

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>2/10/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100567	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlun, Deps, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #09-003

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 09-003, which was submitted to the Atlanta Regional Office on February 24, 2009. This amendment restores income disregards as required by the American Recovery and Reinvestment Act of 2009 and impacts the Transitional Medical Assistance Program (TMA).

Based on the information provided, we are pleased to inform you that South Carolina SPA 09-003 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,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is fluid and cursive.

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 09-003

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:

7. FEDERAL BUDGET IMPACT:

Section 1931 of the Social Security Act.

a. FFY 2009 \$11,667,000
b. FFY 2010 \$14 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 12 to Attachment 2.6-A, Page 2

Supplement 12 to Attachment 2.6-A, Page 2

10. SUBJECT OF AMENDMENT:

Restore earned income disregards

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

16. RETURN TO:

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

13. TYPED NAME:

Emma Forkner

14. TITLE:

Director

15. DATE SUBMITTED:

February 24, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

02/24/09

18. DATE APPROVED:

02/26/09

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/09

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

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

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

Mary Kaye Justis, RN, MBA

Approved with following changes as authorized by the State Agency on email dated 04/01/09:

Block #1 - Proposal Effective Date February 1, 2009; change to add Proposed Effective Date January 1, 2009.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
1. Primary residence and the land on which it is located, as well as other buildings on this property is excluded;
 2. Qualified retirement plans are excluded;
 3. Cash value of Life Insurance policies with face value of \$10,000 or less and for which the cash value does not exceed the face value is excluded;
 4. The exclusion of \$1500 of equity value for bona fide funeral arrangements for AFDC-related groups also includes revocable burial contracts, revocable trusts, installment sales contracts for burial spaces, cash, financial accounts such as checking, savings, or CD's, stocks or bonds, life insurance cash value;
 5. The equity value of \$20,000 or less for one vehicle, not used for producing income, for each licensed driver is excluded;
 6. Disregards income from interest or dividends up to \$400 annually.
 7. Disregards earned income of dependent children.
 8. Disregards lump sum payments from income. If lump sum payments are retained for more than a month, the amount retained is counted as a resource.
 9. Disregards 50% of earned income for the first 4 months after employment begins and a standard disregard of \$100 for each month thereafter that earned income is received.
 10. Disregards all earned income up to 185% of the Federal poverty level of recipients for 12 months after employment causes ineligibility.
 11. Disregards difference between the 1931 income standard and 50% of the Federal poverty level by family size as revised annually in the Federal Register plus \$1.
 12. Disregards of earned income paid by the Census Bureau for temporary employment related to census activities.

The income and/or resource methodologies that the less restrictive methods replace are as follows:

TN No. SC 09-003
Supersedes
TN No. SC 08-027

Approval Date: 03/26/09

Effective Date 01/01/09
HCFA ID: 7985E