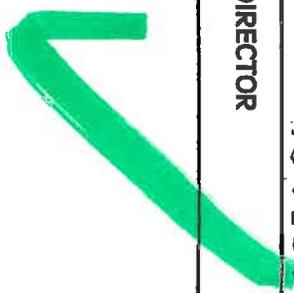


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Wells</i>	<b>DATE</b> <i>2-19-09</i>
---------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100457</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



**RECEIVED**

FEB 19 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

February 10, 2009

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 #08-35

Dear Ms. Forkner:

We accept your request, dated February 9, 2009, to withdraw State Plan Amendment 08-035. We are returning the Form HCFA-179 and the proposed amendment pages.

If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408 or Tandra Hodges at (404) 562-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is written in a cursive style.

Mary Kaye Justis, RN, MBA  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:  
SC 08-035

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
February 1, 2009

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:

7. FEDERAL BUDGET IMPACT:

Section 1902(f)(2) of the Social Security Act

a. FFY 2009 \$10,321,836  
b. FFY 2010 \$14,482,754

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Supplement 8a to Attachment 2.6-A, Page 1

Supplement 8a to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:  
Revise child/incapacitated adult care deduction.

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:

16. RETURN TO:

*Emma Forkner*  
13. TYPED NAME:  
Emma Forkner

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

14. TITLE:  
Director

15. DATE SUBMITTED:  
December 18, 2008

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Revision: HCFA-PM-91-4  
August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT\*

Section 1902(f) State       Non-Section 1902(f) State

- A. For Qualified Medicare Beneficiaries, Aged and Disabled, Working Disabled, and Specified Low-Income Medicare Beneficiaries, the rules for valuing in-kind support and maintenance are not applied.
- B. For pregnant women with income below the state established poverty level (185% as of 7/90), a married pregnant minor who lives with her parents is automatically considered emancipated and her parents income is not considered in determining her eligibility.
- C. For pregnant women, infants, families and children with income below the state established poverty level (185% as of 7/90), a deduction of child/incapacitated adult care expenses per month per child/adult less the amount paid by the ABC voucher program for each child receiving child care is used.
- The monthly deduction is not to exceed:
- \$200 per child under age 2
  - \$175 per child age 2 and up to age 12
  - \$175 per incapacitated adult
- D. For individuals applying under Section 1902(m)(1) of the Act, disregard the first \$20 of unearned income.
- E. For the Working Disabled Program, disregard unearned income between the SSI Federal Benefit Rate and 100% of the Federal Poverty Level.

\*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

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TN NO. SC 08-035035  
Supersedes: Approval Date:  
TN No. SC 08-028028

Effective Date: 02/09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(F) (2) OF THE ACT\*

- Section 1902(F) State
- Non-Section 1902(F) State

A. For Qualified Medicare Beneficiaries, Aged and Disabled, Working Disabled, and Specified Low-Income Medicare Beneficiaries, the rules for valuing in-kind support and maintenance are not applied.

B. For pregnant women with income below the state established poverty level (185% as of 7/90), a married pregnant minor who lives with her parents is automatically considered emancipated and her parents income is not considered in determining her eligibility.

C. For pregnant women, infants, families and children with income below the state established poverty level (185% as of 7/90), a deduction of child/incapacitated adult care expenses per month per child/adult less the amount paid by the ABC voucher program for each child receiving child care is used.

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The monthly deduction is not to exceed:

- \$200 per child under age 2
- \$175 per child age 2 and up to age 12
- \$175 per incapacitated adult

D. For individuals applying under Section 1902(m) (1) of the Act, disregard the first \$20 of unearned income.

E. For the Working Disabled Program, disregard unearned income between the SSI Federal Benefit Rate and 100% of the Federal Poverty Level.

\*More liberal methods may not result in exceeding gross income limitations under section 1903(F).

TN NO. SC 08-035 Approval Date: \_\_\_\_\_ Effective Date: 02/01/09  
 Supersedes: \_\_\_\_\_  
 TN No. SC 08-028

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