

## South Carolina

### State Supplementation

#### Mandatory Minimum Supplementation

No recipients.

#### Optional State Supplementation

**Administration:** Department of Health and Human Services.

**Effective date:** July 1, 2001.

**Statutory basis for payment:** Part 1-B Proviso applicable to the Department of Health and Human Services as included in the state appropriation act each year.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** County offices of the Department of Social Services.

**Scope of coverage:** Optional state supplement provided to SSI recipients and other low-income individuals who meet the state's net income limitation and live in licensed community and residential care facilities. Blind children are eligible for optional supplementation.

**Resource limitations:** Same as federal.

**Income exclusions:** Same as federal.

**Recoveries, liens, and assignments:** None.

**Responsibility of relatives:** None.

**Interim assistance:** State does not participate.

**Payment levels:** Individuals living in licensed residential care facilities receive a combined federal and state benefit of up to \$893 (state-supplement portion is up to \$348), including a personal needs allowance of \$43 per month.<sup>1</sup> Lesser amounts may be paid based on need. Couples residing in these facilities are treated as two individuals.

**Number of recipients:** In January 2002, 3,382 people received optional state supplementation. Of those, 1,747 were aged, 15 were blind, and 1,620 were disabled.

### State Assistance for Special Needs

State does not provide assistance for special needs.

### Medicaid

#### Eligibility

**Criteria:** SSI program guidelines (Title XVI).

**Determined by:** Social Security Administration.

#### Medically Needy Program

State does not provide a program for the medically needy.

#### Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

1. Living in a licensed residential care facility—Includes recipients who are ambulatory but are unable, either because of age or physical or mental disabilities, to care for themselves. However, their condition does not require the daily services of a registered or licensed practical nurse. The care facility must:
  - Be licensed by the Department of Health and Environmental Control;
  - Provide care to two or more adults for a period exceeding 24 consecutive hours; and
  - Provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.