DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hutto	4-3-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000342	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 4/11/14, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 4-14-14 [ ] FOIA DATE DUE _____ [ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

1 York Circle
Greenville S.C
29605

3 April 014

Director,
S.C. Health & Human Services Dept.,
P.O. Box 8206,
Columbia, S.C. 29202-8206

Dear Director,

It is rumored that ~~the~~ S.C. Medicaid benefits differ from benefits under the Medicaid Program(s) in other states.
Please help me understand this matter and if its possible, please address it with dispatch (as I have been trying to get to the bottom of the question for some weeks).

Sincerely,
Edward H. Paxton
EDWARD H. PAXTON
TEL.# 1-864-434-0711
(AND) 1-864-387-0945
PREFERRED #1

Sent by FAX to
1-803-255-8235
on 3 April 014.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

RECEIVED
APR 04 REC'D

TO	DATE
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000342	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	[X] Prepare reply for appropriate signature DATE DUE ~~4-14-14~~
	[ ] FOIA MJ's Due Date 4/10/14 DATE DUE _____
	[ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Sent to Sharon Area Chief	4/8/14		
2. Carolyn Roach	4/11/14		
3.	4/11/14		
4. E. B. Hutto	4-11-14		

Healthy Connections
MEDICAID

Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

Mr. Edward H. Paxton
1 York Circle
Greenville, SC 29605

Dear Mr. Paxton:

This is in response to your letter regarding South Carolina's Healthy Connections Medicaid program.

Healthy Connections (Medicaid) is South Carolina's grant-in-aid program by which the federal and state governments share the cost of providing medical care for individuals who meet non-financial, financial and categorical eligibility requirements. Title XIX of the Social Security Act that was signed into law by the President on July 30, 1965, authorized the program. Congress has continually changed the Medicaid program since it was created and enacted by legislation. South Carolina began participation in the Medicaid program in July 1968.

Because state and federal governments share the cost of the Medicaid program, the rules for Medicaid coverage vary from state to state. An individual who is eligible in South Carolina is not necessarily eligible if he or she moves to another state or vice versa. Enclosed is an overview of our programs.

If you have additional questions, you may contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach may be reached at (803) 898-3967.

We appreciate your interest of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Beth Hutto

Beth Hutto
Deputy Director for Eligibility,
Enrollment & Member Services

BH:j
Enclosure

SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID) PROGRAM OVERVIEW

WHAT IS HEALTHY CONNECTIONS (MEDICAID)?

Healthy Connections (Medicaid) is South Carolina's grant-in-aid program by which the federal and state governments share the cost of providing medical care for needy persons who have low income. Title XIX of the Social Security Act that was signed into law by the president on July 30, 1965 authorized the program. Congress has continually changed the Medicaid program since it was created and enacted by legislation. South Carolina began participation in the Medicaid program in July 1968.

Because state and federal governments share the cost of the Medicaid program, states have some flexibility in providing coverage to its needy citizens. For this reason, the rules for Medicaid coverage vary from state to state. An individual who is eligible in South Carolina is not necessarily eligible if he or she moves to North Carolina, Georgia, etc.

ARE HEALTHY CONNECTIONS (MEDICAID) AND MEDICARE THE SAME?

No, Healthy Connections (Medicaid) is a program that pays for health care for needy people of the state. To receive Medicaid benefits, an individual must meet certain non-financial and financial guidelines and categorical requirements.

Medicare is a health insurance program for people age 65 and over or people who have received Social Security disability benefits for 24 months. There is no financial eligibility test for Medicare. Medicare is divided into several parts, including Parts A, B and D. Part A is called hospital insurance. It pays at least part of such care as hospital services, skilled nursing home care, hospice care, etc. Part B is called medical insurance. It pays at least part of such care as doctor's services, X-ray and other radiation therapy, durable medical equipment, outpatient surgery, certain physical and occupational therapy, ambulance services, dialysis, home health services, etc. Part D is called prescription drug coverage. Medicare prescription drug coverage is insurance. Private companies provide coverage through Medicare drug plans. Medicare drug plans will help pay for both brand name and generic drugs you need.

A person can have both Healthy Connections (Medicaid) and Medicare. For a person who has both, Healthy Connections (Medicaid) will pay the monthly Medicare premium and certain services not covered by Medicare. Cost sharing will be paid only for Qualified Medicare Beneficiaries (QMB).

WHO IS ELIGIBLE FOR HEALTHY CONNECTIONS (MEDICAID)?

