

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Illinois Revised Statutes, Chapter 305; ILCS, Section 5/3-1 et seq.
<b>EFFECTIVE DATE</b>	March 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Department of Human Services.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided for all aged, blind or disabled SSI recipients whose income-maintenance needs based on State standards exceed their monthly SSI benefit plus other income. If the individual has been denied SSI due to level of income, eligibility for an optional State supplemental payment may exist if there is a deficit between all other income and the income-maintenance need based on State standards. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	Estate claims are filed against real and personal property for all: <ol style="list-style-type: none"> <li>1) income maintenance paid out at any time after 1963, and</li> <li>2) medical assistance paid out prior to October 1, 1993 and after January 1, 1966 for a person age 65 or older, and</li> <li>3) medical assistance paid out after October 1, 1993 for a person age 55 or older.</li> </ol>
<b>RELATIVE RESPONSIBILITY</b>	Spouse for spouse; parent for child under age 18, except that a parent is not responsible for a child of any age who has married, regardless of current martial status, and is not living with the parent.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME  
DISREGARDS**

All recipients: First \$25 per month of any income, except income received from a spouse or other person.

Aged and disabled: \$20 plus one-half of next \$60 per month of earned income.

Blind: \$85 plus one-half of remainder of earned income per month.

Blind and disabled: Certain work expenses deducted from earnings. Income and resources needed for 12 months to fulfill a plan for achieving self-support can be exempted.

**RESOURCE  
LIMITATIONS**

No disregards in addition to the Federal income disregards.

**PLACE OF  
APPLICATION**

County Department of Human Services, except in Cook County where application is made at district offices of the Department of Human Services.

**FUNDING**

Assistance: State funds.  
Administration: State funds.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS**

Optional supplement amount is equal to the difference between monthly SSI benefit plus other income and the income maintenance needs based on State standards. The income maintenance needs of each case are determined individually regardless of living arrangement. Utility allowance varies by geographical area.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provides assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERIA</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy, children and caretakers.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Indiana Public Law 46, Acts of 1976.
<b>EFFECTIVE DATE</b>	July 1, 1976.
<b>ADMINISTRATION <sup>1</sup></b>	Family and Social Services Administration, Division of Disability, Aging and Rehabilitative Services.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to adult Medicaid or SSI recipients who because of age, blindness, or disability are unable to reside in their own homes and need care in a residential facility. Blind and disabled children are not eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Spouse for spouse when residing with spouse in the same facility.
<b>INCOME DISREGARDS</b>	Disregarded from sheltered workshop earnings are \$16 employment incentive, mandatory earning deductions, and one-half of the remaining earnings.
<b>RESOURCE LIMITATIONS</b>	An individual may have a reserve of nonexempt real and personal property (including cash, stocks, bonds, cash surrender value of life insurance, etc.) of no more than \$1,500; a couple may have no more than \$2,250. If spouse resides in the same facility, the resources of both, subject to the \$2,250 limit, are considered in establishing eligibility. Ownership of personal property essential for an adequate living arrangement, production of produce for home consumption, and personal effects shall not affect an individual's eligibility. Cash surrender value of life insurance is disregarded if the face value does not exceed \$1,400 and the beneficiary is the funeral director or the persons estate. The \$1,400 limitation is reduced by any amount in an irrevocable burial trust or irrevocable prepaid funeral arrangement. Real property offered for sale or rent is exempt.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PLACE OF APPLICATION** Division of Family and Social Services Administration, county offices of the Division of Family and Children Services.

**FUNDING** Assistance: State funds.  
Administration: State funds.

**INTERIM ASSISTANCE** State participates.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed Residential Facility <sup>2 3</sup>	\$1,348.79	---	<sup>4</sup> \$836.79	---

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

**CRITERION** State guidelines.

**DETERMINED BY** State.

**MEDICALLY NEEDY PROGRAM** No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration does not obtain this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> Care in a licensed residential facility consists only of room, board, and laundry together with minimal administrative direction. The facility must be licensed by the Indiana State Department of Health and approved for participation in the Room and Board Assistance program by the Indiana Family and Social Services Administration. A residential facility can be publicly or privately owned; for profit or not-for-profit.

