Thank you for joining

The webinar will begin shortly

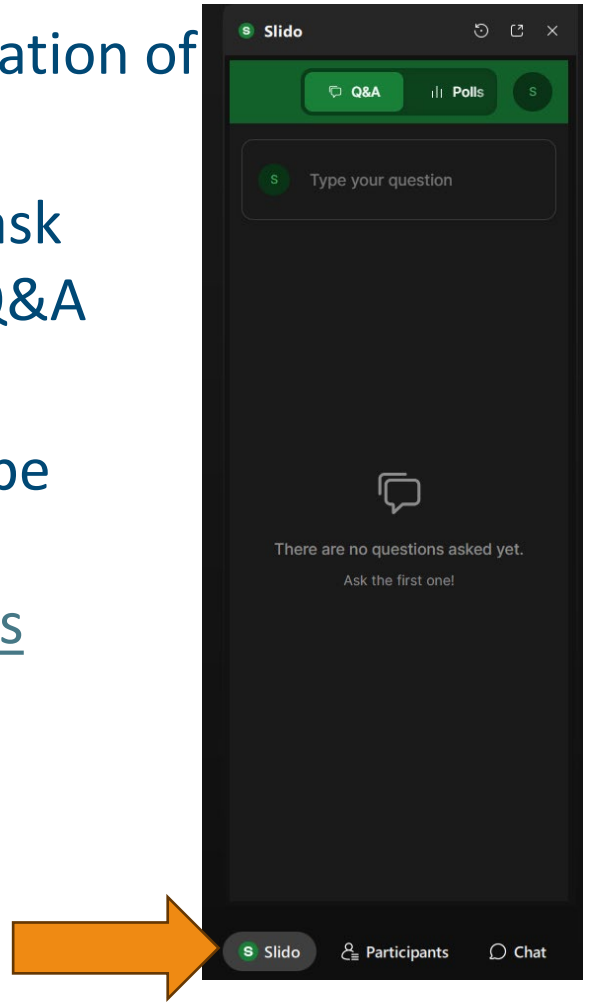
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Streamlining Medicaid Delivery through Managed Care: Phase II

HCBS Provider Webinar

Logistical Announcements

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- All attendees who wish to comment or ask questions should do so using the Slido Q&A feature in WebEx.
- This meeting is being recorded and will be posted on the website at www.scdhhs.gov/managedcareinitiatives



Meeting Objectives

- Managed care initiative
- Waiver consolidation
- Transition to managed care
- Upcoming events
- Available resources
- Q&A

Streamlining Care Delivery

- SCDHHS is changing how some services are delivered to Healthy Connections Medicaid members.
- The goal is to simplify service delivery for families and caregivers.
- Today, South Carolina provides Medicaid services in two ways:
  - **Fee-for-service (FFS):** SCDHHS pays providers directly for the services they deliver.
  - **Managed care:** A Managed Care Organization (MCO) manages and pays for covered services.

Service Delivery Models

FEE-FOR-SERVICE (FFS)



State pays providers directly for each covered service received by a Medicaid beneficiary

VS.

MANAGED CARE ORGANIZATIONS (MCO)

91%

OF MEDICAID BENEFICIARIES ENROLLED IN MCOs

PER-MEMBER PAYMENT
The state pays a fixed fee to a health plan for each person enrolled in the plan

REQUIRED MEDICAID BENEFIT
Plans must cover all services outlined in Medicaid regulations and the state plan

VALUE-ADDED SERVICES
Plans offer flexibilities and incentives to deliver value-added services that improve health

COORDINATED CARE
MCOs focus on coordinated, high-quality care for members

SOUTH CAROLINA MCO PLANS

MOLINA HEALTHCARE

absolute total care

FirstChoice by Select Health of South Carolina
Your Hometown Health Plan

Healthy Blue

Humana Healthy Horizons in South Carolina

Program Goals

BETTER OUTCOMES FOR ALL



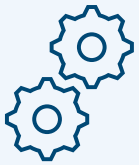
IMPROVED MEMBER EXPERIENCE

Person-centered support and simplified service delivery



BETTER ACCESS

Timely, convenient, equitable access to the right care



ADMINISTRATIVE EFFICIENCY

Smarter use of resources and efficiency in service delivery through coordinated managed care



HIGHER QUALITY

Consistent standards, measurable results, and accountability

Phased Approach

- SCDHHS is approaching the transition of services into the managed care service delivery model in phases.

