

**MEDICALLY INDIGENT  
ASSISTANCE PROGRAM  
(MIAP) MANUAL**

## INTRODUCTION

During the 1985 legislative session, the South Carolina General Assembly approved the Medically Indigent Assistance Act (MIAA). The intent of this Act is to ensure that medical care is available to needy citizens of the State.

In recognition of the need to address the medically indigent problem in the State, the Medically Indigent Assistance Fund (MIAF) was created effective January 1, 1986. The MIAF was funded by contributions from county governments and general hospitals to provide medical assistance to those citizens who did not qualify for Medicaid or any other government assistance and who did not have the means to pay for inpatient hospital care. The MIAF covered inpatient hospital services only.

The Medically Indigent Assistance Act provided that:

- The State Health and Human Services Finance Commission should develop uniform criteria and materials for statewide use.
- The county government should make arrangements for the determination of eligibility for the MIAF for its residents.
- General hospitals should inform patients of the existence of the MIAF and should refer the patient for an application if it was determined that the patient had no means to pay for hospital services.

During the 1989 legislative session, the General Assembly made substantial revisions in the MIAA. Effective July 1, 1989, the MIAF became known as the Medically Indigent Assistance Program (MIAP). The money collected from county governments and hospitals is deposited into the Medicaid Expansion Fund. This fund is used to increase the number of people who are eligible for Medicaid.

This manual establishes the uniform criteria to be used in determining eligibility for the MIAP. The policies and procedures in this manual must be used by all entities designated to determine eligibility for the MIAP.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>CHAPTER 1</b>	<b>GENERAL REQUIREMENTS</b>	<b>1</b>
<b>101</b>	<b>Application Process</b>	<b>1</b>
101.1	Episodic Determination	1
101.2	Retroactive Determination	3
101.3	Types of Admission	3
101.4	Application Filing	3
101.5	Effective Date of Application	4
101.6	Application Form	4
<b>102</b>	<b>Availability of Other Benefits</b>	<b>4</b>
102.1	Third Party Resources	5
<b>103</b>	<b>Timely Determinations</b>	<b>6</b>
<b>104</b>	<b>Notification of Eligibility Determination</b>	<b>6</b>
<b>105</b>	<b>Rights of Applicants/Recipients</b>	<b>6</b>
105.1	Confidentiality of Information	6
105.2	Right to Appeal and Fair Hearing	7
105.3	Civil Rights and Nondiscrimination	8
<b>106</b>	<b>Responsibilities of Applicants</b>	<b>8</b>
<b>107</b>	<b>Fraud Penalties</b>	<b>8</b>
<b>108</b>	<b>Review of Action Taken by County Designee</b>	<b>9</b>
108.1	Review by DHHS	9
108.2	Review by County	9
<b>109</b>	<b>Recovery of Funds by the Medically Indigent Assistance Program</b>	<b>9</b>
<b>110</b>	<b>Case Record Requirements</b>	<b>10</b>
110.1	Contents of Case Record	10
110.2	Maintenance of Case Record	10
	<b>Procedural Guide</b>	<b>10</b>
I.	Emergency Admissions	10
II.	Non-Emergency Admissions	11
<b>CHAPTER 2</b>	<b>NON-FINANCIAL ELIGIBILITY REQUIREMENTS</b>	<b>12</b>
<b>201</b>	<b>Residence</b>	<b>12</b>
201.1	Migrants/Seasonal Farm Workers	12
201.2	Minors and Students	13
201.3	Residence Verification	13

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>202</b>	<b>Citizenship and Alienage .....</b>	<b>13</b>
202.1	Citizenship Verification .....	14
202.2	Alien Status Verification .....	14
202.3	Undocumented Aliens Eligible for Emergency Services.....	15
<b>203</b>	<b>Institutional Status .....</b>	<b>15</b>
<b>204</b>	<b>Social Security Number .....</b>	<b>15</b>
204.1	Assignment of Unique Patient Identification Number .....	16
204.2	Social Security Number Verification .....	16
<b>CHAPTER 3 FINANCIAL ELIGIBILITY REQUIREMENTS.....</b>		<b>17</b>
<b>301</b>	<b>Determining Financial Eligibility .....</b>	<b>17</b>
<b>302</b>	<b>Family.....</b>	<b>17</b>
302.1	Minors or Students Absent from Home .....	18
<b>303</b>	<b>Income Standards .....</b>	<b>19</b>
<b>304</b>	<b>Computation of Income .....</b>	<b>19</b>
304.1	Methods of Verification and Computation .....	19
<b>305</b>	<b>Unearned Income - Definition and Types .....</b>	<b>21</b>
<b>306</b>	<b>Earned Income - Definition and Types.....</b>	<b>22</b>
306.1	Earned Income Credit .....	22
306.2	Income from Self-employment .....	22
306.3	Boarder or Lodger Income .....	23
<b>307</b>	<b>Income Verification .....</b>	<b>24</b>
<b>308</b>	<b>Resource Standards .....</b>	<b>25</b>
<b>309</b>	<b>Non-liquid Resources .....</b>	<b>26</b>
309.1	Real Property .....	29
309.2	Taxable Personal Property.....	30
309.3	Buildings .....	31
<b>310</b>	<b>Liquid Resources .....</b>	<b>31</b>
310.1	Jointly Owned Liquid Resources .....	31
310.2	Trusts .....	32
310.3	Burial Plots.....	32
<b>311</b>	<b>Household Effects.....</b>	<b>32</b>
<b>312</b>	<b>Resource Verification.....</b>	<b>32</b>
<b>313</b>	<b>Transfer of Resources .....</b>	<b>33</b>
<b>314</b>	<b>Treatment of Cash Received to Replace/Repair Lost, .....</b>	<b>34</b>
<b>315</b>	<b>Family Composition Chart .....</b>	<b>34</b>

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>I.</b>	<b>UNISEX LIFE ESTATE OR REMAINDER TABLE.....</b>	<b>35</b>
<b>II.</b>	<b>Poverty Scale January 1, 1986 through April 30, 1986 ....</b>	<b>37</b>
<b>III.</b>	<b>Poverty Scale Effective May 1, 1986 .....</b>	<b>37</b>
<b>IV.</b>	<b>Poverty Scale Effective May 1, 1987 .....</b>	<b>38</b>
<b>V.</b>	<b>Poverty Scale Effective May 1, 1988 .....</b>	<b>38</b>
<b>VI.</b>	<b>Poverty Scale Effective May 1, 1989 .....</b>	<b>39</b>
<b>VII.</b>	<b>Poverty Scale Effective May 1, 1990 .....</b>	<b>39</b>
<b>VIII.</b>	<b>Poverty Scale Effective April 1, 1991 .....</b>	<b>40</b>
<b>IX.</b>	<b>Poverty Scale Effective April 1, 1992 .....</b>	<b>40</b>
<b>X.</b>	<b>Poverty Scale Effective April 1, 1993 .....</b>	<b>41</b>
<b>XI.</b>	<b>Poverty Scale Effective April 1, 1994 .....</b>	<b>41</b>
<b>XII.</b>	<b>Poverty Scale Effective April 1, 1995 .....</b>	<b>42</b>
<b>XIII.</b>	<b>Poverty Scale Effective April 1, 1996 .....</b>	<b>42</b>
<b>XIV.</b>	<b>Poverty Scale Effective April 1, 1997 .....</b>	<b>43</b>
<b>XV.</b>	<b>Poverty Scale Effective April 1, 1998 .....</b>	<b>43</b>
<b>XVI.</b>	<b>Poverty Scale Effective May 1, 1999 .....</b>	<b>44</b>
<b>XVII.</b>	<b>Poverty Scale Effective May 1, 2000 .....</b>	<b>44</b>
<b>XVIII.</b>	<b>Poverty Scale Effective May 1, 2001 .....</b>	<b>45</b>
<b>XVIII.</b>	<b>Poverty Scale Effective May 1, 2002 .....</b>	<b>45</b>
<b>XX.</b>	<b>Poverty Scale Effective May 1, 2003 .....</b>	<b>46</b>
<b>XXI.</b>	<b>Poverty Scale Effective May 1, 2004 .....</b>	<b>46</b>
<b>XXII.</b>	<b>Poverty Scale Effective May 1, 2005 .....</b>	<b>47</b>
<b>XXIII.</b>	<b>Poverty Scale Effective March 1, 2006.....</b>	<b>47</b>
<b>XXIV.</b>	<b>Poverty Scale Effective March 1, 2007.....</b>	<b>48</b>
<b>XXV.</b>	<b>Poverty Scale Effective March 1, 2008.....</b>	<b>48</b>
<b>XXVI.</b>	<b>Poverty Scale Effective March 1, 2009.....</b>	<b>49</b>
<b>XXVII.</b>	<b>Poverty Scale Effective March 1, 2011.....</b>	<b>49</b>
<b>XXVIII.</b>	<b>Poverty Scale Effective March 1, 2012.....</b>	<b>50</b>
<b>XXIX.</b>	<b>Poverty Scale Effective March 1, 2013.....</b>	<b>50</b>

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>XXX.</b>	<b>Poverty Scale Effective March 1, 2014.....</b>	<b>51</b>
<b>XXXI.</b>	<b>Poverty Scale Effective March 1, 2015.....</b>	<b>51</b>
<b>XXXII.</b>	<b>Poverty Scale Effective March 1, 2016.....</b>	<b>52</b>
<b>XXXIII.</b>	<b>Poverty Scale Effective March 1, 2017.....</b>	<b>52</b>
<b>CHAPTER 4</b>	<b>ELIGIBILITY CRITERIA FOR OTHER PROGRAMS.....</b>	<b>53</b>
<b>401</b>	<b>Public Assistance Programs .....</b>	<b>53</b>
401.1	Family Independence (FI) .....	53
<b>402</b>	<b>Medicaid Programs .....</b>	<b>53</b>
402.1	FI Related Groups.....	53
402.2	Pregnant Women and Children (OCWI).....	54
402.3	Individuals Under 21 With Special Living Arrangements.....	54
402.4	Title IV E Adoption Assistance or Foster Care Maintenance Payments.....	54
402.5	Pass-Along.....	54
402.6	Optional State Supplementation.....	55
402.7	Medical Assistance Only - Institutional Care .....	56
402.8	Individuals Who Receive Home and Community Based Services.....	56
402.9	Grandfathered Cases.....	57
402.10	Essential Spouses.....	57
402.11	Aged, Blind or Disabled with Income Below Poverty (ABD) .....	57
402.12	Qualified Medicare Beneficiaries (QMB) .....	57
402.13	Specified Low-Income Medicare Beneficiaries (SLMB).....	58
402.14	Katie Beckett (TEFRA) Children.....	58
402.15	Partners for Healthy Children .....	59
402.16	Working Disabled .....	60
402.17	Breast and Cervical Cancer Program (BCCP) .....	60
<b>403</b>	<b>Supplemental Security Income (SSI) .....</b>	<b>61</b>
<b>404</b>	<b>Crime Victims' Compensation Fund Act .....</b>	<b>61</b>
<b>TABLE I</b>	<b>NEED STANDARD TABLE FOR FAMILY INDEPENDENCE AND LOW-INCOME FAMILIES .....</b>	<b>62</b>
<b>TABLE II</b>	<b>PARTNERS FOR HEALTHY CHILDREN (PHC) BREAST AND CERVICAL CANCER 208% OF FEDERAL POVERTY LEVEL .....</b>	<b>63</b>
<b>TABLE III</b>	<b>OPTIONAL COVERAGE FOR PREGNANT WOMAN AND INFANTS 194% OF FEDERAL POVERTY LEVEL.....</b>	<b>63</b>
<b>TABLE IV</b>	<b>COVERAGE FOR AGED, BLIND AND DISABLED 100% OF FEDERAL POVERTY LEVEL .....</b>	<b>64</b>

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>TABLE V</b>	<b>Specified Low Income Beneficiaries – SLMB Qualifying Individual – QI.....</b>	<b>64</b>
<b>TABLE VI</b>	<b>COVERAGE FOR WORKING DISABLED 250% OF FEDERAL POVERTY LEVEL .....</b>	<b>64</b>
<b>CHAPTER 5</b>	<b>HOSPITAL PROCEDURES .....</b>	<b>64</b>
<b>501</b>	<b>General Information .....</b>	<b>65</b>
501.1	Services .....	65
501.2	Eligibility Determinations .....	65
501.3	County Designee Responsibility.....	65
<b>502</b>	<b>Submission of Hospital Specific Data .....</b>	<b>66</b>
<b>503</b>	<b>Other Insurance.....</b>	<b>67</b>
<b>504</b>	<b>Co-payments .....</b>	<b>67</b>
<b>505</b>	<b>Ineligible Recipients.....</b>	<b>68</b>
<b>CHAPTER 6</b>	<b>PROVIDER DIRECTORY .....</b>	<b>69</b>
<b>601</b>	<b>South Carolina Department of Health and Human Services .....</b>	<b>69</b>
<b>602</b>	<b>SOCIAL SECURITY ADMINISTRATION OFFICES.....</b>	<b>71</b>
<b>603</b>	<b>SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL .....</b>	<b>73</b>
<b>604</b>	<b>SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES .....</b>	<b>79</b>
<b>605</b>	<b>SOUTH CAROLINA DEPARTMENT OF VETERANS AFFAIRS.....</b>	<b>81</b>
<b>606</b>	<b>SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT .....</b>	<b>85</b>
<b>607</b>	<b>COUNTY DESIGNEES .....</b>	<b>87</b>
<b>608</b>	<b>Correspondence and Inquiries.....</b>	<b>95</b>
608.1	Written Correspondence .....	95
608.2	Telephone Inquiries.....	95
<b>609</b>	<b>MIAP Forms and Publications .....</b>	<b>95</b>
<b>CHAPTER 7</b>	<b>FORMS .....</b>	<b>96</b>
<b>701</b>	<b>DHHS Form 207 – MIAP Application .....</b>	<b>96</b>

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

---

<b>702</b>	<b>DHHS Form 227 – LETTER OF NOTIFICATION – APPROVAL .....</b>	<b>97</b>
<b>703</b>	<b>DHHS Form 228 – LETTER OF NOTIFICATION – DENIAL/WITHDRAWAL .....</b>	<b>99</b>
<b>704</b>	<b>DHHS Form 224 – Medicaid Referral Form .....</b>	<b>99</b>
<b>705</b>	<b>DHHS Form 938 – MIAP Addendum to Medicaid Application.....</b>	<b>100</b>



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 1

---

## **CHAPTER 1      GENERAL REQUIREMENTS**

This chapter states the policies on the application process, notification requirements, rights and responsibilities of applicants, fraud provisions, audits, monitoring and verification requirements. It also includes a procedural guide for the eligibility process.

### **101              Application Process**

If a person presents himself to the hospital or other medical provider and needs inpatient hospital services, the provider should determine if the patient has third party resources to cover the full cost of care. If sufficient coverage is available, the person should not be referred to the MIAP for an eligibility determination. Sufficient coverage means third party coverage with an allowable payment that is equal to or greater than the MIAP allowable payment or the hospital charge, whichever is less. Generally, a person with third party coverage that pays eighty (80) percent of charges is considered to have sufficient coverage and should not be referred to the MIAP. Persons who receive Medicaid benefits or Medicare Part A benefits are considered to have sufficient coverage and should not be referred to the MIAP. Refer to Section 102.1 for exceptions to this policy.

If the person does not have sufficient coverage, the hospital or medical provider must inform him of the existence of the MIAP and refer him, if he (the applicant) so chooses, to the designee in the county of residence for an eligibility determination. The county designee is the entity designated by the county government to determine eligibility for the MIAP for its residents.

The county designee is responsible for receiving and processing applications from or for any person requesting assistance through the MIAP. The application process includes all activities from the time the signed application is received by the county designee until eligibility is determined and the applicant and referring provider are notified of the decision on the application.

Refer to the procedural guide at the end of this chapter, which outlines the MIAP process from the time the applicant presents himself for services until the claim is paid.

#### **101.1            Episodic Determination**

A new application and a new county authorization number are required for each period of hospitalization.

The county authorization number consists of ten digits, which are assigned in the following manner:

Digits 1 & 2    Your county number

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 2

---

Digits 3 & 4    The last two digits in the calendar year

Digits 5, 6, & 7    The day eligibility is determined (the date on the Letter of Notification) represented by Julian date

Digits 8, 9, & 10    Sequential numbers from 001 through 999 assigned by the county. When you reach 999, begin again

**Example:** John Smith's eligibility is determined by Abbeville County on January 7, 2002. He is the third person determined eligible in Abbeville County. His county authorization number is assigned in the following manner. County number – 01, Year – 02, Julian date – 007, and Sequential number – 003. His county authorization number is 0102007003.

It is recommended that the designee maintain a log of assigned authorization numbers.

Applications are processed based on a definite date of admission; or, for pregnancy related cases, an expected date of confinement (EDC). Sometimes the admission occurs at a later date. In such cases, eligibility does not have to be re-determined as long as the admission occurs within fifteen (15) calendar days from the previously verified admission date. If the admission occurs after the fifteen (15) days, the information recorded on the application must be re-verified; particularly, income, resources and family size.

Exceptions: If an applicant is readmitted within 30 days of a MIAP eligible hospital stay (a hospital stay ends on the date of discharge), a new application is not required. The hospital must notify the county designee of readmission.

If an eligible person is transferred from one hospital to another, a new application and a new authorization number are not required because it is considered the same period of hospitalization. The receiving hospital should contact the transferring hospital to obtain a copy of the letter of notification. A transfer occurs when a patient is discharged from one hospital and is admitted to another hospital without a break in hospitalization.

If a MIAP eligible pregnant woman gives birth, a separate application is not required on the newborn because the needs of the unborn child were considered in determining the pregnant woman's eligibility. (See Chapter 3, Section 302) When the baby is born, a notification of birth should be sent by the hospital to the county designee requesting the assignment of a county authorization number and a unique patient identifier.

If an applicant is denied assistance due to failure to provide necessary information and he provides the information within 30 days of the denial, another application is not required. Such a determination is not considered a retroactive determination.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 3

In all situations, the county designee must contact the applicant to verify that the information recorded on the latest application has not changed; particularly, income, resources and family size.

**101.2 Retroactive Determination**

A retroactive application may be filed up to one (1) year from the date of discharge from the hospital. The applicant must be able to establish that he would have been eligible during the period of hospitalization, had he applied. These procedures also apply if an application is made on behalf of a deceased individual.

Retroactive applications may be made only for patients admitted on January 1, 1986 and later.

**101.3 Types of Admission**

**Non-Emergency Admissions**

An application for assistance through the MIAP must be filed with the county designee in the applicant's county of residence. Applications for non-emergency admissions should not be accepted and processed more than 30 days prior to the expected date of admission to the hospital.

Eligibility should be determined prior to admission to the hospital. However, this does not preclude payment by the MIAP for an eligible individual if the hospital chooses to admit the patient prior to the completion of the eligibility determination process.

**Emergency Admissions**

For emergency admissions, the hospital must admit the patient and obtain a signed application from the applicant, his relative or other person authorized to act on his behalf. The hospital should make a concerted effort to verify as much information as possible, then forward the application and verifications to the county designee in the patient's county of residence for the eligibility determination to be completed.

**101.4 Application Filing**

An applicant is a person who has, directly or through his authorized representative, made an application for assistance through the MIAP. The applicant's authorized representative or responsible person is someone who is acting for the applicant with his knowledge and consent, such as legal counsel, a relative, friend, or another spokesman, and who has knowledge of the applicant's circumstances.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 4

An application for an incapacitated individual may be made by someone acting responsibly for him without his knowledge or consent. The person making the application should in most cases be a relative, very close friend, or legal guardian.

When an incapacitated individual has no responsible party, an official of the hospital may file the application. The county designee should attempt to verify if a responsible party exists.

**101.5 Effective Date of Application**

For non-emergency admissions, the application is considered filed on the date the signed application is received by the county designee in the applicant's county of residence. For emergency admissions and retroactive applications, the effective date of the application is the date the applicant was admitted to the hospital.