Individuals who meet certain non-financial and financial guidelines and categorical requirements may qualify for Healthy Connections (Medicaid) coverage. States are required to cover certain groups (mandatory groups) and states have the option of covering other groups (optional groups).

Historically, Medicaid eligibility rules have been closely linked to those of the cash assistance programs such as Family Independence (FI), which is the Temporary Assistance for Needy Families (TANF) program in South Carolina, previously known as Aid to Families with Dependent Children (AFDC); or the Supplemental Security Income (SSI) program.

However, in recent years Congress has given states more flexibility in establishing policies for the different coverage groups. At the same time, Congress has added more mandatory coverage groups and placed more requirements on some of the services provided.

HOW DOES AN INDIVIDUAL APPLY FOR MEDICAID?

The Department of Health and Human Services (DHHS) determines eligibility for Medicaid. An individual applying for Medicaid as an SSI recipient must apply at their local Social Security office. Generally, individuals approved for SSI will automatically receive Medicaid. Applications for all other coverage groups may be filed online via the Healthy Connections Citizens Portal (apply.scdhhs.gov); via the federal website, the Health Information Marketplace (healthcare.gov); in person; or by mail. Additionally, applications may be filed at out-stationed locations such as the county health departments, community health centers, most hospitals and the county Department of Social Service offices.

Persons approved for Medicaid receive permanent, plastic Healthy Connections (Medicaid) card. They are instructed to take the card with them when they receive a medical service.

SOUTH CAROLINA MEDICAID OPTIONS

The South Carolina Medicaid program offers different ways for its members to receive healthcare services. The choices are either managed care or fee-for-service.

To find out more about these Medicaid options, please call the Member Services Call Center at 1-888-549-0820, Monday through Friday from 8:00 a.m. to 5:00 p.m.

CAN A MEDICAID MEMBER CHOOSE HIS OR HER MEDICAL PROVIDER?

Medicaid beneficiaries have the right to choose their own physician, hospital, pharmacy, or other medical provider. The provider must be enrolled as a Medicaid provider in order for a payment to be made. The provider must also be willing to accept the Medicaid payment as payment in full.

The South Carolina Medicaid program has a freedom of choice waiver to cover high-risk pregnant women. The women enrolled in the waiver must receive their care from certain physicians and delivery services at certain hospitals. The purpose of the waiver is an attempt to improve upon birth outcomes in our state.

WHAT IF THE MEDICAID MEMBER HAS HEALTH INSURANCE?

If a member has health insurance that covers a provided service, the insurance provider is the primary payer. Medicaid does not pay for services that the member's health insurance is legally obligated to pay.

MEDICAID COVERAGE GROUPS

A. **Parent/Caretaker Relative (PCR)** – At least one child in the home is under age 18 (age 19 if in a secondary school) and lives in a family with low income, which is less than 62% of the Federal Poverty Level (currently $1,232.25 for a family of 4).

- **Transitional Medicaid (TM)** – Up to 24 months of Medicaid benefits are available to beneficiaries who lost LIF eligibility because of increased earnings/hours of employment of the parent or caretaker relative.
- **Title IV-E** – Children who were or would have been eligible for FI at the time they were placed for adoption or in foster care. These children are automatically entitled to Medicaid coverage.
- **Ribicoff Children** – These are children whose family income is below 48% of the Federal Poverty Level. They can be eligible even if they live with both parents. South Carolina provides Medicaid benefits to these children up to age 18.

B. **Supplemental Security Income (SSI)** – A cash payment through the Social Security Administration and Medicaid benefits are available to aged, blind or disabled individuals. For an individual, the SSI income limit is $721.00 and the resources must be at or below $2,000. For a couple, the SSI income limit is $1,082.00 and the resources must be at or below $3,000. (Income limits change in January each year.) DHHS determines eligibility for retroactive SSI.

Some individuals who have lost their eligibility for SSI are still entitled to Medicaid coverage. They are:

- **1977 Pass Alongs** – These are individuals who would still be eligible for SSI "but for" Social Security cost of living increases they received since 1977.
- **Disabled Widows and Widowers** – These are individuals who would still be eligible for SSI "but for" a 1983 change in the actuarial reduction formula and subsequent cost of living increases.
- **Disabled Adult Children** – These are individuals who would still be eligible for SSI "but for" entitlement to or an increase in Social Security Disabled Adult Child benefits.
- **Early Widows/Widowers** – These are individuals age 60 through 64 who would still be eligible for SSI "but for" early receipt of Social Security benefits.

