

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-15-06</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>600148</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleared 8/16/06, see attached letter.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-24-06</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input 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.			

August 9, 2006

*Ros. Bird*  
*u. Approp. Sign*  
**RECEIVED**  
AUG 14 2006

Mr. Robert M. Kerr, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Medicaid Laws for the State of South Carolina

Dear Mr. Kerr:

My name is Rodney T Martin and I am an insurance professional in South Carolina and I need your assistance in obtaining some laws. I pride myself on doing the proper job for my clients and to be able to maintain my standard of integrity, I need your assistance in obtaining a copy of the Medicaid Laws in South Carolina. I need the laws because I do not and will not defraud the government in any way, so your assistance with this is very vital to my business.

I need to know if South Carolina has an **Estate Recovery Act or a Homestead Act**.

(This act goes into effect when a resident of South Carolina goes into a nursing home and Medicaid is paying for their care. This law is used to recuperate Medicaid's expenses from the estate of the patient.) Would you please send me a copy of the entire Estate Recovery Act and the Estate Recovery brochure?

In South Carolina will a resident be ineligible for Medicaid if their house has more then \$500,000.00 of equity in the home or does our state use the maximum of \$750,000.00? In South Carolina when do you notify the family that they are subject to the Estate Recovery Act? Is it when the spend down period is over or upon the death of the community spouse? Please also include a copy of the letter that is sent to the families when this occurs.

Would you please send me a copy of the South Carolina Department of Public Welfare Nursing Care Handbook, or the book the Social workers use. This book is used by welfare to determine and applicant's eligibility for Medicaid. Also please include a copy of the South Carolina State Medicaid Manual, there is sometimes a fee for the manual, if this is the case, please include an invoice so I can purchase this manual. I also need a copy of the transfer laws in South Carolina with and without a trust.

When is South Carolina going to implement the new regulations under the Deficit Reduction Act?

I also need a list of Medicaid Reference Numbers for the State of South Carolina:

- (1) What is your Minimum Monthly Maintenance Needs Allowance?
- (2) What is your Maximum Monthly Maintenance Needs Allowance?
- (3) What is your Minimum Community Spouse Resource Allowance?
- (4) What is the Maximum Community Spouse Resource Allowance?
- (5) What is your Heating Allowance? Deemed as countable assets and the amount of assets a South Carolina resident can have in non-countable assets.
- (6) What is the Utility Allowance?
- (7) What is your Excess Monthly Shelter Allowance?
- (8) What is the Monthly Personal Needs Allowance?
- (9) What is the Resource Allowance for an individual?

Mr. Kerr  
August 9, 2006  
Page 2

(10) What is the average Monthly Cost of a Nursing Home in South Carolina and is this the divisor used for ineligibility computation?

(11) Are IRAs countable resource in the State of South Carolina?

(12) In South Carolina is Medicaid considered a creditor?

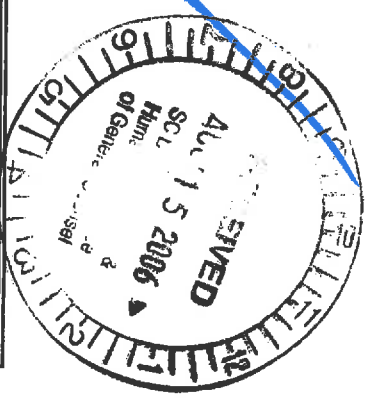
(13) Isn't transfer only when a change of ownership is involved?

I would also need a copy of how South Carolina treats annuities for Medicaid and what is the time period an immediate annuity has to be in place prior to applying for Medicaid. As a single person, who has to be the primary beneficiary? For married couples, who can be named primary beneficiary on the annuity. Please send a complete copy of how these laws apply. **With the new laws that went into affect in February 2006 (Defecit Reduction Act), when are these laws taking place in the state of South Carolina.** . I know this is a lot of information, but it is very important to me. Thanks in advance for your help with this matter.

Respectfully submitted,  
Rodney T Martin  
194 Rocky River Plant Rd  
Calhoun Falls, SC 29628  
864-378-2224

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



TO <b>Singleton</b>	DATE <b>8-15-06</b>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <b>6C0148</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <b>8-24-06</b>
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Mr. Kerr

August 9, 2006

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Rodney T Martin

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Calhoun Falls, SC 29628

864-378-2224



## State of South Carolina

### Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 16, 2006

Mr. Rodney T. Martin  
194 Rocky River Plant Road  
Calhoun Falls, South Carolina 29628

Dear Mr. Martin:

Your letter of August 9, 2006, to Mr. Robert Kerr was referred to me. Almost all of your questions can be answered online. South Carolina's Estate Recovery Statute may be found at § 43-7-460, Code of Laws of South Carolina 1976, as amended. Once we have received information of a death, we notify the responsible party and ask for information about the estate, including who will be Personal Representative and where property may be located.

South Carolina is implementing the Deficit Reduction Act (DRA) in conformity with the dates specified in the statute. Regulations have not yet been promulgated. South Carolina will use the \$500,000.00 equity limit. Annuities and transfers will be treated as set out in the DRA and, as I stated earlier, will be in effect in accord with the dates set out in the DRA.

The Medicaid Policy Manual may be accessed at <http://medweb.clemson.edu/impdm/impmtoc.htm>. Regrettably, the Centers for Medicare and Medicaid Services (CMS) has reformatted its website and the State Medicaid Manual is being updated. You can go to <http://cms.hhs.gov> and do a search for "State Medicaid Manual" to find the current non-updated version.

