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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-25-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 26, 2025

Eunice Medina

Director

South Carolina Department of Health & Human Services

P.O. Box 8206

Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) 25-0008

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment proposes to address the undue hardship waiver requirements for Estate Recovery.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 433.36. This letter informs you that South Carolina's Medicaid SPA TN 25-0008 was approved on September 26, 2025, effective August 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA page to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Vanessa Jefferies at (410) -786-6412 or via email at Vanessa.Jefferies@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight

On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Sheila Chavis

Margaret Alewine

Jordan Desai

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 5 0 0 0 8

2. STATE
S C

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 433.36

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2025 \$ 0
b FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.17-A, page 3

Attachment 4.17-A, page 3

9. SUBJECT OF AMENDMENT

Undue

This SPA will address the Estate Recovery ~~Undue~~ Hardship Waiver Requirements.

10. 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. Medina was designated by the Governor to review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Eunice Medina

13. TITLE
Director

14. DATE SUBMITTED
August 18, 2025

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

FOR CMS USE ONLY

16. DATE RECEIVED
August 19, 2025

17. DATE APPROVED
September 26, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
August 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Box 9: State authorized pen and ink change on 09/03/2025 via email.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

LIENS AND ADJUSTMENTS OR RECOVERIES

4. An undue hardship waiver may be granted to an Immediate Family Member of the decedent. The individual requesting the waiver must be residing in the homestead prior to the recipient's death, the homestead must be their legal residence and without the homestead they would not have a place to live. Instructions for filing a hardship are enclosed in the claims packages. Below are a list of the different waivers and the documentation needed to grant the waiver.

Decedent's Brother or Sister

They must have an equity interest in the property with the decedent and have lived in the home for at least one year prior to the date the decedent went into the nursing home or began receiving community long-term care services.

- an affidavit provided by the person for whom the waiver is to be granted, stating their relationship to the decedent, and that they are residing in the decedent's home.
- a copy of the deed showing that the brother or sister owns a portion (equity interest) of the home, and
- documentation to show the date that the decedent entered the nursing home or the date that the Community Long Term Care services began; and
- documentation to show the date that the brother or sister began residing in the home (i.e., tax returns, benefits statement (received from Social Security), an affidavit from a neighbor)

Decedent's Mother, Father, Sister, Brother, Son, Daughter, or Grandchild

They must have lived in the home for at least two years before the decedent went into the nursing home or began receiving community long-term care services. If so, they must provide the following documents:

- an affidavit provided by the person for whom the waiver is to be granted, and
- documentation to show the date that the decedent entered the nursing home or the date that the Community Long Term Care services began.
- benefits statement documentation to show the date that the family member began residing in the home (i.e., tax returns, a benefits statement (received from Social Security), an affidavit from a neighbor).

Definitions:

Immediate Family Member – mother, father, sister, brother, son, daughter, (son or daughter who is over the age of twenty one and who is not blind or disabled as defined in Section 1614 of the Social Security Act) or grandchild of the decedent.

Residing – must have been actually living in the home for the last two consecutive years without interruption and it is your permanent address and you currently live in the home at the time you make your request for an undue hardship.

Child – is the legal minor son or daughter of the Medicaid recipient who is under the age of 18 or under the age of 22 and a full time student