



CRISIS IN CARE: HOME & COMMUNITY-BASED SERVICES IN SOUTH CAROLINA

EXECUTIVE SUMMARY

In partnership with the National Domestic Workers Alliance in South Carolina, we conducted an in-depth analysis of the structural barriers in South Carolina's Home and Community-Based Services (HCBS) system. Through quantitative data analysis, interviews with disabled people and caregivers, and policy research, the findings highlight long waitlists, workforce shortages, and disparities in access that leave thousands without essential care.

South Carolina's HCBS system is in crisis. The state ranks 49th nationwide in affordability, access, and community integration, according to AARP's 2023 LTSS Scorecard (AARP, 2023). As of 2024, South Carolina has the **third-longest HCBS waitlist, with 33,892 people waiting for services**, behind only Texas and Florida (KFF, 2024). This backlog disproportionately affects disabled people, older adults, and communities of color, worsening existing disparities.

A major challenge is the **severe workforce shortage**. The demand for home care workers in South Carolina is projected to rise by **66,500 jobs by 2030**, yet wages remain stagnant, with **home health aides earning a median wage of just \$13.62 per hour** (PHI, 2024). While Medicaid reimbursement rates for home care services increased by **80% (from \$14 to \$25 per hour)**, **there is no wage pass-through requirement** ensuring that these funds actually go toward worker wages (CMS, 2022-23). **Twenty-seven states have adopted wage pass-through laws**, but South Carolina has yet to follow suit (IHJE, 2024). Without competitive wages and benefits, workforce shortages will persist limiting access to care.

The report also highlights **data transparency issues**. A **Freedom of Information Act (FOIA) request to the South Carolina Department of Disabilities and Special Needs (SCDDSN) revealed that racial and ethnic data on HCBS waitlists is being collected but not disclosed** (New Disabled South, 2024). Without access to this data, policymakers lack the necessary insights to address systemic disparities and ensure equitable service distribution.

POLICY RECOMMENDATIONS:

1. **Expand HCBS funding:** The governor's proposal to add 1,000 new waiver slots is inadequate given the 33,892 people still waiting for services (KFF, 2024)
2. **Mandate wage pass-through policies:** CMS's new 80% rule requires that Medicaid home care funds primarily benefit worker wages, a policy South Carolina should adopt to ensure direct care wages reach at least \$18 per hour (CMS, 2024).
3. **Increase transparency:** Require public reporting of waitlist demographics, including racial and geographic data, to track and reduce disparities (New Disabled South, 2024)
4. **Strengthen self-directed care models:** Ensure that people receiving HCBS services have full budgeting authority over their Medicaid funds to enhance flexibility and access (IMPH, 2022)

FINDINGS FROM INTERVIEWS:

1. Many disabled people described experiencing severe mental health distress, citing feelings of abandonment by the system, isolation, and uncertainty while waiting for care. Another key theme from the interviews was the strain on informal caregivers, with many reporting financial hardship and burnout. Some were forced to quit their jobs or reduce work hours due to the lack of formal HCBS services, exacerbating their economic instability.
2. Care workers cited low wages, lack of benefits, and unpaid travel costs as major reasons for leaving the field, worsening the workforce crisis. Without urgent action, South Carolina's HCBS system will continue to fail those who depend on it most. To reduce wait times, strengthen the workforce, and promote equitable access to services, we must act now.

"I have to work 2 jobs and when I don't work, I don't get paid. It has been a struggle for me to provide for my family. I am doing something that I love to do when it comes to helping others and making sure they are able to stay at home and not go into a facility. I would like to let my South Carolina legislators know that I love the work that I do, but as a caregiver I can't survive off one part-time job with no paid time off and no benefits. I would also like them to know that the cost of living goes up every year and my pay doesn't. I want to continue working with the family that I'm working with and in order to do so I need a raise and a paid time off. The hours are also too low and I would like this job to be one full time job." - **Sherry Durham, Home Health Aide, 42 year old Black woman, Columbia, South Carolina.**

REFERENCES

1. AARP. (2023). South Carolina: 2023 LTSS State Scorecard. Retrieved from <https://ltsschoices.aarp.org>
2. Kaiser Family Foundation (KFF). (2024). Medicaid HCBS Waiver Waiting List Enrollment. Retrieved from <https://www.kff.org>
3. New Disabled South. (2023). Waitlist Disparities Report. Retrieved from <https://www.newdisabledsouth.org/reports/waitlist-disparities>
4. PHI. (2024). Workforce Data Center: South Carolina Employment Projections. Retrieved from <https://www.phinational.org>
5. Centers for Medicare & Medicaid Services (CMS). (2022-2024). Payment Rates for Medicaid HCBS. Retrieved from <https://www.cms.gov>
6. Institute for Health and Justice Equity (IHJE). (2024). Wage Pass-Through Report. Retrieved from <https://ihje.org>
7. New Disabled South. (2024). South Carolina HCBS FOIA Data Findings & Interviews. Retrieved from <https://www.newdisabledsouth.org>
8. South Carolina Institute of Medicine & Public Health (IMPH). (2022). The Direct Care Workforce in Long-Term Care: Recommendations for Recruitment and Retention. Retrieved from <https://imph.org>