SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Carve-in Update for Community Long-term Care (CLTC) Case Managers

Feb. 25, 2026

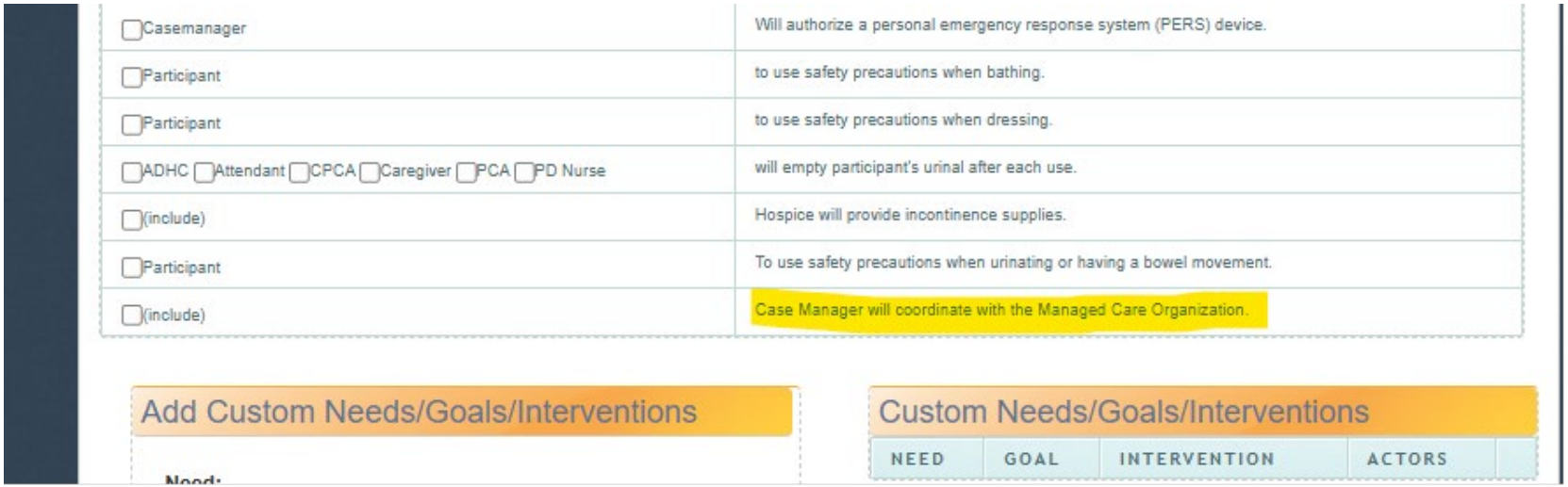
Phoenix Updates

- Phoenix will be updated to include new interventions that will not trigger a service need when the participant is incontinent.
  - Managed care organizations (MCOs) will provide incontinence supplies.
  - Case managers will coordinate with the MCO.
- The new interventions will be included in the Skin/Nutrition and the Activities of Daily Living (ADL) sections of Phoenix.

New Interventions

☐ Casemanager	will authorize a personal emergency response system (PERS) device.
☑ Participant	to use safety precautions when bathing.
☑ Participant	to use safety precautions when dressing.
☐ ADHC ☐ Attendant ☐ CPCA ☐ Caregiver ☐ PCA ☐ PD Nurse	will empty participant's urinal after each use.
☐ ADHC ☐ Attendant ☐ CPCA ☐ Caregiver ☐ HH Nurse ☐ PCA ☐ PD Nurse	Will keep an eye on the participant to keep them from wandering.
☐ (include)	Hospice will provide incontinence supplies.
☑ Participant	To use safety precautions when urinating or having a bowel movement.
☐ Participant	will call for assistance with wheelchair mobility.
☐ (include)	MCO will provide incontinence supplies.

