



Healthy Connections Prime: Care Coordinator and HCBS Waiver Case Manager (WCM) Interactions

Healthy Connections Prime is an enhanced program that combines all the benefits of Medicare and Healthy Connections Medicaid under a single Medicare-Medicaid Plan to make it easier for members get the health services he or she needs. As a member of Healthy Connections Prime, his or her Medicare Part D prescription plan is also covered by Healthy Connections Prime.

Services under the Healthy Connections Medicaid benefit refers to Long Term Care services such as Nursing Home Care and Home and Community-Based Services (HCBS). Members who join Healthy Connections Prime can **remain enrolled** in the HCBS waiver program. Their waiver services will be covered by the Medicare-Medicaid Plans (MMPs) if the member is enrolled in one of three covered waiver programs. The three waivers covered are the Community Choices, HIV/AIDS and Mechanical Ventilator Dependent Waivers. Additionally, there are Hospice benefits under Healthy Connections Prime. For information on any of these benefits and specific interactions, you may visit www.scdhhs.gov/prime.

This memo covers the top five questions regarding the Care Coordinator/Waiver Case Manager (WCM) interaction for HCBS Services. Information on these questions and more can be found in the [Provider Toolkit](#). This memo does not capture every scenario. As such, Healthy Connections Prime encourages you to refer to the links above and/or work with your Area Office Administrator for questions regarding Healthy Connection Prime.

1. When a member joins Healthy Connections Prime, who is responsible for service plan review and signature?

If a member is enrolled in Healthy Connections Prime and **newly** enrolling into a waiver, the **State Case Manager** is responsible for enrolling the applicant in the waiver, developing the **Initial Service Plan**, sending the appropriate Provider Choice List to the member/primary contact, calling the member/primary contact within seven (7) business days to secure choice(s) for each planned service and establishing initial services.

Healthy Connections Prime **Care Coordinators** are responsible for review and signature on **Re-Evaluations** and **Service Plans (after initial service plan creation)**. Care Coordinators have three business days to respond to Re-Evaluation and Service Plan review requests.

The WCMs' responsibilities do not change for Healthy Connections Prime members. The only change is who signs the service plan updates, prior approvals, and the annual reevaluation (for Healthy Connections Prime members, the MMPs sign these instead of State staff).

2. The Healthy Connections Prime Care Coordinator wishes to authorize additional hours of services beyond what is allowed by CLTC, is this permitted?

Yes, Healthy Connections Prime MMPs can authorize services hours/level beyond traditional CLTC standards.

- This allowance is based on plan discretion and driven by **medical necessity**.
- There is no guarantee that any specific member in Healthy Connections Prime will be automatically given more service hours.
- WCM experience, recommendation and insight should be considered by the Care Coordinator, but MMPs are currently not restricted to Area Office service limits and, if deemed appropriate, can exceed them. Communication is key! See question #4.

3. Is it acceptable for the Healthy Connections Prime Care Coordinator wants to conduct an assessment with the member?

Yes, Healthy Connections Prime Care Coordinators are **required** to conduct a Comprehensive Assessment for all members who join the program to help determine what needs the member may have. This assessment can be jointly done with the WCM or can be done independently; however, the Healthy Connections Prime Comprehensive Assessment **MUST** be completed by the Care Coordinator.

4. How do I contact the Healthy Connections Prime Care Coordinator and what if I can't reach them?

Just like WCMs, Healthy Connections Prime Care Coordination staff are required to have their contact information listed in Phoenix in the Case Manager Information Report.

- If you cannot run this report, contact your Area Office Administrator.

Phoenix has been enhanced to include MMP Care Coordination staff in the Conversation feature.

- Note: Narratives DO NOT generate a notification on the dashboard! Always initiate communication using the Conversation feature.

If you have made attempts to reach the Care Coordinator and have been unsuccessful, you may reach out to the SCDHHS program leads for Healthy Connections Prime for assistance.

5. I have a member who wants to enroll, disenroll, or learn more about Healthy Connections Prime. Who should they call?

Members should call South Carolina Healthy Connections Choices at 1-877-552-4642. Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. This call is free.

Member enrollment decisions should be at the discretion of the **member only**; provider influence of any kind is strictly prohibited by the Centers for Medicare & Medicaid Services (CMS).

Contact Information

For questions or additional guidance, please contact:

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