JAN 2026

Phase I

~136,000 members added to managed care: duals, HIV/AIDS, Vent & Community Choices wavier members, NF residents. Medical services via MCO.

JUL 2027

Phase II

During Phase II, the Community Choices, HIV/AIDS, and Ventilator Waivers will be consolidated into Healthy Connections Long Term Care waiver. Nursing Facility and Hospice services will also be included as part of this phase.

FUTURE

Future Phases

Remaining Home and Community-based waiver programs and other ancillary services.

Summary of Phase I

Effective Jan. 1, 2026

- The South Carolina Department of Health and Human Services (SCDHHS) added some individuals to the managed care service delivery model.
- The medical services of approximately 136,000 Healthy Connections Medicaid members became the responsibility of Healthy Connections managed care organizations (MCOs).

Phase I impacted members 18 years or older who were:

- Dually enrolled in Medicare and Medicaid
- Enrolled in the HIV/AIDS Waiver
- Enrolled in the Mechanical Ventilator Dependent (Vent) Waiver
- Enrolled in the Community Choices (CC) Waiver
- Residing in a nursing facility

Phase II: Key Elements

- Phase II affects these long-term care (LTC) services:
  - Nursing facility
  - Hospice
  - Community Choices Waiver
  - Vent Waiver
  - HIV/AIDS Waiver
- Phase II will make two changes that will take effect concurrently:
  - Consolidation of three waiver programs to a new waiver; and
  - Transition specific services to managed care.

Members who get LTC services will not lose services because of this change.

Phase II: Services and Processes NOT Affected

Phase II does NOT apply to:

Medically Complex Children Waiver

Community Supports Waiver

Head and Spinal Cord Injury (HASCI) Waiver

Intellectual Disability/ Related Disabilities Waiver

Policies and Processes NOT changing:

Medicaid eligibility rules. This includes people who use the Tax Equity and Fiscal Responsibility Act (TEFRA) pathway.

Level of Care (LOC) determination

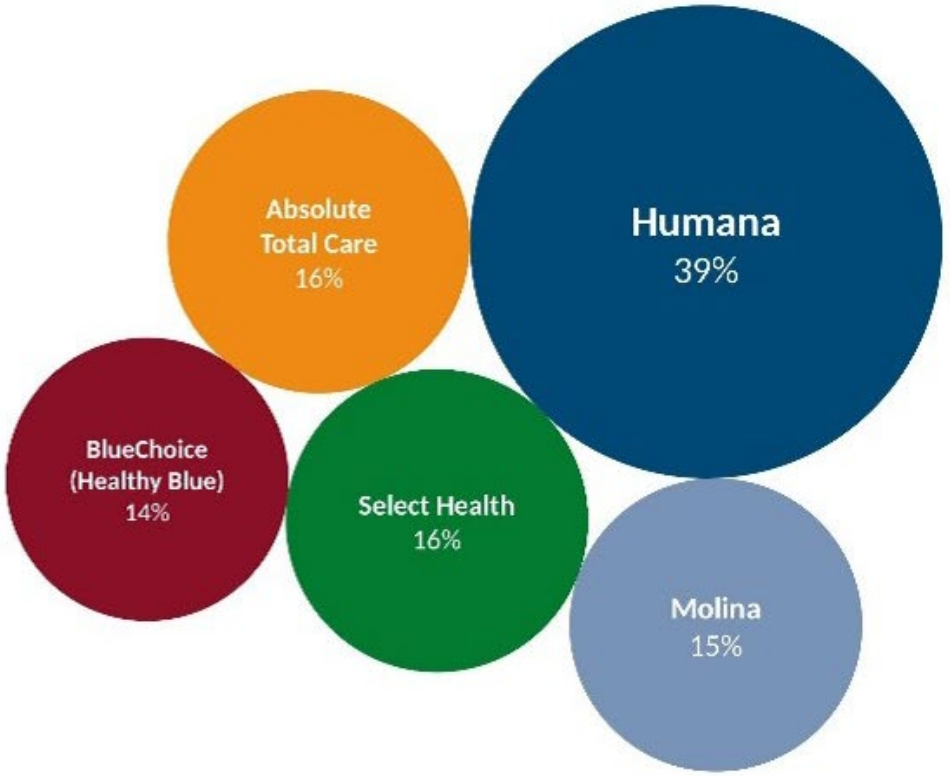
Healthy Connections Medicaid MCOs and Impacted Members

IMPACTED MEMBERS

32,332

Nearly 2 in 5 members land with Humana Healthy Horizons.