Your specific questions can be answered by referring to the South Carolina Medicaid Policy Manual as cited above. However, the questions are answered as follows:

1. Monthly Maintenance Needs Allowance -- \$603.00 if a person has been temporarily admitted to a nursing facility for up to 6 months.
2. Community Spouse Resource Allowance -- \$64,480.
3. Heating/Utility Allowance/Excess monthly Shelter -- do not exist
4. Monthly Personal Needs Allowance -- \$30.00.

Office of General Counsel  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2795 Fax (803) 255-8210

Mr. Rodney T. Martin

August 16, 2006

Page 2

5. Resource allowance per individual -- \$2,000.00.
6. Average Monthly Cost of a nursing facility -- \$4,473.68.
7. IRAs are a countable resource if the recipient is not receiving a periodic payment.
8. Medicaid is a creditor pursuant to the Estate Recovery Program.
9. A transfer exists when a change in ownership occurs or when lifetime rights are purchased in the home of another and the purchaser does not reside in the newly purchased home.

If you have further questions, please do not hesitate to call me at (803) 898-2795.

Sincerely,

A handwritten signature in dark ink, appearing to read "George R. Burnett", with a long horizontal flourish extending to the right.

George R. Burnett  
Assistant General Counsel

GRB/b

Enclosures





*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 16, 2006

<addressto>

Re: Estate of: <fname> <mi> <lname>  
Medicaid No: <recipid>  
Date of Death: <dateofdeath>

Dear <greeting>:

We were very sorry to learn of the death of <fname> <lname>. We need to determine who is handling this estate, the name of the personal representative, and/or attorney.

Enclosed is a questionnaire to make it easier for you to provide us with this information. Please complete this questionnaire and return to us in the enclosed postage free envelope within 10 days of receipt of our letter.

If you are not able to provide this information, please forward to the appropriate person.

Should you have any questions about this questionnaire, please call our office at (803) 898-2932. Staff will be available to answer any questions that you may have.

Sincerely,

Amber Kerr  
Program Assistant  
Estate Department

<cc>  
Enclosure(s)

# ESTATE QUESTIONNAIRE

## Information on person completing this form:

Full Name \_\_\_\_\_ ( ) \_\_\_\_\_ ☐ Home ☐ Work  
Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
What is your relationship to the deceased?

(Son, daughter, niece, spouse, etc.)

Do you have an attorney helping you with the decedent's affairs? ☐ Yes ☐ No  
If "yes," please provide the following information concerning the attorney:

Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Information on Decedent:

Last Address of the deceased (If decedent was in a nursing home, at what address did he/she live before going to the nursing home?):

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Who owned this home? ☐ Decedent ☐ Someone else (*specify if known*)  
\_\_\_\_\_

Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County of death \_\_\_\_\_ Did you go to Probate Court? ☐ Yes ☐ No  
Mon/Date/Yr

If "yes," in what county? \_\_\_\_\_ Case # \_\_\_\_\_ (Assigned by Probate Court)

Action by Probate Court: ☐ filed Will only\* ☐ Small Estate Affidavit\* ☐ Affidavit for Collections\*

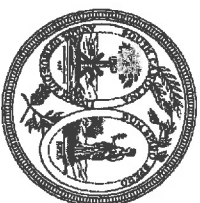
☐ opened estate ☐ appointment of Personal Representative\* (see top of page 2) ☐ Other  
(\*Attach a copy of the court form please)

Real and personal property owned by decedent at time of death (check all that apply):

- |                                   |                                    |                                     |                                      |                                      |
|-----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> House    | <input type="checkbox"/> Car/Truck | <input type="checkbox"/> Farm Equip | <input type="checkbox"/> Boat        | <input type="checkbox"/> Bonds       |
| <input type="checkbox"/> Land     | <input type="checkbox"/> Furniture | <input type="checkbox"/> Jewelry    | <input type="checkbox"/> Stocks      | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings   | <input type="checkbox"/> CD's       | <input type="checkbox"/> Burial Acct | <input type="checkbox"/> Pers Needs  |

☐ Other Property (*please list*) \_\_\_\_\_

Estimated value of all real and personal property owned by decedent prior to death \$ \_\_\_\_\_



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 16, 2006

<addressto>

Re: Estate of: <fname> <m1> <lname>  
Medicaid No: <recipid>  
Date of Death: <dateofdeath>

Dear <greeting>:

We were very sorry to learn of the death of <fname> <lname>. Your name was included in our records as a contact person. We need to determine who is handling this estate, the name of the personal representative, and/or attorney.

Enclosed is a questionnaire to make it easier for you to provide us with this information. Please complete this questionnaire and return to us in the enclosed postage free envelope within 10 days of receipt of our letter.

If you are not able to provide this information, please forward to the appropriate person.

Should you have any questions about this questionnaire, please call our office at (803) 898-2932. Staff will be available to answer any questions that you may have.

Sincerely,

Amber Kerr  
Program Assistant  
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Full Name \_\_\_\_\_ ( ) \_\_\_\_\_ ☐ Home ☐ Work  
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(Son, daughter, niece, spouse, etc.)

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Who owned this home? ☐ Decedent ☐ Someone else (specify if known) \_\_\_\_\_

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Mon/Date/Yr

If "yes," in what county? \_\_\_\_\_ Case # \_\_\_\_\_ (Assigned by Probate Court)

Action by Probate Court: ☐ filed Will only\* ☐ Small Estate Affidavit\* ☐ Affidavit for Collections\*

☐ opened estate ☐ appointment of Personal Representative\* (see top of page 2) ☐ Other  
(\*Attach a copy of the court form please)

Real and personal property owned by decedent at time of death (check all that apply):

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☐ Other Property (please list) \_\_\_\_\_

Estimated value of all real and personal property owned by decedent prior to death \$ \_\_\_\_\_