternative to nursing home or institutional care for people who qualify for that level of care but want to remain in their homes. Once approved, individuals receive full Medicaid coverage plus additional services that Medicaid doesn't typically cover — these are called waiver services or home and community-based services.

A person-centered service plan (PCSP) is then developed based on the individual's needs, outlining what services they will receive and how often. Examples of CHC waiver services include:

- Non-Medical Transportation
- Personal Assistance Services
- Skilled Nursing Services
- Adult Day Health Programs
- Employment Services & Supports
- Personal Emergency Response System (PERS)
- Respite Care
- Home Delivered Meals
- Home Adaptations
- Assistive Technology
- Vehicle Modifications
- And more

For a full list and description of waiver services and information on accessing services through the CHC waiver, please review PHLP's [Person-Centered Service Planning Guide](#).

Who is eligible for the CHC waiver?

As noted above, to be eligible for the CHC waiver, a person must be:

1. At least 21 years old;
2. Meet the CHC waiver functional eligibility requirement; and
3. Meet the waiver financial eligibility requirements.

What is the difference between the CHC program and the CHC waiver?

The CHC waiver is part of the larger CHC program. The CHC program has three major components:

1. Medicaid physical health services, such as primary care and specialist visits, hospital services, dental, etc.
2. HCBS waiver services, *if eligible*.
3. Nursing facility services, *if eligible*.

Most people enrolled in both Medicaid and Medicare receive their Medicaid physical health services through a CHC plan. If they wish to receive waiver services, such as personal assistance services, they must apply separately and be approved for the CHC waiver.

February 2026

The Pennsylvania Health Law Project is a nonprofit legal services organization.

Helpline: 1-800-274-3258 | www.phlp.org

Applying for the CHC Waiver

The CHC waiver application process has multiple steps and can take a few months, though it should not take more than 90 days. Below is an overview of the application process.

Step 1. Contact the IEB: The Applicant contacts the Independent Enrollment Broker (IEB) at 877-550-4227 to begin the application process.

Step 2. Physician Certification: The Independent Enrollment Broker sends a [Physician Certification form](#) to the Applicant's doctor. The doctor should return the form to the Independent Enrollment Broker within five (5) business days. The Physician Certification asks the doctor to indicate the Applicant's diagnoses, whether the Applicant has a short- or long-term condition or disability, and the Applicant's level of care needs as one of the following:

- A) Nursing Facility Clinically Eligible (NFCE),
- B) Nursing Facility Ineligible (NFI), or
- C) Intermediate Care Facility for Persons w/ Other Related Conditions (ICF/ORC).

Step 3. First In-Person Visit – the Independent Enrollment Broker Visit: Within seven (7) business days of being contacted, the Independent Enrollment Broker makes a scheduled in-person visit with the waiver Applicant. While this and the second in-person visit usually take place in the Applicant's home, it can also occur elsewhere like a hospital or nursing facility. At the visit, the Independent Enrollment Broker assists with the financial application for Medicaid coverage of waiver services. The waiver application may be completed on paper using the [PA 600L](#) or online through the [COMPASS](#) application. The Independent Enrollment Broker also has the Applicant fill out other forms, explains what the CHC waiver is, and discusses choosing a health plan that will provide services through CHC.

The waiver application may be completed on paper using the [PA 600L](#) form, or online through the [COMPASS](#) website.

Step 4. Second In-Person Visit – Functional Eligibility Determination: Within ten (10) business days of the first visit, an assessor from the local Area Agency on Aging

conducts an in-person assessment of the Applicant’s functioning using a tool called the Functional Eligibility Determination.¹ The Functional Eligibility Determination consists of a series of questions used to assess the Applicant’s cognition and ability to perform activities of daily living, such as dressing, transferring and toileting. The results of the Functional Eligibility Determination are submitted to the Independent Enrollment Broker. More information about waiver Functional Eligibility can be found on page 6 of this guide.

Step 5. Independent Enrollment Broker Review of Functional Eligibility: The Independent Enrollment Broker reviews the Functional Eligibility Determination results and the Physician Certification.

