



117.91. (GP: Means Test) All agencies providing Healthcare Services are directed to identify standards and criteria for means testing on all programs provided, where allowed by Federal guidelines. Once a consistent criteria has been established within an agency, they shall implement their respective plans. Each agency shall report all criteria and fiscal data to the Chairman of the Senate Finance Committee and to the Chairman of the House Ways and Means Committee no later than January 1st.

Although the South Carolina Department of Health and Human Services (SCDHHS) is not a provider of healthcare services, all programs administered by SCDHHS are means tested. Please refer to the resource limit overview below which provides information regarding the means (resource) limit in place for various South Carolina Medicaid programs.

Program	Individual Limit	Couple Limit
Chapter 303 ABD, QMB, SLMB	\$7,280 \$7,390 (eff. 01/17)	\$10,930 \$11,090 (eff. 01/17)
Chapter 304 Nursing Home, HCBS, General Hospital	\$2,000	\$66,480 Spousal share for community spouse. Refer to MPPM 304.14
Chapter 305 TEFRA	\$2,000	N/A
Chapter 306 Qualifying Individual (QI)	\$7,280 \$7,390 (eff. 01/17)	\$10,930 \$11,090 (eff. 01/17)
Chapter 307 Working Disabled	\$7,280 \$7,390 (eff. 01/17)	N/A
Chapter 308 Qualified Disabled Working Individual	\$4,000	\$6,000
Chapter 403 Optional State Supplementation	\$2,000	N/A
Chapter 404 Pass-along	\$2,000	\$3,000
Chapter 405 Retroactive SSI	\$2,000	\$3,000