C. **Qualified Medicare Beneficiaries (QMB)** – These are individuals who have Medicare Part A hospital insurance and have a monthly income at or below 100% of the Federal Poverty Level ($973 for an individual and $1,311 for a couple). Their countable resources must be at or below $7,160 for an individual or $10,750 for a couple. A separate QMB determination is done for all Medicaid beneficiaries who have Medicare Part A, regardless of their coverage group.

D. **Specified Low Income Medicare Beneficiaries (SLMB)** – These are individuals who must have Medicare Part A hospital insurance and have a monthly income greater than 100% and less than 120% of the Federal Poverty Level for an individual ($1,167) or a couple ($1,573). Their countable resources must be at or below $7,160 for an individual or $10,750 for a couple. For these individuals, Medicaid does not pay Medicare co-insurance

and deductibles and any Medicaid covered services other than the Part B Premium.

E. **Qualifying Individuals (QI)** – These are individuals who must have Medicare Part A hospital insurance and have a monthly income greater than 120% and less than 135% of the Federal Poverty Level for an individual ($1,313) or a couple ($1,770). Their countable resources must be at or below $7,160 for an individual or $10,750 for a couple. For these individuals, Medicaid does not pay Medicare co-insurance and deductibles and any Medicaid covered services other than the Part B Premium.

F. **Optional Coverage for (Pregnant) Women and Infants (OCWI)** – Medicaid coverage provided to pregnant women and infants who have a monthly income at or below 194% of the Federal Poverty Level (currently $3,855.75 for a family of four).

G. **Family Planning (FP)** – Coverage for Family Planning services provided to men and women with family income at or below 194% of the Federal Poverty Level (currently $3,855.75 for a family of four).

H. **Partners for Healthy Children (PHC) – Ages 1-19** - These are children who live in families with income at or below 208% of the Federal Poverty Level (currently $4,134.00 for a family of four).

I. **Home and Community-Based (Waiver) Services (HCBS)** – These are individuals who need nursing home care but choose to stay at home rather than in an institution and can receive special services through a waiver to help them remain in their home. This group also includes individuals whose eligibility is determined using a special income level (i.e., individuals who have countable resources at or below $2,000 and a gross monthly income at or below the Medicaid Cap of $2,163 (this limit changes each January).

J. **Optional State Supplementation (OSS)** – These are aged, blind or disabled individuals who have countable resources at or below $2,000 and have a monthly countable income at or below $1,393 and who reside in Community Residential Care Facilities (CRCF). The optional supplement payment is paid through the Department of Health and Human Services.

K. **Children for Whom a State Adoption Assistance Agreement is in Effect** – These are special needs children for whom there is a State Adoption Assistance Agreement in place and for whom the State Adoption Assistance Agency has determined a placement could not be made without medical assistance.

L. **Children Under Age 21 with Special Living Arrangements** – These are children under age 21 who reside in a foster home or a group home. Their board payment is fully or partially sponsored by public funds. If the child's income is below FI standards, he or she can qualify for Medicaid coverage.

M. **Aged, Blind and Disabled (ABD) Individuals** – These are individuals with a countable monthly income at or below 100% of the Federal Poverty Level

($973 for an individual and $1,311 for a couple – limits change in March each year). Their countable resources must be at or below $7,160 for an individual or $10,750 for a couple.

N. **TEFRA (or Katie Beckett) Children** – These are children age 18 or younger that live at home and meet the SSI definition of disability for a child and meet the level of care required for Medicaid sponsorship in either a nursing home, ICF/MR or an acute care hospital. The parent's income and resources are not considered in determining eligibility. Individuals eligible under this group must have gross monthly income at or below $2,163 (this limit changes in January each year) and resources below $2,000.

O. **Working Disabled Individuals** – These are individuals who meet the Social Security definition of disabled and are working. Eligibility is determined using a two-step process. In the first step, the family's income, after allowable deductions, is at or less than 250% of the Federal Poverty Level (currently $4,123.00 for a family of three). If the family income meets this test, the individual's own unearned income must be at or below 100% of the Federal Poverty Level for an individual (currently $971) and resources at or below $7,160.

P. **Qualified Disabled and Working Individuals (QDWI)** – Individuals with Medicare Part A and income at or below 200% of the Federal Poverty Level ($1,945 for an individual). The individual's resources must be at or below $4,000. For these individuals, the Medicaid program is required to pay their Medicare Part A premiums only. These individuals must not be otherwise eligible for Medicaid.