The other four plans are nearly even, at 14–16% each.



Implementation Timeframe



Waiver Consolidation

Overview of Waiver Consolidation

- These three waiver programs will become one waiver:
  - Community Choices (CC) Waiver
  - Vent Waiver
  - HIV/AIDS Waiver
- The new combined waiver will be called Healthy Connections - Long Term Care (HC-LTC) Waiver.
- Majority of services currently offered in the CC, Vent and HIV/AIDS waivers will remain available to members in the HC-LTC Waiver.

Overview of Waiver Consolidation

Community Choices

Frail elderly 65+; adults 18-64 with physical disabilities, NF level of care

HIV/AIDS

All ages with HIV/AIDS diagnosis; at-risk-of-hospitalization level of care

Mechanical Ventilator Dependent

Ventilator-dependent, frail elderly 65+; adults 20-64 with physical disabilities; NF level of care

ONE CONSOLIDATED WAIVER

Healthy Connections – Long Term Care (HC-LTC)

- Uniform eligibility, service definitions & standards
- 13 covered services, self-direction preserved
- Single waitlist, ordered by original application date
- Delivered through managed care

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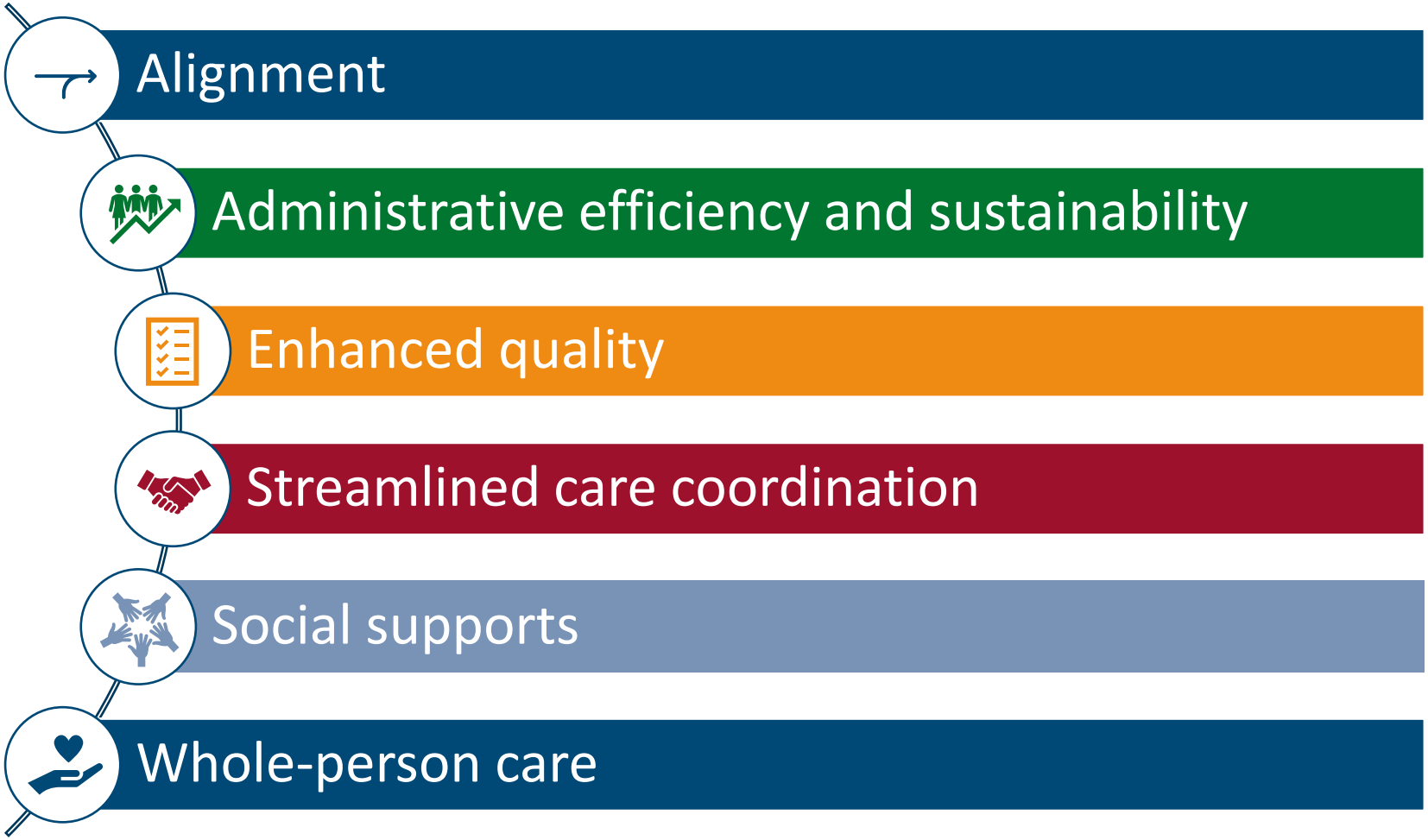
Goals of Waiver Consolidation