**101.6 Application Form**

All applications for MIAP must be completed in ink and must be filed on an official MIAP application form. When a Medicaid eligibility worker receives a Medicaid application for an individual who owes inpatient hospital bills or is scheduled for a hospital admission, if it is determined that the individual is not eligible for Medicaid, the MIAP application may be filed on DHHS Form 938, MIAP Addendum to Medicaid Application, with a copy of the Medicaid application attached to the 938. Otherwise, the MIAP application must be filed on DHHS Form 207, Application for the MIAP. A signed application provides a legal document that:

- Clearly signifies intent to apply;
- Puts the applicant on notice that he is liable for the truthfulness of the information he includes on the application;
- Provides a document that may be introduced as evidence in court where fraud has been committed; and
- Provides the agency with sufficient information to begin an accurate determination of eligibility or ineligibility.

**102 Availability of Other Benefits**

The MIAA states that payments through the MIAP will not be made until all other sources of payment have been exhausted. The exception is where a county government continues to maintain its own indigent program in addition to contributing to the State's MIAP. The applicant must be advised to apply for all other benefits for which he may be qualified. Applicants who fail to apply for other benefits are not eligible for assistance through the MIAP.

The hospital or county designee should review the information on the application form and refer the applicant to the appropriate program only if it appears that he may be entitled

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 5

to other benefits. Refer to Chapter 4 for details on other assistance programs and their basic eligibility criteria. For example, the applicant may be a veteran not receiving veteran's benefits or he may be totally and permanently disabled not receiving Social Security benefits. These applicants should be referred to the appropriate agency for an eligibility determination of cash benefits or health benefits. The MIAP application must be held pending until eligibility for other benefits is established.

If it appears that the applicant is eligible for Medicaid benefits, he must be referred to the appropriate agency for an eligibility determination. The Medicaid program covers a wide range of medical services for the eligible applicant and eligible members of his family. Such covered services include physician services, prescription drugs, preventive services for children, etc. All pregnant women and minor children (under age 19) must be referred to Medicaid. If the applicant is potentially eligible for Medicaid (e.g. LIF, SSI, etc.), the MIAP application must be held pending until eligibility for Medicaid benefits is established.

If the applicant is denied other benefits, he should be instructed to provide the notice or a statement, which verifies ineligibility. The applicant will not be eligible for assistance through the MIAP if the reason for the denial of other benefits is failure to cooperate or failure to provide necessary information. If the applicant appeals the denial of other benefits, his application for the MIAP can be processed. In other words, the MIAP application is not held pending through the other agency's appeal process. (Once again, the application cannot be approved if the reason for the denial, which is under appeal, is failure to provide necessary information or failure to cooperate.)

Applications for those applicants who would be eligible to receive inpatient hospital services through the Veterans Administration (VA) may be eligible for MIAP sponsorship in a licensed general hospital only if the attending physician states that the treatment/services needed by the applicant cannot be provided by the VA. Otherwise, those applicants who would be eligible for services through the VA must be referred.

**102.1 Third Party Resources**

A third party payer is any individual, entity, or program that is or may be liable to pay all or part of the medical cost related to the treatment of injury, disease, or disability of an individual. Examples of such payment sources are Part A of Medicare, Medicaid, health insurance, employee benefit plans, and other state or federal programs, which assist in providing health care services. Persons who have third party coverage, which pays 80% of charges, are not eligible. Persons who are eligible for Medicaid or Medicare on the date of admission are not eligible for MIAP coverage for that hospital stay. The MIAP will not sponsor the payment of any coinsurance and deductibles required by any third party payer. Persons who have exhausted their Medicare Part A benefits including lifetime reserve days, may qualify for assistance through the fund beginning with the next eligible hospital admission. Persons who have exhausted the number of hospital admissions allowed by Medicaid may qualify for assistance through the MIAP.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 6

---

**103 Timely Determinations**

A determination of eligibility for assistance through the MIAP must be made within fifteen (15) working days of the date the application is received by the county designee unless the applicant has been referred for an eligibility determination for other benefits. If the circumstances of the case are such that disposition of the application cannot be made within fifteen (15) working days, the reason for delay must be documented in the case.

For applicants who are potentially eligible for Medicaid, the MIAP application cannot be approved until the applicant has applied for and been denied Medicaid benefits. The fifteen (15) day time frame does not apply in this situation.

**104 Notification of Eligibility Determination**

The county designee must provide a prompt written notice to the applicant and the referring provider. The notice must be mailed on the date that the eligibility determination is completed. This notification requirement applies to applications that are approved, denied or withdrawn. DHHS 227 Letter of Notification – Approval and DHHS 228, Letter of Notification – Denial/Withdrawal, must be used for this purpose. If an application is denied, the notice must state the reason for the denial. Although this list is not all-inclusive, examples of reasons for denial are:

- Income exceeds standards
- Resources exceed standards
- Eligible for other government benefits which pay for inpatient hospital services
- Failure to cooperate. State on the notice the specific eligibility factor that the applicant did not meet due to lack of cooperation (e.g. applicant failed to provide verification of income; applicant failed to apply for other benefits)

**Note:** Separate notices are required when one application is filed for two or more individuals in the same family. For example: a parent and child; husband and wife, etc.

**105 Rights of Applicants/Recipients**

Applicants/recipients have basic rights, which are respected and protected during the process of determining eligibility for benefits. They are set forth in the following sections.

**105.1 Confidentiality of Information**

All information obtained about applicants or recipients of MIAP assistance is confidential and must be safeguarded. This applies to the names and addresses of applicants or recipients as well as any information regarding the economic, social or medical circumstances of a particular individual or family group. **SUCH INFORMATION SHOULD BE DISCLOSED ONLY IN THE FOLLOWING SITUATIONS:**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 7

---

Pertinent information regarding an applicant or recipient may be disclosed by DHHS or the county designee to individuals or other agency representatives, solely on the basis of need, and only for purposes directly relating to the administration of the MIAP, such as establishing eligibility, providing services for applicants/recipients, and audit of the MIAP. Any other request for release of information must be made to the county designee or DHHS in writing and include the written consent of the applicant/recipient (see #2.)

Information other than confidential medical reports may be disclosed to any individual or agency with the written consent of the applicant/recipient or his authorized representative.

The applicant/recipient or his authorized representative should be referred to the source of the information if he needs confidential medical reports.

State law provides that any person who violates the confidentiality guidelines may be found guilty of a misdemeanor and upon conviction will be fined not more than \$1,000 or imprisoned not more than one year, or both.

**105.2 Right to Appeal and Fair Hearing**

If an applicant disagrees with the decision made on his case and wishes to appeal, he must request a reconsideration at the county level. This reconsideration request must be made in writing and received by the entity designated to make the reconsideration decision within 30 days of the date of the notice of the decision. A reconsideration cannot be granted if the request is not received within the specified time frame.

The reconsideration decision must be made by a person designated by the county's chief administrative officer. This person must be someone other than the person who made the eligibility determination. Within 10 days of receipt of the request for reconsideration, the applicant should be scheduled for a face-to-face or telephone interview to present the reasons he feels the decision of the county designee was incorrect. The county person designated to make the reconsideration decision must do so within 20 days of the reconsideration interview. The reconsideration must include a review of the facts of the case, the application and verification documents, and any additional information the applicant wishes to present to determine if the decision on the case was correct. The applicant and the designee must receive written notification of the reconsideration decision within 20 days of the reconsideration interview. If the reconsideration is in favor of the applicant, the county designee must send a corrected letter of notification (DHHS 227) to the applicant and the hospital.

If the applicant believes the reconsideration decision is in error, he may request a fair hearing before the Department of Health and Human Services. This request must be made in writing within 30 days of the date of the reconsideration notice. A copy of the

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 8

reconsideration notice must accompany the request for a hearing. This information must be directed to:

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

DHHS will conduct the hearing in accordance with federal and DHHS appeal regulations.

**105.3 Civil Rights and Nondiscrimination**

The Department of Health and Human Services shall administer its programs in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as amended, to the end that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, handicap or age, either directly or through contractual or other arrangement. Any individual who feels he has been subjected to such discrimination may, within one hundred eighty (180) days of the alleged discriminatory act, file a signed written complaint with:

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

**106 Responsibilities of Applicants**

An applicant, or his responsible party, authorized representative, etc., is required to provide complete and accurate information regarding his application. He is also required to furnish verification needed to determine eligibility. Required verifications must be provided promptly in order for the county designee to determine eligibility within the specified time frames as defined in Section 103.

If the applicant refuses to furnish necessary verifications, the application will be denied

In situations where an applicant is mentally or physically incapacitated to the extent that he cannot furnish verifications and/or no responsible party exists, the county designee is responsible for verifying the information.

**107 Fraud Penalties**

State law provides that any person who commits a material falsification of information required to determine eligibility for the Medically Indigent Assistance Program may be found guilty of a misdemeanor and upon conviction will be fined not more than \$500 or imprisoned for not more than one year, or both. In addition to these penalties, state law also requires that the person reimburse the MIAP for expenditures made on his behalf.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 9

Repayment is made through the hospital. County governments are not prohibited from initiating legal action against any person who is suspected of falsifying information.

**108 Review of Action Taken by County Designee**

The purpose of reviewing actions taken by the county designee is to ensure that the MIAP is administered in a correct and uniform manner, consistent with state policy.

**108.1 Review by DHHS**

The Department of Health and Human Services will review case records on a periodic basis:

- To ensure that state policies are followed;
- To identify the need for additional training; and
- To identify the need for policy revisions.

This review will not be for the purpose of determining the accuracy of the eligibility determinations.

**108.2 Review by County**

At their discretion, county governments may wish to review the accuracy of the eligibility determinations of the county designee.

Each county may establish its own procedures for accomplishing the review. For example:

A county may wish to designate an individual or a group of individuals to review every MIAP case or a random sample of cases.

Two or more counties may wish to pool their resources and designate an individual to review all MIAP cases or a random sample of their counties' cases.

**109 Recovery of Funds by the Medically Indigent Assistance Program**

A person is required to reimburse the MIAP for all payments made on his behalf if:

- He is later determined to be ineligible; or
- The services delivered are later determined to be non-covered.

Ineligibility may be identified through a county review of the eligibility determinations and through reports by interested parties, etc.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 10

When it is verified that the recipient was either ineligible or the services non-covered, the county designee will provide written notice to the recipient which states the reason for the determination of ineligibility/non-covered service, the amount of the repayment due to the MIAP, and that repayment is to be made through the hospital.

A copy of this correspondence will be sent to the hospital, the Department of Health and Human Services, and a copy retained by the county designee. The county designee should also retain copies of documents that verify ineligibility, i.e., wage statements, bank statements or tax assessors' records.

**110 Case Record Requirements**

All factual information pertaining to the eligibility determination must be recorded on the official documents developed by the Department of Health and Human Services.

**110.1 Contents of Case Record**

The following documents must be filed in the case record.

- Application form;
- Copies of verifications used to establish eligibility;
- Copies of written referrals or case notes to verify that the applicant was referred to another agency to apply for other available benefits, if appropriate, and documentation that the applicant was determined ineligible for the other program;
- Copies of the letter of notification of case decision.

**110.2 Maintenance of Case Record**

The county designee is responsible for maintaining a case record on each MIAP applicant.

The county designee must maintain the case records for a period of 6 years after the end of the State fiscal year. In all cases, records must be retained until any audit is resolved. At the end of the designated time period, the case records may be destroyed.

**Procedural Guide**

**I. Emergency Admissions**

Responsible Entity    Action

**Patient/Applicant**    Presents himself to the hospital for medical treatment.

Hospital

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 1 – General Requirements**

Effective Date: March 1, 2011

Page: 11

- 
- Provides the service.
  - Screens for third-party coverage.
  - If patient has insufficient coverage, refers patient to MIAP.
  - In this process, the hospital takes the application for MIAP benefits, collects as much verification as possible, and forwards the completed application and verification to the county designee in the patient's county of residence.

**County Designee**

- Screens for third party coverage and refers patient to any other programs for which he may be eligible.
- Determines eligibility.
- Assigns authorization number if the patient is approved.
- Sends notice of case action to the referring provider, hospital and applicant.

**Hospital**

- Report claims data to the Division of Research and Statistical Services of the State Budget and Control Board.

**II. Non-Emergency Admissions**

**Responsible Entity    Action**

**Patient/Applicant**    Presents himself to hospital or other health care provider to receive services requiring hospitalization.

**Hospital**

- Screens for third-party sources of payment. If patient does not have sufficient coverage for hospital stay, he must be informed of the existence of MIAP and referred to county designee for an application, if the patient is interested.

**County Designee**

- Screens for third party coverage and refers patient to any other programs for which he may be eligible.
- Determines eligibility.
- Assigns authorization number if case approved.
- Notifies applicant, referring provider, and hospital (if known) of the decision.

**Hospital**            Admits patient and provides inpatient hospital services.

**Hospital**            Reports claims data to the Division of Research and Statistical Services of the State Budget and Control Board.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 2 – Non-Financial Eligibility Requirements**

Effective Date: March 1, 2011

Page: 12

---

## **CHAPTER 2      NON-FINANCIAL ELIGIBILITY REQUIREMENTS**

This chapter states the non-financial conditions that must be met to qualify for the MIAP.

### **201            Residence**

In order to be eligible for assistance through the MIAP, a person must be a resident of the State. A State resident means a person who is domiciled in South Carolina. A domicile, once established, is lost or changes only when an individual moves to a new location with the intent to abandon his old domicile and the intent to live permanently or indefinitely in the new location.

It is not necessary for a person to live in the State for a specified period of time to establish residence. For example, a person may move to South Carolina on January 1, establish a domicile, and be considered a state resident on that date. However, persons in the State on vacation are not considered residents.

In addition, a person is not required to have a specified address in order to be considered a state resident. For example, “street people” have no permanent address, yet they are residents of the State.

Future county assessments will consider the number of county residents served through the MIAP. For this reason, it is important to make an accurate determination of the applicant’s county of residence. Where disputes over county of residence arise, the parties involved should submit to the Bureau of Eligibility Administration (BEA) at the Department of Health and Human Services a summary of their position regarding the applicant’s county of residence and documentation which supports their position. Staff of the BEA will review the information and determine the applicant’s county of residence. This decision will be final.

#### **201.1            Migrants/Seasonal Farm Workers**

A migrant or seasonal farm worker is considered a resident of the State provided he has not established a domicile in another State. In order to determine if a migrant has established a domicile in another state, the county designee should ask where his home base is located and if he maintains a residence there. One of the primary sources of information on a migrant worker is his crew chief. Another source of information may be food stamp case records. Many migrants receive food stamp benefits.

Although establishing the county of residence is not an eligibility factor, it is important to make certain distinctions for migrants and persons (e.g. “street people) who have no established address in a particular county. For the purpose of determining eligibility, the

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 2 – Non-Financial Eligibility Requirements**

Effective Date: March 1, 2011

Page: 13

county of residence is that of the admitting hospital. For the purpose of notifying the hospital of the county of residence, the letter of notification should indicate "00-Migrant" in the part entitled "County of Residence". (See Chapter 7 – Forms for further information.)

**201.2 Minors and Students**

A minor and/or a financially dependent student absent from home is a resident of the State and county in which his parents reside. If the minor's or student's parents do not live in the same home, the minor student is a resident of the State and county where the parent with legal custody resides. Refer to 302.1

**201.3 Residence Verification**

Residence should be verified if questionable. Residence may be verified through the use of documents and collateral statements. Appropriate documents are:

1. SC Driver's License
2. Rent receipts
3. Utility or other current billing
4. SC Voter Registration Card
5. Employment records or similar items
6. School records
7. County tax records
8. Food Stamp records

**202 Citizenship and Alienage**

To qualify for the MIAP, an individual must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. This includes certain aliens lawfully present in the United States as a result of the application of the following provisions of the Immigration and Nationality Act:

1. Section 207(c) in effect after March 30, 1980 – Aliens admitted as refugees;
2. Section 203(a) (7) in effect prior to April 1, 1980 – Individuals who were granted status as conditional entrants/refugees;
3. Section 208 – Aliens granted political asylum by the Attorney General;
4. Section 212(d)(5) – Aliens granted temporary parole status by the Attorney General.

**NOTE:** A child born in the United States is considered a US citizen regardless of his parent's citizenship status.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 2 – Non-Financial Eligibility Requirements**

Effective Date: March 1, 2011

Page: 14

---

**202.1           Citizenship Verification**

Citizenship should be verified if questionable. Verification methods are:

1. Birth certificates
2. Religious records
3. Certificates of citizenship or naturalization provided by the Bureau of Citizenship and Immigration Services (BCIS)
4. US Passports

**202.2           Alien Status Verification**

Alien status must be verified if the applicant is identified as an alien. Verification of alien status must be presented by the applicant before approval. Verification documents are:

1. Immigration and Naturalization Services (INS) Form I-151 or I-551 – “Alien Registration Receipt Card”; or the Re-entry Permit”, a passport booklet for lawful permanent resident aliens.
2. INS Form I-94 “Arrival-Departure Record” – The I-94 is valid only if the expiration date has not passed or if an indefinite date is indicated and if annotated with Section 303(a)(7), 207, Section 208, Section 212(d)(5), or Section 243(h) of the Immigration and Nationality Act; or one of the following terms or a combination of the following terms:
  - a. Refugee;
  - b. Parolee or paroled;
  - c. Conditional entry or entrant;
  - d. Asylum

If an INS Form I-94 is annotated with the letters (A) through (L), this is verification that the alien does not meet citizenship requirements unless the alien can present other documentation from INS that he does meet requirements.

If the INS Form I-94 does not meet the above stated requirements, the applicant must obtain a Form G-641, “Application for Verification of Information from Immigration and Naturalization Service Records.” BCIS regional address is:

Bureau of Citizenship and Immigration Services  
US Department of Justice  
Martin Luther King Federal Building  
77 Forsyth Street, S.W.  
Atlanta, Georgia 30303  
Telephone: (404) 331-3251

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 2 – Non-Financial Eligibility Requirements**

Effective Date: March 1, 2011

Page: 15

**Note:** Exhibits of the forms discussed in this section may be found at the end of this Chapter.

**202.3 Undocumented Aliens Eligible for Emergency Services**

Aliens who are not lawfully admitted for permanent residence in the United States or who are not Permanently Residing Under Color of Law (PRUCOL) are eligible for emergency services through the Medicaid program, if the following conditions are met.

1. The alien has a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
  - a. placing the patient's health in serious jeopardy,
  - b. serious impairment to bodily functions, or
  - c. serious dysfunction of any bodily organ or part.
2. All other Medicaid eligibility requirements must be met except the furnishing of a social security number. This requirement does not have to be met when the application is for emergency services only.

These individuals should be referred to the Medicaid program. Refer to Exhibit IV, page 13 for the types of individuals who are considered undocumented aliens.

**203 Institutional Status**

Persons who are inmates or residents of public institutions are not eligible for assistance through the MIAP. This includes inmates of correctional facilities who may be temporarily absent from the facility due to hospitalization. A public institution is generally defined as: an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Examples of public institutions are: correctional facilities, Department of Disabilities and Special Needs facilities and Department of Mental Health facilities.

**Exception:** Inmates of county detention facilities who are awaiting trial or whose cases have not been adjudicated may be eligible provided they meet all other eligibility requirements. The county of residence for the inmate is the county where he maintained a domicile prior to incarceration. If his domicile prior to incarceration was out-of-state, the county of residence for the inmate is the county in which the detention facility is located.

**204 Social Security Number**

Each applicant must provide his Social Security Number if he has one. It is important that

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 2 – Non-Financial Eligibility Requirements**

Effective Date: March 1, 2011

Page: 16

the applicant provide a Social Security Number, if it is available, because this number will be used as the unique patient identification number for claims processing.

If the applicant does not have a Social Security Number, he should be referred to the Social Security Administration to apply for one. (Refer to Chapter 6 for a listing of Social Security Offices) The applicant should be instructed to return with verification of his Social Security Number when it is received.

**204.1 Assignment of Unique Patient Identification Number**

If the applicant is unable to furnish the Social Security Number before eligibility is determined or before the hospital claim is ready to be submitted for payment, the county designee should contact the Bureau of Eligibility Administration at DHHS, to obtain a unique patient identification number. When the Social Security Number is provided by the applicant, the Bureau must be notified so the unique patient identification number can be corrected.

**204.2 Social Security Number Verification**

Whenever possible, the Social Security Number should be verified. The following documents may be used:

1. Social Security card
2. Any official Social Security document that includes the Social Security Number
3. W-2
4. Employment records
5. Health insurance policies

**NOTE:** An applicant cannot be denied assistance solely because he did not provide verification of his Social Security number.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 17

---

## **CHAPTER 3      FINANCIAL ELIGIBILITY REQUIREMENTS**

### **301            Determining Financial Eligibility**

In determining eligibility for the MIAP, the income and resources of the applicant's family must be considered and measured against the appropriate standards. Spouses are responsible for spouses and parents are responsible for minor children.

