

**SOUTH CAROLINA HEALTHY CONNECTIONS PROGRAMS: MAJOR COVERAGE GROUPS** (Effective 1/1/12)

	<u>Eligible Population</u>	<u>Income Limits</u>	<u>Resource Limits</u>	<u>Benefits</u>
<b>O ABD – Aged, Blind or Disabled</b> (32)	ABD – Aged (65+), blind or totally and permanently disabled	100% of Federal Poverty Level (FPL): \$908 per individual \$1,226 per couple	\$6,940 per individual \$10,410 per couple	Medicaid benefits
<b>O HCBS – Home and Community Based (Waiverd) Services</b> <i>Includes DDSN &amp; AIDS waiverd services</i> (15)	Aged, blind or disabled and determined to be medically in need of institutional care but chooses to remain at home – Must require/receive at least one waiverd service for a minimum of 30 consecutive days	300% of Federal Benefit Rate (FBR) \$2,094 per month  Spousal Allocation: \$2,841	\$2,000 per individual	Medicaid Card and Medicaid sponsored vendor payment – Individuals are required to pay a part of the cost of care
<b>O MAO – Institutional Long-Term Care</b> (10, 14, 15, 54)	Aged, blind or disabled and determined to be medically in need of institutional care and reside in an approved medical facility for at least 30 consecutive days	300% of Federal Benefit Rate (FBR) \$2,094 per month  Spousal Allocation: \$2,841	\$2,000 per individual	Medicaid Card and Medicaid sponsored vendor payment – Individuals are required to pay part of their cost of care
<b>O OSS – Optional State Supplementation</b> (85, 86)	Individuals residing in approved, licensed Residential Care Homes who meet SSI eligibility requirements, except for income	Individual's net income limit is \$1,181 per month	\$2,000 per individual	State-funded cash assistance payment plus Medicaid benefits
<b>M QDWI – Qualified Disabled Working Individuals</b> (50)	Disabled individuals who lost eligibility for Title II benefits and Social Security support of Medicare premiums because of wages	Countable income must be below 200% of FPL	\$4,000 per individual	Payment of monthly Medicare Part A premiums only – <i>NO Medicaid Card</i>
<b>M SLMB – Specified Low Income Medicare Beneficiaries</b> (52)	Must have Medicare Part A benefits	Income level must be greater than 100% and less than 120% of the FPL for an individual (\$1,089) or a couple (\$1,471)	\$6,940 per individual \$10,410 per couple	Medicare Part B premiums only – <i>NO Medicaid Card</i>
<b>M QI-Qualifying Individual</b> (48)	Must have Medicare Part A benefits	Income level must be above 120% and below 135% of FPL	\$6,940 per individual \$10,410 per couple	Medicare Part B-premiums only- <i>NO Medicaid Card</i>
<b>M SSI Pass-Along</b> (16)	Individuals who lost eligibility for SSI due to increases in or receipt of certain Social Security benefits	SSI limits once SSA benefit increase is disregarded	SSI resource limits	Medicaid benefits
<b>M SSI – Supplemental Security Income</b> <i>Administered by SSA</i> (80)	Aged (65+), blind or totally and permanently disabled	\$698 per individual \$1,048 per couple	\$2,000 per individual \$3,000 per couple	A cash payment individual with no income receives \$698 per month Medicaid benefits
<b>O TEFRA – Katie Beckett Children</b> (57)	Disabled children under age 19 who meet level of care required in ICF-MR facility, nursing facility or hospital	Parent's income not counted. Child's limit is \$2,094 per month	\$2,000 per child <i>(Parent's income &amp; resources NOT considered.)</i>	Medicaid benefits
<b>O WD – Working Disabled</b> (40)	Under age 65, totally and permanently disabled and working	250% of FPL \$2,269 per month Individual's unearned income must be below 100% of FPL for an individual (currently \$908)	\$6,940 per individual	Medicaid benefits
<b>O Breast and Cervical Cancer Program (BCCP)</b> (71)	Individuals who have been diagnosed and in need of treatment for breast or cervical cancer or pre-cancerous lesions (CIN II/III) and have no treatment coverage	Income limit of 200% FPL \$1,815 per month	No resource test	Medicaid benefits

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<b>O</b>	<b>Foster Children</b> <i>Includes certain special needs children in adoptive placement (13, 60)</i>	Children under 21 years of age who reside in licensed foster homes or private child care facilities supported in whole or in part by state or federal foster care board payments	Eligibility is generally established on an individual basis  Income cannot exceed \$454 per month	\$30,000 per Budget Group  Medicaid benefits  Certain categories of children may also receive a cash payment
<b>M</b>	<b>IV-E Foster Care</b> (31, 51)	To qualify under this category, a Title IV-E Foster Care Maintenance payment must be made for the individual	No limit	No resource test  Medicaid Benefits
<b>M</b>	<b>Four-Month Extended Medicaid</b> (11)	Individuals who lost eligibility for Family Independence (FI) cash assistance due to an increase in child support	No limit	No resource test  Medicaid benefits for up to 4 months beginning with the month of FI Ineligibility
<b>M</b>	<b>PHC – Partners for Healthy Children</b> (88)	Low-income children up to age 19 if their family income is at or below 200% of federal poverty level	Based on family size, family income cannot exceed 200% of FPL. Net income (after income and child care deductions) for a family of 4 cannot exceed \$3,725 per month.	\$30,000 per Budget Group  Medicaid benefits for the qualifying children
<b>M</b>	<b>LIF – Low Income Families</b> (58, 59)	Low income families with children under 18 years of age or under 19 years of age, if attending a secondary school full-time	Income limit based on family size  Net income limit for family of 4 cannot exceed \$932 per month	\$30,000 per Budget Group  Medicaid benefits
<b>M</b>	<b>OCWI – Optional Coverage for (Pregnant) Women and Infants</b> (87)  <b>OCWI – Children Under Age 1</b> (12)	Pregnant women and infants under age 1  <b>Note:</b> Deemed Infants – Infants born to a Medicaid eligible mother – no application required Others– application required	Based on family size, family income cannot exceed 185% of Federal Poverty Level. Net income (after income and child care deductions) for a family of 4 cannot exceed \$3,446 per month.	\$30,000 per Budget Group  Medicaid coverage for the pregnant woman for the duration of the pregnancy  Medicaid coverage for any child under age 1
<b>M</b>	<b>TM – Transitional Medicaid</b> (11)	Individuals who lost eligibility for LIF because of the earned income of the parent/caretaker(s) or loss of the earned income disregard (50%)	Up to 185% of earned income is disregarded for 12 months. Eligible for 12 months if the countable income is less than the LIF income limit for the family size with two additional six months periods possible. If countable income is over the LIF limit for the family size, eligible for up to six months with an additional six months possible.	No resource test  Medicaid benefits for up to 2 years beginning with the month of LIF ineligibility
<b>O</b>	<b>FP – Family Planning</b> (55)	Individuals (men and women) of any age are eligible if their income is at or below 185% of federal poverty level	Family income cannot exceed 185% of poverty. Net income (after income and child care deductions) for a family of 4 cannot exceed \$3,446 per month.	No resource test  Family planning services only
<b>M</b>	<b>Ribicoff</b> (91)	To qualify for this category, child must be under 18 years old (under 19 if a full-time student)	Family income must be below \$ 920 for a family of four	\$30,000 per Budget Group  Medicaid Benefits