<sup>3</sup> Federal and State agencies consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

<sup>5</sup> Represents maximum amount paid; lesser amounts may be paid depending on cost of facility and income of recipient. Includes a personal allowance payment of up to \$50 per month.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Section 400.10, Act 280 as amended.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration and the Family Independence Agency.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to every SSI recipient except those residing in medical facilities not certified under Medicaid. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates by providing assistance only to individuals who have SSI applications pending.

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<sup>1</sup> The State administers optional supplementation for recipients living independently and living in household of another; all others are administered by the Social Security Administration.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently <sup>2</sup>	\$526.00	\$797.00	\$14.00	\$28.00
	Living in household of another <sup>3</sup>	350.67	531.33	9.33	18.66
D	Domiciliary care	599.00	1,198.00	87.00	429.00
E	Personal care	669.50	1,339.00	157.50	570.00
F	Home for the aged	691.30	1,382.60	179.30	613.60
G	Living independently with essential person <sup>3</sup>	783.00	1,047.00	14.00	21.00
H	Living in household of another with essential person <sup>4</sup>	522.33	698.34	9.33	14.00
I	Medicaid facility	37.00	74.00	7.00	14.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Family Independence Agency.

**SPECIAL NEED CIRCUMSTANCES:**

**PERSONAL CARE, HOME HELP**

For recipients living independently, payment for help required with personal care and household activities (maximum of \$333 per month).

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> State-administered payments.

<sup>3</sup> Payment levels for essential person apply only to cases converted from the State rolls in 1974.

**STATE  
EMERGENCY  
RELIEF**

Services provided for a number of needs arising from specific acceptable causes beyond the recipient's resources to control. Acceptable causes include among others:

- Fires, floods, and other physical disasters.
- Eviction or foreclosure.
- Mechanical failure of essential appliances.
- Home repairs necessary to protect health.
- Utility shutoff.

**STATE DISABILITY  
ASSISTANCE**

SSI recipients are eligible if State disability assistance standards indicate that their needs are greater than their SSI payment plus other income.

**MEDICAID****ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

**DETERMINED BY**

Social Security Administration.

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration does not obtain this information.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Minnesota Statutes Annotated, Sections 256D.33-256D.54 and 256I.01-256I.06.
<b>EFFECTIVE DATE</b>	April 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	County Welfare and Human Services Agencies (State-supervised).
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to SSI recipients and to persons who, but for excess income, would be receiving SSI. In addition, those who have maintenance needs based on the December 1973 State standards which exceed their income from the Federal SSI and other sources, and who would otherwise have qualified for benefits under former State assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Spouse for spouse. Parents for blind children under age 18.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	County Welfare and Human Services Boards.
<b>FUNDING</b>	Assistance: State funds. Administration: County funds; except State expenses, which are State funded.

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<sup>1</sup> Payments are made under the Minnesota Supplemental Aid Program. Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently				
Entitlement prior to 1/1/94	\$593.00	\$895.00	\$81.00	\$126.00
Entitlement 1/1/94 or later	593.00	880.00	81.00	111.00
Living in household of another				
Entitlement prior to 1/1/94	451.34	856.67	110.00	344.00
Entitlement 1/1/94 or later	451.34	593.67	110.00	81.00
Nonmedical, group residential facility <sup>2</sup>	1,221.89	---	<sup>3</sup> 709.89	---
Medicaid facility	67.00	134.00	37.00	74.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED  
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

**DIETS**

Specified modified diets when prescribed by a physician shall be allowed at designated rate.

**GUARDIANSHIP  
FEES**

Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

**REPRESENTATIVE  
PAYEE SERVICES**

Ten percent of gross monthly income up to a maximum of \$25 for services provided by an agency that meets the requirements under SSI regulations to charge fee for payee services.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>2</sup> Couples residing in these living arrangements are treated as individuals one month after leaving an independent living arrangement.<sup>3</sup> Includes \$67.00 a month for clothing and personal needs. Indicates the highest amount that may be paid.

**HOUSING, MAJOR  
REPAIRS**

Nonrecurring payments for catastrophic situations only for homeowners who live in their homes.

**FURNITURE AND  
APPLIANCES**

Nonrecurring payment for necessary repairs and replacements.