### **302            Family**

The first step in determining the amount of income and resources available to the applicants is to establish the family composition. A family is defined as the applicant and dependents or legally responsible relatives who live in the same household.

Consideration must be given to the applicant's dependent status in determining the family composition.

If the applicant is legally or financially dependent upon someone else in the household, the family is composed of the following household members:

1.     The applicant, and
2.     The persons upon whom he is dependent (i.e. the responsible person); and
3.     All persons related to the applicant by blood, marriage, or adoption who are also legally or financially dependent upon the responsible person.

If the applicant is a minor child who lives in the home with a stepparent, the stepparent is considered a member of the family only if the stepparent claims the child as an income tax dependent.

If the applicant is an adult who is financially dependent upon someone else in the household, the applicant is considered a family member only if: the person upon whom he is dependent is a relative; and, both parties agree that one is financially dependent upon the other; and, one could be claimed by the other as a dependent for income tax purposes, whether or not a return is filed.

:

1.     The applicant; and
2.     The persons related to the applicant by birth, marriage, or adoption and who are legally or financially dependent upon the applicant.

If the applicant has stepchildren living in the home, the stepchildren are included as members of the family only if the stepparent claims them as income tax dependents.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 18

**Common-law Relationships** – South Carolina law recognizes legal common-law marriages. A legally binding common law marriage is an agreement between two people to be married. Both of the individuals must be legally free to marry and they must hold themselves out to the community as a married couple. To document that a common law marriage exists, verification must be obtained that substantiates the fact that both individuals are legally free to marry. Statements are obtained from each partner indicating when the couple began living together as husband and wife and a collateral statement indicating the couple is known to the community as husband and wife. In South Carolina, common law marriages between minors are recognized when the male is at least 14 years old and the female is at least 12 years old.

**Unmarried Individuals Living Together** – Unmarried individuals who live together, who do not have common children and do not claim to have a common law relationship are not considered members of the same family. Ordinarily the income and resources of one would not be attributed to the other since they are not legally or financially responsible for each other. However, if both parties agree that their income is mutually available, half of the total gross annual income is attributed to the applicant.

**Pregnant Women Cases** – The family composition for a pregnant woman applicant is as follows:

- the pregnant woman;
- the unborn child(ren);
- the father of the unborn child (if he resides in the home); and
- persons related to the applicant by blood, marriage or adoption who are also legally or financially dependent upon the applicant.

**Family Members Recently Deceased** – When a member of the applicant's family dies prior to the effective date of the application, the deceased individual is not considered a member of the family. Therefore, his income and resources are not considered in determining the applicant's eligibility **unless** such income and assets are available to the applicant and his family as of the effective date of the application.

When the applicant is deceased and death occurred within 30 days of the date of admission, his income is considered for only the thirteen weeks prior to the date of application and is not annualized.

When the applicant's family composition is questionable, prepare a summary of the family's circumstances and forward it to the Bureau of Eligibility Administration for a determination of family size.

**302.1 Minors or Students Absent from Home**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 19

To determine the family composition for an applicant who is a minor or a student absent from his parent(s) home, consideration must be given to the minor's or the student's financial dependence upon the parents. Examples of such minors are students or children who choose not to live with their parents. For the purposes of the MIAP, an applicant who is a minor child or a student who is still financially dependent upon his parents is considered a member of his parents' household. If his parents do not live in the same home, he is considered a family member in the home of the parent who holds legal custody.

A minor child is always considered a dependent of his parent(s) unless a court order exists which divests the parent(s) and the child of their rights, privileges and annuities, duties and obligations with respect to each other. If such a document exists, the child is not considered a member of the parent's family and the parent's income and resources are not available to the child. A copy of the court order must be filed in the case record as documentation. For students over age eighteen (18), the parent(s) must be contacted to determine if the student is financially dependent upon them. If it is determined that the student is not financially dependent upon the parent(s), the student is not considered a member of their family and the parent's income and resources are not available to the child.

**303            Income Standards**

Only those persons whose gross family income is equal to or less than one hundred percent of the poverty guidelines may qualify for full payment through the MIAP. Only those persons whose gross family income is between one hundred and two hundred percent of the poverty guidelines, may qualify for partial payment through the MIAP. (Refer to Table II through XXIV of this chapter for the Federal Poverty Guidelines.)

**304            Computation of Income**

The gross annual income of the individual and his family is measured against the annual poverty guidelines for the appropriate size family. Gross annual income should be representative of the family's average earnings. For this reason, the method of calculating gross annual income will vary depending on the employment status of the family members. In all cases, the applicant must be carefully interviewed to determine his employment status. (Refer to 306.2 for the treatment of income when a family member is self-employed.)

**304.1           Methods of Verification and Computation**

The following describes methods of verifying and computing gross annual income based on the manner in which the income is received.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 20

**1. Fixed Income** is a set benefit or a set income for work performed. An example is someone receiving Social Security benefits or a teacher. If the income is a fixed monthly amount, the income received in the preceding or current month must be verified. The verified monthly income is multiplied by twelve (12) to determine gross annual income. If the income is a fixed amount received semi-monthly, bi-monthly, etc., the income for the appropriate pay period must be verified and multiplied by the number of pay periods in a year.

**2. Hourly/Salaried with Bonuses, Commissions and Overtime** is income received regularly and is based on the number of hours worked or a salary which is subject to additional earnings due to overtime, commissions or bonuses. Income received in this manner is usually variable. Therefore, it must be verified for the four (4) weeks prior to the effective date of the application.

If income verification is available for the entire four (4) week period, the income received is multiplied by thirteen (13) to determine gross annual income. If income verification is available for a longer period of time, the income received should be converted to an average weekly income and multiplied by fifty-two (52).

If the applicant does not have four (4) weeks of income (earned or unearned), verify the total amount of income received in the four (4) week period and multiply by thirteen (13) to determine gross annual income.

**3. Irregular Income** is income that varies from week to week or month to month. An example is people who work odd jobs. The method of verifying and computing income is the same as stated in # 2 above.

**4. Self-Employment Income** is income derived from an individual's own business. Examples are farmers, beauticians, "shade tree" mechanics, loggers, etc.

In this situation, determine gross annual income based on income received in the four (4) weeks prior to the effective date of application, multiplied by thirteen (13). If the person does not report income on a weekly or bi-weekly basis, determine gross annual income based on the prior year's income tax return. Deductions are allowed for self-employment income for the cost of doing business. Refer to Chapter 3 Section 306.2 for a list of allowed deductions.

For self-employed individuals who do not file income tax returns or maintain employment records, a signed affidavit regarding their earnings should be obtained.

**Example A:** The applicant has worked odd jobs all his life, but those jobs have been routinely performed for the same individuals who know the applicant and who are known by the applicant.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 21

In this situation, the applicant should be asked to sign release of information forms. These forms give you, as the designee, permission to obtain necessary documentation. The applicant should be able to provide you with the names and addresses of individuals for whom he has worked. With the release of information form, the employers can then be asked to furnish a statement regarding the frequency of employment, such as one (1) day per week and the amount paid.

**Example B:** The applicant has worked odd jobs all his life but those jobs have been a matter of “pick-up” work here and there. The applicant does not know the names of the individuals for whom he worked.

In this type of situation, the applicant’s statement of gross annual earnings can be accepted. The case record should contain dictation regarding the applicant’s statement and the reason it was accepted.

**5. Seasonal Income** is income, which is generally, received only part of the year. If an individual or family has no other source of income, the amount received during the most recent “season” must be verified and considered to be annual income. If an individual has other income, the amount received during the “season” is combined with the other income to determine gross annual income.

Most recent season is defined as a season which occurred in the twelve (12) months prior to the effective date of the application.

It should be noted that migrants work all during the year. Therefore, their income should be determined based on the method stated in number 2 of this section.

**Note:** If the earnings of the applicant and his family do not conform to the aforementioned description, contact the Bureau of Eligibility Administration for assistance.

For non-emergency applications, income is verified based on the income received prior to the effective date of application. For emergency admissions and retroactive applications, income is verified based on income received prior to the date of admission rather than the effective date of application.

### **305 Unearned Income - Definition and Types**

Unearned income is any income, which does not meet the definition of earned income. The following payments are considered unearned income (this list is not all inclusive):

1. Unemployment Compensation and Workmen’s Compensation
2. Assistance Payments Based on Need – Family Independence (FI), SSI, and other cash payments

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 22

3. Pensions and Benefits - Annuities, pensions, retirement, veteran's or disability benefits, Social Security benefits, and other such pensions and benefits
4. Strike benefits
5. Support and Alimony - Support or alimony payments from non-household members
6. Contributions - Any cash contribution made to any member of the family by a non-family member (gift or loan)
7. Interest Payments - Payments from government-sponsored programs, dividends, interest, royalties and all other money payments from any source considered a gain or benefit
8. Trust Funds - When a family member receives monies from trust funds, the monies are treated as unearned income
9. Savings, Mortgages, Annuities, Insurance and Other Investments - Dividends and interest from investments, such as stocks, bonds and savings, and payments of interest on mortgages, annuities, insurance, etc. are unearned income. A payment of principal on a mortgage or loan may or may not be unearned income depending on whether or not the applicant loaned the money.
10. Lump Sum Payments - Any lump sum payment is considered unearned income in the month received and becomes a resource if retained to the following month. **EXCEPTION:** Federal and state income tax refunds are excluded from income.
11. Educational Loans, Grants and Scholarships - Any portion of loans, grants, and scholarships which may be used to meet the person's current living expenses (food, clothing or shelter) is counted as income. Any portion, which is clearly designated for tuition, is excluded from income.
12. Capital Gains Income - Any gain received from the sale of an asset is counted as income.

**306 Earned Income - Definition and Types**

Earned income includes all income in cash earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which he/she is engaged as a self-employed individual or as an employee. This earned income may be derived from his/her own employment, such as a business enterprise or farming, or derived from wages or salary received as an employee.

**306.1 Earned Income Credit**

The EIC is a provision of the Federal tax laws that allows the earnings of many individuals and couples to be supplemented either in advance or in a lump sum. This supplement (Earned Income Credit) is counted as earned income.

**306.2 Income from Self-employment**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 23

Self-employment income is allowed deductions for the cost of doing business. The applicant must provide a record of expenses incurred in the production of the income. Examples of self-employment are beauticians, makeup sales, etc. Allowable costs for producing self-employment income are:

1. Identifiable costs of labor, such as salaries, employer share of Social Security, insurance, etc.
2. Stock, raw materials, seed and fertilizer, feed for livestock used in producing income
3. Rent and costs of maintenance for the business building
4. Business telephone costs
5. Costs of operating a motor vehicle when required in connection with the operation of the business
6. Insurance premiums and taxes paid on the business
7. Costs of feed for work stock
8. Costs of meals for children when day care is provided in the applicant's home
9. Interest paid to purchase income-producing property

The following items are not considered as a cost of producing self-employment income:

1. Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable good.
2. Net losses from previous providers
3. Federal, state and local income taxes, money set aside for retirement purposes, and other work related expenses, such as transportation to and from work. These expenses are accounted for by the earned income deduction.
4. Costs of producing home produce intended for family consumption
5. Family living expenses
6. Personal debts
7. Entertainment expenses
8. Depreciation expense

After the self-employment income is given the cost of doing business deduction, it is added to any other earned income.

**306.3 Boarder or Lodger Income**

The worker must verify and document the income received from the boarder or lodger and then exclude the verified actual costs incurred in providing room and/or board. Examples of costs incurred are the additional utilities, cost of food provided, laundry expenses, etc.

If the applicant is unable to provide records that substantiate the costs of providing lodging and/or board, a standard deduction of \$60 monthly may be given for lodging and board

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 24

and a standard \$20 monthly may be given for lodging only. Any income received in excess of the standard amounts is added to other earned income prior to granting the standard earned income disregards.

After this exclusion, the remaining income is considered earned income and is added to other earned income.

**307           Income Verification**

All income must be verified and the method, amount and date of verification must be documented. The following are documents that can be used to verify earned income:

1. Pay stubs
2. Employee's W-2 forms
3. Wage tax receipts
4. Federal income tax return
5. Self-employment bookkeeping records
6. Sales and expenditures records
7. Employer's wage records
8. Statements from employer
9. Employment Security Office

The following are documents that can be used to verify other types of income:

1. Social Security award letter (Changes in benefits will not always be reflected.)
2. Benefit payment check
3. Unemployment Compensation award letter
4. Pensions award notice
5. Veterans Administration award notice
6. Correspondence on benefits
7. Income tax records
8. Railroad award letter
9. Support and alimony papers evidenced by court order, divorce or separation papers, contribution check
10. Social Security Administration records and letters
11. Employment Security Commission
12. Union records
13. Workmen's Compensation records
14. Veterans Administration records and letters
15. Insurance company records
16. Tax records
17. Railroad Retirement Board records
18. Department of Social Services Letter of Notification



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 25

**NOTE:** If the applicant claims to have no income, you may accept his statement; however, he should be carefully interviewed to determine how he obtains food, clothing, and shelter given such circumstances. This information should be included in the case record dictation. If you question the accuracy of his statement, you may request that the applicant go to the Employment Security Commission to obtain the most recent quarterly wage information.

**308 Resource Standards**

Total countable resources must be within the limits described below:

1. **Home property** – The value of a farm of 50 acres or less on which the applicant or his family resides and has resided for at least twenty-five (25) years is excluded from the resources computation. The equity value of home property other than a family farm cannot exceed \$35,000.
2. **Non-home real property and taxable personal property** – The applicant's or family's total equity interest in non-home real property and taxable personal property such as motor vehicles may not exceed \$6,000. Real property used in a business enterprise is included in the resource determination. Work-related equipment being used in a business enterprise is excluded from the resource determinations.
3. **Household effects** – Household effects such as furniture, kitchen utensils, etc., are not considered in the resource computation.
4. **Liquid assets** – The applicant's or family's total liquid assets may not exceed \$500.

For non-emergency admissions, the value of liquid assets must be determined as of the effective date of the application. For emergency admissions and retroactive determinations, the value of liquid assets must be determined as of the date the applicant entered the hospital.

If an applicant claims that he and/or his family members do not own any liquid assets, you may accept his statement. The case record should contain a notation that the applicant's statement was accepted.

1. If the total value of all liquid assets owned by the applicant and his family members does not exceed the limit, the liquid asset test is met.
2. An applicant with excess liquid assets may establish eligibility if he and/or other members of his family spend the excess amount over \$500 toward the payment of valid debts.

For the purpose of meeting this spend-down requirement, valid debts are defined as:

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 26

**Rent or Mortgage Payment** – The actual amount for rent or mortgage on the primary residence not to exceed a maximum allowable deduction of \$500 per month, per household.

**Utilities** – The actual amount for utility bills (i.e. electric, gas, oil, kerosene, wood, etc.) not to exceed a maximum allowable deduction of \$150 per month, per household.

**Medical Expenses** – The actual amount paid for the cost of medical care, i.e. doctor bills, hospital charges, durable medical equipment, prescription drugs, etc. for each family member which were incurred within thirty (30) days prior to the effective date of application or for the applicant, during the period of hospitalization for which assistance is requested.

The applicant must be advised that he must spend-down his excess liquid assets **before** he can qualify for assistance through the fund. The applicant should be advised that the spend-down of excess liquid assets must occur after the effective date of application in order for the expense to be deducted from excess resources and that spend-down may be accomplished in the following way:

The applicant must present paid receipts that verify that the excess amount was used toward the payment of these valid debts which were incurred within thirty (30) days prior to the effective date of application or during the period of hospitalization for which assistance is requested. Spend-down must be accomplished within thirty (30) days of the effective date of the application.

**For retroactive applications**, the spend-down must be accomplished within thirty (30) days of the date of verification that the value of liquid assets exceeded the limit, if the applicant still owns the excess liquid assets. If the applicant no longer owns the excess liquid assets, the excess amount must have been spent on valid debts in accordance with the above stated procedure.

### **309 Non-liquid Resources**

The equity interest of non-liquid resources must be considered in the resources computation. Equity interest is the value of the applicant's and/or his family's ownership interest in the resource less any legal indebtedness. To determine a person's equity interest in a non-liquid resource, the following factors must be considered:

- 1. Ownership interest** – The value of a person's ownership interest in property must be considered. A person may have sole ownership. In this case, the equity value in the entire piece of property must be considered a resource and measured against the appropriate standard.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 27

If the person jointly owns property with one or more other persons, only the equity value of the applicant's and/or his family's interest in the property is considered a resource and measured against the appropriate standards.

In addition to joint or sole ownership of property, a person may own the right to use real property. These rights might be in the form of:

- **Timber Rights** – Timber rights permit an individual to cut and remove free standing trees from property owned by another as designated by contract with the person holding title to the land on which the timber stands. In this case, the value of the timber rights would be considered and measured against the appropriate standards.
- **Mineral Rights** – A mineral right is an ownership interest in certain natural resources such as coal, sulphur, petroleum, sand, natural gas, etc. which are usually obtained from the ground. Only the value of the mineral right is considered a resource.
- **Remainder Interest/Life Estate** – A person may also hold a life estate or remainder interest in property. A life estate conveys upon an individual or individuals for his lifetime, certain rights in property. Its duration is measured by the lifetime of the tenant or of another person, or by the occurrence of some specific events, such as remarriage of the tenant. The owner of a life estate has the right of possession, the right to use the property, the right to obtain profits from the property and the right to sell his life estate interest. (However, the contract establishing the life estate may restrain one or more rights of the individual.) He does not have title to the property and he does not have the right to sell the property. He may not usually pass it on to his heirs in the form of an inheritance. See Table 1 in this chapter for the chart used to determine the value of a person's life estate interest in property.

Where an individual owner conveys property to another person for life (life estate holder) and to a second person (the remainder man) upon the death of the life estate holder, both a life estate interest and a remainder interest have been created in the property. Upon the death of the life estate holder, the remainder man will hold full title in fee simple. An owner of real property may designate several individuals as remainder men who would hold ownership jointly or in common by will or agreement.

**EXAMPLE:** Mr. Heath, who is now deceased, conveyed a life estate to his wife in home property that he owned in fee simple both before and after his marriage to Mrs. Heath. Mrs. Heath has the right to live there for the rest of her life. On her death the property will pass to her two sons who own a remainder interest in the property. The will designated that the sons will then own the property as joint tenants. The property is not considered a resource to the remainder man until the property is actually passed on to him.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**  
**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 28

- **Unprobated Estates (Heir Property)** – If an individual who owns property dies without making a will and the estate has not been settled and the property is divided among his heirs, the property is called intestate property. If an applicant is an heir, the value of such property must be developed. An heir would not be able to sell the property itself, but he would be able to sell his interest legally without court action and without permission of the other heirs.

The South Carolina Law concerning Descent and Distribution was changed by Act 539 of 1986. The new law is entitled Intestate Succession and Wills and is found at Section 62-2-101, et seq, SC Code of Laws, 1976, as amended. The law provides that the estate of an individual who dies intestate will be divided as follows:

- If the deceased has no children, the widow(er) inherits the entire estate.
- Regardless of the number of children surviving the deceased, the widow(er) inherits  $\frac{1}{2}$  of the estate and the remaining  $\frac{1}{2}$  is divided equally among the children of the deceased.
- If any of the children of the deceased are not living, but at least one child survives the deceased, the  $\frac{1}{2}$  of the estate that is inherited by the children is still divided as though all children survived the parent. The portion to which the child who dies before his parent was entitled, will then be divided amongst his/her heirs according to law.
- If there is no widow(er), the estate would then be divided equally among the children.
- If the deceased was a joint owner of any real property, that portion to which he/she is entitled by law would become a part of his estate and would be divided according to the provisions of the law.

**Note:** Any situation, which is not covered in this section, should be referred to the Bureau of Eligibility Administration

Evidence of ownership of property can be obtained by checking the deed, the will, or property and tax records in the county Courthouse. A deed does not have to be recorded to be valid. Tax records can be used only as a guide to other resources of documentation, as the person(s) listed on the tax records is not necessarily the true owner. Adverse possession, which occurs when someone lives on a parcel of land, pays the taxes, and then claims ownership to the property, is not considered legal ownership unless legal title has been conferred by court order.

