

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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ACTION REFERRAL

TO <i>Wells</i>	DATE <i>3-14-08</i>
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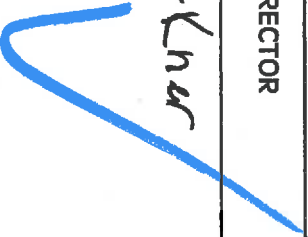
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000469</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc: Hs. Forkner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> 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 AND HUMAN SERVICES
OFFICE OF DIRECTOR**

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TO <i>Wells</i>	DATE <i>3-14-08</i>
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1. LOG NUMBER <i>000469</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
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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 11, 2008

RECEIVED

MAR 14 2008

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 #07-006

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 07-006, which was submitted to the Atlanta Regional Office on December 13, 2007. This amendment increases the monthly income limits for the Working Disabled category from the SSI level (\$637) to the Federal Poverty level (\$851).

Based on the information provided, we are pleased to inform you that South Carolina SPA 07-006 was approved on March 07, 2008. The effective date is January 1, 2008. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

Jay Gavens
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

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

\$1902(r)(2) of the Social Security Act (the Act)

a. FFY 2007 \$ -0-
b. FFY 2008 \$ 92,198

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Supplement 8b to Attachment 2.6-A, Pages 1 & 2

Supplement 8b to Attachment 2.6-A, Pages 1 & 2

10. SUBJECT OF AMENDMENT:

Changes to eligibility criteria for the Working Disabled Category

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:

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 13, 2007

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/13/07

18. DATE APPROVED:

03/07/08

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/08

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Jay Gavens

Jay Gavens
Acting Associate Regional Administrator

23. REMARKS:

Division of Medicaid & Children's Health OPNS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

MORE LIBERAL METHODS OF TREATING RESOURCES
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 individuals with income under poverty and Specified Low-Income Medicare Beneficiaries:

1. The value of life estate interest in real property is excluded;
2. the value of household goods and personal effects is excluded;
3. the value of undivided interest in heirs property is excluded;
4. the cash value of life insurance is excluded if the combined face value of all policies is \$10,000 or less; and
5. resource determination are not restricted to the first moment of the first day of the month. An individual who is otherwise eligible and whose resources are within the limit at anytime during the month is eligible for Medicaid for the entire month.

B. For Working Disabled Beneficiaries:

1. the value of life estate interest in real property is excluded;
2. the value of household goods and personal effects is excluded;
3. the value of undivided interest in heirs property is excluded;
4. resource determination are not restricted to the first moment of the first day of the month. An individual who is otherwise eligible and whose resources are within the limit at anytime during the month is eligible for Medicaid for the entire month;
5. the cash value of life insurance is excluded;
6. exclude additional resources of \$2000 for an individual.

TN No: SC 07-006
Supersedes
TN No: SC 06-015

Approval Date: 03/07/08

Effective Date: 01/01/08

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

C. For AFDC related groups:

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;

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFERS FROM THOSE OF THE SSI PROGRAM

D. For all Medicaid covered groups:

In developing the burial fund exclusion, the amount which can be designated for burial is no longer offset by the face value of life insurance policies where the individual's total face value of all policies is less than \$1500.

E. For Individuals applying for or receiving assistance under the category of eligibility for the working disabled, resources held in a formalized retirement plan are excluded in the eligibility determination for so long as the individual remains engaged in substantial gainful activity. For purposes of this provision, a formalized retirement plan shall include, but not be limited to, the following: IRAs of any type; 401(K) plans; 403(b) plans; 457 plans; Keogh plans; Simplified Employee Pension (SEP) plans; Savings Incentive Match Plan for Employees (SIMPLE); and any other employment-administered retirement or deferred compensation plan, regardless of whether such plan is a defined benefit plan or a defined contribution plan, and regardless of whether such plan is deemed a "qualified" plan for tax purposes by the Internal Revenue Service.

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 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 07-006
Supersedes:
TN No: SC 06-005

Approval Date: 03/07/08

Effective Date: 01/01/08