

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**MEDICAID QUALIFYING INDIVIDUALS (QI)**  
ELIGIBILITY DETERMINATION NOTICE

Your application for the Medicaid Qualifying Individuals (QI) program has been received by the SC Department of Health and Human Services. The QI program pays your Part B Medicare premium. Our records indicate your eligibility for benefits must be evaluated in another Medicaid category.

To process your application for another Medicaid category, we must request additional information. Please follow the instructions below and provide the requested information for the applicant, their spouse, and/or any children in the household under age 22.

1. Please read the enclosed page which acknowledges your Rights and Responsibilities. **Sign and return this page.**
2. Complete and return the Resource Addendum, DHHS Form 3295 and **provide verification** of all resources that you answered 'Yes' to on the addendum.

Please return the requested information by \_\_\_\_\_. The information may be returned by mail or at the fax number shown below.

If you have questions or need additional time, please call the eligibility worker listed below. If you fail to provide the needed information by the deadline shown above you will be required to reapply.

Return to:

Fax:

SCDHHS-Central Mail  
PO Box 100101  
Columbia, SC 29202

## Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>