2. **Tax Assessed Value** – The tax assessed value of the resource is the current market value established by the County Tax Assessor. In addition, the current market value of a motor vehicle may be established by using either the NADA book value or the current market value established by the County Tax Assessor. When using the NADA book to verify value, use only the current month's book and the listed "Trade-In" value. If the applicant wishes to rebut the current market value as

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 29

---

established by the tax assessor's office or the NADA book, the following action is required:

**Taxable Personal Property** – The applicant may obtain an appraisal from a reputable dealer to establish a different value. If the county designee questions the reliability of the appraisal, he may require a second appraisal from another dealer.

**Real Property** – Rebuttal must be accomplished through an appeal to the assessor's office in the county where the property is located. A copy of the assessor's determination of value must be furnished to the designee. The value established by the assessor must be used.

**3. Legal Indebtedness** – Legal indebtedness is any legal encumbrance such as a note, mortgage or lien, which has been filed against the resource. It is the applicant's responsibility to provide verification of the current amount of the indebtedness. If the applicant fails to furnish verification of indebtedness, the tax-assessed value of the resource should be used in determining equity interest.

Examples of non-liquid resources are:

- Real property;
- Personal property, such as boats, vehicles, farm equipment and livestock. Personal property should not be confused with personal effects such as appliances, furniture, clothes and other similarly essential items of limited value that are necessary for day to day living, since personal effects are not counted;
- Buildings.

**309.1 Real Property**

Real property is treated in the following manner:

1. **Home Property** – Home property is the applicant's principal place of residence. The home is defined as the home and all contiguous property. This includes all buildings on the contiguous property such as sheds, barns, garages, warehouses, or other houses. If the surrounding property is separated from the home by public rights of way, such as roads, the surrounding property is still considered contiguous to the home. However, if the surrounding property is separated from the home by intervening property owned by others, the surrounding land is not considered contiguous to the home. A mobile home is considered as home property if it is the applicant's principal place of residence. Equity interest in home property, which does not meet the family farm exclusion, must be applied toward the \$35,000 home resource limitation.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 30

- 
2. **Non-home Property** – Non-home property is any property that is owned by the applicant and/or his family which is not contiguous to the home. The applicant's and/or his family's equity interest in non-home property must be applied toward the \$6,000 resource limitation.

**309.2 Taxable Personal Property**

The value of the applicant's and/or his family's interest in taxable personal property must be applied toward the \$6,000 resource limitation.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 31

---

**309.3 Buildings**

In some instances an applicant or his family may have an ownership interest in a building but not the land on which the building is located. In such cases, the value of the interest in the building must be applied toward the \$6,000 resource limitation.

**310 Liquid Resources**

The value of the applicant's and/or his family's liquid resources must be applied toward the liquid asset resource limitation as found in Section 308(4). Examples of liquid resources are:

1. Cash on hand
2. Checking or savings accounts in banks or other savings institutions, including credit unions
3. Savings certificates
4. The market value of stocks or bonds
5. Trust accounts except when inaccessible
6. Funds held in individual retirement accounts (IRA's). The entire cash value of the account, less the amount of any penalty for early withdrawal, is counted.
7. Pension funds that are available.
8. Federal and State Income Tax refunds
9. Pre-need burial contracts
10. Cash value of life insurance. Count cash value only for each family member who has life insurance with a total face value(s) greater than \$10,000. A separate determination must be made for each family member. For each family member who owns life insurance, determine the total face value owned by the individual. (The owner is the insured unless otherwise stipulated in the policy.) If the total face value of all policies owned by the family member does not exceed \$10,000, exclude the cash value of the family member's policies. If the total face value of all policies owned by the family member exceeds \$10,000, exclude the first \$1,500 of cash value and count the amount above \$1,500 as a liquid asset.

**Note:** Term insurance does not have a cash value.

**310.1 Jointly Owned Liquid Resources**

When accounts (e.g. savings or checking, stocks or bonds, etc.) are owned jointly and the applicant and/or his family have access to the entire amount in the account, the entire amount is counted toward the resource limit.

To determine whether the person has access to the entire amount, the worker will need to determine if both signatures are needed for access to the resource or if only one

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 32

signature is needed. One signature means the entire amount is accessible. When both signatures are needed, only a pro-rata share of the account is applied to the resource limit.

**310.2           Trusts**

If an applicant and/or a member of his family is the beneficiary of a trust and he has unrestricted access to the principal of the trust, the value of the principal is counted as a resource. The value of the trust principal is measured against the liquid asset resource limitation.

If the beneficiary of the trust does not have access to the trust and the trustee either does not have the authority or refuses to make the trust principal available to the beneficiary, the trust principal is not counted as a resource. If the applicant or family member does not have access to the trust principal, only the income and/or other benefits from the trust is counted.

**310.3           Burial Plots**

A burial plot is defined as a conventional gravesite, crypt, mausoleum, urn or other repository, which is customarily and traditionally used for the remains of a deceased person. Burial plots owned by the applicant and/or his family are excluded from resources.

**311             Household Effects**

Clothing, household goods, personal effects and furnishings used for day-to-day living are excluded.

**312             Resource Verification**

All resources must be verified and the method, amount and date of verification must be documented. The following are documents that can be used to verify resources:

1. Bank statements
2. Tax assessor records
3. Real estate forms
4. Insurance policies
5. Insurance agencies
6. Statement from other owner when there is joint ownership
7. Current official correspondence received by the applicant
8. Court Records - Deeds, Titles, etc.
9. Current NADA Book



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 33

**NOTE:** If the applicant states that he and/or his family do not own real property or taxable personal property, the courthouse records must be searched to verify his statement. Courthouse records do not have to be searched in the name of minor children unless there is an indication that they own real and personal property. For re-applications which are filed within six (6) months of an MIAP eligible hospital stay, it is not necessary to reverify (i.e., search of courthouse records) the ownership and value of real and personal property unless the applicant indicates that their circumstances have changed. When an applicant does not claim ownership of liquid assets, his statement may be accepted; however, he should be carefully interviewed to ensure that his statement is realistic.

### **313            Transfer of Resources**

An applicant and/or his family who transferred resources without receiving full compensation within three (3) months prior to the period of hospitalization, for which the application for assistance is made, may not be eligible. The application must be denied if the uncompensated value in combination with other resources exceeds the appropriate resource limitation.

Although transfer of a resource without receipt of full compensation may result in ineligibility for MIAP for up to 12 months, the person may establish eligibility if it is determined that he later receives full market value for the transferred resource. The person may establish that full compensation was received provided the resource is returned or the applicant receives fair market value for the transferred resource and the proceeds are used for living and/or medical expenses of the applicant to the point that the resource is reduced to within the appropriate resource limitation.

The transfer of resources policy applies to:

1. Transfers made by an applicant and/or his family, or on their behalf by a person acting for and legally authorized to execute a contract for the applicant and/or his family (such as legal representative, parent of minor child, holder of power of attorney, etc.);
2. Transfers of liquid and non-liquid resources (cash, bank accounts, etc. by giving to another individual, creation of irrevocable trusts, petitioning courts to set aside funds for a specific purpose, etc.);
3. Waiver or suspension of benefits to which the individual is legally entitled, e.g., inheritance, insurance settlement and proceeds of a loan.

The transfer of resources policy does not apply to:

1. Actions taken by persons not listed in #1 above (for example, policy does not apply to withdrawal of funds by another person from a bank account jointly held

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 34

- with the eligible applicant unless the other person is the spouse or parent of the applicant);
2. A resource that is spent or used to repay a valid debt;
  3. Valid loans made by an eligible individual or eligible spouse.

**314 Treatment of Cash Received to Replace/Repair Lost, Damaged or Stolen Resources**

Cash received from any source (e.g. insurance companies, Federal or State agencies, public or private organizations, other individuals) for the purpose of replacing or repairing a resource that is lost, damaged or stolen is not income but a resource that has changed form.

When it is determined that cash will be or is received for the purpose of replacing or repairing a resource, the total amount of such cash is excluded from the income computation for a period of six (6) months from the month of receipt. However, it is not excluded from resources; it is counted as the resource it replaces would have been counted.

Cash which is received for personal injury, death or other purposes is not excluded from income or resources under this provision even if the cash is received in conjunction with and/or from the same source as cash intended to replace or repair a resource.

**315 Family Composition Chart**

<b>RELATIONSHIP TO THE APPLICANT</b>	<b>WHERE LIVING</b>	<b>INCLUDED AS FAMILY MEMBER</b>	<b>VERIFICATION</b>
Spouse (includes common law)	In the home	Yes	Applicant's statement
Spouse	Separated and living out of the home for 30 days from effective date of application.	No	Collateral statement from (2) non-related family members.  Ex: landlord or neighbor
Minor Child	In the home	Yes	Applicant's statement
Minor Child (applicant)	Out of the home	Yes, unless parental rights are terminated by court order	Parental statement, if yes.  Court order, if no.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 35

<b>RELATIONSHIP TO THE APPLICANT</b>	<b>WHERE LIVING</b>	<b>INCLUDED AS FAMILY MEMBER</b>	<b>VERIFICATION</b>
Child over 18	In the home or attending school	Yes, if both parties agree, one is financially dependent on the other	Written statement from both parties & case notes, which verify that one, could claim the other as a dependent for tax purposes.
Other Relatives	In the home	Yes, if both parties agree, one is financially dependent on the other	Written statement from both parties & case notes that verify that one could claim the other as a dependent for tax purposes.
Non-Relatives	In the home	No - Refer to page 3 of this chapter for treatment.	Applicant's statement
Unmarried couple with common child	In the home	Yes	Applicant's statement or birth record

**I. UNISEX LIFE ESTATE OR REMAINDER TABLE**

<b>AGE</b>	<b>LIFE ESTATE</b>	<b>REMAINDER</b>
0	.97188	.02812
1	.98988	.01012
2	.99017	.00983
3	.99008	.00992
4	.98981	.01019
5	.98938	.01062
6	.98884	.01116
7	.98822	.01178
8	.98748	.01252
9	.98663	.01337
10	.98565	.01435
11	.98453	.01547
12	.98329	.01671
13	.98198	.01802
14	.98066	.01934

<b>AGE</b>	<b>LIFE ESTATE</b>	<b>REMAINDER</b>
15	.97937	.02063
16	.97815	.02185
17	.97700	.02300
18	.97590	.02410
19	.97480	.02520
20	.97365	.02635
21	.97245	.02755
22	.97120	.02880
23	.96986	.03014
24	.96841	.03159
25	.96678	.03322
26	.96495	.03505
27	.96290	.03710
28	.96062	.03938
29	.95813	.04187

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 36

<b>AGE</b>	<b>LIFE ESTATE</b>	<b>REMAINDER</b>		<b>AGE</b>	<b>LIFE ESTATE</b>	<b>REMAINDER</b>
30	.95543	.04457		75	.52149	.47851
33	.95254	.04746		76	.50441	.49559
32	.94942	.05058		77	.48742	.51258
33	.94608	.05392		78	.47049	.52951
34	.94250	.05750		79	.45357	.54643
35	.93868	.06132		80	.43659	.56341
36	.93460	.06540		81	.41967	.58033
37	.93026	.06974		82	.40295	.59705
38	.92567	.07433		83	.38642	.61358
39	.92083	.07917		84	.36998	.63002
40	.91571	.08429		85	.35359	.64641
41	.91030	.08970		86	.33764	.66236
42	.90457	.09543		87	.32262	.67738
43	.89855	.10145		88	.30859	.69141
44	.89221	.10779		89	.29526	.70474
45	.88558	.11442		90	.28221	.71779
46	.87863	.12137		91	.26955	.73045
47	.87137	.12863		92	.25771	.74229
48	.86374	.13626		93	.24692	.75308
49	.85578	.14422		94	.23728	.76272
50	.84743	.15257		95	.22887	.77113
51	.83674	.16126		96	.22181	.77819
52	.82969	.17031		97	.21550	.78450
53	.82028	.17972		98	.21000	.79000
54	.81054	.18946		99	.20486	.79514
55	.80046	.19954		100	.19975	.80025
56	.79006	.20994		101	.19532	.80468
57	.77931	.22069		102	.19054	.80946
58	.76822	.23178		103	.18437	.81563
59	.75675	.24325		104	.17856	.82144
60	.74491	.25509		105	.16962	.83038
61	.73267	.26733		106	.15488	.84512
62	.72002	.27998		107	.13409	.86591
63	.70696	.29304		108	.10068	.89932
64	.69352	.30648		109	.04545	.95455
65	.67970	.32030				
66	.66551	.33449				
67	.65098	.34902				
68	.63610	.36390				
69	.62086	.37914				

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
 Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 37

**II. Poverty Scale January 1, 1986 through April 30, 1986**

Use this table when processing MIAP applications for hospital admissions on January 1, 1986 through April 30, 1986.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$5,250	\$10,500
2	7,050	14,100
3	8,850	17,700
4	10,650	21,300
5	12,450	24,900
6	14,250	28,500
7	16,050	32,100
8	17,850	35,700

For families with more than 8 persons, add \$1,800 for each additional member.

**III. Poverty Scale Effective May 1, 1986**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1986.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$5,380	\$10,760
2	7,240	14,480
3	9,120	18,240
4	11,000	22,000
5	12,880	25,760
6	14,760	29,520
7	16,640	33,280
8	18,520	37,040

For families with more than 8 persons, add \$1,880 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 38

**IV. Poverty Scale Effective May 1, 1987**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1987.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 5,500	\$11,000
2	7,400	14,800
3	9,300	18,600
4	11,200	22,400
5	13,100	26,200
6	15,000	30,000
7	16,900	33,800
8	18,800	37,600

For families with more than 8 persons, add \$1,900 for each additional member.

**V. Poverty Scale Effective May 1, 1988**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1988.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 5,770	\$11,540
2	7,730	15,460
3	9,690	19,380
4	11,650	23,300
5	13,610	27,220
6	15,570	31,140
7	17,530	35,060
8	19,490	38,980

For families with more than 8 persons, add \$1,900 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 39

**VI. Poverty Scale Effective May 1, 1989**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1989.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 5,980	\$11,960
2	8,020	16,040
3	10,060	20,120
4	12,100	24,200
5	14,140	28,280
6	16,180	32,360
7	18,220	36,440
8	20,260	40,520

For families with more than 8 persons, add \$2,040 for each additional member.

**VII. Poverty Scale Effective May 1, 1990**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1990.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 6,280	\$12,560
2	8,420	16,840
3	10,560	21,120
4	12,700	25,400
5	14,840	29,680
6	16,980	33,960
7	19,120	38,240
8	21,260	42,520

For families with more than 8 persons, add \$2,140 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 40

**VIII. Poverty Scale Effective April 1, 1991**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1991.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 6,620	\$13,240
2	8,880	17,760
3	11,140	22,280
4	13,400	26,800
5	15,660	31,320
6	17,920	35,840
7	20,180	40,360
8	22,440	44,880

For families with more than 8 persons, add \$2,260 for each additional member.

**IX. Poverty Scale Effective April 1, 1992**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1992.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 6,810	\$13,620
2	9,190	18,380
3	11,570	23,140
4	13,950	27,900
5	16,330	32,660
6	18,710	37,420
7	21,090	42,180
8	23,470	46,940

For families with more than 8 persons, add \$2,380 for each additional member.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 41

**X. Poverty Scale Effective April 1, 1993**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1993.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 6,970	\$13,940
2	9,430	18,860
3	11,890	23,780
4	14,350	28,700
5	16,810	33,620
6	19,270	38,540
7	21,730	43,460
8	24,190	48,380

For families with more than 8 persons, add \$2,460 for each additional member.

**XI. Poverty Scale Effective April 1, 1994**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1994.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 7,360	\$14,720
2	9,840	19,680
3	12,360	24,720
4	14,800	29,600
5	17,280	34,560
6	19,760	39,520
7	22,240	44,480
8	24,720	49,440

For families with more than 8 persons, add \$2,480 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
 Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 42

**XII. Poverty Scale Effective April 1, 1995**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1995.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 7,470	\$14,940
2	10,030	20,060
3	12,590	25,180
4	15,150	30,300
5	17,710	35,420
6	20,270	40,540
7	22,830	45,660
8	25,390	50,780

For families with more than 8 persons, add \$2,560 for each additional member.

**XIII. Poverty Scale Effective April 1, 1996**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1996.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 7,740	\$15,480
2	10,360	20,720
3	12,980	25,960
4	15,600	31,200
5	18,220	36,440
6	20,840	41,680
7	23,460	46,920
8	26,080	52,160

For families with more than 8 persons, add \$2,620 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 43

**XIV. Poverty Scale Effective April 1, 1997**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1997.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 7,890	\$15,780
2	10,610	21,220
3	13,330	26,660
4	16,050	32,100
5	18,770	37,540
6	21,490	42,980
7	24,210	48,420
8	26,930	53,860

For families with more than 8 persons, add \$2,720 for each additional member.

**XV. Poverty Scale Effective April 1, 1998**

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1998.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,050	\$16,100
2	10,850	21,700
3	13,650	27,300
4	16,450	32,900
5	19,250	38,500
6	22,050	44,100
7	24,850	49,700
8	27,650	55,300

For families with more than 8 persons, add \$2,800 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 44

**XVI. Poverty Scale Effective May 1, 1999**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1999.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,240	\$16,480
2	11,250	22,120
3	13,880	27,760
4	16,700	33,400
5	19,520	39,040
6	22,340	44,680
7	25,160	50,320
8	27,980	55,960

For families with more than 8 persons, add \$2,820 for each additional member.

**XVII. Poverty Scale Effective May 1, 2000**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2000.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,240	\$16,480
2	11,250	22,120
3	13,880	27,760
4	16,700	33,400
5	19,520	39,040
6	22,340	44,680
7	25,160	50,320
8	27,980	55,960

For families with more than 8 persons, add \$2,900 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 45

**XVIII. Poverty Scale Effective May 1, 2001**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2001.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,590	\$17,180
2	11,610	23,220
3	14,630	29,260
4	17,650	35,300
5	20,670	41,340
6	23,690	47,380
7	26,710	53,420
8	29,730	59,460

For families with more than 8 persons, add \$3,020 for each additional member.

**XVIII. Poverty Scale Effective May 1, 2002**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2002.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,860	\$17,720
2	11,940	23,880
3	15,020	30,040
4	18,100	36,200
5	21,180	42,360
6	24,260	48,520
7	27,340	54,680
8	30,420	60,840

For families with more than 8 persons, add \$3,080 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 46

**XX. Poverty Scale Effective May 1, 2003**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2003.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 8,980	\$17,960
2	12,120	24,240
3	15,260	30,520
4	18,400	36,800
5	21,540	43,080
6	24,680	49,360
7	27,820	55,640
8	30,960	61,920

For families with more than 8 persons, add \$3,140 for each additional member.

**XXI. Poverty Scale Effective May 1, 2004**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2004.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$ 9,310	\$18,620
2	12,490	24,980
3	15,670	31,340
4	18,850	37,700
5	22,030	44,060
6	25,210	50,420
7	28,390	56,780
8	31,570	63,140

For families with more than 8 persons, add \$3,180 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 47

**XXII. Poverty Scale Effective May 1, 2005**

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2005.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$9,570	\$19,140
2	\$12,830	\$25,660
3	\$16,090	\$32,180
4	\$19,350	\$38,700
5	\$22,610	\$45,220
6	\$25,870	\$51,740
7	\$29,130	\$58,260
8	\$32,390	\$64,780

For families with more than 8 persons, add \$3,260 for each additional member.

**XXIII. Poverty Scale Effective March 1, 2006**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2006.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$9,800	\$19,600
2	\$13,200	\$26,400
3	\$16,600	\$33,200
4	\$20,000	\$40,000
5	\$23,400	\$46,800
6	\$26,800	\$53,600
7	\$30,200	\$60,400
8	\$33,600	\$67,200

For families with more than 8 persons, add \$3,260 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 48

**XXIV. Poverty Scale Effective March 1, 2007**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2007.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$10,210	\$20,420
2	\$13,690	\$27,380
3	\$17,170	\$34,340
4	\$20,650	\$41,300
5	\$24,130	\$48,260
6	\$27,610	\$55,220
7	\$31,090	\$62,180
8	\$34,570	\$69,140

For families with more than 8 persons, add \$3,480 for each additional member.

