**South Carolina General Assembly**

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**S. 607**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Jackson

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Currently residing in the Senate Committee on **Medical Affairs**

Summary: Medicaid

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/24/2025 Senate Introduced and read first time ([Senate Journal‑page 6](h:\sj\20250424.docx))

4/24/2025 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 6](h:\sj\20250424.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=607&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[04/24/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/607_20250424.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 44‑6‑230 SO AS TO ESTABLISH MINIMUM COMPENSATION REQUIREMENTS FOR DIRECT CARE WORKERS PROVIDING PERSONAL CARE SERVICES THROUGH MEDICAID HOME AND COMMUNITY‑BASED SERVICE PROVIDERS AND TO PROVIDE FOR PHASED IN UPWARD ADJUSTMENTS TO THE COMPENSATION PAID.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 2, Chapter 6, Title 44 of the S.C. Code is amended by adding:

Section 44‑6‑230. (A) For purposes of this section:

(1) “Compensation” means all payments and benefits provided to direct care workers, including:

(a) salary, wages, overtime pay, and other remunerations;

(b) health, dental, life, and disability insurance;

(c) paid leave, retirement benefits, and tuition reimbursement; and

(d) the employer share of payroll taxes.

(2) “Department” means the South Carolina Department of Health and Human Services.

(3) “Direct care worker” means a worker who spends the majority of working time providing personal care services to individual beneficiaries of Medicaid Home and Community‑Based Services. The direct care worker may be:

(a) employed by a Medicaid provider, state agency, or third party;

(b) contracted with a Medicaid provider, state agency, or third party; or

(c) delivering services under a consumer‑directed services delivery model.

(4) “HCBS” means Medicaid Home and Community‑Based Services whether through the State plan, 1915(c) waiver, managed care, or demonstration programs.

(5) “Personal care services” means personal care services provided through the home and community‑based service waiver programs administered by the South Carolina Department of Health and Human Services including, but not limited to: intellectual disability/related disabilities, head and spinal cord injury, community supports, community choices, HIV/AIDS, medically complex children, and mechanical ventilator waivers authorized pursuant to Section 1915(c) of the Social Security Act and administered by the department.

(6) “HCBS provider agency” means an entity that:

(a) has entered into a Medicaid provider participation agreement with the South Carolina Department of Health and Human Services;

(b) is eligible to be reimbursed for personal care services provided to eligible members; and

(c) employs or engages direct care workers to provide personal care services for HCBS beneficiaries.

(B)(1)(a) By January 1, 2026, an HCBS provider agency that receives Medicaid reimbursement for providing personal care services must use at least seventy percent of the Medicaid reimbursement as compensation to direct care workers for furnishing their services, which shall be deemed the “wage pass‑through percentage.”

(b) By January 1, 2028, the wage pass‑through percentage must be raised to seventy‑five percent.

(c) By January 1, 2030, the wage pass‑through percentage must be raised to eighty percent, and the South Carolina Department of Health and Human Services must comply with 42 C.F.R. Section 441.302(k)(3).

(2) Before calculating the minimum amount of Medicaid reimbursement that a personal care services provider agency is required to use to compensate direct care workers, the costs of providing training, travel, and personal protective equipment to direct care workers must be deducted from the total amount of Medicaid reimbursement that the personal care services provider agency receives.

(3) All HCBS provider agencies shall provide notice to each direct care worker employed by that provider agency of the effective date of the wage pass‑through and the specific wage and benefits to be paid to that employee as of that effective date.

SECTION 2. This act takes effect upon approval by the Governor.

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