

SOUTH CAROLINA STATE MEDICAID PROGRAM: MAJOR COVERAGE GROUPS (Effective 1/1/07)

	<u>Eligible Population</u>	<u>Income Limits</u>	<u>Resources</u>	<u>Benefits</u>
(O) <u>AGED,BLIND DISABLED UNDER 100% POVERTY</u> (32)	Aged (65+), blind, or permanently disabled	100 percent of poverty. Individual limit \$817/mo. Couple limit \$1,100/mo.	Resources below \$4,000 for an individual and \$6,000 for a couple	Medicaid
(M) <u>QMB</u> (90)	Must have Medicare Part A	Same as above	Same as above	Medicare Part B premium, deductible & coinsurance
(M) <u>SLMB</u> (52)	Same as above	135% of poverty (\$1,103 for an individual and \$1,485 for a couple).	Same as above	Medicare Part B premium
(M) <u>LIF-LOW INCOME FAMILIES</u> (58,59)	Must have child in home under age 18.	Gross income limit for family of four is \$1,541/mo. Limit for family of four after child care and standard work deductions is \$833/mo.	Resources at or below \$30,000 per budget group	Medicaid
(M) <u>SSI</u> (80) (SUPPLEMENTAL SECURITY INCOME)	Aged (65+), blind, or totally and permanently disabled.	Individual limit \$623/mo. Couple limit is \$934/mo.	\$2,000 for an individual and \$3,000 for a couple	Cash payment individual with no income receives \$603/mo. Medicaid
(O) <u>OPTIONAL SUPPLEMENT</u> (85, 86)	Must live in a licensed residential care facility and meet SSI eligibility criteria except for income	Individual's net income limit is \$1,036/mo.	\$2,000 for an individual	Payment is difference between net income and \$951/mo. (\$900 for the facility, \$51 for personal needs). Medicaid
(M) <u>RIBICOFF</u> (91)	Individuals under age 18.	Limit for family of four after child care and standard work deduction is \$833/mo.	Resources at or below \$30,000 per budget group	Medicaid
(O) <u>SSI-RELATED MEDICAL ASST. ONLY (MAO)</u> (10, 15, 54)	Aged (65+), blind or disabled. In a medical facility 30 days and meets intermediate or skilled nursing care criteria or receives home and community based "waivered" services.	Limit is \$1,869/mo. Community spouse income allocation is \$2,416.	\$2,000 for an individual (excluding home) Community spouse resource \$66,480	Medicaid/Individuals may be required to pay toward the cost of nursing services.

NOTE: (O) = Optional Coverage Group (M) = Mandatory Coverage Group

Revised November 15, 2006

SOUTH CAROLINA STATE MEDICAID PROGRAM: MAJOR COVERAGE GROUPS (Effective 1/1/07)

<u>Eligible Population</u>	<u>Income Limits</u>	<u>Resources</u>	<u>Benefits</u>	
(O) <u>FOSTER CHILDREN</u> (60, 13)	Children under age 21, at least partially supported by the state, living in foster homes or private institutions.	Limit is \$408/mo.	Resources at or below \$30,000 per budget group	Medicaid
(M) <u>PREGNANT WOMEN & INFANTS UNDER 185% POVERTY</u> (87)	Pregnant women and infants under age 1	For family of four limit after child care and other deductions is \$3,083/mo.	Resources at or below \$30,000 per budget group	Medicaid
(M) <u>CHILDREN AGE 1-19 UNDER POVERTY</u> (88)	All children ages 1-19 at or below 150% of poverty	Children age 1-19 in family of four limited to net income after child care and other deductibles of \$2,500/mo.	Resources at or below \$30,000 per budget group	Medicaid
(O) <u>KATIE BECKETT/TEFRA CHILDREN</u> (57)	A disabled child age 18 or younger, residing at home, but needs ICF-MR facility, nursing facility, or hospital care.	Parent's income not counted. Child's limit is \$1,869per month.	Parent's resources not counted. Child's resources Limited to \$2,000.	Medicaid
(O) <u>WORKING DISABLED</u> (40)	Under age 65, totally and permanently disabled and working.	Family income less than 250% of poverty. \$2,042 per month for an individual. Individual's unearned income must be less than or equal to \$603 per month	\$2,000	Medicaid
(O) <u>BREAST AND CERVICAL CANCER</u>	Women ages 47-64 who have have been screened through Best Chance Network (BCN). Must be uninsured; or have insurance coverage with limited scope such as dental, vision or long term care; or exhausted lifetime benefits. Must require treatment for breast or cervical cancer or pre-cancerous lesions (CIN II and III) .	BCN income limit of 200% of poverty (\$1,633)/mo.	No resource limit	Medicaid
(O) <u>GAPS</u>	Must be 65 or older.	Limit is 200% of FPL for an individual I(\$1,633/mo.)	No resource limit	After paying a monthly premium for their Prescription Drug Plan, GAPS participants will only have to pay 5% of the Prescription Drug Plan's costs between \$2,250 and \$5,100.

NOTE: (O) = Optional Coverage Group (M) = Mandatory Coverage Group

Revised November 15, 2006