**XXV. Poverty Scale Effective March 1, 2008**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2008.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$10,400	\$20,800
2	\$14,000	\$28,000
3	\$17,600	\$35,200
4	\$21,200	\$42,400
5	\$24,800	\$49,600
6	\$28,400	\$56,800
7	\$32,000	\$64,000
8	\$35,600	\$71,200

For families with more than 8 persons, add \$3,600 for each additional member.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 49

**XXVI. Poverty Scale Effective March 1, 2009**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2009.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$10,830	\$21,660
2	\$14,570	\$29,140
3	\$18,310	\$36,620
4	\$22,050	\$44,100
5	\$25,790	\$51,580
6	\$29,530	\$59,060
7	\$33,270	\$66,540
8	\$37,010	\$74,020

For families with more than 8 persons, add \$3,740 for each additional member.

**XXVII. Poverty Scale Effective March 1, 2011**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2011.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$10,890	\$21,780
2	\$14,710	\$29,424
3	\$18,530	\$37,068
4	\$22,350	\$44,700
5	\$26,170	\$52,344
6	\$29,990	\$59,988
7	\$33,810	\$67,620
8	\$37,630	\$75,264

For families with more than 8 persons, add \$3,820 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 50

**XXVIII. Poverty Scale Effective March 1, 2012**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2012.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$11,170	\$22,344
2	\$15,130	\$30,264
3	\$19,090	\$38,184
4	\$23,050	\$46,104
5	\$27,010	\$54,024
6	\$30,970	\$61,944
7	\$34,930	\$69,864
8	\$38,890	\$77,784

For families with more than 8 persons, add \$3,960 for each additional member.

**XXIX. Poverty Scale Effective March 1, 2013**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2013.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$11,490	\$22,980
2	\$15,510	\$31,020
3	\$19,530	\$39,060
4	\$23,550	\$47,100
5	\$27,570	\$55,140
6	\$31,590	\$63,180
7	\$35,610	\$71,220
8	\$39,630	\$79,260

For families with more than 8 persons, add \$4,020 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 51

**XXX. Poverty Scale Effective March 1, 2014**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2014.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$11,670	\$23,340
2	\$15,730	\$31,460
3	\$19,790	\$39,580
4	\$23,850	\$47,700
5	\$27,910	\$55,820
6	\$31,970	\$63,940
7	\$36,030	\$72,060
8	\$40,090	\$80,180

For families with more than 8 persons, add \$4,060 for each additional member.

**XXXI. Poverty Scale Effective March 1, 2015**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2015.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$11,770	\$23,540
2	\$15,930	\$31,860
3	\$20,090	\$40,180
4	\$24,250	\$48,500
5	\$28,410	\$56,820
6	\$32,570	\$65,140
7	\$36,730	\$73,460
8	\$40,890	\$81,780

For families with more than 8 persons, add \$4,160 for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 3 – Financial Eligibility Requirements**

Effective Date: March 1, 2017

Page: 52

**XXXII. Poverty Scale Effective March 1, 2016**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2016.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	\$11,880	\$23,760
2	\$16,020	\$32,040
3	\$20,160	\$40,320
4	\$24,300	\$48,600
5	\$28,440	\$56,880
6	\$32,580	\$65,160
7	\$36,730	\$73,460
8	\$40,890	\$81,780

For families with more than 8 persons, add \$4,160 for each additional member.

**XXXIII. Poverty Scale Effective March 1, 2017**

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2017.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	12,060	24,120
2	16,240	32,480
3	20,420	40,840
4	24,600	49,200
5	28,780	57,560
6	32,960	65,920
7	37,140	74,280
8	41,320	82,640
Additional	\$4,180	\$8,360

For families with more than 8 persons, add the amount shown for each additional member.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 53

---

## **CHAPTER 4 ELIGIBILITY CRITERIA FOR OTHER PROGRAMS**

The purpose of this chapter is to provide general eligibility criteria for other programs to assist in appropriate referrals. Applicants who appear to be qualified for public assistance, Medicaid or other benefits should be referred to the appropriate agency for an eligibility determination.

### **401 Public Assistance Programs**

The Department of Social Services determines eligibility for the following program:

#### **401.1 Family Independence (FI)**

Adults and/or their minor children (or other child related by blood or marriage) must meet these requirements. If determined eligible, they receive a cash payment.

1. Living Arrangements - The minor child must live in the home with the parent or caretaker relative.
2. Income - Gross family income must be within certain ranges. Countable monthly income must be within certain ranges. At application, countable income is generally gross income minus childcare expenses and a \$100 standard earned income deduction for each family member who has earned income. (See table 1 at the end of this chapter for the income limits).
3. Resources - Countable resources of the family cannot exceed \$2,500. (Note: The home is excluded. Up to \$1,500 equity value in an automobile is excluded. Generally other resources are counted.)

### **402 Medicaid Programs**

The Department of Health and Human Services determines eligibility for Medicaid Programs.

#### **402.1 FI Related Groups**

These are people who meet the **FI** standards described above, but who do not receive a cash payment. They receive Medicaid benefits only.

1. Parent Caretaker Relative (PCR) – This refers to persons who meet the **FI** income standards. Previously named Low Income Families (LIF)
2. Four Months Extended Benefits – This refers to persons who lost their PRC eligibility due to increased child and spousal support collections. These persons

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 54

- meet all PCR criteria except that their increased child and spousal support payments caused their income to exceed the limits.
3. Transitional Medicaid Benefits – These are persons who lost eligibility because of increased earnings/hours of employment of the caretaker or loss of the PCR 50% by any member of the budget group.
  4. Ribicoff Children – These are children under age 18 who meet the **FI** income standards.

For programs mentioned in numbers 2 and 3, a referral from an outside source is generally inappropriate.

**402.2 Pregnant Women and Children (OCWI)**

Effective June 1, 1989, Medicaid coverage was extended to pregnant women and infants (children under age 1) with countable income below 208% of the federal poverty guidelines (Refer to Table III). They receive Medicaid benefits only.

**402.3 Individuals Under 21 With Special Living Arrangements**

These individuals do not receive a cash payment. The following conditions must be met in order for them to qualify for Medicaid benefits:

1. Income                                      The individual must have countable income less than the **FI** income limit. See Table I at the end of this chapter.
2. Living Arrangements                      The individual must reside in a foster home or private institution. The board payment for the individual's care must be fully or partially sponsored by public funds.

**402.4 Title IV E Adoption Assistance or Foster Care Maintenance Payments**

These are children who were or would have been eligible for FI benefits at the time they were placed for adoption or in foster care.

**402.5 Pass-Along**

These are individuals who:

1. Were eligible for and received both Supplemental Security Income (SSI) and Social Security benefits in one or more months since April 1977; and
2. Would be eligible for SSI now “but for” certain Social Security cost of living increases and/or changes in the calculation of their Social Security benefits.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**  
**Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 55

Persons who qualify under the pass-along provision are eligible to receive Medicaid benefits. The following criteria must be met:

1. Categorical Relationship    The individual must be aged, blind or totally and permanently disabled.
2. Income                            Countable income (income minus the above mentioned increases) cannot exceed the income limit. The current limit is:  

Individual	\$735
Couple	\$1,103
3. Resources                        Countable Resources cannot exceed the limit. The current limit is:  

Individual	\$2,000
Couple	\$3,000

The most common excluded resources are the home and funds designated for burial.

- New Pass-Along Groups
1. Disabled Widows & Widowers
  2. Disabled Adult Children

**402.6            Optional State Supplementation**

Individuals who reside in a residential care facility may be eligible for a payment to assist with their room and board. Recipients of Optional State Supplementation are automatically eligible for Medicaid benefits. The following criteria must be met:

1. Living Arrangements        The individual must reside in a Licensed Residential Care Facility. Residents of such facilities must be 18 years of age or older.
2. Categorical Relationship    The individual must be aged, blind, or disabled. For disability, the individual must meet the Social Security definition of total and permanent disability.
3. Income                            Countable income cannot exceed the income limit of \$1,420.
4. Resources                        Countable resources cannot exceed the resource limit. The current limit is:

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 56

---

Individual     \$2,000

The most common resource exclusion is a fund designated for burial.

**402.7            Medical Assistance Only - Institutional Care**

These are individuals who reside in medical facilities (e.g., nursing homes or hospitals) and who meet the eligibility requirements defined below. These individuals are eligible for Medicaid benefits only.

1. Categorical Relationship     The individual must be aged, blind, or totally and permanently disabled.
  
2. Income                             Gross income cannot exceed the Medicaid cap. The current limit is:  
  
   Individual \$2,205
  
3. Resources                         Countable resources must be within the limit. The current limit is: Individual \$2,000 The most common resources excluded are the home and funds designated for burial.
  
4. Living Arrangements             The individual must reside in a Medicaid certified facility for thirty (30) consecutive days.
  
5. Level of Care                        The individual must need skilled or intermediate nursing care.

**402.8            Individuals Who Receive Home and Community Based Services**

These are individuals who meet the criteria for Medical Assistance Only - Institutional Care (Section 401.8) except for living arrangements.

This coverage group consists of:

- Individuals who receive home and community based services because they need nursing care, but who choose to live at home and receive waiver services; and,
- Individuals diagnosed with AIDS who are at a greater risk of hospitalization.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 57

---

**402.9 Grandfathered Cases**

These are individuals whose Medicaid eligibility is determined according to the eligibility criteria that were in effect in December 1973. There are very few, if any, of these recipients.

**402.10 Essential Spouses**

These are spouses of Supplemental Security Income recipients who were grandfathered into the SSI program and who would continue to meet December 1973 criteria if their SSI payment were not counted.

**402.11 Aged, Blind or Disabled with Income Below Poverty (ABD)**

These are individuals who are aged, blind or disabled with countable income at or below 100% of poverty. They receive Medicaid benefits only.

1. Categorical Relationship    The individual must be aged, blind, or disabled. For disability, the individual must meet the Social Security definition of total and permanent disability.
  
2. Income                            Countable income cannot exceed the income limitation. The current income limit is:  
Individual        \$1,005  
Couple            \$1,354
  
3. Resources                        Countable resources cannot exceed the resource limit. The current limit is:  
Individual        \$7,390  
Couple            \$11,090

The most common exclusions from the resources computation are the home and funds designated for burial. In addition, other resources are excluded for this group such as heirs property, life estate interest in property and one automobile.

**402.12 Qualified Medicare Beneficiaries (QMB)**

These are individuals who are required to have Medicare Part A hospital insurance and income at or below 100% of poverty.

1. Categorical Relationship    The individual must be entitled to Medicare Part A hospital insurance.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 58

- 
- |              |   |
|--------------|---|
| 2. Income    | Countable income cannot exceed the income limitation. The current income limit is:<br>Individual     \$1,005<br>Couple         \$ 1,354 |
| 3. Resources | Countable resources cannot exceed the resource limit. The current limit is:<br>Individual     \$7,390<br>Couple         \$11,090        |

The most common exclusions from the resources computation are the home and funds designated for burial. In addition, other resources are excluded for this group such as heirs property, life estate interest in property and one automobile.

**402.13        Specified Low-Income Medicare Beneficiaries (SLMB)**

These are individuals who are required to have Medicare Part A hospital insurance and income between 100% and 135% of poverty. For these individuals, the Medicaid program pays the Medicare Part B premiums only. These individuals are not entitled to the full range of Medicaid benefits.

- |                             |  |
|-----------------------------|--|
| 1. Categorical Relationship | The individual must be entitled to Medicare Part A.  |
| 2. Income                   | Countable income cannot exceed the income limitation. The current income limit is:<br><br>Individual     \$1,206<br>Couple         \$1,624 |
| 3. Resources                | Countable resources cannot exceed the resource limit. The current limit is:<br><br>Individual     \$7,390<br>Couple         \$11,090       |

**402.14        Katie Beckett (TEFRA) Children**

These are children age 18 and under who meet the following criteria.

- |                             |  |
|-----------------------------|--|
| 1. Categorical relationship | The child must be totally and permanently disabled.  |
| 2. Income                   | The child's gross income cannot exceed the Medicaid cap. The current limit is \$2,205 (parent's income not counted). |

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 59

- 
- |                        |   |
|------------------------|---|
| 3. Resources           | The child's countable resources must be within the limit. The current limit is \$2,000 (parent's resources not counted).                  |
| 4. Living Arrangements | The living arrangements must be home or in the community.   |
| 5. Level of Care       | The children must need a level of care provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded. |

**402.15 Partners for Healthy Children**

These are children age 1 to age 19 who meet the following criteria:

1. Categorical relationship    The child must be under age 19.
2. Income                                    The child's gross family income must be at or below 208% of the federal poverty guidelines. (Refer to Table II)
3. Family Composition
  - A. The family is composed of parent(s) and children;
  - B. If there is a parent and a stepparent in the home, with no children in common, both parents and the children may be considered as a single unit.
    - If all family members wish to apply as a single-family unit, the needs and income of all of the family members would be included in the budget.
    - If either parent does not want to apply for Medicaid for their child, the other parent and their child would be considered a single unit for budgeting purposes. The needs and income of the parent whose child is not included would not be counted in the eligibility determination.
    - If it would be to the family's advantage to apply as two single units, two separate budget groups may be established.
  - C. If the child lives independently or with a relative other than his parents, only the income of the child is counted. Relatives such as grandparents, aunts and uncles are not counted as part of the child's family.

If the child is approved, eligibility lasts for a year at a time. Therefore, changes in family income need to be reported only at the annual review.

Medicaid coverage extended to children by age and effective dates:

from age 1 – 6	(effective 4/1/89)
up to age 7	(effective 10/1/89)

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 60

---

up to age 8	(effective 7/1/91)
up to age 9	(effective 10/1/91)
up to age 10	(effective 10/1/92)
up to age 11	(effective 10/1/93)
up to age 12	(effective 10/1/94)
up to age 13	(effective 10/1/95)
up to age 14	(effective 10/01/96)
up to age 19	(effective 8/1/97)

**402.16 Working Disabled**

These are individuals who are disabled and working.

1. Categorical relationship    The individual must be disabled and working.
  
2. Income    The individual's income is determined using a two-step method.  
  

**Step 1.** The individual's family's (the applicant, their spouse, and their minor children who live with them) monthly income, after certain deductions, must be below 250% of the poverty level. (Refer to Table VI) If the family income meets this test, go to Step 2.

**Step 2.** The individual's unearned income is less than or equal to 100% of the Federal Poverty Level for an individual.
  
3. Resources    The individual's countable resources cannot exceed the resource limit. The current limit is \$7,390.

**402.17 Breast and Cervical Cancer Program (BCCP)**

Medicaid coverage is available to some women who need treatment for breast or cervical cancer.

1. Categorical Relationship    The individual must be a female age 40 through 64 who has been screened for breast or cervical cancer under the South Carolina Department of Health and Environmental Control's Best Chance Network and been found to need treatment for either breast or cervical cancer.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 61

- 
- |             |   |
|-------------|---|
| 2. Income   | Income must not exceed 200% of the federal poverty level. (Refer to Table II) |
| 3. Resource | Resources are not considered in determining eligibility.                      |

**403 Supplemental Security Income (SSI)**

The Social Security Administration determines eligibility for Supplemental Security Income (SSI). SSI recipients receive a cash payment. SSI recipients are automatically entitled to Medicaid benefits. Individuals must meet the following basic criteria to establish eligibility for SSI.

- |                             |   |
|-----------------------------|---|
| 1. Categorical Relationship | The individual must be aged, blind, or disabled. For disability, the individual must meet the Social Security definition of total and permanent disability. |
| 2. Income                   | Countable income cannot exceed the income limitation. The current income limit is:<br>Individual     \$ 735<br>Couple         \$1,103                       |
| 3. Resources                | Countable resources cannot exceed the resource limit. The current limit is:<br>Individual     \$2,000<br>Couple         \$3,000                             |

The most common exclusions from the resources computation are the home and funds designated for burial.

**404 Crime Victims' Compensation Fund Act**

This act was enacted by the 1982 session of the General Assembly and became law on January 1, 1983. The fund provides for the reimbursement of out-of-pocket expenses for personal injuries suffered by victims and for which they are unable to collect from any other source.

A claim may be filed by any South Carolina resident or a non-resident who was the actual victim of a crime committed in South Carolina on or after January 1, 1983, or who was injured attempting to prevent a crime or injured attempting to apprehend a criminal after the commission of a crime. In the event this person is killed, a surviving spouse, children or parents may file a claim.

To qualify for compensation under the Act, the claimant must establish that:

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 62

- A crime has been committed which resulted in the injury or death of the victim or the intervener, who did not contribute to the crime or injuries;
- The crime was reported to the proper authorities within 48 hours;
- The claimant has fully cooperated with the police; and,
- The claimant has unpaid medical expenses, loss of earnings, or funeral expenses.

Any award for compensation will be only for those amounts for which the claimant is not reimbursed from any other source. No award will be made for damage to, or loss of, personal property. No award will be made for injuries received in a motor vehicle accident, unless such injuries were intentionally inflicted upon the claimant by the driver of a motor vehicle.

Claims must be filed within 180 days after the occurrence of the crime upon which the claim is based or within 180 days of the death of a victim/intervener. Claims should be filed by mail or in person at:

800 Dutch Square Boulevard, Suite 160  
Columbia, South Carolina 29210.

**TABLE I    NEED STANDARD TABLE FOR Partners for Healthy Children (PHC)**

Family Size	208% of Federal Poverty Level	
	Monthly Income	Annual Income
1	2,090.40	25,084.80
2	2,814.93	33,779.20
3	3,539.46	42,473.60
4	4,264.00	51,168.00
5	4,988.53	59,862.40
6	5,713.06	68,556.80
7	6,437.60	77,251.20
8	7,162.13	85,945.60
Each Additional Member	724.53	8,694.40

For family sizes over 8, add the amount shown for each additional person to income limit for 8.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
 Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 63

**TABLE II PARTNERS FOR HEALTHY CHILDREN (PHC)  
 BREAST AND CERVICAL CANCER  
 208% OF FEDERAL POVERTY LEVEL**

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	2,010.00	24,120.00
2	2,707.00	32,480.00
3	3,404.00	40,840.00
4	4,100.00	49,200.00
5	4,797.00	57,560.00
6	5,494.00	65,920.00
7	6,190.00	74,280.00
8	6,887.00	82,640.00
Each Additional Member	697.00	8,360.00

For family sizes over 8, add the amount shown for each extra person to income limit for 8.

**TABLE III OPTIONAL COVERAGE FOR PREGNANT WOMAN AND  
 INFANTS 194% OF FEDERAL POVERTY LEVEL**

Family Size	194% of Federal Poverty Level	
	Monthly Income	Annual Income
1	1,949.70	23,396.40
2	2,625.46	31,505.60
3	3,301.23	39,614.80
4	3,977.00	47,724.00
5	4,652.76	55,833.20
6	5,328.53	63,942.40
7	6,004.30	72,051.60
8	6,680.06	80,160.80
Each Additional Member	675.76	8,109.20

For family sizes over 8, add the amount shown for each additional person to income limit for 8.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 4 –Eligibility Criteria for Other Programs**

Effective Date: March 1, 2017

Page: 64

**TABLE IV COVERAGE FOR AGED, BLIND AND DISABLED  
100% OF FEDERAL POVERTY LEVEL**

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	\$1,005	\$ 12,060
2	1,354	\$ 16,240

**TABLE V Specified Low Income Beneficiaries – SLMB Qualifying  
Individual – QI**

Family Size	SLMB 120%	QI 135%
1 (Individual)	\$1,206	\$ 1,357
2 (Couple)	\$1,624	\$ 1,824

**TABLE VI COVERAGE FOR WORKING DISABLED 250% OF FEDERAL  
POVERTY LEVEL**

Family Size	Monthly Income	Annual Income
1	2,513.00	30,150.00
2	3,384.00	40,600.00
3	4,255.00	51,050.00
4	5,125.00	61,500.00
5	5,996.00	71,950.00
6	6,867.00	82,400.00
7	7,738.00	92,850.00
8	8,609.00	103,300.00
Each Additional Member	871.00	10,450.00

For family sizes over 8, add the amount shown for each additional person to income limit for 8.

If applicant's household meets income requirement of 250% FPL, it must also be determined whether the applicant has unearned income equal to or less than 100% FPL.

<b>Applicant's Unearned Income</b>	
Monthly Income	Annual Income
\$1,005	\$12,060



**Chapter 5 – Hospital Procedures**

Effective Date: March 1, 2011

Page: 65

---

## **CHAPTER 5 HOSPITAL PROCEDURES**

### **501 General Information**

#### **501.1 Services**

The MIAP sponsors inpatient hospital services in general acute care hospitals. Inpatient psychiatric services are covered for emergency admissions only. The standard for an emergency admission shall be the physician's belief that the person is mentally ill and because of his condition is likely to cause serious harm to himself or others if not immediately hospitalized.