**MEDICAID**

**ELIGIBILITY:**

**CRITERION**

State guidelines.

**DETERMINED BY**

County Welfare and Human Services Agencies (State supervised).

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration does not obtain this information.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	House Bill 694.
<b>EFFECTIVE DATE</b>	July 15, 1982.
<b>ADMINISTRATION <sup>1</sup></b>	The Department of Aging and the Department of Human Services (State-administered through local area agencies on aging).
<b>PASSALONG</b>	In compliance by the method maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to aged, blind, and disabled recipients living in the arrangements listed under "Payment Levels." Eligibility is also extended to persons who are not SSI recipients. Blind and disabled children under age 18 are not eligible for supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	SSI recipients: SSI cost-of-living increases after July 15, 1982 are disregarded. Earned income disregards apply. Effective January 1, 1997, the disregard is \$200.00 for an individual; \$300.00 for a couple.
<b>RESOURCE LIMITATIONS</b>	Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. The following resources are excluded: household goods; personal effects; one automobile may also be excluded if it meets the following conditions: (1) specially equipped for a disabled person, (2) used for employment, (3) used for medical transportation, or (4) has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource); one burial plot; irrevocable burial contracts (revocable burial contracts are not excluded); life insurance policies with a total face value of \$1,500 or less (if more, the cash surrender value is a countable resource).
<b>PLACE OF APPLICATION</b>	Passport agencies.

<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration.

**FUNDING** Assistance: State funds.  
Administration: State funds.

**INTERIM ASSISTANCE** State participates.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Adult family/foster home <sup>2</sup>	\$968.00	\$1,828.00	\$456.00	\$1,059.00
Adult community mental health housing	768.00	1,428.00	256.00	659.00
Adult community alternative home	968.00	1,828.00	456.00	1,059.00
Adult group home <sup>3</sup>	1,068.00	2,028.00	556.00	1,259.00
Adult residential care facility <sup>3</sup>	1,068.00	2,028.00	556.00	1,259.00
Adult residential facility	968.00	1,828.00	456.00	1,059.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

**CRITERION** State guidelines.

**DETERMINED BY** State.

**MEDICALLY NEEDY PROGRAM** No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration does not obtain this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> Includes a personal needs allowance of \$50 per individual, \$100 per couple.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Wisconsin Statutes, 49. 77 and 49.775.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	State Department of Health and Family Services.
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to all eligible persons living in the arrangements listed under "Payment Levels." Residents of emergency shelters or patients in medical facilities where Medicaid pays more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> Mandatory minimum supplementation is administered by the State.

## PAYMENT LEVELS <sup>1 2</sup>

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently <sup>3</sup>	\$595.78	\$901.05	\$83.78	\$132.05
	Living in household of another	425.12	644.72	83.78	132.05
	Living independently with an ineligible spouse	642.43	N/A	130.43	N/A
	Household of another with ineligible spouse	476.39	N/A	135.05	N/A
	Private nonmedical Group Home or natural residential settings	691.77	1,246.41	179.77	477.41
	Living independently with an Essential person (non-spouse) <sup>4</sup>	852.78	1,158.05	83.78	132.05
	Household of another with an Essential person (non-spouse) <sup>4</sup>	595.78	817.39	83.78	132.05
	Living independently with an ineligible spouse who is an Essential person <sup>4</sup>	899.43	N/A	130.43	N/A
	Household of another with an ineligible spouse who is an Essential person <sup>4</sup>	647.05	N/A	135.05	N/A

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> A Caretaker supplement is provided for children, 1st child-\$250.00; and \$150.00 for each additional child.

<sup>3</sup> Includes individuals in private medical facilities who receive less than 50 percent of cost of care from Medicaid.

<sup>4</sup> Applies only to cases converted from former State assistance programs.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Department of Health and Family Services, Division of Support Living.

**SPECIAL NEED CIRCUMSTANCES** State administers special need supplementary payments to cover care in nonmedical facilities and natural residential settings. Recipients with dependent children are eligible for a higher level of supplementation.

**MEDICAID****ELIGIBILITY:**

**CRITERION** SSI program guidelines (title XVI), Wisconsin Statutes Chapter 49.77.

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration does not obtain this information.