New Interventions *(cont.)*



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☐ Participant	to use safety precautions when bathing.
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☐ ADHC ☐ Attendant ☐ CPCA ☐ Caregiver ☐ PCA ☐ PD Nurse	will empty participant's urinal after each use.
☐ (include)	Hospice will provide incontinence supplies.
☐ Participant	To use safety precautions when urinating or having a bowel movement.
☐ (include)	Case Manager will coordinate with the Managed Care Organization.

Add Custom Needs/Goals/Interventions

Need:

Custom Needs/Goals/Interventions

NEED	GOAL	INTERVENTION	ACTORS

Phoenix Updates

- Interventions should be used when the participant is enrolled in a managed care plan **and**:
  - The annual assessment, level of care (LOC) and service plan are being completed, or
  - There is an update to the service plan prior to the annual assessment.

Phoenix Updates

- Phoenix currently has several interventions related to bowel and bladder that DO NOT trigger a need that is added to the service plan. The following interventions should be used as appropriate:
  - To help the participant with caring for problems such as controlling urinating or having bowel movements.
  - Will help participant urinate or have bowel movements at scheduled times.
  - To use safety precautions when urinating or having a bowel movement.

Questions

- If my participant is incontinent and there is an open authorization for supplies, what do I need to do during the annual assessment?
  - Indicate the frequency of incontinence on the assessment.
  - Coordinate with the MCO to determine if coordination has been completed between the MCO, provider and participant.
  - Enter the two **NEW interventions** on the service plan.
  - The South Carolina Department of Health and Human Services (SCDHHS) will notify case managers when they are to terminate existing authorizations.

Questions *(cont.)*

- My participant is in managed care. On the new service plan, I accidently selected the existing intervention case manager to authorize supplies. How do I get it removed?
  - You can UNCHECK the intervention prior to the state worker's review.
  - The state reviewer needs to verify that the participant **IS NOT** in an MCO prior to approving requests.

Questions

- It is **not time for a new assessment**, LOC and/or service plan but my participant needs a change in supplies (e.g., different size). Do I need to do anything on the service plan?
  - Coordinate with the participant's MCO. The MCO will need to issue a new authorization (if required by MCO) to the provider reflecting the change in supplies
  - After coordination with the MCO you can:
    - Uncheck the "CM to authorize" intervention.
    - Add the two new interventions.
      - **The MCO will provide incontinence supplies.**
      - **Case managers will coordinate with the MCO.**

MCO
Single Point of Contact for Case Management

MCO	Name	Email	Phone
Absolute Total Care	Felicia James	Felicia.N.James@centene.com	803-339-3583
Healthy Blue	Tamika Richardson	Tamika.Richardson@healthybluesc.com HBCMReferral@bcbssc.com	803-264-3938
Select Health	Shanice Heyward Jonathan Ward Dana Heatherly	sgraham2@selecthealthofsc.com jward@selecthealthofsc.com dheatherly1@selecthealthofsc.com	843-529-5247 843-529-5250 843-414-3187
Molina	Christy Behearns	christy.beherns@molinahealthcare.com SCCaseManagementSupervisors@MolinaHealthCare.Com	
Humana		Scmcdcaremanagement@humana.com	

CLTC Case Manager Update
Previously Shared Information

- Effective Jan. 1, 2026, SCDHHS added some Healthy Connections Medicaid members to the managed care service delivery model for medical services. All waiver services remain in the fee-for-service (FFS) delivery model. Medical services for members enrolled in managed care are the responsibility of the managed care plan.
- Providers can find additional guidance about any changes to claims submission, payment and authorization at www.scdhhs.gov/carvein.