Section 44-6-150 of the Medically Indigent Assistance Act (MIAA) provides that "A general hospital equipped to provide the necessary treatment shall:

- Admit a patient sponsored by the program; and
- Accept the transfer of a patient sponsored by the program from a hospital which is not equipped to provide the necessary treatment

In addition to or in lieu of an action taken affecting the license of the hospital, when it is established that an officer, employee, or member of the hospital medical staff has violated this section, the South Carolina Department of Health and Environmental Control shall require the hospital to pay a civil penalty of up to ten thousand dollars."

#### **501.2 Eligibility Determinations**

For non-emergency admissions, the patient is responsible for obtaining an eligibility determination prior to admission.

For emergency admissions, the hospital is responsible for referring the patient for a MIAP eligibility determination if the patient is to be held financially responsible for any part of the bill.

#### **501.3 County Designee Responsibility**

The county designee will send the hospital a copy of a Letter of Notification for those persons referred to the MIAP. If the individual is determined eligible, the letter should contain the following information:

1. Authorization number
2. Patient's county of residence and family size
3. Gross family income
4. Excess resources paid to hospital (if applicable)

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 5 – Hospital Procedures**

Effective Date: March 1, 2011

Page: 66

- 
5. Social Security Number
  6. Readmission within 30 days (yes/no)
  7. Co-payment amount (if applicable)

Eligibility must be determined for each spell of illness. When readmission is within 30 days after discharge, a new application is not required; however, all eligibility factors must be verified and another Letter of Notification issued.

A county may request that all hospital bills incurred by its MIAP residents be submitted to the county or its designee for review.

**502 Submission of Hospital Specific Data**

Hospital charges for patients sponsored by the MIAP must be reported to the Office of Research and Statistical Services (ORSS). (It is recommended that a UB-92 be completed for each MIAP admission and retained in the patient's file.)

The following data must be submitted to ORSS, for the 12-month period from October 1<sup>st</sup> through September 30<sup>th</sup> for each federal fiscal year, by March 1<sup>st</sup> of the following year:

1. Total gross revenue, including:
  - a. Gross inpatient revenue
  - b. Medicare gross revenue
  - c. Medicaid gross revenue
  - d. South Carolina Medically Indigent Assistance Program gross revenue
2. Total deductions for contractual allowances form gross revenue, including:
  - a. Medicare contractual allowances
  - b. Medicaid contractual allowances
  - c. Other contractual allowances
3. Total direct costs of medical education:
  - a. Reimbursed and
  - b. Un-reimbursed
4. Total indirect costs of medical education:
  - a. Reimbursed and
  - b. Un-reimbursed
5. Total costs of bad debt and charity care:
  - a. South Carolina Medically Indigent Assistance Program
  - b. Other charity care and
  - c. Bad debt
6. Total admissions, including:

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 5 – Hospital Procedures**

Effective Date: March 1, 2011

Page: 67

- 
- a. Medicare admissions
  - b. Medicaid admissions
  - c. South Carolina Medically Indigent Assistance Program admissions
  - d. Other admissions
- 
7. Total patient days
  8. Average length of stay
  9. Total outpatient visits
  10. Extracts of the following medical record information:
    - a. Patient date of birth
    - b. Patient number
    - c. Patient sex
    - d. Patient county residence
    - e. Patient zip code
    - f. Patient race
    - g. Date of admission
    - h. Source of admission
    - i. Type of admission
    - j. Discharge date
    - k. Principal and up to eight other diagnoses
    - l. Principal procedure and date
    - m. Patient status at discharge
    - n. Up to five other procedures
    - o. Hospital identification number
    - p. Principal source of payment
    - q. Total charges and components of those charges, including associated room and board units
    - r. Patient medical record or chart number
    - s. Attending physician and primary surgeon
    - t. Patient name, patient Social Security number, and patient address
    - u. External cause of injury code (E-code), as set forth in regulation

**503 Other Insurance**

Providers are required to investigate the possibility of other resources for payment prior to application for MIAP eligibility.

**504 Co-payments**

Hospitals **may** require eligible patients whose gross family income is between one hundred percent and two hundred percent of the federal poverty guidelines to make a co-

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 5 – Hospital Procedures**

Effective Date: March 1, 2011

Page: 68

payment based on a sliding payment scale. The sliding scale amount is calculated by determining the percentage by which the individual's gross family income exceeds 100% of the federal poverty guidelines for the appropriate size family, multiplied by the MIAP mean payment amount of \$3,157. The county designee will determine the amount of the co-pay and include this information on the Letter of Notification/Approval.

If an individual is transferred from one hospital to another, **only** the transferring hospital may collect the co-pay amount.

**505            Ineligible Recipients**

There may be situations when a county or its designee discovers additional information regarding the financial circumstances of an MIAP recipient that would have made that person ineligible for the Program. In such cases, the hospital can bill the recipient or apply its own charity criteria to the claim in question. It will be necessary for hospitals to submit a corrected claim to the Division of Research and Statistical Services.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 69

**CHAPTER 6 PROVIDER DIRECTORY**

This chapter provides a listing of agencies to which applicants may need to be referred for financial or medical assistance.

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

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Abbeville County DHHS	Human Services Building 903 West Greenwood Street Abbeville, SC 29620	(864) 366-5638
Aiken County DHHS	County Commissioner's Building 1410 Park Avenue, SE Aiken, SC 29801	(803) 643-1938
Allendale County DHHS	521 Barnwell Highway Allendale, SC 29810	(803) 584-8137
Anderson County DHHS	224 McGee Road Anderson, SC 29625	(864) 260-4541
Bamberg County DHHS	374 Log Branch Road Bamberg, SC 29003	(803) 245-3932
Barnwell County DHHS	10913 Ellenton Street Barnwell, SC 29812	(803) 541-3825
Beaufort County DHHS	1905 Duke Street Beaufort, SC 29901-1065	(843)255-6095
Berkeley County DHHS	2 Belt Drive Moncks Corner, SC 29461	(843) 719-1170
Calhoun County DHHS	2831 Old Bellville Road St. Matthews, SC 29135	(803) 874-3384
Charleston County DHHS	326 Calhoun Street Charleston, SC 29401	(843) 740-5900
Cherokee County DHHS	1434 N. Limestone Gaffney, SC 29706-1881	(864) 487-2521
Chester County DHHS	115 Reedy Street Chester, SC 29706	(803) 377-8135
Chesterfield County DHHS	201 N. Page Street Chesterfield, SC 29709	(843) 623-5226
Clarendon County DHHS	3 South Church Street Manning, SC 29102	(803) 435-4305
Colleton County DHHS	Bernard Warshaw Building 215 S. Lemacks Street Walterboro, SC 29488	(843) 549-1894

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 70

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Darlington County DHHS	300 Russell Street, Room 145 Darlington, SC 29532	(843) 398-4427
	404 South Fourth Street, Suite 300 Hartsville, SC 29550	(843)332-2289
Dillon County DHHS	1213 Hwy. 34 West Dillon, SC 29536	(843) 774-2713
Dorchester County DHHS	216 Orangeburg Road Summerville, SC 29483	(843) 563-9524
Edgefield County DHHS	120 W. A. Reel Drive Edgefield, SC 29824	(803) 637-4040
Fairfield County DHHS	1136 Kincaid Bridge Rd. Winnsboro, SC 29180	(803) 635-5502
Florence County DHHS	2685 S. Irby Street Florence, SC 29505	(843) 673-1761
	345 South Ron McNair Blvd Lake City, SC 29560	(843) 394-8575
Georgetown County DHHS	330 Dozier Street Georgetown, SC 29440	(843) 546-5134
Greenville County DHHS	County Square 301 University Ridge, Suite 6700 Greenville, SC 29603	(864) 467-7926
Greenwood County DHHS	1118 Phoenix Street Greenwood, SC 29648	(864) 229-5258
Hampton County DHHS	102 Ginn Altman Avenue, Suite B Hampton, SC 29924	(803) 914-0053
Horry County DHHS	Genesis Complex 1201 Creel Street Conway, SC 29527	(843) 381-8260
Jasper County DHHS	10908 N. Jacob Smart Boulevard Ridgeland, SC 29936	(843) 726-7747
Kershaw County DHHS	110 E. DeKalb Street Camden, SC 29020	(803) 432-3164
Lancaster County DHHS	1599 Pageland Highway Lancaster, SC 29720	(803) 286-8208
Laurens County DHHS	93 Human Services Road Clinton, SC 29325	(864) 833-6109
Lee County DHHS	820 Brown Street Bishopville, SC 29010	(803) 484-5376

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 71

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Lexington County DHHS	605 West Main Street Lexington, SC 29072	FI Medicaid (803) 785-2991 SSI Medicaid (803) 785-5050
McCormick County DHHS	215 N. Mine Street Hwy. 28 N. McCormick, SC 29835	(864) 465-2627
Marion County DHHS	137 Airport Court, Suite J Mullins, SC 29574	(843) 423-5417
Marlboro County DHHS	County Complex 1 Ag Street Bennettsville, SC 29512	(843) 479-4389
Newberry County DHHS	County Human Services Center 2107 Wilson Road Newberry, SC 29108	(803) 321-2155
Oconee County DHHS	223 B Kenneth Street Walhalla, SC 29691	(864) 638-4420
Orangeburg County DHHS	2570 Old St. Matthews Rd., NE Orangeburg, SC 29116-1087	(803) 515-1793
Pickens County DHHS	Social Services Building 212 McDaniel Building Pickens, SC 29671	(864) 898-5815
Richland County DHHS	3220 Two Notch Road Columbia, SC 29204	(803) 714-7562 (803) 714-7549
Saluda County DHHS	613 Newberry Highway Saluda, SC 29138	(864) 445-2139
Spartanburg County DHHS	1000 N. Pine Street, Suite 23 Pinewood Shopping Ctr. Spartanburg, SC 29303	(864) 596-2714
Sumter County DHHS	105 N. Magnolia Street, 3 <sup>rd</sup> Floor Sumter, SC 29150-4941	(803) 774-3447
Union County DHHS	200 South Mountain Street Union, SC 29379	(864) 424-0227
Williamsburg County DHHS	831 Eastland Avenue Kingstree, SC 29556	(843) 355-5411
York County DHHS	454 South Anderson Road, Suite 10 Rock Hill, SC 29730	(803) 366-1900

**602 SOCIAL SECURITY ADMINISTRATION OFFICES**

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Aiken Office	151 Corporate Parkway Aiken, SC 29803	(803) 648-2356

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 72

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Anderson	3420 Clemson Boulevard Anderson, SC 29621	(864) 231-7057
Bennettsville Office	1060 Cottingham Boulevard North Bennettsville SC 29512	(888) 810-7617
Camden Office	1111 Broad Street Camden SC 29020	(888)810-7373
Charleston Office	1463 Tobias Gadson Boulevard Charleston, SC 29407	(843) 573-3600
Clinton Office	292 Professional Park Rd Clinton SC 29325	(866) 526-9854
Columbia Office	1835 Assembly St Columbia SC 29201	(866) 964-7594
Conway Office	1316 3RD Avenue Conway, SC 29526	(843) 248-4271
Florence Office	181 Dozier Boulevard Florence, SC 29501	(888) 385-1173
Georgetown Office	413 King Street Georgetown, SC 29440	(866) 593-1584
Greenville Office	319 Pelham Road Greenville, SC 29615	(864) 233-1116
Greenwood Office	115 Enterprise Court Greenwood, SC 29649	(866) 739-4803
Orangeburg Office	1391 Middleton Street Orangeburg, SC 29115	(866) 716-8602
Port Royal Office	2212 Mossy Oaks Road PORT ROYAL SC 29935	(843) 524-5795
Rock Hill Office	498 Lakeshore Pkwy Rock Hill SC 29730	(803)328-6271
Spartanburg Office	140 Magnolia Street Spartanburg, SC 29301	(866) 701-6620
Sumter Office	240 Bultman Drive Sumter, SC 29150	(877) 445-0840
Walterboro Office	502 Robertson Boulevard Walterboro SC 29488	(843) 549-2866



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 73

**603 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

<b>Region 1</b> Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee and Saluda Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Abbeville Public Health Office	905 W. Greenwood Street P.O. Box 189 Abbeville, S.C. 29620	Phone: 864-366-2131 Fax: 864-366-4105
Anderson Public Health Office	220 McGee Road Anderson, S.C. 29625	Phone: 864-260-5541 Fax: 864-260-5676
Edgefield Public Health Office	21 Star Road Edgefield, S.C. 29824	Phone: 803-637-4035 Fax: 803-637-4039
Greenwood Public Health Office	1736 South Main Street Greenwood, S.C. 29646	Phone: 864-942-3600 Fax: 864-942-3690
Laurens Public Health Office	93 Human Services Road P.O. Box 447 Laurens, S.C. 29360	Phone: 864-833-0000 Fax: 864-833-6400
McCormick Public Health Office	204 Highway 28 P.O. Box 27 McCormick, S.C. 29835	Phone: 864-852-2511 Fax: 864-852-2827
Saluda Public Health Office	613 Newberry Highway Saluda, S.C. 29138	Phone: 864-445-2141 Fax: 864-445-7668
Seneca Public Health Office	609 N. Townville Street P.O. Box 488 Seneca, S.C. 29679-0488	Phone: 864-882-2245 Fax: 864-885-9659
Walhalla Public Health Office	200 Booker Drive Walhalla, S.C. 29691	Phone: 864-638-4170 Fax: 864-638-4173
Westside Community Center	1100 W. Franklin Street Anderson, S.C. 29624	Phone: 864-231-1791 Fax: 864-260-1075

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 74

<b>Region 2</b> Serving Cherokee, Greenville, Pickens, Spartanburg and Union Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Cherokee County Public Health Office and Home Health Services	400 S. Logan St., PO Box 338 Gaffney, SC 29342	Health Department: (864) 487-2705 Home Health Services: (864) 487-2702
Greenville County Public Health Office and Home Health Services	200 University Ridge, P.O. Box 2507 Greenville, SC 29602	Health Department: (864) 282-4100 Home Health Services: (864) 282-4400
Pickens County Public Health Office and Home Health Services	200 McDaniel Ave. Pickens, SC 29671	Health Department: (864) 898-5965 Home Health Services: (864) 898-5839
Spartanburg County Public Health Office and Home Health Services	151 E. Wood St., P.O. Box 4217 Spartanburg, SC 29305	Health Department: (864) 596-2227 Home Health Services: (864) 596-3347
Union County Public Health Office and Home Health Services	115 Thomas St., P.O. Box 966 Union, SC 29379	Health Department: (864) 429-1690 Home Health Services: (864) 429-1692
Center for Community Services (WIC services only)	1102 Howard Dr. Simpsonville, SC 29681	Phone: (864) 688-2221 or (864) 688-2213
Chesnee Public Health Clinic (WIC services only)	210 Hampton St. Chesnee, SC 29323	Phone: (864) 461-2808 Fax (864) 461-2808
Foothills Family Resource Center (WIC services only)	3 South Main St. Slater, SC 29683	Phone: (864) 836-6364
Greenville Memorial Hospital (GHS patients only - WIC services only)	1120 Grove RD Greenville, SC 29605	Phone (864) 455-8835
Greer Human Resource Center (WIC, Immunizations and Family Planning services)	202 Victoria St. Greer, SC 29651	Phone: (864) 848-5360 Fax 864-848-5369
Inman Public Health Clinic (WIC services only)	S. Howard St. Inman, SC 29349	Phone: (864) 472-3393 Fax 864 472-3393

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 75

<b>Region 2</b> Serving Cherokee, Greenville, Pickens, Spartanburg and Union Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Tobias Health Center (Teen Females Only – STD and Family Planning Only)	154 George Washington Carver Spartanburg, SC 29305	Phone: 864-596-6092
USC Upstate Clinic (Upstate Students Only – STD and Family Planning Only)	800 University Way Spartanburg, SC 29602	Phone: 864-503-5186
Woodruff Public Health Clinic (WIC services only)	1 Gregory St. Woodruff, SC 29388	Phone: (864) 476-3817 Fax 864 476-3817

<b>Region 3</b> Serving Chester, Fairfield, Lancaster, Lexington, Newberry, Richland and York Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Chester County Health Department	129 Wylie Street PO Box 724 Chester, SC 29706	Phone: (803) 385-6152 Fax: (803) 581-3815
Great Falls Health Center	404 Chester Avenue Great Falls, SC 29005	Phone: (803) 482-6133
Fairfield County Health Department	1136 Kincaid Bridge Rd. Winnsboro, SC 29180	Phone: (803) 635-6481 Fax: (803) 635-1410
Lancaster County Health Department	1833 Pageland Hwy. Box 817 Lancaster, SC 29721	Phone: (803) 286-9948 Fax: (803) 286-5418
Kershaw Health Center	P.O. Box 277 3855 Fork Hill Road Kershaw, SC 29067	Phone: (803) 475-3365
Lexington County Health Department	1070 Suite B South Lake Dr Lexington SC 29073	Phone: 803-785-6550 Fax: (803) 785-6555
Lexington County Health Department Batesburg Health Clinic	229 West Church Street. Batesburg, SC 29006	Phone: (803) 332-6326 Fax: (803) 332-2706
Lexington County Health Department Swansea Health Clinic	500 Charlie Rast Road. Swansea, SC 29160	Phone: (803) 785-3914 Fax: (803) 785-4142
Newberry County Health Department	2111 Wilson Rd. Newberry, SC 29108	Phone: (803) 321-2170 Fax: (803) 321-2300
Richland County Health Department	2000 Hampton St. Columbia, SC 29204	Phone: (803) 576-2980

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 76

<b>Region 3</b>		
Serving Chester, Fairfield, Lancaster, Lexington, Newberry, Richland and York Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
York County Health Department	PO Box 149 N. Congress St. York, SC 29745	Phone: (803) 909-7300 Fax: (803) 909-7357
Rock Hill Health Center	PO Box 3057 CRS 1070 Heckle Blvd. Rock Hill, SC 29732	Phone: (803) 909-7300 Fax: (803) 909-7480

<b>Region 4</b>		
Serving Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Chesterfield County Public Health Department	203 North Page Street Chesterfield, SC 29709	Phone: (843) 623-2117
Clarendon County Public Health Department	110 East Boyce Street Manning, SC 29102	Phone: (803) 435-8168 or (803) 435-8178
Darlington County Public Health Department	305 Russell Street Darlington, SC 29532	Phone: (843) 398-4400
Dillon County Public Health Department	201 West Hampton Street Dillon, SC 29536	Phone: (843) 774-5611
Florence County Public Health Department	145 East Cheves Street Florence, SC 29506	Phone: (843) 661-4835
Hartsville Public Health Department	130 Camden Avenue Hartsville, SC 29550	Phone: (843) 332-7303
Kershaw County Public Health Department	1116 Church Street Camden, SC 29020	Phone: (803) 425-6012
Lake City Public Health Department	137 North Acline Street Lake City, SC 29560	Phone: (843) 394-8822
Lee County Public Health Department	810 Brown Street Bishopville, SC 29010	Phone: (803) 484-6612
Marion County Public Health Department	206 Airport Court, Suite B Mullins, SC 29574	Phone (843) 423-8295
Marlboro County Public Health Department	711 Parsonage Street Extension Bennettsville, SC 29512	Phone: (843) 479-6801
Sumter County Public Health Department	105 North Magnolia Street Sumter, SC 29150	Phone: (803) 773-5511

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 77

<b>Region 5</b>		
Serving Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Bamberg County Health Department	PO Box 360 370 Log Branch Road Bamberg, SC 29003	Phone: (803) 245-5176 Fax: (803) 245-5371
Calhoun County Health Department	PO Box 345 2837 Old Belleville Rd. St. Matthews, 29135	Phone: (803) 874-2037 Fax: (803) 874-4693
Holly Hill Health Department	PO Box 1250 932 Holly Street Holly Hill, SC 29059	Phone: (803) 496-3324 Fax: (803) 496-9653
Orangeburg County Health Department	1550 Carolina Avenue Orangeburg, SC 29116	Phone: (803) 533-7116 Fax: (803)533-7134
Aiken County Health Department	828 Richland Avenue, West Aiken, SC 29801	Phone: (803) 642-1687 Fax: (803) 643-4036
North Augusta Health Department	802 East Martintown Rd. North Augusta, SC 29801	Phone: (803) 278-3621 Fax: (803) 819-4263
Wagener Health Department	Listine Gunter Courtney Human Services Building 49 Roy Street Wagener, SC 29164	Phone: (803) 564-3350 Fax: (803) 564-6577
Allendale County Health Department	571 Memorial Avenue, North Allendale, SC 29810	Phone: (803) 584-3818 Fax: (803) 584-8107 & 584-8108
Barnwell County Health Department	PO Box 427 11015 Ellenton Street Barnwell, SC 29812	Phone: (803) 541-1061 Fax: (803) 541-1066

