Who is covered in South Carolina’s Medicaid Program?

**ELIGIBILITY GROUPS**

- **FFS**
  - Dual Eligibles
  - Incarcerated*
  - Undocumented Immigrants***

- **MCO**
  - Children (0-18 years)
  - Current & Former Foster Care Children
  - Parents and Other Caretaker Relatives
  - Pregnant Women
  - Aged, Blind, and Disabled Adults
  - Disabled Children
  - American Indians/Alaska Native
  - Qualified Non-Citizens**
  - Intellectual and Developmental Disabilities

* Inpatient hospital services only.

** Qualified Non-Citizens are subject to a five-year waiting requirement.

*** Emergency Medicaid services only.

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**Important News**

**July 2016** - Advicare exited the state’s duals demonstration program, affecting about 3,650 enrollees. The announcement follows WellCare’s acquisition of the Medicaid managed care operations of Advicare on June 1, 2016.⁶

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**Do Medicaid health plans provide coverage?**⁷

- BlueChoice Healthplan SC
- WellCare of South Carolina
- Molina Healthcare of South Carolina
- Absolute Total Care, Inc.
- First Choice

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www.MedicaidInnovation.org
How is South Carolina meeting the needs of Medicaid enrollees?

**Value-Based Healthcare Initiatives**
Beginning July 1, 2014, qualifying dual eligibles have had the opportunity to voluntarily enroll in the South Carolina Dual Eligible (SCDuE) Demonstration.

**Women’s Health**
Eligible pregnant women are covered until 60 days postpartum.
- Prenatal care
- Case management
- Birthing services for labor and delivery
- Postpartum care
- Breastfeeding counseling
- Reproductive health
- Family planning

**Family Planning**
A limited family planning benefit package is available to men and women otherwise ineligible for Medicaid up to 194% of the federal poverty level (FPL).
- Instruction in abstinence
- Educational and counseling services
- Pelvic exam and pap smear test
- Laboratory and pregnancy testing
- Barrier contraceptives (e.g., condoms)
- Permanent methods of contraception for women and men available to clients 21 years of age or older
- HIV risk assessment (education, counseling, and testing)
- Hormonal and non-hormonal contraceptives
- Intrauterine devices (e.g., IUD) and implant (e.g., Nexplanon)
- Birth control available on site (up to one year of supplies)
- Instruction in natural family planning methods

**Mental Health and Substance Use Disorder**
Rehabilitative behavioral health services provided by qualified providers contracted by the South Carolina Department of Health and Human Services are available to enrollees, including the following services:
- Behavioral health screening
- Diagnostic assessment services
- Psychological and evaluation and testing
- Child and Adolescent Level of Care Utilization System (CALOCUS) assessment
- Individual psychotherapy
- Group psychotherapy
- Multiple family group psychotherapy
- Family psychotherapy
- Service plan development
- Crisis management
- Psychosocial rehabilitation services
- Behavior modification
- Family support
- Therapeutic child care
- Community integration services
- Peer support services
- Substance abuse treatment services
- Medication management
- Covered drug therapies: naloxone, naltrexone, acamprosate, and disulfiram

**Oral Health**
Adults have oral health coverage up to $750 total per year. The money can be used to cover any of the following services:
- Diagnostics
- Extractions
- Fillings
- Annual cleaning

Children are eligible to receive an exam every six months, as well as fillings.
President Johnson signs Social Security Amendments of 1965, creating Medicaid as a public health program for the poor.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are required for children enrolled in Medicaid.

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

Children and pregnant women become mandatory Medicaid eligibility groups.

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations;

State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.


ACA implementation begins.

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

The State of South Carolina adopts the Medicaid program.

South Carolina creates a comprehensive, risk-based managed care organization (MCO) program, intended to serve certain children, pregnant women, and non-dually eligible adults with disabilities. It includes coverage for acute, primary, and specialty care services and outpatient behavioral health services.

South Carolina begins a primary care management program (PCCM) that utilizes a network of primary care providers to offer acute, primary, and specialty care and behavioral health services for most Medicaid enrollees in the state who can enroll on a voluntary basis.

The state expands managed care through its Healthy Connections Choices program, transitioning fee-for-service (FFS) enrollees into the new program. However, children in foster care and with certain disabilities, Medicaid waiver enrollees, certain people served in institutions, and dual-eligible enrollees remain exempt from the requirement to enroll in managed care.

South Carolina transitions from the PCCM program to an MCO service delivery system.

The state creates a program of all-inclusive care for the elderly (PACE) and a non-emergency transportation program for most Medicaid enrollees statewide.

The state carves-in inpatient behavioral health services into the MCO benefit package and expands mandatory managed care to all children under the age of 1.

South Carolina Department of Health and Human Services (SCDHHS) carves out coverage for medications used to treat hepatitis C virus (HCV) from the managed care organization (MCO) benefit.