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State/Territory Name: South Carolina

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

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 26, 2025

Eunice Medina
Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

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

Dear Director Medina:

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

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

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


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

Sincerely,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Sheila Chavis
Margaret Alewine
Jordan Desai

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	
1. TRANSMITTAL NUMBER 2 5 — 0 0 0 8	2. STATE S C
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 433.36	4. PROPOSED EFFECTIVE DATE August 1, 2025
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.17-A, page 3	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 0 b. FFY 2026 \$ 0
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.17-A, page 3	
9. SUBJECT OF AMENDMENT Undue This SPA will address the Estate Recovery Undue Hardship Waiver Requirements.	
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Ms. Medina was designated by the Governor to review and approve all State Plans.	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Eunice Medina	
13. TITLE Director	
14. DATE SUBMITTED August 18, 2025	
FOR CMS USE ONLY	
16. DATE RECEIVED August 19, 2025	17. DATE APPROVED September 26, 2025
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL August 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	21. TITLE OF APPROVING OFFICIAL On Behalf of Courtney Miller, MCOG Director
22. REMARKS Box 9: State authorized pen and ink change on 09/03/2025 via email.	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

LIENS AND ADJUSTMENTS OR RECOVERIES

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

Decedent's Brother or Sister

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

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

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

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

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

Definitions:

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

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

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