<b>Region 6</b>		
Serving Georgetown, Horry and Williamsburg Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Conway Health Department	1931 Industrial Park Road Conway, SC 29526	Phone: (843) 915-8800 Fax (843) 365-0110
Myrtle Beach Health Department	700 21st Avenue North Myrtle Beach, SC 29577	Phone: (843) 448-8407 Fax: (843) 448-7499
Loris Health Department	James P. Stevens County Complex 3811 Walnut Street Loris, SC 29569	Phone: (843) 756-4027 Fax: (843) 756-4039
South Strand Health Department	9630 Scipio Lane Myrtle Beach, SC 29588	Phone: (843)205-8931 Fax: (843) 205-8927

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 78

<b>Region 6</b> Serving Georgetown, Horry and Williamsburg Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Stephen's Crossroads Health Department	Ralph H. Ellis Building 107 Highway 57 North Little River, SC 29566	Phone: (843) 399-5553 Fax: (843) 399-5561
Georgetown County Health Department	531 Lafayette Circle Georgetown, SC 29440	Phone: (843) 546-5593 Fax: (843) 546-0456
Williamsburg County Health Department	520 Thurgood Marshall Blvd. Suite A Kingstree, SC 29556	Phone: (843) 355-6012 Fax: (843) 355-9590

<b>Region 7</b> Serving Berkeley, Charleston and Dorchester Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Goose Creek Public Health Clinic	106 Westview Blvd. Goose Creek, SC 29445	Phone: (843) 572-3313 (843) 572-7818 Fax: (843) 572-6812
Moncks Corner Public Health Clinic	109 West Main Street Moncks Corner, SC 29461	Phone: (843) 719-4600 or 723-3800 ext. 4600 (from Chas.)
Charleston Public Health Clinic	3 Charleston Center Dr. Charleston, SC 29401	Phone: (843) 579-4500 Fax: (843) 579-4621
Mt. Pleasant Public Health Clinic	1189 Sweetgrass Basket Parkway (formerly Iron Bridge Rd.) Mt. Pleasant, SC 29464	Phone: (843) 856-1210 (843) 856-1211
North Area Public Health Clinic	3963 Whipper Barony Lane North Charleston, SC 29405	Phone: (843) 740-1580 Fax: (843) 744-3671
Northwoods Public Health Clinic	2070 Northbrook Blvd. #A-20 N. Charleston, SC 29406	Phone: (843) 953-4300 Fax: (843) 953-4301
Summerville Public Health Clinic	500 North Main Street Summerville, SC 29483	Phone: (843) 832-0041 Fax: (843) 851-9735

<b>Region 8</b> Serving Beaufort, Colleton, Hampton, and Jasper Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Beaufort County Public Health Department	601 Wilmington Street Beaufort, SC 29902	Phone: (843) 525-7615
Bluffton Public Health Center	4819 Bluffton Parkway Bluffton, SC 29910	Phone: (843) 757-2251
Colleton County Public Health Department	219 S. Lemacks Street Walterboro, SC 29488	Phone: (843) 549-1516

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 79

<b>Region 8</b> Serving Beaufort, Colleton, Hampton, and Jasper Counties		
<b>Office</b>	<b>Address</b>	<b>Telephone</b>
Hampton County Public Health Department	531 Carolina Avenue West Varnville, SC 29924	Phone: (803) 943-3878
Jasper County Public Health Department	359 E. Wilson Street Ridgeland, SC 29936	Phone: (843) 726-7788

**604 SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Abbeville County DSS	Human Services Building 903 West Greenwood Street Abbeville, SC 29620	(864) 459-5481
Aiken County DSS	County Commissioner's Building 1410 Park Avenue, SE Aiken, SC 29801	(803) 643-1938
Allendale County DSS	389 Barnwell Highway Allendale, SC 29810	(803) 584-8137
Anderson County DSS	224 McGee Road Anderson, SC 29625	(864) 260-4541
Bamberg County DSS	Human Resources Center 374 Log Branch Road Bamberg, SC 29003	(803) 245-4361
Barnwell County DSS	T. Ed Richardson Bldg. 10913 Ellenton Street Barnwell, SC 29812	(803) 541-1200
Beaufort County DSS	1905 Duke Street Beaufort, SC 29901-1065	(843) 470-4596
Berkeley County DSS	2 Belt Drive Moncks Corner, SC 29461	(843) 761-8044
Calhoun County DSS	2831 Old Bellville Road St. Matthews, SC 29135	(803) 874-3384
Charleston County DSS	3366 Rivers Avenue N. Charleston, SC 29405-5714	(843) 953-9400
Cherokee County DSS	1434 N. Limestone Gaffney, SC 29342-1369	(864) 487-2704
Chester County DSS	115 Reedy Street Chester, SC 29706	(803) 377-8131
Chesterfield County DSS	201 N. Page Street Chesterfield, SC 29709	(803) 623-2147
Clarendon County DSS	County Building 3 South Church Street Manning, SC 29102	(803) 435-4303

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 80

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Colleton County DSS	215 S. Lemacks Street Bernard Warshaw Building Walterboro, SC 29488	(843) 549-1894
Darlington County DSS	130 E. Camden Avenue Hartsville, SC 29551	(843) 332-2231
Dillon County DSS	1213 Hwy. 34 West Dillon, SC 29536	(843) 774-8284
Dorchester County DSS	201 Johnson Street, Building 17 St. George, SC 29477	(843) 563-9524
Edgefield County DSS	500 W. A. Reel Drive Edgefield, SC 29824	(843) 637-4040
Fairfield County DSS	Hwy 321 Bypass & Kincaid Bridge Rd. Winnsboro, SC 29180	(803) 635-5502
Florence County DSS	2685 S. Irby Street Florence, SC 29505	(843) 669-3354
Georgetown County DSS	330 Dozier Street Georgetown, SC 29440	(843) 546-5134
Greenville County DSS	County Square 301 University Ridge, Suite 6700 Greenville, SC 29603	(864) 467-4886
Greenwood County DSS	1118 Phoenix Street Greenwood, SC 29648	(864) 229-5258
Hampton County DSS	102 Ginn Altman Avenue, Suite B Hampton, SC 29924	(803) 943-3641
Horry County DSS	1951 Industrial Park Road Conway, SC 29526	(843) 365-5565
Jasper County DSS	204 N. Jacob Smart Boulevard Ridgeland, SC 29936	(843) 726-7747
Kershaw County DSS	110 E. DeKalb Street Camden, SC 29020	(803) 432-7676
Lancaster County DSS	1837 Pageland Highway Human Services Complex Lancaster, SC 29721	(803) 286-6914
Laurens County DSS	Human Services Complex Industrial Park Road Laurens, SC 29360-2001	(864) 833-0100
Lee County DSS	820 Brown Street Bishopville, SC 29010	(803) 484-5376
Lexington County DSS	Social Services Center 541 Gibson Road Lexington, SC 29072	(803) 957-7333



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 81

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
McCormick County DSS	215 N. Mine Street Hwy. 28 N. McCormick, SC 29835	(864) 465-2627
Marion County DSS	137 Airport Court, Suite A Mullins, SC 29574	(843) 423-4623
Marlboro County DSS	County Complex Ag Street Bennettsville, SC 29512	(843) 497-4389
Newberry County DSS	County Human Services Center 2107 Wilson Road Newberry, SC 29108	(803) 321-2155
Oconee County DSS	223 B Kenneth Street Walhalla, SC 29691	(864) 638-4400
Orangeburg County DSS	2570 Old St. Matthews Rd., NE Orangeburg, SC 29116-1087	(803) 531-3101
Pickens County DSS	Social Services Building 212 McDaniel Building Pickens, SC 29671	(864) 898-5810
Richland County DSS	3220 Two Notch Road Columbia, SC 29204	(803) 735-7000
Saluda County DSS	Hwy #121 North Saluda, SC 29138	(864) 445-2139
Spartanburg County DSS	Evans Human Resources Center 142 S. Dean Street Spartanburg, SC 29304	(864) 596-3001
Sumter County DSS	105 N. Magnolia Street, 4 <sup>th</sup> Floor Sumter, SC 29151-0068	(803) 773-5531
Union County DSS	200 South Mountain Street Union, SC 29379	(843) 429-1660
Williamsburg County DSS	1401 Eastland Avenue Kingstree, SC 29556	(843) 354-5411
York County DSS	18 West Liberty Street York, SC 29745	(803) 684-2315

**605 SOUTH CAROLINA DEPARTMENT OF VETERANS AFFAIRS**

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Abbeville County	101 Church Street PO Box 652 Abbeville, SC 29620	(864)459-2608
Aiken County	828 Richland Ave., W. Aiken, SC 29801	(803)642-1545

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 82

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Allendale County	703 Pine Street PO Box 521 Allendale, SC 29810	(803)584-2934
Anderson County	Anderson Co. Office Bldg. 107 S. Main St., Ste. 102 Anderson, SC 29624	(864)260-4036
Bamberg County	109 North Street PO Box 416 Bamberg, SC 29003	(803)245-2494
Barnwell County	County Courthouse Room 106 Barnwell, SC 29812	(803)541-1057
Beaufort County	Human Services Bldg. 1905 Duke St., Rm. 205 PO Drawer 1228 Beaufort, SC 29901-1228	(843)470-4740
Berkeley County	109 W. Main Street Moncks Corner, SC 29461 (Mail: 223 N. Live Oak Dr. Attn: Mail Room)	(843)719-4023
Calhoun County	Courthouse Annex Room 119, 117 Liberty Street St. Matthews, SC 29135	(803)874-3816
Charleston County	3346 Rivers Avenue Ste. D-2 N. Charleston, SC 29405	(843)974-6360
Cherokee County	Peachtree Centre 1434 N. Limestone Street Gaffney, SC 29340	(864)487-2579
Chester County	War Memorial Bldg. PO Drawer 580 Chester, SC 29706	(803)385-6157
Chesterfield County	105 N. Page Street Chesterfield, SC 29709	(843)623-2482
Clarendon County	County Courthouse (Basement) Keitt St.; PO Drawer 548 Manning, SC 29102	(803)435-2527
Colleton County	219 S. Lemacks Street PO Box 637 Walterboro, SC 29488	(843)549-1412

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 83

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Darlington County	1 Public Square, Rm. 310 Darlington, SC 29532	(843)398-4130
	404 S. 4 <sup>th</sup> Street Hartsville, SC <i>(Tues./Thurs.)</i>	(843)332-9487
Dillon County	City-City Complex, Rm. 302 401 W. Main Street PO Box 493 Dillon, SC 29536	(843)774-1427
Dorchester County	Veterans Affairs Office 500 N. Main Street, Ste. 11 Summerville, SC 29483	(843)832-0050
	101 Ridge Street St. George (Tues/Thurs)	
Edgefield County	400 Church St., Rm. 103 PO Box 236 Edgefield, SC 29824	(803) 637-4012
Fairfield County	96 US Hwy. 321 Bypass S PO Box 456 Winnsboro, SC 29180	(803) 635-4131
Florence County	180 N. Irby St., Rm. 701 Box T City-County Complex Florence, SC 29501	(843)665-3045
Georgetown County	303 N. Hazzard Street PO Box 421270 Georgetown, SC 29442	(843)546-7734
Greenville County	301 University Ridge, Ste. 5900 Greenville, SC 29601	(864)467-7230
Greenwood County	600 Monument Street Ste. 105 Box P-115, Park Plaza Greenwood, SC 29646	(864) 942-8531
Hampton County	201 Lee Ave., Rm. 102 Hampton, SC 29924	(803)943-7533
Horry County	Horry Administration 211 Beaty Street PO Box 1236 Conway, SC 29528	(843)248-1291

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 84

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Jasper County	US Post Office Bldg. 408 Main Street, Rm. 208 PO Box 1536 Ridgeland, SC 29936	(843)726-7727
Kershaw County	Kershaw Co. Courthouse 1104 C. Church Street Camden, SC 29020	(803)425-1521
Lancaster County	208 W. Gay Street PO Box 1809 Lancaster, SC 29721	(803)283-2469
Laurens County	3 Catherine Street PO Box 193 Laurens, SC 29360	(864)984-4041
Lee County	11 Courthouse Square PO Box 461 Bishopville, SC 29010	(803)484-5129
Lexington County	Memorial Building 605 W. Main St., Ste. 101 Lexington, SC 29072	(803)359-8400
McCormick County	County Courthouse PO Box 356 McCormick, SC 29835	(864)465-2212
Marion County	1305 N. Main Street PO Box 519 Marion, SC 29571	(843)423-8255 (843)423-8256
Marlboro County	County Courthouse, Rm. 1 PO Box 401 Bennettsville, SC 29512	(843)479-5622 (843)479-5634
Newberry County	1304 Hunt Street PO Box 217 Newberry, SC 29108	(803)321-2161
Oconee County	415 S. Pine Street Walhalla, SC 29691	(864)638-4231
Orangeburg County	1437 Amelia St., Ste. 203 PO Drawer 9000 Orangeburg, SC 29116-9000	(803)533-6156
Pickens County	222 McDaniel Ave., B13 Pickens, SC 29671	(864)898-5926
Richland County	1701 Main Street, Ste. 409 PO Box 192 Columbia, SC 29202	(803)576-1906

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 85

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Saluda County	The American Legion Bldg. 108 S. Rudolph Street Saluda, SC 29138	(864)445-8848
Spartanburg County	Human Resource Center 142 S. Dean Street, Rm. 105 Spartanburg, SC 29302	(864)596-2553
Sumter County	County Courthouse 141 N. Main Street, Rm. 114A Sumter, SC 29150	(803)436-2302
Union County	County Courthouse 210 W. Main Street Union, SC 29379	(864)429-1605
Williamsburg County	147 W. Main Street PO Box 565 Kingstree, SC 29556	(843)355-9321
York County	529 S. Cherry Rd. Rock Hill, SC 29732-3412	(803)909-7525
	6 South Congress Street York, SC (Mon-Fri)	(803)684-8529

**606 SOUTH CAROLINA VOCATIONAL REHABILITATION  
DEPARTMENT**

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Aiken Barnwell Edgefield	855 York Street, N.E. Aiken, SC 29801	(803) 641-7630
Anderson	3001 Martin Luther King, Jr. Blvd. Anderson, SC 29625	(864) 224-6391
Beaufort Jasper	747 Robert Smalls Parkway Beaufort, SC 29902	(843) 522-1010
Berkeley Dorchester	2954 S. Live Oak Dr. Moncks Corner, SC 29461	(843) 761-6036
Fairfield Kershaw Lee	15 Battleship Rd. Ext. Camden, SC 29020	(803) 432-1068
Charleston	2070 Northbrook Boulevard, Ste. B-8 North Charleston, SC 29406	(843) 740-1600
Columbia (city) Lexington	1330 Boston Avenue W. Columbia, SC 29170	(803) 896-6333

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 86

<b>OFFICE</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
Conway Horry	3009 Fourth Avenue Conway, SC 29526	(843) 248-2235
Darlington	2413 Stadium Road Darlington SC 29550	(843) 332-2262
Dillon	309 North First Avenue Dillon SC 29536	(843) 774-3691
Florence Marion	1947 W. Darlington St. Florence, SC 29501	(843) 662-8114
Georgetown	1777 North Fraser Street Georgetown SC 29440	(843) 546-2595
Greenville Easley	105 Parkins Mill Rd. Greenville, SC 29607	(864) 297-3066
Greenwood Abbeville McCormick Saluda	2345 Highway 72/221 East Greenwood, SC 29646	(864) 229-5827
Lancaster	1150 Roddey Drive Lancaster, SC 29720	(803) 285-6909
Laurens	22861 Highway 76 East Clinton, SC 29325	(864) 984-6563
Lyman-The Bryant Center	180 Groce Road Lyman SC 29365	(864) 249-8030
Marlboro Chesterfield	1029 Hwy 9 West Bennettsville, SC 29512	(843) 479-8318
Newberry	2601 Evans Street Newberry SC 29108	(803) 276-8438
Oconee Pickens	1951 Wells Highway Seneca, SC 29678	(864) 882-6669
Orangeburg Bamberg Calhoun	1661 Joe S. Jeffords Hwy SE Orangeburg, SC 29115	(803) 534-4939
Richland	516 Percival Rd. Columbia, SC 29206	(803) 782-4239
	201 Corporate Park Boulevard Columbia SC 29223	(803) 691-8284
	1430-A Confederate Avenue Columbia SC 29202	(803) 898-8866
Rock Hill Chester York	1020 Heckle Blvd. Rock Hill, SC 29730	(803) 327-7106

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 87

OFFICE	ADDRESS	TELEPHONE
Spartanburg	353 S. Church Street Spartanburg, SC 29301	(864) 585-3693
Gaffney (sub-office) (serving Cherokee County)	364 Huntington Rd. Gaffney, SC 29341	(864) 489-9954
Sumter Clarendon	1760 N. Main Street Sumter, SC 29153	(803) 469-2960
Union	131 North Main Street Jonesville SC 29353	(864) 475-5000
Walterboro Allendale Colleton Hampton	919 Thunderbolt Dr. Walterboro, SC 29488	(843) 538-3116
Williamsburg	405 Martin Luther King, Jr. Avenue Kingstree SC 29556	(843) 354-5252

**607 COUNTY DESIGNEES**

**Abbeville** Ms. Hannah Chasteen  
Risk/Database Manager  
Highway 28 Bypass  
P O Box 1010  
Abbeville SC 29620  
Telephone: (864) 366-2400 (Ext. 223)  
[Hchasteen@abbevillecountysc.com](mailto:Hchasteen@abbevillecountysc.com)

**Aiken** Ms. Deena Smart  
Aiken County Finance Department  
828 Richland Avenue, West  
Aiken, South Carolina 29801  
Telephone: (803) 642-2071  
[Dsmart@aikencountysc.gov](mailto:Dsmart@aikencountysc.gov)

**Allendale** Ms. Bridgett Woods  
Allendale County Courthouse  
Post Office Box 351  
Allendale, South Carolina 29810  
Telephone: (803) 584-7053  
[Bridjet@bellsouth.net](mailto:Bridjet@bellsouth.net)

**Anderson** Ms. Latisha Richardson  
An-Med Health Business Services

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 88

---

800 N. Fant Street  
Anderson, South Carolina 29621  
Telephone: (864) 512-2163  
[Latisha.richardson@anmedhealth.org](mailto:Latisha.richardson@anmedhealth.org)

Ms. Cheryl Campbell  
An-Med Health Business Services  
522 McDuffie Street  
Anderson, SC 29621  
Telephone: (864) 512-2161  
[Cheryl.campbell1@anmedhealth.org](mailto:Cheryl.campbell1@anmedhealth.org)

**Bamberg** (Hospital closed 04.30.12)

**Barnwell** Ms. Shannon Ponds-Chavez  
Barnwell County Hospital  
811 Reynolds Road  
Barnwell, South Carolina 29812  
Telephone: (803) 541-4361  
[Sponds@bchospital.org](mailto:Sponds@bchospital.org)

**Beaufort** Ms. Trinette Hartley  
SCDHHS Central Mail  
Post Office Box 100101  
Telephone: (843) 524-0418  
[Trinette.Hartley@scdhhs.gov](mailto:Trinette.Hartley@scdhhs.gov)

**Berkeley** Ms. Heather Graham  
Berkeley County  
Post Office Box 6122  
Moncks Corner, South Carolina 29461  
Telephone: (843) 719-4012  
[Hgraham@co.berkeley.sc.us](mailto:Hgraham@co.berkeley.sc.us)

**Calhoun** Ms. Elaine Golden  
102 Courthouse Drive, Suite 105  
St. Matthews, South Carolina 29135  
Telephone: (803) 874-2679  
[Egolden@calhouncounty.sc.gov](mailto:Egolden@calhouncounty.sc.gov)

