South Carolina Department of Health and Human Services

NOTICE OF RESOURCE ASSESSMENTS

From:
SCDHHS - Central Mail
PO Box 100101
Columbia, SC 29202
(888) 549-0820 (TTY 888-842-3620)

Date: _____

To:

Name of Institutionalized Spouse: _____Social Security Number: _____

Name of Community Spouse: _____ Social Security Number: _____

☐ The assessment of resources held by the above referenced individuals requested on _____ has been completed. The Department of Health and Human Services has determined the value of resources to be as follows:

Countable Resources of Institutionalized Spouse	$
Countable Resources of Community Spouse	$
Total Countable Resources	$

As required by policy, the following resources were not considered:

Resource	Value (Optional)

☐ The resource assessment requested on _____ cannot be completed for the following reason:

☐ If the following information is provided by _____, the Department of Health and Human Services will attempt to complete the requested assessment:

☐ Per your request, the Department of Health and Human Services has terminated the resource assessment requested on _____. Should you wish to begin the assessment process at a later date, please contact the Department of Health and Human Services.

☑ If you do not agree with any statements previously checked on this notice, please contact the person whose name is listed at the beginning of this notice.

☑ The statutes that created the assessment process do not provide for any right of appeal; however, if you have questions regarding the methods, policies, or procedures used in reaching the conclusions outlined in this notice, contact should be made with the Department of Health and Human Services office listed at the beginning of this notice.

☑ Provisions of the Spousal Impoverishment sections of the Medicare Catastrophic Coverage Act allow a community spouse to retain up to $66,480 of the countable assets owned by a couple. If application for Medicaid sponsorship in an institution is made in behalf of the institutionalized individual, all countable assets above the $66,480 limit will be presumed to be available to the institutionalized spouse for use in meeting his/her medical or living expenses. For Medicaid eligibility purposes, the institutionalized spouse is allowed to retain up to $2,000 in countable resources while under Medicaid sponsorship.

☑ Application for Medicaid sponsorship may be made by contacting the Department of Health and Human Services in the county in which the institutionalized individual resides.

REMARKS/MANUAL POLICY SUPPORTING THIS ACTION (A copy of the referenced material is available upon request from the Department of Health and Human Services.)

Signature of Medicaid Eligibility Worker:
Copies Forwarded To:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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.

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