Service Array

Vent	HIV/AIDS	CC	Waiver Services	New HC-LTC Waiver
	✓	✓	Self-directed Attendant Care Services	✓
		✓	Adult Day Health Care	✓
		✓	Adult Day Health Care Nursing	✓
	✓	✓	Self-directed Companion Care	✓
	✓	✓	Companion Care, Agency	✓
✓	✓	✓	Home Accessibility Adaptation - Environmental Modifications	✓
✓	✓	✓	Home-delivered Meals	✓
✓	✓		Private Duty Nursing	✓
✓	✓	✓	Personal Care Services	✓
✓	✓	✓	Personal Emergency Response System	✓
✓	✓	✓	Pest Control	✓
✓		✓	Respite	✓
✓	✓	✓	Specialized Medical Equipment, Supplies and Assistive Technology	✓
	✓	✓	Telemonitoring*	
✓	✓	✓	Waiver Case Management*	

**Services will be covered by the Managed Care Organizations (MCOs)*

Waiver Consolidation: Waitlist Transition

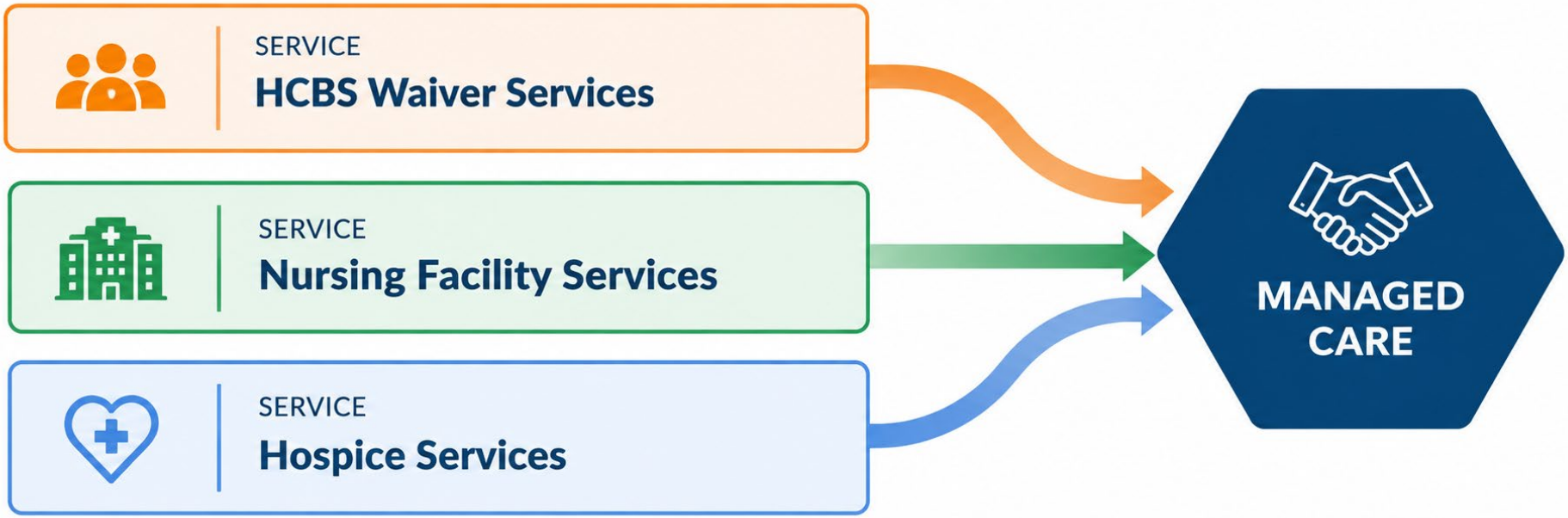
- Individuals currently on the waitlists for the CC, HIV/AIDS and Vent waivers will be moved to the waitlist for the HC-LTC waiver.
  - Placement on the waitlist will be determined by the original application date.
  - For individuals with multiple applications, the earliest application date will be used.
- SCDHHS will maintain responsibility for waitlist management, including slot releases, approval of reserved capacity status and ongoing review of the waitlist.