**Charleston** Ms. Carolyn Smalls  
County of Charleston, MIAP  
4045 Bridge View Drive  
North Charleston, SC 29405



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 89

---

Telephone: (843) 202-6986  
Fax: (843) 202-6961  
[Casmalls@charlestoncounty.org](mailto:Casmalls@charlestoncounty.org)

**Reconsideration Designee**

Ms. Gwendolyn Parilla  
County of Charleston, MIAP  
4045 Bridge View Drive  
North Charleston, SC 29405  
Telephone: (843) 202-6976  
Fax: (843) 202-6961  
[grtgvp@charlestoncounty.org](mailto:grtgvp@charlestoncounty.org)

**Cherokee** Ms. Deloris Blackwell  
Peachtree Center  
210 N. Limestone Street  
Gaffney, South Carolina 29340  
Telephone: (864) 487-2792

**Chester** Ms. Phyllis Baker  
Chester Regional Medical Center  
1 Medical Park Drive  
Chester SC, 29706  
Telephone: (803) 581-3151 Ext. 272  
[Phyllis.baker@hma.com](mailto:Phyllis.baker@hma.com)

**Chesterfield** Ms. Crystal Britt  
Chesterfield General Hospital  
711 Chesterfield Highway  
Cheraw, South Carolina 29520  
Telephone: (843) 591-9290 Ext. 3304

**Clarendon** Ms. Hanah Ali  
Clarendon Memorial Hospital  
Post Office Box 550  
Manning, South Carolina 29102  
Telephone: (803) 435-3107  
[Hali@clarendonhealth.com](mailto:Hali@clarendonhealth.com)

**Colleton** Ms. Joy Westbury  
Colleton County DHHS  
Post Office Box 110  
Walterboro, South Carolina 29488  
Telephone: (843) 584-4068

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 90

---

Fax: (843) 549-1172  
[Westbury@scdhhs.gov](mailto:Westbury@scdhhs.gov)

**Darlington**      Mr. Sean Adams  
Darlington County DSS  
106 North Main Street  
Darlington, South Carolina 29532  
Telephone: (843) 398-4420

Ms. Crystal Brown  
Carolina Pines Regional Med. Center  
1304 W. Bobo Newson Hwy  
Hartsville, South Carolina 29550  
Telephone: (843) 339-4144  
[Louise.poston@cprmc.hma-corp.com](mailto:Louise.poston@cprmc.hma-corp.com)

**Dillon**            Mrs. Gloria Hamilton  
McLeod Medical Center - Dillon  
301 E. Jackson Street  
Dillon, South Carolina 29536-1327  
Telephone: (843) 487-1534  
[Ghamilton@mcleodhealth.org](mailto:Ghamilton@mcleodhealth.org)

**Dorchester**      Ms. Darlene Atkins  
Dorchester County DHHS  
216 Orangeburg Road  
Charleston, South Carolina 29483  
Telephone: (843) 821-0444 ext. 3011  
[Atkinsd@scdhhs.gov](mailto:Atkinsd@scdhhs.gov)

**Edgefield**        Edgefield County Hospital  
Post Office Box 590  
Edgefield, South Carolina 29824  
Telephone: (803) 637-1152  
[Errestoration@edgefieldhospital.com](mailto:Errestoration@edgefieldhospital.com)

**Fairfield**         Ms. Charlene McLain  
Fairfield Memorial Hospital  
Post Office Box 620  
Winnsboro, South Carolina 29180  
Telephone: (803) 712-0329  
[Charlene.mclain@fairfieldmemorial.com](mailto:Charlene.mclain@fairfieldmemorial.com)

**Florence**         Ms. Jannie Mae Fleming

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 91

---

Pee Dee Community Action Agency  
Post Office Box 12670/2685 S. Irby Street  
Florence, South Carolina 29504  
Telephone: (843) 678-3400, Ext. 122  
[Cheynne@hotmail.com](mailto:Cheynne@hotmail.com)

**Georgetown** Ms. Deborah Thomas  
Georgetown Memorial Hospital  
Post Office Box 421718  
Georgetown, South Carolina 29442  
Telephone: (843) 527-7154 Fax: (843) 520-8403  
[Dthomas@georgetownhospitalsystem.org](mailto:Dthomas@georgetownhospitalsystem.org)

**Greenville** Ms. Jacqueline Turner  
Greenville Hospital System  
701 Grove Road  
Greenville, South Carolina 29605-4295  
Telephone: (864) 454-8545  
[Jturner@ghs.org](mailto:Jturner@ghs.org)

**Greenwood** Ms. Linda Wiley  
Self-Regional Healthcare  
1325 Spring Street  
Greenwood, South Carolina 29646  
Telephone: (864) 725-4128  
[Lwiley@selfregional.org](mailto:Lwiley@selfregional.org)

**Hampton** Ms. Rose Ann Moore  
Hampton Regional Medical Center  
598 West Carolina Avenue  
Post Office Box 338  
Varnville, South Carolina 29944  
Telephone: (803) 943-2771  
[Selfpay1@hamptonregional.org](mailto:Selfpay1@hamptonregional.org)

**Horry** Mr. Dwayne Graham  
Horry County  
1515 Fourth Avenue  
Conway, South Carolina 29526  
Telephone: (843) 915-7032  
[Dwayne@horrycounty.org](mailto:Dwayne@horrycounty.org)

**Jasper** Ms. Georgia DeLoach  
Jasper County Council

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 92

---

	Post Office Box 1509 Ridgeland, South Carolina 29936 Telephone: (843) 726-7815 Fax: (843)726-7966 <a href="mailto:Gdeloach@jaspercountysc.gov">Gdeloach@jaspercountysc.gov</a>
<b>Kershaw</b>	Ms. Lucy Keys Kershaw County Medical Center 1315 Roberts Street Camden, South Carolina 29020 Telephone: (803) 713-6371 Fax: (803) 713-6372 <a href="mailto:Keysl@scdhhs.gov">Keysl@scdhhs.gov</a>
<b>Lancaster</b>	Springs Memorial Hospital 800 West Meeting Street Lancaster, South Carolina 29720 Telephone: (803) 286-1449
<b>Laurens</b>	Ms. Brenda Carter Laurens County DHHS Post Office Box 388 Laurens, South Carolina 29360 Telephone: (864)833-9260 <a href="mailto:Brenda.Carter@scdhhs.gov">Brenda.Carter@scdhhs.gov</a>
<b>Lee</b>	Mr. Thaddeus Dickey Lee County Courthouse Post Office Box 309 Bishopville, South Carolina 29010 Telephone: (803) 484-5341 ext. 340 <a href="mailto:Tdickey@leecountysc.org">Tdickey@leecountysc.org</a>
<b>Lexington</b>	NA
<b>Marion</b>	Contract Ended
<b>Marlboro</b>	Ms. Ruthie Gooding Marlboro Park Hospital Post Office Box 738 Bennettsville, South Carolina 29512 Telephone: (843) 479-454-8531
<b>McCormick</b>	Ms. Sandra Anthony

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 93

---

	McCormick County Government 326 Airport Road McCormick, South Carolina 29835 Telephone: (864) 852-2231 <a href="mailto:Santhony@mccormickcountysc.org">Santhony@mccormickcountysc.org</a>
<b>Newberry</b>	NA
<b>Oconee</b>	Ms. Donna Smith Oconee Memorial Hospital 298 Memorial Drive Seneca, South Carolina 29672-9499 Telephone: (864) 885-7147 <a href="mailto:Donna.smith@oconeemed.org">Donna.smith@oconeemed.org</a>
<b>Orangeburg</b>	Ms. Yesenia Robinson Ms. Emilie Sanders Orangeburg Regional Medical Center 3000 Saint Matthews Road Orangeburg, South Carolina 29118 Telephone: (803) 395-2829 <a href="mailto:sanderse@dhhs.state.sc.us">sanderse@dhhs.state.sc.us</a> <a href="mailto:robinsyj@dhhs.state.sc.us">robinsyj@dhhs.state.sc.us</a>
<b>Pickens</b>	Pickens County Administration PO Box 407 Liberty, SC 29657 Telephone: (864) 512-2163
<b>Richland</b>	Ms. Brenda Martin Palmetto Richland Hospital Admissions and Registration Five Richland Medical Park Columbia, South Carolina 29203 Telephone: (803) 434-3834 <a href="mailto:Brendamartin@palmettohealth.org">Brendamartin@palmettohealth.org</a>
<b>Saluda</b>	Ms. Frances Jaynes 111 Law Range Saluda, South Carolina 29138 Telephone: (864) 445-4500 Ext. 2200 <a href="mailto:Vr41jaynes@hotmail.com">Vr41jaynes@hotmail.com</a>
<b>Spartanburg</b>	Ms. Susan Hicks

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)  
Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 94

---

Spartanburg County Indigent Care Services  
PO Box 566  
Spartanburg, South Carolina 29304  
Telephone: (864) 562-4745  
Fax: (864) 560-7056  
[Shicks@spartanburgcounty.org](mailto:Shicks@spartanburgcounty.org)

**Reconsideration Designee:**  
Lynn McClure  
Spartanburg County Indigent Care Services  
101 East Wood Street  
Spartanburg, South Carolina 29303  
Telephone: (864) 560-2536  
Fax: (864) 560-7056

**Sumter** Ms. Angela Lowery  
Tuomey Healthcare Center  
129 North Washington Street  
Sumter, South Carolina 29150  
Telephone: (803) 774-8994  
[Lowange@scdhhs.gov](mailto:Lowange@scdhhs.gov)

**Union** **(Vacant)**  
Wallace Thomson Hospital  
Post Office Drawer 789  
Union, South Carolina 29379  
Telephone: (864) 429-2641

**Williamsburg** **Ms. Chelsie Thompson**  
Williamsburg Regional Hospital  
Post Office Drawer 568  
Kingstree, South Carolina 29556  
Telephone: (843) 355-0377  
[Thompchl@scdhhs.gov](mailto:Thompchl@scdhhs.gov)

**York** Ms. Amanda H. Threatt  
Patient Financial Counselor II  
Conifer Health Systems  
Piedmont Medical Center  
1731 Frank Gaston Boulevard  
Rock Hill, South Carolina 29732  
Telephone: (803) 329-6860 (803) 329-6784  
Fax: (803) 329-6971  
[Amanda.threatt@coniferhealth.com](mailto:Amanda.threatt@coniferhealth.com)

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 6 – Provider Directory**

Effective Date: March 1, 2015

Page: 95

---

**608 Correspondence and Inquiries**

**608.1 Written Correspondence**

Written correspondence concerning MIAP eligibility policy and procedures should be directed to the Bureau of Eligibility Administration. Correspondence pertaining to MIAP billing procedures should be directed to the Department of Hospitals. All correspondence should be addressed to the appropriate Division or Department at the address below:

Attention: Eligibility, Enrollment and Member Services  
State Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**608.2 Telephone Inquiries**

Inquiries pertaining to MIAP eligibility policies and procedures and the assignment of unique patient identification numbers should be directed to the Bureau of Eligibility Administration at (803) 898-2635.

**609 MIAP Forms and Publications**

Designees should request forms by E-mail at: [forms@scdhhs.gov](mailto:forms@scdhhs.gov) or by telephone:

Greater Columbia area      (803) 898-1000  
Outside the Greater Columbia area      (800) 506-7254

These numbers may be used 24 hours a day. If the request is left on the answering machine, it will be acted upon the next business day.

When making a request, please be prepared to give the form name, the form number, the quantity of each form requested and your street address. Since the forms will be sent by UPS delivery, you must provide a street address. When the first request is made to this agency, a provider number will be assigned and forwarded to you. The number should be used for future requests.

The following MIAP Forms will be available through this procedure.

DHHS Form 207	MIAP Application
DHHS Form 224	Medicaid Referral Form
DHHS Form 227	Letter of Notification – Approval
DHHS Form 228	Letter of Notification - Denial/Withdrawal
DHHS Form 938	MIAP Addendum to Medicaid Application

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 7 – Forms**

Effective Date: March 1, 2009

Page: 96

---

## **CHAPTER 7      FORMS**

### **701              DHHS Form 207 – MIAP Application**

**Purpose:** This form is the official document, which must be completed by each individual who requests assistance through the MIAP. The information recorded on the application form is used by the county designee as the basis for determining eligibility for assistance through the MIAP. The form must be completed in ink or typed. The applicant and the county designee must initial any corrections made.

**Completion:** **Part I:** This section collects basic identifying information about the applicant. Completion of the individual items is self-explanatory.

**Part II:** This section collects third-party information on the applicant. Completion of the individual items in this section is self-explanatory.

**Part III:** Record the requested information on each member of the applicant's family. For detailed information on the family members who must be considered, refer to Chapter 3, Section 302.

**Part IV:** Record the requested information for the applicant and each family member who has income. If the applicant or other family member(s) is no longer employed, record the last date of employment and the employer's name. Indicate whether or not the applicant or other family member(s) is receiving unemployment benefits. For information regarding income, refer to Chapter 3, Section 304.

**Part V:** Record the requested information for the applicant and each family member who owns a resource. Refer to the following MIAP Manual Sections for more detailed information related to the treatment of resources:

1. Real Property - Chapter 3, Sections 308 and 309
2. Taxable personal property - Chapter 3, Sections 308 and 309
3. Liquid assets - Chapter 3, Sections 308 and 310

**Part VI:** Transfer of resources. Record resources transferred by the applicant or any family member within 3 months of the hospital stay for which assistance is requested.

**Part VII:** By his signature, the applicant certifies that the information recorded is correct, authorizes the release of information needed to determine eligibility, and understands the assignment of rights.

**Part VIII:** Provides space to write any case notes, which documents verbal contacts with the applicant or others.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 7 – Forms**

Effective Date: March 1, 2009

Page: 97

**Worksheet:** The worksheet is to be used to document how you determined that the applicant met or failed to meet the criteria.

**Questions 1 and 2:** Answer questionable or not questionable to each question. Complete “how verified” only if the applicant’s residence or alienage is questionable. If unable to verify according to policy, deny the application and notify the applicant and provider. If the answer to both questions is not questionable or acceptable verifications were provided, continue.

**Question 3:** Enter the appropriate number of family members. Explain who was included/excluded in the family composition and why. Use this space to explain how you calculated the gross annual income of the applicant and/or his family. Explain whose income was included, and the method and date of verification.

**Question 4:** List all resources owned by the applicant and his family. Identify each asset, to whom it belongs, and the equity value. Include the method and date of verification.

**702            DHHS Form 227 – LETTER OF NOTIFICATION – APPROVAL**

**Purpose:** This form provides written notice to both the applicant and hospital of **approval** of the MIAP application. DHHS 228 is to be used when an application is **denied**.

**Completion: Section I** is self-explanatory.

**Section II** provides hospitals with information that must be entered on the claim form (UB-82). For this reason, this section must be completed and must be accurate. Because the MIAP requires the hospital industry to collect data on all MIAP applicants, family size and gross annual income must be entered in this section.

**Authorization Number:** The county designee will assign an authorization number. This number will be entered on the claim to verify that eligibility has been determined. The county authorization number consists of ten digits that are assigned in the following manner:

Digits 1 & 2    Your county number

Digits 3 & 4    The last two digits in the calendar year

Digits 5, 6 & 7        The day eligibility is determined (the date on the Letter of Notification) represented by Julian date.

Digits 8, 9 & 10        Sequential numbers from 001 through 999 assigned by the county. When you reach 999, begin again.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 7 – Forms**

Effective Date: March 1, 2009

Page: 98

**Example:** John Smith's eligibility is determined by Abbeville County on January 7, 2002. He is the third person determined eligible in Abbeville county. His county authorization number is assigned in the following manner. County number – 01, Year – 02, Julian date – 007 and sequential number – 003. His county authorization number is 0102007003. (It is recommended that you maintain a log of assigned authorization numbers.)

**County of Residence:** Enter the name of the applicant's county of residence. If the applicant does not have an established residence in a particular county, i. e., migrants, enter "00" as the county of residence.

**Gross Family Income:** Enter the amount of the family's gross annual income.

**Family Size:** Enter the number of individuals who compose the applicant's family.

**Excess resources paid to hospital:** If the applicant has excess liquid resources, which they wish to be applied to the cost of care for the period of hospitalization for which this eligibility determination has been made, enter the amount of excess liquid resources. This amount will be deducted before the MIAP payment is made. Payments on other medical expenses incurred within thirty (30) days prior to hospitalization should not be entered.

**Social Security Number/Unique Patient Identifier:** Enter the applicant's verified Social Security Number or the unique patient identification number assigned by the Bureau of Eligibility Administration, State Department of Health and Human Services.

**Readmission within 30 days?** Check "yes" if it has been thirty (30) days or less since discharge from a previous hospital stay.  
Check "no" if greater than thirty (30) days.

**Insurance Company:** If the applicant has health insurance, enter the name and address of the insurance company.

**Policy Number:** Enter the policy number.

**Section III.** Place an "X" in the box next to the statement, which describes your decision on this application. Read to the applicant the section on why the claim may not be paid. Enter the name, address and telephone number of the person designated by your county to reconsider the decision of the county designee.

**Routing Instructions:** Original to Applicant Yellow to Admitting Hospital Pink retained by County Designee

**Note:** If there is a referring provider other than the hospital, a Xerox copy of the original should be sent to that provider.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 7 – Forms**

Effective Date: March 1, 2009

Page: 99

---

**703            DHHS Form 228 – LETTER OF NOTIFICATION –  
                  DENIAL/WITHDRAWAL**

**Purpose:**     This form provides written notice to both the applicant and hospital of the decision of the MIAP application.

**Completion:** **Section I** is self-explanatory.

**Section II** provides the applicant a reason for the denial and information regarding the individuals who may be contacted regarding questions and to request reconsideration. Enter the reason, the name and telephone number of the person who can be contacted regarding questions about the denial and the name of the person designated by your county to reconsider the decision of the county designee, if requested by the applicant.

**Routing Instructions:**     Original to Applicant  
                                      Yellow to Admitting Hospital  
                                      Pink retained by County Designee

**Note:** If there is a referring provider other than the hospital, a Xerox copy of the original should be sent to that provider.

**704            DHHS Form 224 – Medicaid Referral Form**

**Purpose:**     The County designees initiate the Medicaid Referral form when a Medically Indigent Assistance Program (MIAP) applicant appears to be potentially eligible for Medicaid. The MIAP application must be held pending until the Medicaid determination is completed.

**Completion:** **Section I** is completed by the MIAP designee. Completion of the individual items is self-explanatory.

**Section II** is completed by the MIAP designee. The applicant's name and address refers to the person for whom assistance is requested. Parent's name and address refers to the applicant's parent or caretaker relative, if the applicant is a minor child. Include the address if it is different from that of the minor child applicant. Enter either the month/year of the Medicaid referral or the month/year of hospitalization, whichever is earlier.

Completion of the individual items in the insert is self-explanatory. Both the applicant and the MIAP designee must sign and date this section.

**Section III** is completed by Medicaid staff. The Medicaid worker must sign and date this section.

**Routing Instructions:**     Original and yellow copy mailed to the Medicaid worker.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)**

**Chapter 7 – Forms**

Effective Date: March 1, 2009

Page: 100

---

Pink copy suspended by designee.  
Original returned to designee.  
Yellow retained by Medicaid worker.

**705            DHHS Form 938 – MIAP Addendum to Medicaid Application**

Purpose: When a Medicaid eligibility worker receives a Medicaid application for an individual who owes inpatient hospital bills or is scheduled for a hospital admission, if it is determined that the individual is not eligible for Medicaid, the DHHS Form 938 may be completed instead of the DHHS Form 207 to refer the individual to the MIAP County Designee. **A copy of the Medicaid application must be attached to the 938.**

Completion: **PART I:** This section collects basic identifying information about the applicant. Completion of the individual items is self-explanatory.

**PART II:** This section collects third party information on the applicant. Completion of the individual items in this section is self-explanatory.

**PART III:** This section provides instructions for verifying income of the applicant's family. Refer to the Medicaid application that is attached to the 938 for information about the reported income. This section also collects information about previous employment and lump sum payments. Completion of the individual items in this section is self-explanatory.

**PART IV:** Record the requested information for the applicant and each family member who owns resources.

**PART V:** Record resources transferred by the applicant or any family member within 3 months of the hospital stay for which assistance is requested.

**PART VI:** By his signature, the applicant certifies that the information is correct and authorizes the release of information needed to determine eligibility.

**WORKSHEET:** The worksheet is to be used to document how you determined that the applicant met or failed to meet the eligibility requirements.