
South Carolina

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State 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: Local county eligibility offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all SSI recipients and other low-income individuals who meet the state's net income exclusion and live in licensed community residential care facilities.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State does not participate.

Payment calculation method: A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$17,033,129 for calendar year 2009 in state-administered payments to SSI recipients.

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.

Table 1.
Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed community residential care facility	1,157.00	...	483.00	...

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: ... = not applicable.

DEFINITION:

Licensed community 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 facility must be licensed by the state 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.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	Total	Aged	Blind	Disabled
Licensed community residential care facility	3,928	1,548	10	2,370

SOURCE: State information.