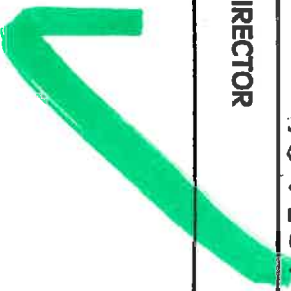


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|------------------------|
| TO <i>Wet/s</i> | DATE <i>2-19-09</i> |
|--------------------|------------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|---|------------------|--|
| 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 | | | |

| 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 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,

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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

| | |
|---|----------------------------|
| 1. TRANSMITTAL NUMBER: SC 08-035 | 2. STATE South Carolina |
| 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(r)(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. Fortner was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Emma Fortner
13. TYPED NAME:
Emma Fortner

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:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 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).

TN NO. SC 08-035035
Supersedes: Approval Date: Effective Date: 02/09
TN No. SC 08-028028

Revision: HCFA-PW-91-4
August 1991

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

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State: South Carolina

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 - \$175 per incapacitated adult
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- E. For the Working Disabled Program, disregard unearned income between the SSI Federal Benefit Rate and 100% of the Federal Poverty Level.

Deleted: of \$200

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

TN NO. SC 08-035
Supersedes: Approval Date: _____
TN No. SC 08-028

Effective Date: 02/01/09

Deleted: 1

Deleted: 028

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