Q. **Breast and Cervical Cancer Program (BCCP)** – The Breast and Cervical Cancer Prevention and Treatment Act of 2000 allows states to provide full Medicaid benefits to the uninsured who need treatment for breast and/or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia).

South Carolina Medicaid covers individuals screened by the Best Chance Network (BCN). The eligibility criteria are as follows:

Option 1: Best Chance Network (BCN) Patient

- Must meet SC state residency and identity requirements (refer to the Medicaid Policy and Procedures Manual - 102.03 and 102.02).
- Has been screened for breast or cervical cancer under the Best Chance Network program, diagnosed and found in need of treatment for either breast or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia).
- Is age 40 – 64.
- Does not have other insurance coverage that would cover breast and/or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia), including Medicare Part A or B.
- Family income is at or below 200% of the Federal Poverty Level.
- Is not eligible for another Medicaid eligibility group.

Option 2: Non-Best Chance Network (Non-BCN) Patient

Individuals diagnosed by a non-BCN provider and found in need of treatment for either breast or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia) can be eligible effective July 1, 2005, for Medicaid coverage if the following criteria are met:

- Must meet SC state residency and identity requirements (refer to the Medicaid Policy and Procedures Manual-102.03 and 102.02).
- Is under age 65.
- Does not have other insurance coverage that would cover breast and/or cervical cancer or precancerous lesions (CIN 2/3 or atypical hyperplasia), including Medicare Part A or B.
- Family income is at or below 200% of the Federal Poverty Level.
- Is not eligible for another Medicaid eligibility group.

For questions about the Best Chance Network program, please call the American Cancer Society (toll-free) at 1-800-ACS-2345.

HEALTHY CONNECTIONS (MEDICAID) PROGRAM INCOME CHARTS

AGED, BLIND AND DISABLED (ABD)

100% of the Federal Poverty Level

FAMILY SIZE	MONTHLY INCOME	YEARLY INCOME
1 (INDIVIDUAL)	$ 958	$11,490
2 (COUPLE)	1,293	15,510

SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMB)
Qualifying Individuals (QI)

FAMILY SIZE	SLMB 120%	QI 135%
1 (INDIVIDUAL)	$1,149	$1,293
2 (COUPLE)	$1,551	$1,745

PARTNERS FOR HEALTHY CHILDREN (PHC)
COVERAG FOR CHILDREN AGE 1 TO 19

200% of the Federal Poverty Level

Family Size	200% FPL
1	$1,915
2	$2,585
3	$3,255
4	$3,925
5	$4,595
6	$5,265
Each additional person	$670

For each additional family member add the amount shown to the monthly income.

OPTIONAL COVERAGE FOR (PREGNANT) WOMEN AND INFANTS

185% of the Federal Poverty Level

FAMILY SIZE	MONTHLY INCOME	YEARLY INCOME
1	$1,772	$21,264
2	2,392	28,704
3	3,011	36,132
4	3,631	43,572
5	4,251	51,012
6	4,871	58,452

For each additional family member, add $7,440 to the annual income.
Divide by 12 and round up to the next whole dollar for the monthly income.

WORKING DISABLED INDIVIDUALS

250% of the Federal Poverty Level

FAMILY SIZE	MONTHLY INCOME	YEARLY INCOME
1	$ 2,394	$28,728
2	3,232	38,784
3	4,069	48,828
4	$4,907	58,884
5	5,744	68,928
6	6,582	78,984

For each additional family member, add $10,056 to the annual income.
Divide by 12 and round up to the next whole dollar for the monthly income.

LOW INCOME FAMILIES (LIF)

Number in Budget Group	Net Income Limit
1	$479
2	647
3	814
4	982
5	1,149
6	1,317
7	1,484
8	1,652

For family sizes over 8, add $168 for each extra person to the net income limit for 8.
To calculate the gross income limit, multiply the net income limit by 185%.

REGULAR FOSTER CARE

Number in Budget Group	Monthly Income Limit
1	$479

Family Planning (FP) Waiver Services

185% of the Federal Poverty Level

FAMILY SIZE	MONTHLY INCOME	YEARLY INCOME
1	$1,772	$21,264
2	2,392	28,704
3	3,011	36,132
4	3,631	43,572
5	4,251	51,012
6	4,871	58,452

For each additional family member, add $7,440 to the annual income.
Divide by 12 and round up to the next whole dollar for the monthly income.

