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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-25-0011

This file contains the following documents in the order listed:

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

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

March 18, 2026

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) - 25-0011

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This proposed amendment will increase the Personal Needs Allowance (PNA) amount for individuals residing in nursing and intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 436.832. This letter informs you that South Carolina's Medicaid SPA TN 25-0011 was approved on March 16, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages 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		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 1 1</u>	2. STATE <u>S C</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">October 1, 2025</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 436.832		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>2,559,166</u> b. FFY <u>2027</u> \$ <u>2,549,965</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A, pages 4, 4a, 4b, 4c , 5, 5a (new page), 26a (New Page) 4c (new page) Supplement 12 to Attachment 2.6-A, page 5 (New Page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.6-A, pages 4, 4a, 4b, 4c , 5 page 4.1 Supplement 13 to Attachment 2.6-A, page 1	

9. SUBJECT OF AMENDMENT

This SPA will increase the PNA amt. for individuals residing in nursing and intermediate care facilities for individuals with ICF/IID.

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED:
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Ms. Medina was designated by the Governor to review and approve all State Plans.
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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 December 30, 2025	

FOR CMS USE ONLY

16. DATE RECEIVED December 30, 2025	17. DATE APPROVED March 16, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 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

On 2/23/2026, via email and subsequent document submission in OneMAC, South Carolina authorized a pen and ink change to remove the verbiage ("new page") after pages 5a and 26a of Attachment 2.6-A in block 7, to remove page 4c from block 8, and to add page 4.1 to block 8. On 3/16/2026, via email, South Carolina authorized a pen and ink change to add "Supplement 13 to Attachment 2.6-A, page 1" to block 8. Note: Supplement 13 to Attachment 2.6-A, page 1 will be removed from the State Plan. This information is now included on page 26a of Attachment 2.6-A. On 3/17/2026, via call, South Carolina authorized a pen and ink change to box 7 to add "new page" after page 4c of Attachment 2.6-A and to keep pages 5a and 26a as "new pages" (as originally submitted).

State: South Carolina

Citation	Condition or Requirement
	<p>B. <u>Posteligibility Treatment of Institutionalized Individuals' Incomes</u></p> <p>1. The following items are not considered in the posteligibility process:</p>
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v. Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No.381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

State: South Carolina

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$60 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ 60 Couples \$ 60</p> <p>For the following persons with greater need: ³</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ 60 Adults \$60</p> <p>For the following persons with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$</p>

Citation	Condition or Requirement
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For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

_____ The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

X_____ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

State: South Carolina

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <ul style="list-style-type: none"><input type="checkbox"/> the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or<input type="checkbox"/> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.<input type="checkbox"/> a greater amount calculated as follows:
	<p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p>
	<p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <ul style="list-style-type: none">(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)

State: South Carolina

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">o AFDC level oro Medically needy level: <p>(Check one)</p> <p>-X-AFDC levels in Supplement 1 --Medically needy level in Supplement 1 --Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p>_____ No.</p> <p><u>X</u> Yes (the applicable amount is shown on page 5a.)</p>

State: South Carolina

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$ _____.
<u>X</u> _____	Amount for maintenance of home is the actual maintenance costs not to exceed the federal benefit rate (amount varies by year)
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

State: South Carolina

Citation	Condition or Requirement
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1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

_____ the maximum standard permitted by law;

_____ the minimum standard permitted by law; or

\$66,480 a standard that is an amount between the minimum and the maximum.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

1. \$100 if participating in a work therapy program
2. For individuals who were required to establish an income trust in order to become eligible for Medicaid, the personal needs allowance includes the additional following deductions because these individuals have greater need:
 - \$10 maximum monthly fee for the trustee to manage the income trust (Deduction made only if trustee charges a fee. Higher fee not to exceed \$50 is permitted only if authorized by DHHS.); and
 - \$20 maximum monthly fee for bank service charges owed by the income trust, should the bank charge a fee; and
 - Once per calendar year, a year deduction for federal and state income taxes should the trust owe any taxes.
3. For the following individuals with greater needs – a deduction for the lesser of 10% of gross monthly income or \$25 per month, when there is a court order requiring guardianship fees.

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.