- A. If both the Functional Eligibility Determination result and the Physician Certification show the Applicant’s level of care need as “Nursing Facility Clinically Eligible,” the Applicant is functionally eligible for the CHC waiver. Skip to Step 7.
- B. If both the Functional Eligibility Determination result and the Physician Certification show the Applicant’s level of care need as “Nursing Facility Ineligible,” the Office of Long-Term Living sends a written notice to the Applicant informing them they do not qualify for the CHC waiver. The notice includes information about the right to appeal that decision.
- C. If the Functional Eligibility Determination result and the Physician Certification disagree about the Applicant’s level of care need, a review by the Office of Long-Term Living Medical Director occurs. Continue to Step 6.

Step 6. Review by OLTL Medical Director (if appropriate): The Medical Director reviews the Physician Certification, Functional Eligibility Determination, and any additional medical documentation and information provided. Note that additional medical documentation or information is not requested from the Applicant. Applicants should be prepared to provide any medical information they want to be reviewed as part of their waiver application at the Functional Eligibility Determination assessment or ask their doctor to provide it along with the Physician Certification.

- A. If the Medical Director determines the Applicant is Nursing Facility Clinically Eligible, the Applicant is functionally eligible for the CHC waiver. Continue to Step 7.

¹ A copy of the blank Functional Eligibility Determination tool can be found [here](#).

- B. If the Medical Director determines the Applicant is Nursing Facility Ineligible, the Office of Long-Term Living sends a written notice to the Applicant informing them they do not qualify for the waiver. The notice includes information about the right to appeal that decision.

Step 7. Approval Sent to County Assistance Office: The Independent Enrollment Broker sends a form (the PA 1768 form) noting functional eligibility for the waiver to the Applicant's County Assistance Office.

Step 8. County Assistance Office Financial Eligibility Review: The County Assistance Office reviews the Applicant's income and resources to determine whether they are financially eligible for the CHC Waiver. The County Assistance Office asks for proof of income and resources if that has not already been provided with the application. The County Assistance Office also reviews how the Applicant spent their resources in the five previous years. This is done to make sure resources were not transferred or given away so the person would be eligible for a Medicaid waiver.

- A. If the Applicant is financially eligible for the waiver, the County Assistance Office issues a notice to the Applicant, updates the Medicaid eligibility system, and notifies the Independent Enrollment Broker and the CHC plan the Applicant selected. If the Applicant did not choose a CHC plan, they are auto assigned to one.
- B. If the Applicant is financially ineligible, the County Assistance Office sends a written notice to the Applicant informing them they are financially ineligible for the waiver. The notice includes information about the right to appeal that decision.

CHC Waiver Functional Eligibility

To qualify for the CHC waiver, individuals must be functionally eligible. A person is considered functionally eligible if their medical condition(s) **and** their level of care needs make them **Nursing Facility Clinically Eligible (NFCE)**.

Together, the Functional Eligibility Determination (FED)² and the [Physician Certification](#) are used to determine if someone is Nursing Facility Clinically Eligible. If a person is not found to be Nursing Facility Clinically Eligible, they will not be eligible for the CHC Waiver.

² For additional details on how to understand and interpret the Functional Eligibility Determination tool, review the [PA Bulletin implementing the FED](#) and its attachments: the [FED tool](#) and the [FED translation matrix](#).

A person is Nursing Facility Clinically Eligible if the following criteria are met:

1. The individual has an illness, injury, disability, or medical condition diagnosed by a physician;
2. Because of the illness, injury, disability or medical condition, the individual requires care and services above the level of room and board. The care and services needed must be EITHER:
 - a. Skilled nursing or rehabilitation services consistent with those covered by the Medicare Program; OR
 - b. Health-related care and services that are needed and provided on a regular basis in the context of a planned program of health care and management and were previously available only through institutional facilities. This includes individuals who need personal care assistance with activities of daily living to live in a community setting and who would be institutionalized in a nursing facility without those services; and
3. A physician certifies that the individual is Nursing Facility Clinically Eligible.

In practice, the Functional Eligibility Determination (FED) conducted by the Area Agency on Aging serves as the proxy assessment for determining whether an applicant's care and service needs satisfy the nursing facility level of care clinical eligibility standard described in number 2, above.