General Hospital (GH), Nursing Home (NH), Katie Beckett (TEFRA), Home and Community-Based Services (*HCBS)*

(300% of Federal Benefit Rate)

	Monthly Income Limit
Individual	$ 2,130
Spousal Allocation (NH and HCBS only)	$ 2,898

Historic Income Limit

Effective Month	Monthly Income Limit
October 2001	$357
October 2002	$369
October 2003	$374
October 2004	$387
October 2005	$398
October 2006	$408
October 2007	$425
October 2008	$434
November 2009	$452

Effective Month	Monthly Income Limit
November 2011	$454
October 2012	$466

MEDICAL SERVICES

Medicaid

Within limits, Medicaid will pay for services that are medically necessary.

For Medicaid payment purposes, the following definitions apply:

Children - birth through 20 years of age

Adults - 21 years of age and older

Co-payments - The Healthy Connections (Medicaid) program requires many beneficiaries to pay a small part of their medical bill for some services called a co-payment. Certain groups do not pay co-payments for the medical services they receive: Children, Pregnant Women, People in a Nursing Home, People receiving Home and Community Based Waiver Services, and People receiving Family Planning. Co-payments enable beneficiaries to assume some responsibility for their medical care. Co-payments are paid to the provider when services are rendered. The provider will tell the beneficiary when a co-payment is applicable.

Medicaid can pay for the following healthcare services:

- Hospital inpatient, outpatient, emergency room
- Lab and X-ray
- Doctor office visits (physician, nurse practitioner, midwife, podiatrist, chiropractor)
- Well child care - EPSDT
- Well adult care
- Vision
- Dental
- Prescription drug (not all drugs are covered)
- Family Panning
- Medical equipment
- Hospice
- Ambulance
- Transportation to medical appointments
- Nursing facility
- ICF for mentally retarded
- Inpatient psychiatric care
- Home Health
- Physical therapy
- Speech/language therapy
- Mental health services
- Alcohol and drug abuse services
- Family support services
- Targeted case management
- Behavioral Health Services for emotionally disturbed children
- Home and Community based long-term care services

WHERE TO APPLY

By Mail for TEFRA & Breast and Cervical Cancer Program:

South Carolina Department of Health & Human Services
Region IV Office
PO Box 128
State Park Station, South Carolina 29147
Telephone (803) 741-1165

In Person or By Mail for all other Programs:

Abbeville County DHHS Office
Post Office Box 130
903 W. Greenwood St.
Abbeville, SC 29620
(864) 366-5638

Aiken County DHHS Office
Post Office Box 2748
1410 Park Ave., SE
Aiken, SC 29801
(803) 643-1938
Toll Free: 1-888-866-8852

Allendale County DHHS Office
521 Barnwell Street
Allendale, SC 29810
(803) 584-8137

Anderson County DHHS Office
Post Office Box 160
224 McGee Road
Anderson, SC 29625
(864) 260-4541

Bamberg County DHHS Office
Post Office Box 544
374 Log Branch Road
Bamberg, SC 29003
(803) 245-3932

Barnwell County DHHS Office
Post Office Box 648
10913 Ellen Street
Barnwell, SC 29812
(803) 541-3825

Beaufort County DHHS Office
Post Office Box 1255
1905 Duke Street
Beaufort, SC 29902
(843) 255-6095

Berkeley County DSS Office
Post Office Box 13748
2 Belt Dr.
Moncks Corner, SC 29461
(843) 719-1170
Toll Free: 1-800-249-8751

Calhoun County DHHS Office
Post Office Box 378
2831 Old Belleville Road
St. Matthews, SC 29135
(803) 874-3384

Charleston County DHHS Office
Post Office Box 13748
326 Calhoun Street
Charleston, SC 29401
(843) 740-5900
Toll Free: 1-800-249-8751

Cherokee County DHHS Office
Post Office Box 89
1434 N. Limestone Street
Gaffney, SC 29340
(864) 487-2521

Chester County DHHS Office
115 Reedy Street
Chester, SC 29706
(803) 377-8135

Chesterfield County DHHS Office
Post Office Box 855
201 N. Page Street
Chesterfield, SC 29709
(843) 623-5226

Clarendon County DSS Office
Post Office Box 788
3 South Church Street
Manning, SC 29102
(803) 435-4305

