

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

MEDICAID



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Application and Selection Process for Healthy Connections Medicaid Advisory Council

The South Carolina Healthy Connections Medicaid Advisory Council (MAC) will be made up of no more than 17 members. This document outlines the MAC application process.

Objective/Goal

To establish a transparent and compliant process for selecting members of the Medicaid Advisory Council (MAC) in accordance with Title 42 CFR §§ 431.12 and 438.104 and the MAC bylaws.

Purpose

The MAC advises the South Carolina Department of Health and Human Services (SCDHHS) on Medicaid program operations, policies, and strategies to improve efficiency, effectiveness, and consumer engagement.

Eligibility Criteria

Applicants must meet the following requirements:

- **Stakeholder Status:** Applicants should be providers, advocates, Medicaid beneficiaries, caregivers or individuals with relevant experience in Medicaid services.
- **Experience:** Applicants should have firsthand knowledge or experience with Medicaid programs and services.

Membership and Appointment

- **Term:** members serve a two-year term. Immediate consecutive terms are not allowed.
- **Composition:** Membership will include:
 - A designated percentage of members from the Beneficiary Advisory Council (BAC) (10% in 2025–2026; 20% in 2026–2027; 25% thereafter).
 - Representatives from:
 - Consumer advocacy groups or community-based organizations serving Medicaid beneficiaries.
 - Clinical providers or administrators familiar with Medicaid populations.
 - Medicaid Managed Care Organizations (MCOs) and related entities.
 - Other state agencies serving Medicaid beneficiaries.
- **Attendance:** Members must actively participate in quarterly meetings. Two consecutive absences or lack of active participation will trigger a review of continued membership.

Application Process

- **Submission:** Interested individuals must submit a **Letter of Interest** to the Director of the Medicaid Program via email at info@scdhhs.gov. The letter should include:
 - Full name and contact information.
 - Relevant experience and stakeholder category (e.g., beneficiary, provider, advocate).
 - Reason for wanting to serve on the MAC.
 - Commitment to attend quarterly meetings and participate actively.
- **Deadline:** Applications will be accepted on a rolling basis

Review and Selection Process

- **Evaluation Criteria:**
 - Representation of required stakeholder categories.
 - Relevant experience and knowledge of Medicaid services.
 - Ability to commit to council responsibilities.
- **Final Appointment:** The Director of the Medicaid Program will make all appointments.

Notification

Selected applicants will be notified by email, letter, or phone and provided:

- Meeting schedule and attendance options (in-person, virtual, hybrid).
- Term details and responsibilities.
- Conflict of interest disclosure requirements.