

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>4/10/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100566	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mrs. Furber, Depo, 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 St., Suite 4T20
Atlanta, Georgia 30303-8909



March 27, 2008

RECEIVED

APR 10 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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 #09-002

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 09-002, which was submitted to the Atlanta Regional Office on February 24, 2009. This amendment restores the eligibility process of Aged, Blind and Disabled income disregards as required by the American Recovery and Reinvestment Act of 2009.

Based on the information provided, we are pleased to inform you that South Carolina SPA 09-002 was approved on March 26, 2009. The effective date is January 1, 2009. The signed CMS-179 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact 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**

1. TRANSMITTAL NUMBER:
SC 09-002

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

6. FEDERAL STATUTE/REGULATION CITATION: COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$12,259,308
b. FFY 2010 \$17,904,847

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 8a to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 8a to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:
Restore the eligibility process of Aged, Blind and Disabled income disregards.

11. GOVERNOR'S REVIEW (*Check One*):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Ms. Forkner was designated by the Governor
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: *Emma Forkner*
Emma Forkner
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

14. TITLE:
Director

15. DATE SUBMITTED:
February 24, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: *Mary Kaye*

Mary Kaye Jellis, RN, MBA

22. TITLE: *Regional Administrator*
Regional Administrator
Division of Health and the Children's Health Plans

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 04/01/09:
Block #4 - Proposed Effective Date February 1, 2009; change to read Proposed Effective Date January 1, 2009.

Revision: HCEA-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 and children with income below the state established poverty level (185% as of 7/90), a deduction of child care expenses of \$200 per month per child less the amount paid by the ABC voucher program for each child receiving child care is used.
- D. For individuals applying under Section 1902(m)(1) of the Act, disregard the first \$50 of unearned income.
- E. For Poverty Level Aged and Disabled when the annual Social Security and Railroad Retirement COLAs and Poverty Level adjustments Cause Ineligibility, disregard the most recent COLA increase. This disregard continues until the individual loses Medicaid coverage for any other reason for three consecutive months.
- F. 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 09-002
Supersedes:
TN No: SC 08-028

Approval Date: 03/26/09

Effective Date: 01/01/09