South Carolina
Institute of Medicine & Public Health
HEALTH POLICY FELLOWS
Program

Strengthening Local Care

Improving Home and Community-Based Services through Policy and Partnerships

What is IMPH?

Our Mission

Our mission is to collectively inform policy to improve health and health care.

We serve as an independent, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. IMPH provides nonpartisan, evidence-based information to guide policymakers in making impactful health policy decisions.

We strive to be the leading and trusted nonpartisan resource for evidence-based health policy information on South Carolina's most critical population health issues.

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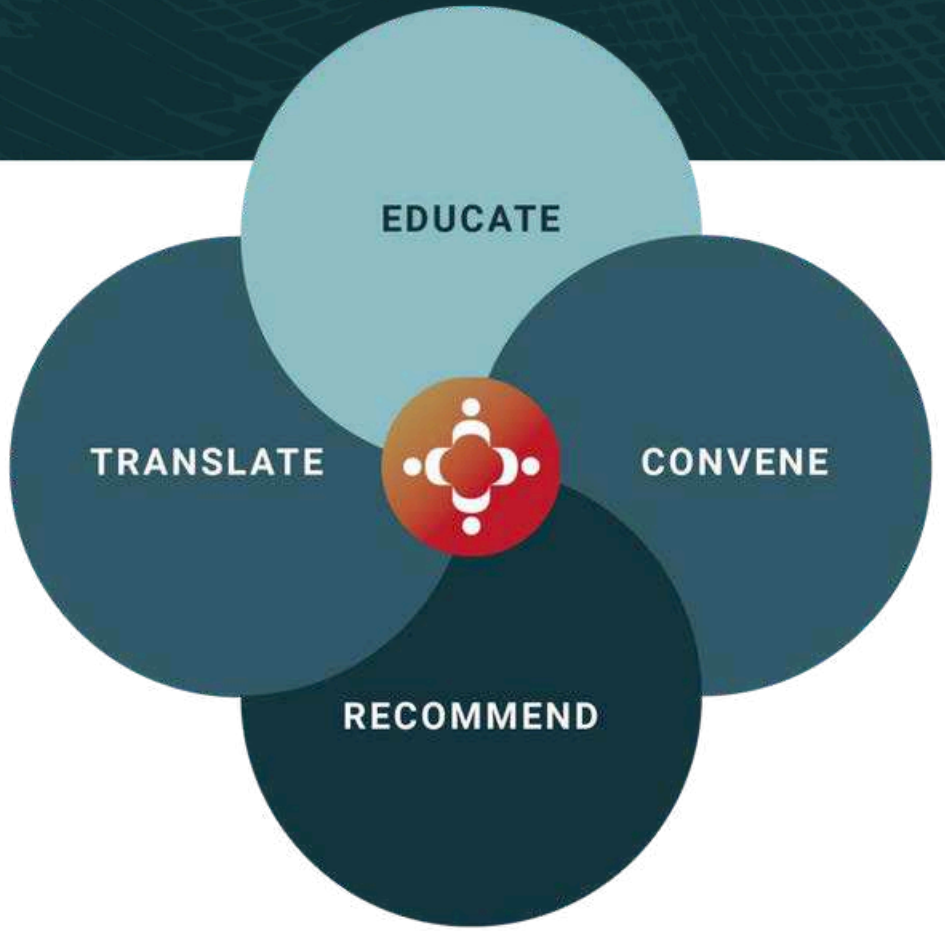
IMPH Overview

IMPH serves as a nonpartisan resource for policymakers. We simplify complex public health data and provide recommendations for action so decision-makers can make informed health policy decisions. IMPH highlights key health policy issues, conducts research, develops policy papers, and facilitates taskforces.

We convene academic, governmental, and community-based stakeholders around important health policy issues. IMPH publishes policy briefs, analyses, and reports based on in-depth research, collaboration, and consensus-driven taskforce recommendations.



Home and Community Based Services In the Midlands

Erin Haire, JD
Associate Director

What are Home and Community Based Services?

- A range of health and human services provided to individuals in their home or in the community, rather than in an institutional setting.
- These services are designed to help people with functional limitations or high level needs to remain in their homes and live as independently as possible.

In 2020, 36,200 people in South Carolina received HCBS through a Medicaid Waiver and about 500 through the state Medicaid plan.

What are the Services?