To qualify as Nursing Facility Clinically Eligible (NFCE) based on the FED, a person's assessment results — based on the last three days — must show that they meet one of the two following groups of criteria:

Group 1 — Meet at least one of these:

- They need hands-on help to perform three or more activities of daily living (ADLs), such as bathing, personal hygiene, dressing, walking, using the toilet, or eating
- They are bed bound
- They are frequently or always incontinent of bowel
- They are in a coma

— OR —

Group 2 — Meet at least three of these:

- They need hands-on help to perform two ADLs (bathing, personal hygiene, dressing, walking, using the toilet, or eating)
- They have mild to severe cognitive impairment
- They have memory problems
- They experience confused or disorganized thinking
- They have behavioral symptoms, such as wandering, verbal or physical aggression, or socially disruptive behavior
- They use a wheelchair or scooter
- They need significant help managing their medications

Important note: The need for help with tasks like meal preparation, shopping, or housekeeping is not factored into the NFCE determination using the FED.

There are two important limitations to be aware of with the FED formula. First, it does not account for skilled or rehabilitation needs when determining nursing facility clinical eligibility. Second, it does not consider the need for supervision or cueing and prompting to complete activities of daily living. This second limitation can be particularly problematic for people with cognitive impairments — such as a brain injury — who may be denied waiver eligibility even though they have significant needs.

If any of the following apply to you, consider appealing your waiver denial and contacting PHLP for assistance:

- You have skilled care or rehabilitation needs
- You need supervision or cueing to perform activities of daily living
- You believe the FED did not accurately capture your functioning or needs

See the "Appeals" section below for more information.

Waiver Financial Eligibility

In addition to being functionally eligible (i.e., nursing facility clinically eligible) for the CHC waiver, an individual must be financially eligible for waiver services. The financial eligibility determination looks at both income and resources (assets). It also looks at how resources were spent in the past five years. All Pennsylvania waivers, including the CHC waiver, use the same financial eligibility criteria.

Income

The income limit for Medicaid waivers is 300% of the Federal Benefit Rate. In 2025, that amount is \$2,982 per month. Only the income of the individual applicant is counted; a spouse's income does not count toward this limit. Unlike other categories of Medicaid, there are few deductions or disregards from income for waivers, which means an individual's gross income will usually be counted toward this limit.

Waiver Income Limit (2026):

\$2,982 per month (300% of
the Federal Benefit Rate)

If an applicant's income is over the limit, it may still be possible for them to qualify for the waiver through the Medical Assistance for Workers with Disabilities (MAWD) program, discussed below, or by setting up a trust for the excess income. For information on using an income trust, review PHLP's factsheet, [Accessing Home and Community-Based Services When Income Appears Too High](#).

Resources

The resource (or asset) limit for waivers depends on whether the applicant is married or single, and whether they have children under age 21 living with them.

- Unmarried applicants have a resource limit of \$8,000.
- Applicants who live with their child(ren) under age 21 do not have a resource limit.
- If an applicant is married, the resources of the spouse also count, and the couple's resources are combined. The amount of combined resources the couple may keep is calculated by the County Assistance Office using a spousal impoverishment formula. Under the formula, the spouse can keep at least \$32,532 (in 2026) in resources, often more. The applicant can have an additional \$8,000.

Not all resources are counted – some are excluded. For example, the following resources are **not counted** when determining eligibility for the waiver:

- The home in which the Applicant lives
- One motor vehicle
- Irrevocable burial accounts
- Life insurance that does not accumulate a cash value
- The non-applying spouse's pension/retirement account

For a full list of excluded resources see [Section 440.6, DHS Long Term Care Handbook](#).

Applicants with significant assets beyond the home they live in should contact an elder law attorney for advice about how to properly handle excess resources.

Other Information About Waiver Financial Eligibility

Lookback Period: There is a 5-year “lookback” period to see if the individual applying for a waiver or their spouse transferred – sold or gave away – resources for less than fair market value. For example, if someone owned a house valued at \$100,000 and they sold it to their grandchild for \$1, they transferred a resource for less than fair market value.

The County Assistance Office will review the Applicant’s and their spouse’s tax returns, bank and other financial records for the five-year lookback period and may ask how resources and cash were disposed of when it is not clear from the records. In situations where someone is found to have sold or given away resources for less than fair market value, they may be ineligible for waiver services for a period of time. The length of this “penalty period” depends on the amount of resources that were transferred for less than fair market value. If a penalty period is imposed, the Applicant will have a chance to appeal to show that the transfer should not be considered. They may also apply for an undue hardship to waive the penalty period.

Please note that the transfer of asset rules are complex. For advice, contact the PHLP Helpline or, for significant assets, an elder law attorney specializing in Medicaid planning. A local elder law attorney may be found using [this search tool](#).

