Healthy Connections

South Carolina Department of Health and Human Services

Additional Information for Select Medicaid Programs

Medicaid Addendum for: Aged, Blind, or Disabled (ABD), Inmate Services, Breast and Cervical Cancer Program (BCCP), Optional State Supplementations (OSS), Qualified Medicare Beneficiaries (QMB) or Katie Becket (also known as TEFRA).

ABD BCCP Inmate Services OSS QMB TEFRA

You recently applied for Medicaid with the State of South Carolina. The application you completed did not capture all the information that we need to make a decision. Please complete and return this form so we can process your application. **If applying for TEFRA, you only need to give us information about the applicant's income and resources.** All of the rights and responsibilities agreed to when the original application was signed are still in effect. If there are any questions about those rights and responsibilities or the addendum itself, please call us toll free at 1-888-549-0820 for assistance.

1. Who is applying for assistance?

Name(First, Middle, Last):	Social Security Number:	Date of Birth:
Name (First, Middle, Last):	Social Security Number:	Date of Birth:
Name (First, Middle, Last):	Social Security Number:	Date of Birth:

2. Are you or the person you are applying for currently in a Residential Care Facility or Boarding Home?
   Yes No.
   If yes, what is the name of the facility? _____ Date entered? _____

3. Most forms of income we need to know about were captured on the prior application. Please list if anyone in the home has any of the additional types of income.

   If yes, check all boxes that apply and complete the table below.

   Child Support
   Money from Friends and Relatives
   Veterans Assistance
   Workers Comp/Long Term or Short Term Disability

Person Receiving Money	Income Source/Type	How Often Received	Amount Received

DHHS Form 3400-A (October 2013)

4. Does anyone in your family own the following? You must send proof of assets/resources with this addendum.

If yes, check all boxes that apply and complete the table below.

☐ Cash on Hand ☐ Checking Account ☐ Savings Account ☐ Burial Plot
☐ Certificate of Deposit ☐ Annuities/Trusts ☐ Stocks and Bonds ☐ Home Property
☐ Other Property ☐ Life/Burial insurance ☐ Burial Contracts ☐ Vehicles
☐ Retirement Accounts ☐ Other: _____

Owned By	Tell us about the asset. Include the location, such as name of bank or funeral home, and any account numbers or other information used to identify the asset.	Current Value or Balance

Questions five through seven are only for those people who are currently inmates at a correctional facility. If you are an inmate at a correctional facility please provide the following information.

5.

Name of Correctional Facility:		Date incarcerated:
Name of Hospital Where Services Received	Date of Admission: Date of Discharge:	Address where you lived before incarceration:

6. If you have been incarcerated for longer than 30 days, you can skip this question and go to questions #7.
Did you work or receive earnings before you were incarcerated? ☐ Yes ☐ No
If living with your spouse before you were incarcerated, was your spouse employed? ☐ Yes ☐ No

7. Tell us about your income before you were incarcerated. Enter GROSS amounts.
(This information will need to be verified by staff of correctional facility)
☐ Earnings ☐ Monthly Benefits ☐ Other

Type of income.	Amount Paid	How often paid.

- Staff of the correctional facility can attest to income or earnings received from or through the facility. The following signature attests to incomes verified in question six.

Correctional Facility Staff Person: _____ Date: _____
Phone Number: _____