

Carve-In Update for CLTC Case Managers

Margaret Alewine
Chief of Policy, SCDHHS
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CLTC Case Manager Update

- 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 for medical services. All waiver services remain in the fee for service 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

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:

- 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 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 a Medicaid managed care organization (MCO) for coverage of medical services.

CLTC Case Manager Update

- Case managers continue to check eligibility and status of enrollment in managed care through Phoenix
- Service providers can check eligibility and status of enrollment in managed care through the South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool)
- [Web Tool Quick Reference Guide](#)
 - [Eligibility \(Visual Book\)](#)
 - Verification Results screen
- To set up a new account, call Blue Cross Blue Shield:
 - 1-888-289-0709
- Members Enrolled in Managed Care will receive a new Healthy Connections Medicaid member card from their MCO

CLTC Case Manager Update

- Effective for dates of service on and after Jan. 1, 2026, all waiver and nursing facility services will be authorized and paid through the fee-for-service (FFS) delivery model.
- 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 one of the waiver programs listed above 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)

CLTC Case Manager Update

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 (including incontinence supplies)
- Behavioral health services

CLTC Case Manager Update



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)



CLTC Case Manager Update

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 <i>(nutritional supplements and handheld showers)</i>	✓	✓	✓
Telemonitoring	✓		
Waiver Case Management	✓	✓	✓

CLTC Case Manager Update

- Members Enrolled in Managed Care will receive a new Healthy Connections Medicaid member card from their MCO

CLTC Case Manager Update

- The MCOs are responsible for a 90-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

- 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 Line

- Absolute Total Care (866) 433-6041
- Healthy Blue by Blue Choice of SC (866) 757-8286
- Molina Healthcare of South Carolina (855) 237-6178
- First Choice by Select Health (888) 559-1010
- Humana Healthy Horizons of SC (866) 432-0001

MCO Enrollment and Billing Processes

Single Point of Contact

MCO	Name	Email	Phone
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	Nancy Carey	ncarey@selecthealthofsc.com	843-300-5857
	Jill Dunnigan	jdunnigan@selecthealthofsc.com	843-607-5649
Molina	Tyler Stalvey	tyler.stalvey@molinahealthcare.com scgovtcontracts@molinahealthcare.com	843-501-9218
Humana	Kryshinda Miles	KMiles21@humana.com	803-346-6909