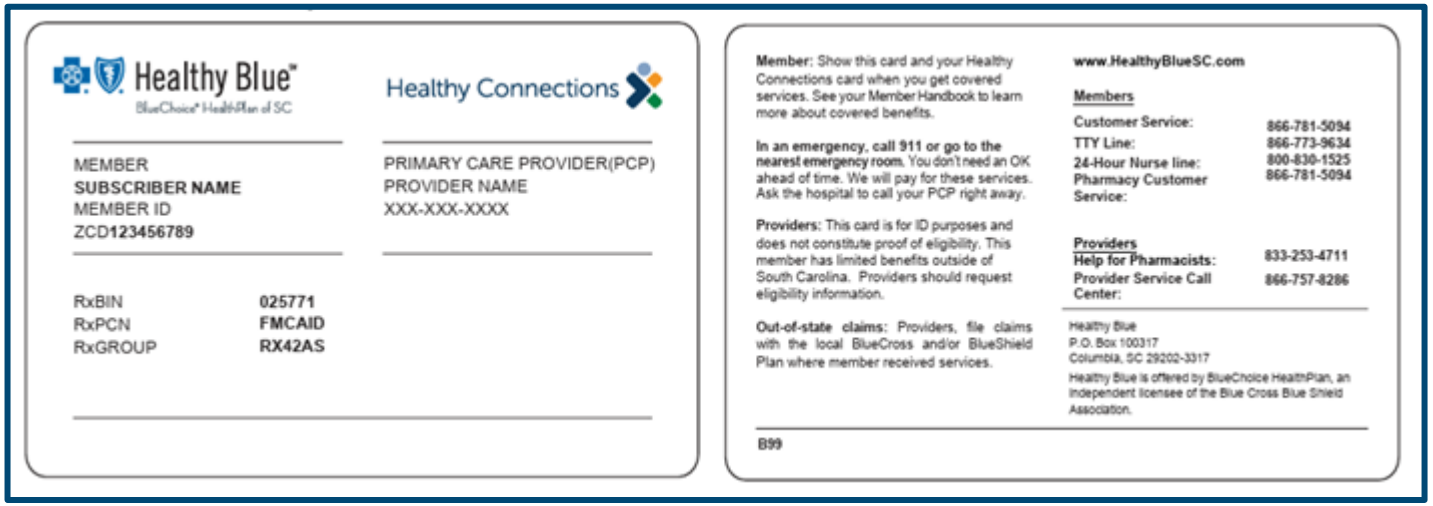
CLTC Case Manager Update *(cont.)*

- The Healthy Connections Medicaid members who were added to the managed care service delivery model included Medicaid members who are 18 years of age or older and:
  - Medicaid members who are dually enrolled in Medicare and Medicaid;
  - Medicaid members enrolled in the HIV/AIDS waiver;
  - Medicaid members enrolled in the Mechanical Ventilator Dependent (Vent) waiver;
  - Medicaid members enrolled in the Community Choices (CC) waiver; and
  - Medicaid members who reside in a nursing facility.
    - Healthy Connections Medicaid members who reside in a nursing facility will now be enrolled in an MCO for coverage of medical services.

CLTC Case Manager Update *(cont.)*

- Case managers should continue to check eligibility and status of enrollment in managed care through Phoenix.
  - This recipient special program code will currently show if the participant is enrolled in managed care (MCHM).
  - An update is pending that will show which MCO they're enrolled in.
- Service providers can check eligibility and status of enrollment in managed care through the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool)
  - Case management agencies may maintain this access at the agency level for specified staff to check eligibility. They can check eligibility and status of enrollment in managed care through:
    - Web Tool Quick Reference Guide
    - Eligibility (Visual Book)
      - Verification Results screen
- To set up a new account, call Blue Cross Blue Shield at (888) 289-0709 during regular business hours.
- Members enrolled in managed care will receive a new Healthy Connections Medicaid member card from their MCO.

