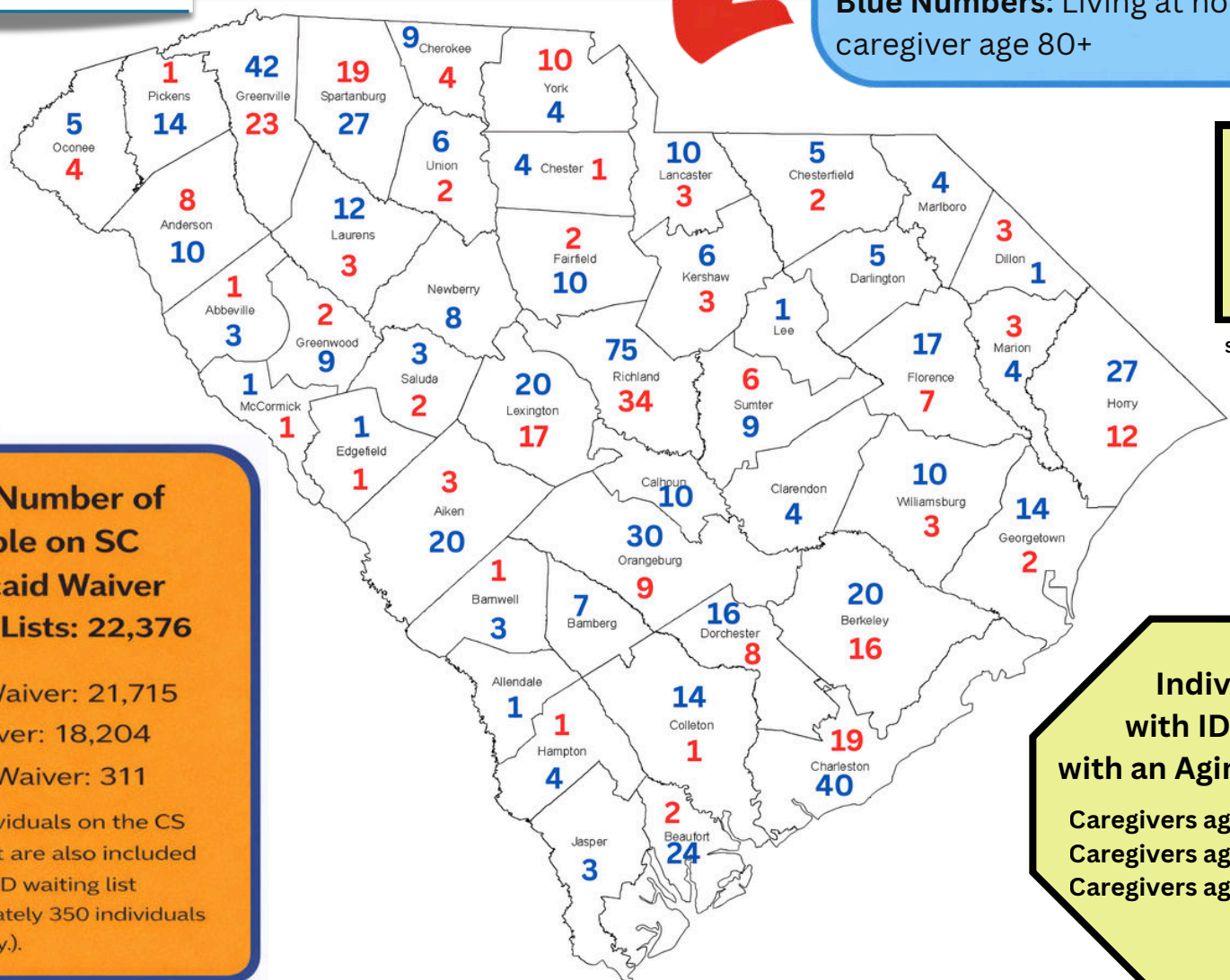
SOUTH CAROLINA HUMAN SERVICES PROVIDERS ASSOCIATION

Red Numbers: Approved for critical residential placement; no housing available

Blue Numbers: Living at home with a caregiver age 80+



Total Number of People on SC Medicaid Waiver Waiting Lists: 22,376

- IDRD Waiver: 21,715
- CS Waiver: 18,204
- HASCI Waiver: 311

* Most individuals on the CS waiting list are also included on the IDRD waiting list (approximately 350 individuals are CS-only.).

Individuals with IDD Living with an Aging Caregiver:

Caregivers aged 65+: 2,569
Caregivers aged 72+: 1,367
Caregivers aged 80+: 572

Scan the QR code to see the aging caregiver list for South Carolina.

Acronym Key

IDD: Intellectual & Developmental Disabilities
HCBS: Home & Community-Based Services
IDRD Waiver: Intellectual Disabilities & Related Disabilities Waiver
CS Waiver: Community Supports Waiver
HASCI Waiver: Head & Spinal Cord Injury Waiver

South Carolina Human Services Providers Association

Scan the QR code to access our fact sheets.

Nurse Practice Act

This provision allows licensed nurses to train, approve, and supervise selected unlicensed staff to administer certain medications for individuals with disabilities who require daily care. All training and oversight are provided by a licensed nurse, in person or via telehealth.

Unlicensed staff may not independently assess individuals, use medical judgment, or practice nursing. Medications requiring clinical judgment, including sliding-scale insulin and certain injectables, may be administered with oversight by a licensed nurse using video and audio communication.

This policy maintains patient safety while addressing South Carolina's critical nursing shortages while maintaining continuity of care.

DSP Crisis

DSPs provide essential daily support to individuals with intellectual and developmental disabilities in their homes and communities. South Carolina's severe DSP workforce shortage has disrupted care, leading to missed medical appointments, medication risks, unmanaged chronic conditions, behavioral crises, and increased hospitalizations.

Staffing instability increases the risk of institutionalization and drives higher emergency room use and Medicaid costs. Community-based services are more cost-effective than institutional care, but require a stable DSP workforce. Investing in wages, training, retention, and supportive technology improves outcomes and reduces long-term costs for South Carolina.

Technology First

Technology First prioritizes assistive technology and remote supports to improve safety, independence, and quality of life for people with disabilities. Tools such as real-time monitoring, two-way communication, medication reminders, and emergency alerts enhance oversight without replacing staff.

In South Carolina, Technology First helps address workforce shortages by reducing reliance on overnight and 24/7 staffing, supporting retention, and preventing burnout. It improves safety through faster response times and continuous monitoring, reduces emergency room visits and hospitalizations, and offers a cost-effective way to stretch limited Medicaid dollars, particularly in rural areas.