Waiver Application Process

- SCDHHS developed a new 1915(c) waiver application for the Healthy Connections Long-Term Care (HC-LTC) Waiver. This new waiver consolidates and replaces the Community Choices, HIV/AIDS, and Ventilator-Dependent Waiver programs
- The proposed waiver is currently posted for public comment until Dec. 3, 2026.
  - If you have a question or comment, please send it to Comments@scdhhs.gov by Dec. 3, 2026
- Read more about the waiver and how to submit public comments here.

Transition to Managed Care

Reminder: Services Moving to Managed Care



Improved Access

Better Care Coordination

Value-Added Supports

Managed Care Changes

What is changing:

- MCOs will be responsible for:
  - Managing service planning and service authorization processes
  - Setting up service plan forms
  - Paying provider claims
- Providers will need to contract with MCOs.

What is NOT changing:

- SCDHHS will continue to manage:
  - LOC determinations
  - Eligibility determinations
  - The waitlist for the HC-LTC waiver
  - Provider Enrollment

System Changes

- SCDHHS is implementing HHAeXchange as a data broker and state-level aggregator to streamline information exchange between Providers and MCOs.
- The platform will support **provider claims submission**, **service authorizations, Electronic Visit Verification (EVV)**, **Self-Directed Services financial management (FMS),** and **LTSS reporting**, while providing standardized, bi-directional communication across provider entities and the MCOs

System Comparison

	Current — Phoenix/MMIS	New — HHAeXchange/MCOs
Provider Claims Submission	✓	✓
Service Authorizations	✓	✓
Provider Documentation/Repository	✓	✓
Electronic Visit Verification	*Closed-system*	*Open Network*
Self-directed Services Supports (FMS)	*Subcontractor*	*Included*
LTSS Reporting	*Limited*	*Comprehensive*
Create Agency-required Encounters	*N/A*	✓

Provider Continuity of Care Protections

- MCOs must offer a contract to all active providers for a minimum of one year following the transition to managed care.
- As an added protection, there will be a minimum of a 90-day continuity of care period (Jul. 2027 - Sept. 2027).
- During this period, MCOs must:
  - Pay claims for authorized services, regardless of the provider's network status
  - Honor all existing service authorizations without requiring new or additional authorizations from providers
  - Reimburse previously authorized services at 100% of the applicable FFS rate unless a contracted rate(s) has been established

Next Steps: Contracting

- Providers of the services moving to managed care must enter into a contract with an MCO to deliver services to the Medicaid members enrolled with that MCO.
- The contract with the MCO is separate and distinct from the Medicaid provider enrollment process with SCDHHS.
- The contract with the MCO sets the terms of the relationship between the provider and the MCO. It explains the requirements for being included in the MCO's provider network and obligates the provider to meet those requirements.
- Healthy Connections MCOs will begin outreach to providers this winter to begin the contracting process.

Healthy Connections Medicaid MCO Contact Information

MCO	Contracting
Absolute Total Care	atc_contracting@centene.com
Healthy Blue by Blue Choice of SC	Clay Pope Donald.pope@healthybluesc.com Sandy Sullivan Sandy.Sullivan@healthybluesc.com
Molina Healthcare of South Carolina	Kimberly Coad-Ascue Kimberly.coad-ascue@molinahealthcare.com
First Choice by Select Health	Jillian Dunnigan jdunnigan@selecthealthofsc.com
Humana Healthy Horizons of SC	LTSSContracting@humana.com Humana Provider Services: (866) 432-0001

Upcoming Events

Town Halls

- In early 2027, SCDHHS will host in-person town hall events in four regional centers: Greenville, Charleston, Florence and Columbia.
- These town halls will offer providers an opportunity to ask questions about Phase II and to engage directly with the Healthy Connections Medicaid MCOs.
- Providers who are interested in attending these in-person townhalls may complete the Provider Townhall Interest Form here.

Resources

- https://scdhhs.gov/managedcareinitiatives



- Phase2@scdhhs.gov

Q&A Session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SPES
MELIOREM LAPSA LOCAVIT
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