Personal Care:

- Activities of Daily Living
- Personal Care
- Companion Care
- In-Home Support

Home and Environment Modifications:

- Home Accessibility
- Environmental Modifications
- Assistive Technology

Respite Services:

- In Home Care
- Overnight Care
- Community care

Other Services:

- Behavior Support
- Community Services
- Emergency Response
- Career Services

Who Uses HCBS?

People with Disabilities

- Intellectual/Developmental Disabilities
- Mental Health Diagnoses/Psychiatric Disabilities
- Physical Disabilities
- Traumatic Brain Injuries

The Aging Population

People with Chronic Illnesses

69%

of people will use some kind of long term support or service in their lifetime, according to CMS.

Providing Home and Community-Based Services

Most states, including South Carolina, provide HCBS through Medicaid waivers.

Federal and state governments jointly fund Medicaid, including Medicaid waivers.

While Medicaid is the primary payor, some waivers are funded using different sources.

Medicare funds a tiny percentage of home and community-based services, regardless of the age of the patient.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

South Carolina Department of Disabilities and Special Needs

History of HCBS

HCBS became available in 1981 as Medicaid waivers were established to offer community-based alternatives to institutional care.

Studies done at the time suggested that at least a third of people living in institutional nursing facilities could live in community settings if additional supportive services were available.

Residents in all levels of institutional care settings were reporting "unsatisfactory quality of life."

In 1991 Congress passed the Americans with Disabilities Act. The ADA, among other things, prohibits discrimination based on disability.

Olmstead v L.C.

- Lois Curtis and Elaine Wilson were women with psychiatric and developmental disabilities who were in a state-run psychiatric hospital despite the desire and the ability to live in the community.
- Often called the Brown v Board of Education for people with disabilities, the Supreme Court held that unnecessary institutionalization constitutes impermissible segregation under the ADA.
- The case holds that people with disabilities are entitled to services in the least restrictive setting that meets the needs of the individual.
- The Supreme Court later held that Olmstead holds for people in danger of institutionalization.

What Is Happening In Our Communities?

Psychiatric Residential Care Facilities (PRTFs)

Three Rivers Residential Treatment Center - Lexington
New Hope Carolinas - York
Lighthouse Care Center - Aiken

DDSN Regional Centers

Midlands Regional Center

Community Residential Care Facilities (CRCFs)

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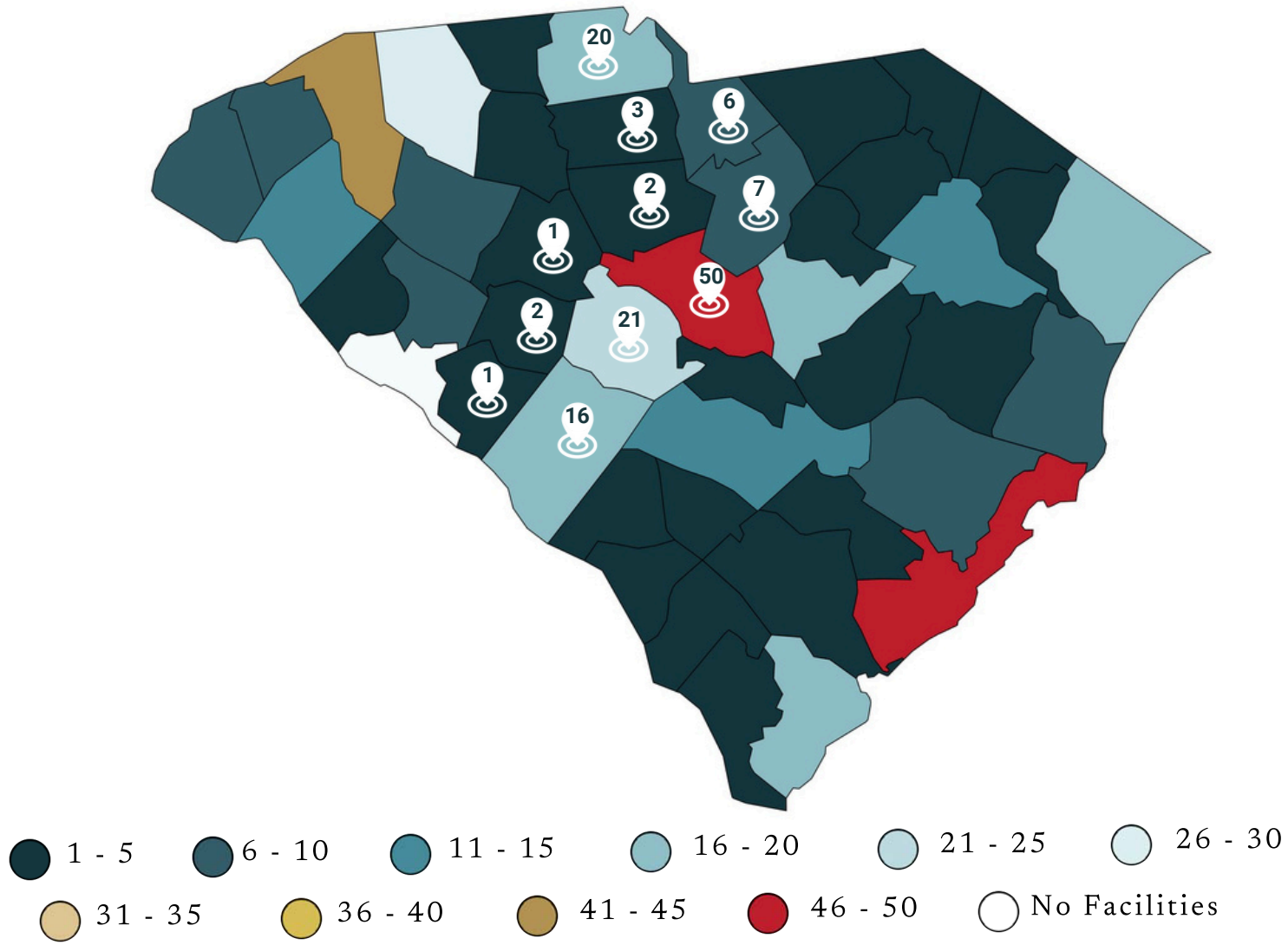
Community Residential Care Facilities in the Midlands by South Carolina County, (2025)