Colleton County DHHS Office
Post Office Box 110
Bernard Warshaw Building
215 S. Lemacks Street
Walterboro, SC 29488
(843) 549-1894

Darlington County DHHS Office
Post Office Drawer 2077
300 Russell Street, Room 145
Darlington, SC 29532
(843) 398-4427

Dillon County DHHS Office
Post Office Box 351
1213 Hwy. 34 West
Dillon, SC 29536
(843) 774-2713

Dorchester County DSS Office
216 Orangeburg Road
Summerville SC 29483
(843) 821-0444
Toll Free:1-800-249-8751

Edgefield County DHHS Office
Post Office Box 386
120 W. A. Reel Drive
Edgefield, SC 29824
(803) 637-4040

Fairfield County DHHS Office
Post Office Box 1139
1136 Kincaid Bridge Rd.
Winnsboro, SC 29180
(803) 589-8035

Florence County DHHS Office
2685 S. Irby Street, Box I
Florence, SC 29505
(843) 673-1761

Georgetown County DSS Office
Post Office Box 371
330 Dozier Street
Georgetown, SC 29440
(843) 546-5134

Greenville County DSS Office
Post Office Box 100101
301 University Ridge, Suite 6700
Greenville, SC 29601
(864) 467-7800

Greenwood County DHHS Office
Post Office Box 1016
1118 Phoenix Street
Greenwood, SC 29646
(864) 229-5258

Hampton County DHHS Office
102 Ginn Altman Avenue, Suite B
Hampton, SC 29924
(803) 914-0053

Horry County DHHS Office
Post Office Box 290
1601 11th Avenue, 1st Floor
Conway, SC 29526
(843) 381-8260

Jasper County DHHS Office
10908 N. Jacob Smart Boulevard
Ridgeland, SC 29936
(843) 726-7747

Kershaw County DHHS Office
Post Office Box 220
110 E. DeKalb Street
Camden, SC 29020
(803) 432-3164

Lancaster County DHHS Office
1599 Pageland Highway
Lancaster, SC 29720
(803) 286-8208
Fax: (803) 286-8743

Laurens County DHHS Office
Post Office Box 388
93 Human Services Road
Clinton, SC 29325
(864) 833-6109

Lee County DHHS Office
Post Office Box 406
820 Brown Street
Bishopville, SC 29010
(803) 484-5376

Lexington County DHHS Office
605 West Main Street
Lexington, SC 29072
FI Medicaid: (803) 785-2991
SSI Medicaid: (803) 785-5050

McCormick County DHHS Office
215 N. Mine Street
McCormick, SC 29835
(864) 465-5221

Marlboro County DHHS Office
Post Office Box 1074
1 Ag Street
Bennettsville, SC 29512
(843) 479-4389

Oconee County DHHS Office
223-B Kenneth Street
Walhalla, SC 29691
(864) 638-4420

Pickens County DHHS Office
Post Office Box 160
212 McDaniel Avenue
Pickens, SC 29671
(864) 898-5815

Saluda County DHHS Office
Post Office Box 245
613 Newberry Hwy.
Saluda, SC 29138
(864) 445-2139
Toll Free: 1-800-551-1909

Sumter County DHHS Office
Post Office Box 2547
105 N. Magnolia Street, 3rd Floor
Sumter, SC 29151
(803) 774-3447

Williamsburg County DSS Office
Post Office Drawer 767
831 Eastland Avenue
Kingstree, SC 29556
(843) 355-5411

Marion County DHHS Office
137 Airport Court, Suite J
Mullins, SC 29574
(843) 423-5417

Newberry County DHHS Office
Post Office Box 1225
County Human Services Center
2107 Wilson Road
Newberry, SC 29108
(803) 321-2159

Orangeburg County DHHS Office
Post Office Box 1407
Orangeburg, SC 29116-1407
2570 Old St. Matthews Rd, NE
Orangeburg, SC 29116
(803) 515-1793

Richland County DHHS Office
3220 Two Notch Road
Columbia, SC 29204
(803) 714-7562
(803) 714-7549

Spartanburg County DHHS Office
Post Office Box 4847
Pinewood Shopping Center
1000 North Pine Street, Suite 23
Spartanburg, SC 29305
(864) 596-2714

Union County DHHS Office
Post Office Box 1068
200 South Mountain Street
Union, SC 29379
(864) 424-0227

York County DHHS Office
1890 Neelys Creek Rd.
Rock Hill, SC 29730
(803) 366-1900