MCO Sample Member ID Cards



MCO Sample Member ID Cards *(cont.)*

MCO Sample Member ID Cards *(cont.)*

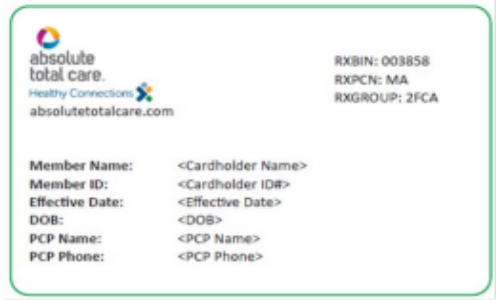
Absolute Total Care Member ID Card:

Front

1. Absolute Total Care and Healthy Connections Logo
2. Member Name
3. Member ID
4. PCP Name
5. PCP Phone Number
6. Pharmacy Information

Back

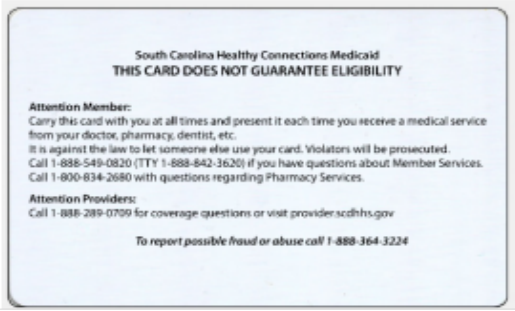
7. Emergency Phone Number
8. Important Phone Numbers
9. Absolute Total Care Billing Address
10. Absolute Total Care Website



State Medicaid ID Card:

Front

Back



MCO Sample Member ID Cards *(cont.)*

CLTC Case Manager Update *(cont.)*

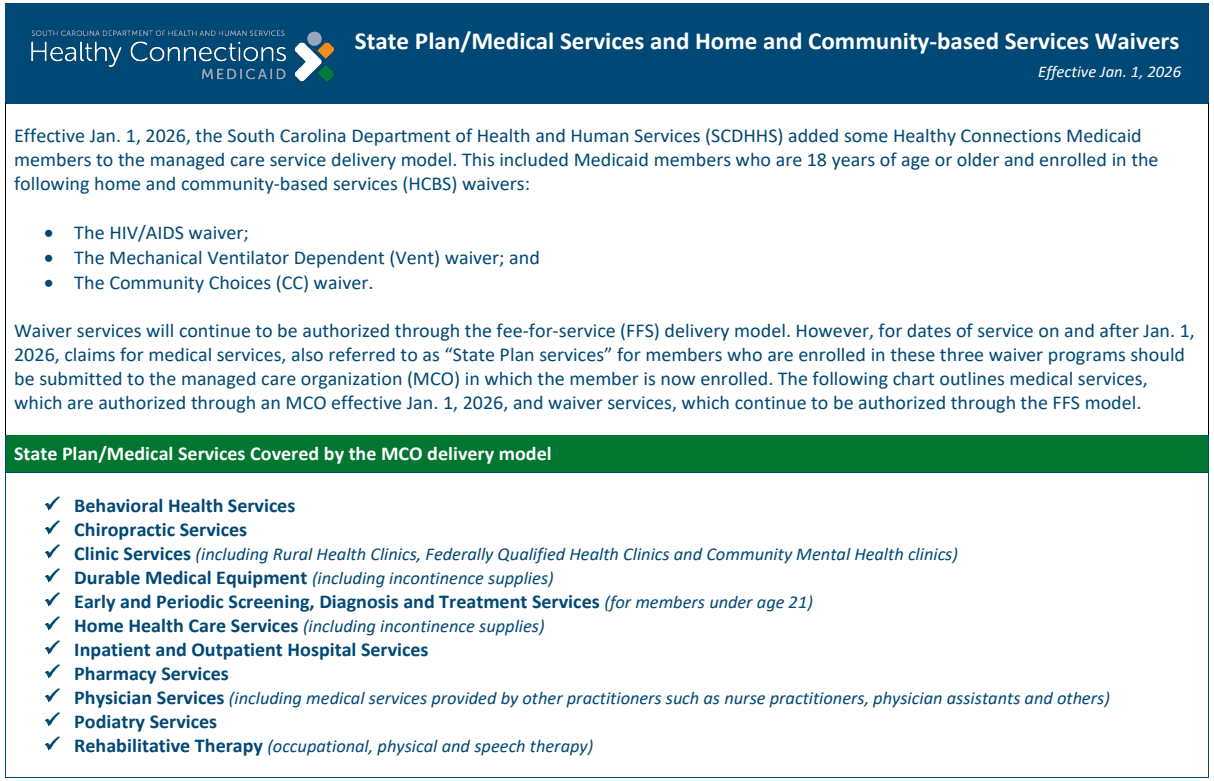
- Waiver services will continue to be authorized through the FFS delivery model. However, for dates of service on and after Jan. 1, 2026, claims for medical services for members who are enrolled in the HIV/AIDS, Vent or CC waiver programs should be submitted to the MCO in which the member is now enrolled.
- Claims for incontinence supplies need to be billed directly to the member's MCO.
- Claims for nutritional supplements (X1939), hand-held shower (T2028) and specialized medical equipment and supplies (X1917 and X1918) need to be billed to FFS Medicaid (no change to current billing process).