Why is it important to live in the community?

- Community living allows individuals to make their own choices about their daily activities, social lives, and relationships.
- Health outcomes across the board are better when people live in the community. They live longer, healthier lives outside institutions rather than in them.
- People living in the community are more likely to receive an education and enter the workforce.
- It is less expensive, in the long run, to serve people outside an institution.
- People have the right to remain in the least restrictive setting appropriate to their individual circumstances.

Department of Justice Findings

- In 2023, the DOJ investigated South Carolina after receiving complaints that adults with severe mental illness are being impermissibly detained in the state's mental health facilities.
- Findings suggest that the state relies on segregated community residential care facilities to treat these patients rather than provide services in the community.
- The DOJ found patients were institutionalized for an average of five years, with some patients living in these settings up to 35 years.

Response in Neighboring States

North Carolina

- NC is the 3rd largest provider for PACE (Program for All-Inclusive Care of the Elderly) services.
- NC's Personal Care Services (PCS) program provides limited services for people on waiver waiting lists.
- Reserved capacity waivers (people who have recently been institutionalized, veterans and members of military families, children with complex needs, people aging out of current services, etc.)
- Some advocates feel that North Carolina's waitlists have been improperly reduced.

Georgia

- Georgia has been involved in litigation twice around the length and conversion rates of the waitlists and the provision of HCBS.
- Despite litigation and years of negotiating settlement agreements, efforts to improve service provision have stalled.
- In 2022, the Georgia Senate convened a bipartisan study committee tasked with informing members of their legislature on the issue of the waiver waitlists.
- Budget allocations have fallen far short of the recommendations presented by that study committee.

South Carolina’s Response

Senate Bill 2

- Merges DMH, DDSN, and DAODAS into a new cabinet agency, the Department of Behavioral Health and Disabilities
- Establishes a path for an Olmstead plan for South Carolina
- Creates an Administrator of Community Living Position within the Department of Public Health

South Carolina's Response, continued

Appropriations

- SCDHHS requested $10 million to add more Medicaid waiver spots, they were allocated $7.5 million
- Department of Mental Health received just over $3 million for increased Olmstead efforts including peer supports, mobile crisis services, and housing coordinators.
- Department of Aging receives money yearly in the state budget to provide a limited number of HCBS.

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For more information and to sign up for our newsletter:

Questions?

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Panel Discussion

Jason Tavenner
South Carolina Human Services Providers Association, Laurens County Disabilities and Special Needs Board

Rachell Johnson
Assistive Technology Program, Center for Disability Resources, USC School of Medicine Columbia

Shaun Owens, Ph.D., MPH
USC School of Social Work, Healthy Aging Research and Technology (HART) Lab

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Thank you!

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