Medical Assistance for Workers with Disabilities (MAWD) and Waiver Eligibility: Under a special rule, an individual under age 65 who works and meets the requirements for Medical Assistance for Workers with Disabilities (MAWD), which has a higher income and resource limit than the waivers, can receive waiver services if they also meet the functional eligibility requirements of a waiver program. Similarly, people eligible for the expanded MAWD category, Workers with Job Success (WJS) may also be eligible for the waiver if they meet the functional eligibility requirements. This is important for individuals who are over the waiver income or resource limit but rely on Medicaid coverage and waiver services to work. Someone enrolled in MAWD or WJS who is seeking waiver services will still have their past use of resources reviewed as discussed above. For additional information review PHLP’s [MAWD](#) and [WJS](#) guides.

Some people who are over the income limit for the waiver can still qualify for waiver coverage if they meet the functional eligibility criteria for waiver and the financial eligibility criteria for MAWD (which has a higher income limit than waiver)!

Estate Recovery: Pennsylvania can attempt to recover the costs of nursing home care, home and community-based waiver services, and related hospital and prescription costs from a Medicaid recipient’s estate after they die. This only applies to individuals age 55 and older who receive services through a waiver or in a nursing home. It may not apply to everyone’s situation. Before pursuing estate recovery, the state will consider factors such as:

- How much the estate is worth,
- Whether there are dependents/a spouse still living in the recipient’s house, and
- Whether someone qualifies for a “hardship waiver.”

Waiver Applicants wishing to protect their assets from possible estate recovery should contact a private elder law attorney.

Appeals

Individuals have the right to appeal when a CHC waiver application is denied – either based on functional criteria or financial criteria – and when their existing CHC waiver is stopped. Individuals also have the right to appeal when the services they are getting or request through their CHC plan are denied, reduced, changed, or stopped. Below is information on appealing CHC waiver **eligibility** denials or terminations. For information on appealing services denials by CHC plans, review PHLP’s fact sheet, [How to Appeal a Denial in CHC](#).

All appeals regarding CHC waiver eligibility go through the Department of Human Services (DHS) Fair Hearing process. Individuals must receive written notice if their CHC Waiver application is denied. If existing CHC waiver coverage is being terminated, the individual must get a notice **before** the coverage ends.

Eligibility appeal requests must be made **in writing** and filed **within 30 days** of the date of the denial notice, or **within 15 days** to keep waiver services in place while the appeal moves forward.

The denial notice includes information about appeal rights and instructions for filing the appeal. The “Fair Hearing Form” or “Request to Appeal” form included with the denial notice should be used to file the appeal. If possible, the appeal should be sent certified mail and a copy of the mailing receipt with tracking information should be saved as proof the appeal was mailed timely. A copy of the appeal request should be kept as well. If an individual does not have the appeal form, an appeal may be filed using a letter instead. Call PHLP’s Helpline for further assistance.

After an appeal is filed, DHS will schedule a hearing in person or by phone depending on the individual’s preference noted on the appeal request form. During the fair hearing, an Administrative Law Judge will review the case and later issue a decision upholding or overturning the waiver denial or termination. In appeals related to functional eligibility for the CHC waiver, the Administrative Law Judge may order that a new functional eligibility determination be performed.

If the Administrative Law Judge upholds the CHC waiver denial or termination, an individual can request “reconsideration” from the Secretary of the Department of Human Services and/or appeal to Commonwealth Court.

For advice or assistance with a CHC Waiver appeal, please contact PHLP’s Helpline at 1-800-274-3258.

For More Information

The Pennsylvania Health Law Project provides free legal help to consumers seeking to get or keep home and community-based services through the Office of Long-Term Living waivers. We provide advice and, in some cases, representation when eligibility for waiver is denied or stopped, or when waiver services are denied, changed, or stopped.

PLEASE NOTE: While PHLP helps people access OLTL waivers like the CHC and OBRA waivers, we do not assist with waivers offered through the Office of Developmental Programs (ODP).

To learn more about ODP waivers and county-based services, contact ODP at 717-787-3700 or visit www.myodp.org.

For further information or assistance in applying for OLTL waiver coverage or services, please call PHLP’s Helpline at 1-800-274-3258.

This publication is intended to provide general legal information, not legal advice. Each person’s situation is different. If you have questions about how the law applies to your situation, please call PHLP’s Toll Free Helpline at 1-800-274-3258 or visit