CLTC Case Manager Update *(cont.)*

- Medical services include the following:
  - Inpatient and outpatient hospital services,
  - Clinic services,
    - Including rural health clinic and federally qualified health clinics services.
  - Early and Periodic Screening, Diagnosis and Treatment services,
    - For members under the age of 21.
  - Physician services,
    - Including medical care provided by other practitioners such as nurse practitioners, physician assistants and others.
  - Podiatry services,
  - Chiropractic services,
  - Home health care services,
    - Including incontinence supplies.
  - Rehabilitative therapy services,
    - Physical, occupational, speech/language therapies.
  - Pharmacy services,
  - Durable medical equipment, and
    - Including incontinence supplies.
  - Behavioral health services.

Waiver and Medical Services Chart

- A chart is available at https://www.scdhhs.gov/carvein that outlines CC, HIV/AIDS and Vent waiver services and medical services.



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

State Plan/Medical Services and Home and Community-based Services Waivers

Effective Jan. 1, 2026

Effective Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) added some Healthy Connections Medicaid members to the managed care service delivery model. This included Medicaid members who are 18 years of age or older and enrolled in the following home and community-based services (HCBS) waivers:

- The HIV/AIDS waiver;
- The Mechanical Ventilator Dependent (Vent) waiver; and
- The Community Choices (CC) waiver.

Waiver services will continue to be authorized through the fee-for-service (FFS) delivery model. However, for dates of service on and after Jan. 1, 2026, claims for medical services, also referred to as "State Plan services" for members who are enrolled in these three waiver programs should be submitted to the managed care organization (MCO) in which the member is now enrolled. The following chart outlines medical services, which are authorized through an MCO effective Jan. 1, 2026, and waiver services, which continue to be authorized through the FFS model.

State Plan/Medical Services Covered by the MCO delivery model

- ✓ **Behavioral Health Services**
- ✓ **Chiropractic Services**
- ✓ **Clinic Services** *(including Rural Health Clinics, Federally Qualified Health Clinics and Community Mental Health clinics)*
- ✓ **Durable Medical Equipment** *(including incontinence supplies)*
- ✓ **Early and Periodic Screening, Diagnosis and Treatment Services** *(for members under age 21)*
- ✓ **Home Health Care Services** *(including incontinence supplies)*
- ✓ **Inpatient and Outpatient Hospital Services**
- ✓ **Pharmacy Services**
- ✓ **Physician Services** *(including medical services provided by other practitioners such as nurse practitioners, physician assistants and others)*
- ✓ **Podiatry Services**
- ✓ **Rehabilitative Therapy** *(occupational, physical and speech therapy)*

Waiver and Medical Services Chart *(cont.)*

Waiver Services Covered by the FFS delivery model	Community Choices	HIV/AIDS	Mechanical Ventilator
Adult Attendant Care Services	✓	✓	✓
Adult Day Health Care Services	✓		
Adult Companion Services	✓	✓	
Adult Day Health Care Nursing	✓		
Environmental Modifications	✓	✓	✓
Home-delivered Meals	✓	✓	✓
Nursing Services		✓	✓
Personal Care Services	✓	✓	✓
Personal Emergency Response System	✓		✓
Pest Control Treatment	✓	✓	✓
Residential Personal Care II	✓		
Respite Care	✓		✓
Specialized Medical Equipment and Supplies *(nutritional supplements and handheld showers)*	✓	✓	✓
Telemonitoring	✓		
Waiver Case Management	✓	✓	✓

CLTC Case Manager Update
Existing Authorizations

Monitor status updates for Healthy Connections Medicaid members newly enrolled in managed care (Phoenix).

