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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 14-018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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November 14, 2014

Mr. Anthony E. Keck  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-018

Dear Mr. Keck:

We have reviewed the proposed state plan amendment, SC 14-018, which was submitted to the Atlanta Regional Office on August 29, 2014. This state plan amendment will increase the minimum estate asset value upon which South Carolina can file claims from \$10,000 to \$25,000.

Based on the information provided, the Medicaid State Plan Amendment SC 14-018 was approved on November 14, 2014. The effective date of this amendment is October 1, 2014. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
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

1. TRANSMITTAL NUMBER:  
14-018

2. STATE  
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2014

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:  
42CFR433.36(c)1902(a)(18) and 1917(a) and (b) of The Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ 0  
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.17-A, Page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.17-A, Page 4

10. SUBJECT OF AMENDMENT:

To increase the minimum estate asset value upon which SCDHHS can file claims from \$10,000 to \$25,000.

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:  
Mr. Keck was designated by the Governor  
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
//s//

13. TYPED NAME:  
Anthony E. Keck

14. TITLE: Director

15. DATE SUBMITTED: 08/27/14

16. RETURN TO:  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
08/29/14

18. DATE APPROVED: 11/14/14

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
10/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

LIENS AND ADJUSTMENTS OR RECOVERIES

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5. The State defines cost-effectiveness as follows (include methodology/thresholds used to determine cost-effectiveness):

If the value of the estate is determined (by receipt of affidavit) to be less than \$25,000, the department will not file a claim. The assets of the estate must be \$25,000 or more and the claims paid by Medicaid must be \$500 or more. If the net assets of the estate are less than \$4,000 after the payment of all priority expenses, then the department will withdraw its claim.

The State may settle its claim for a lesser amount if the State determines that it would be more cost effective and in the best interest of the State to do so than to continue to pursue collection of the full amount of the claim. Criteria to be considered in determining cost effectiveness may include the probability of collecting a larger amount, staff time, cost incurred, legal expense and length of time required to collect.

6. The State uses the following collection procedures (include specific elements contained in the advance notice requirement, the method for applying for a waiver, hearing and appeals procedures, and time frames involved):

The application for Nursing Home or Community Base Waiver Services gives notification of the Estate Recovery Law. Upon the death of the recipient, a claims package is mailed to the Personal Representative of the recipient's estate. The package includes the following: Informational letter, creditor's claim, itemization of the claim, instruction for requesting /applying for a waiver, and copy of SC Estate Recovery Law. The letter states that the family has 45 days to request a waiver. Upon receipt of all of the requested information, the case analyst assigned to the case will render their decision within 15 days. If the waiver is denied, Appeals procedures are mailed to the family certified allowing the family 30 days to request an Appeal.