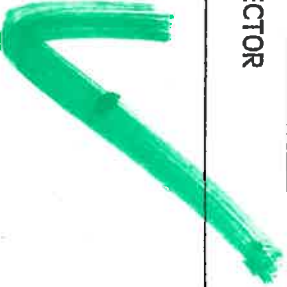


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>6-30-10</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000513</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: CMS file</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> 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.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



June 21, 2010

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Re: South Carolina Title XIX State Plan Amendment, Transmittal #10-001

RECEIVED
JUN 30 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 10-001, which was submitted to the Atlanta Regional Office on March 25, 2009. This amendment impacts the State's Medicare Savings Program (MSP). Specifically, this amendment will increase the resource limits for the following programs to three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index:

- Qualified Medicare Beneficiary (QMB), Section 1902(a)(10)(E)(i) of the Social Security Act;
- Specified Low-Income Medicare Beneficiary (SLMB), 1902(a)(10)(E)(iii) of the Act, and
- Qualifying Individuals (QI), 1902(a)(10)(E)(iv) of the Act

Based on the information provided, we are pleased to inform you that South Carolina SPA 10-001 was approved on June 15, 2010. The effective date is January 1, 2010. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409 or Sally Brown at (404) 562-7352.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SC 10-001

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE
January 1, 2010

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(E)(i); 1902(a)(10)(E)(iii); 1902(a)(10)(E)(iv)

7. FEDERAL BUDGET IMPACT:

a. FFY 09-10 \$490,500
b. FFY 10-11 \$654,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Pages 9a, 9b and 9b.1
Attachment 2.6-A, Pages 22 and 22a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 2.2-A, Pages 9a, 9b and 9b.1
Attachment 2.6-A, Page 22

10. SUBJECT OF AMENDMENT:

Medicare Savings Programs resource limit increase

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Ms. Forkner was designated by the
Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Emma Forkner

13. TYPED NAME:
Emma Forkner

14. TITLE:
Director

16. RETURN TO:
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

15. DATE SUBMITTED:
March 25, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3/25/10

18. DATE APPROVED:
6/15/10

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/10

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
JACKIE GLAZE

22. TITLE:
Assoc. REGIONAL ADMINISTRATOR

23. REMARKS:

*Approved with the following changes approved by the
State of SC. Box 6: Code 08600-14(3)(d)*

Revision:

ATTACHMENT 2.2-A
Page 9a

State: South Carolina

Agency	Citation(s)	Groups Covered
1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	24. Qualified Medicare Beneficiaries --	a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p) and 1860D-14(a)(3)(D)	25. Qualified Disabled and Working Individuals --	(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.) a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and

TN No: SC 10-001

Approval Date: 06/15/10

Effective Date: 01/01/2010

Supersedes TN No.: MA 02-001

Revision:

ATTACHMENT 2.2-A
Page 9b

State: South Carolina

Agency	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	c.	Whose resources do not exceed two times the SSI resource limit.
	d.	Who are not otherwise eligible for medical assistance under Title XIX of the Act.
	(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)	
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	26.	Specified Low-Income Medicare Beneficiaries --
	a.	Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
	b.	whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
	c.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
	(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)	

TN No: SC 10-001

Approval Date: 06/15/10

Effective Date: 01/01/2010

Supersedes TN No.: MA 02-001

Revision:

ATTACHMENT 2.2-A
Page 9b.1

State: South Carolina

Agency	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	27. Qualifying Individuals -- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level; c, Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

TN No: SC 10-001 Approval Date 06/15/10 Effective Date 01/01/2010

Supersedes TN No.: MA 02-001

Revision:

ATTACHMENT 2.6-A
Page 22

State: South Carolina

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource resource eligibility for all groups.
	c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for-- <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled
	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

TN No: SC 10-001

Approval Date: 06/15/10

Effective Date: 01/01/2010

Supersedes TN No. MA 92-007

Revision:

ATTACHMENT 2.6-A
Page 23

State: South Carolina

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is: ____ Twice the SSI resource standard for an individual. ____ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A.</u>
	11. Excess Resources
	a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals Any excess resources make the individual ineligible.
	b. Categorically Needy Only <input checked="" type="checkbox"/> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
	c. Medically Needy Any excess resources make the individual ineligible.

TN No. SC 10-001
Supersedes
TN No. MA 92-07

Approval Date: 06/15/10

Effective Date: 01/01/10
HCFA ID: 7985E