- Identify MCO using Web Tool until Phoenix is updated with new plan-specific indicator.

Coordinate incontinence supply transition with member and incontinence supplies provider.

- Maintain authorization until IS provider has fully transitioned authorization to MCO with no breaks in service.
- Once transitioned, incontinence supplies service is managed by MCO outside of Phoenix.

Maintain documentation per current policy and procedures

- ADLs and Skin/Nutrition section of assessment.

Update service plan per policy and procedure

- Once existing authorization is fully transitioned, Waiver Supports on service plan will no longer include open authorizations for incontinence supplies.
- Waiver supports on service plan may include nutritional supplements (waiver service) if authorized for member.

CLTC Case Manager Update
Existing Authorizations In Process or With Changes

If an incontinence supply provider has started services, maintain authorization until incontinence supply provider has fully transitioned authorization to MCO.

If authorization is pending because incontinence supply provider is waiting for return of prescriber's form (DHHS Form 168IS), ensure incontinence supply provider has coordinated transition of authorization with MCO.

Changes to existing authorizations should be redirected to the MCO through the MCO prior authorization and provider help lines for providers, or through case management point of contact for case managers.

- Goal is to prevent delay or break in service

CLTC Case Manager Update
New Referrals for IS

If no provider has been selected, assist with coordinating member with point of contact at MCO.

- If new referral is received and no actions have been taken to initiate incontinence supply application, do not complete IS application. Select new interventions in Phoenix.

Ensure MCO is aware of member's need for service.

- Use the MCO Case Management single point of contact

MCO will authorize and monitor incontinence supplies for member.

CLTC Case Manager Update *(cont.)*

- The MCOs are responsible for a 180-day continuity of care period for newly enrolled MCO members. It is important that providers continue to deliver authorized services. During this continuity of care period, MCOs are required to:
  - Honor all previous prior authorizations without requiring additional authorization from providers; and
  - Pay previously authorized services at 100% of the applicable Medicaid FFS rate, unless a contractually negotiated rate exists, regardless of whether the provider is in-network with the MCO.
- Once the continuity of care period is over, providers must be enrolled with the MCO in which the Healthy Connections Medicaid member is enrolled.

CLTC Case Manager Update *(cont.)*

- Points of contact and information on prior authorization and enrollment/credentialing for each South Carolina MCO is available on SCDHHS' website and below.
- MCO prior authorization and provider help lines:
  - Absolute Total Care: (866) 433-6041
  - First Choice by Select Health: (888) 559-1010
  - Healthy Blue by Blue Choice of SC: (866) 757-8286
  - Humana Healthy Horizons of SC: (866) 432-0001
  - Molina Healthcare of SC: (855) 237-6178

MCO Enrollment and Billing Processes
Single Point of Contact for Contracting, Credentialing, Claim Submission

MCO	Name	Email	Phone Number
Absolute Total Care	Jennifer Helms	Jennifer.B.Helms@centene.com	(803) 206-2800
Healthy Blue	Tammy Betts	Tammy.Betts@bcbssc.com	(803) 264-9667
Select Health	Nacy Carey Jill Dunnigan	NCarey@selecthealthofsc.com JDunnigan@selecthealthofsc.com	(843) 300-5857 (843) 607-5649
Molina	Tyler Stalvey	Tyler.Stalvey@molinehealthcare.com SCGovtContracts@molinehealthcare.com	(803) 667-8695
Humana	Kryshinda Miles	KMilies21@humana.com	(803) 346-6009


SOUTH CAROLINA
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SPES
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