



State Assistance Programs for SSI Recipients, January 2002

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***Selected Features of State
Assistance Programs, January 2002***

State Supplementation

Number of states that provide—	
Both mandatory and optional supplementation	34
Mandatory supplementation only	5
Optional supplementation only (no recipients in mandatory supplementation)	11
No supplementation	1
Mandatory supplementation: number of states with—	
Federal administration	21
State administration	18
No recipients to supplement	11
No mandatory supplementation program	1
Optional supplementation: number of states with—	
Federal administration	11
State administration	29
Federal and state administration	5
No optional supplementation program	6

Interim Assistance Reimbursement (IAR) Program

Number of states that—	
Participate in program	37
Do not participate in program	12
Provide no supplementation and therefore no IAR	2

Medicaid Program

Number of states that have—	
Federal determination of eligibility, federal SSI criteria	33
State determination of eligibility	17
Federal SSI criteria	7
State criteria	10
County determination of eligibility, state criteria	1

NOTE: These data are for the 50 states and the District of Columbia.

Preface

This report provides data on selected characteristics of state assistance programs for Supplemental Security Income (SSI) recipients as of January 1, 2002. The programs are mandatory minimum and optional state supplementation of federal SSI payments, state assistance for special needs, and Medicaid. The characteristics selected for each program are those about which the Social Security Administration (SSA) receives questions most often from individuals, public and private organizations, and federal and state agencies. This edition presents the program details and data in a new format, which is explained in the "Guide to Reading the State Summaries."

The report focuses on eligibility provisions and basic levels of assistance for individuals and couples who receive supplementary payments in each state and in the District of Columbia. Payment levels shown are the maximum amounts possible for selected living arrangements. The report also presents information about federal and state administrative responsibilities for making payments, state criteria for special needs payments, and Medicaid eligibility.

Sherry Barber of the Division of SSI Statistics and Analysis collected and compiled the data. Questions about the report should be directed to her at 410-965-9851 or ssi.st.asst@ssa.gov. For additional copies of this report, please call 202-358-6192 or e-mail op.publications@ssa.gov.

Laurie Brown edited and produced the report. Wanda Sivak assisted with production. Emil Loomis designed the cover, and Laurie Brown prepared the electronic versions for the Web at <http://www.socialsecurity.gov/policy>.

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Edward J. DeMarco
Associate Commissioner
for Research, Evaluation, and Statistics

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Guide to Reading the State Summaries

This edition of *State Assistance Programs for SSI Recipients* contains the same information as previous editions but in a different format. Program details and data that were previously in the “Guide to Terms” and in several appendix tables have been incorporated in the summaries for each state, thus putting all the information about a state in one place. To facilitate comparisons across states, a separate section includes three tables that summarize the number of persons receiving optional state supplementation, selected features of state supplementation, and selected features of medical programs affecting SSI recipients and the needy.

This guide explains the program features detailed in the summaries for the 50 states and the District of Columbia. The three state assistance programs are:

- State supplementation (mandatory and optional) of federal SSI payments,
- State assistance for special needs, and
- Medicaid.

State Supplementation

Mandatory Minimum Supplementation

States provide mandatory minimum supplementation only to recipients who were converted to the Supplemental Security Income (SSI) program from the former state assistance programs when the SSI program began. Mandatory minimum state supplementary payments are required by Public Law 93-66 to maintain the December 1973 payment levels that these recipients received under the former state assistance programs. States are required to provide this supplementation to maintain their eligibility for Title XIX (Medicaid) federal matching funds. The governmental unit responsible for administering these payments may be either a state or local agency or the Social Security Administration.

Optional State Supplementation

Some states provide optional monthly supplements to help persons meet needs not fully covered by federal SSI payments. The state determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular monthly basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily and special necessities determined by the individual states. Some states provide

optional supplementary payments to all persons eligible for SSI benefits. Others may limit them to certain SSI recipients such as the blind or residents of domiciliary care facilities, or they may extend payments to persons who are ineligible for SSI because their income is too high.

Administration. The governmental unit responsible for administering these payments may be a state or local agency or the Social Security Administration (SSA). Under state administration, the state must absorb both program benefits and administrative costs. Under federal administration, the state must reimburse SSA for the cost of the program benefits and, as of October 1, 2001, must pay \$8.50 in administrative costs for each benefit paid. As of October 1, 2002, the applicable rate will be adjusted for inflation as calculated by the change in the consumer price index (CPI) between June 2001 and June 2002, rounded to the nearest whole cent. Alternatively, the Commissioner may select a different rate for the state, taking into account the complexity of administering the state’s supplementary payment program.

Effective date. The date when the state instituted or revised its optional supplementation program.

Statutory basis for payment. The state law(s) authorizing the supplementary payments.

Funding. The source of funds for supplementary payments and administrative costs. In states requiring financial participation from local governments, the portions contributed by the state and the locality are indicated.

Passalong method. To maintain eligibility for Medicaid reimbursement, any state making supplementary payments after June 30, 1977, must continue making payments and must pass along the cost-of-living increase to the federal benefit rate (FBR).

Two methods are available to ensure that cost-of-living increases are passed on to the recipients: the payment levels method and the total expenditure method.

Under the payment levels method, the state's supplemental payment for any of the living arrangement categories cannot be below their adjusted March 1983 levels. The adjusted level is the state's March 1983 payment level minus the portion of the July 1983 increase in the FBR that was not attributable to the increase in the cost of living (that is, \$10.30 per individual and \$15.40 per couple).

Under the total expenditure method, state expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the state must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Place of application. The office(s) accepting applications for supplementary payments.

Scope of coverage. The categories of persons the state has elected to supplement. States with state-administered programs establish their own eligibility conditions and payment categories. States with federally administered programs must adhere to SSI eligibility criteria in all aspects but are allowed to establish additional income exclusions and payment categories.

Resource limitations. The resource limitations and exclusions for federally administered state supplementation are the same as for federal SSI payments: countable resources must be worth \$2,000 or less for an individual, or \$3,000 or less for a couple. Countable resources are properties, real or personal, that count toward the resource limits. Recognizing that not everything an individual owns is available for his or her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI. Excluded resources include (but are not limited to):

- The house an individual lives in;
- A car, if it is equipped for use by a handicapped person, if it is needed to conduct daily activities or to go to work or to obtain regular medical treatment, or if it is under a certain value;
- Life insurance policies with a total face value of \$1,500 or less per person;
- Burial plots or spaces for the individual or his or her immediate family;
- A burial fund of up to \$1,500 each for the individual's and his or her spouse's burial expenses; and
- Property essential to self-support, including property used in a trade or business or on the job if the individual works for someone else.

States with state-administered supplementation can establish their own resource limitations and exclusions for optional state supplementary payments provided that they do not exceed federal resource requirements.

Income exclusions. An exclusion is the amount of a recipient's income that is not counted against the state supplementary payment.

In general, an SSI recipient's income from sources other than SSI is counted against the SSI payment amount. Some income, however, is excluded from being counted. The federal program excludes \$20 per month

of earned or unearned income and \$65 per month of earned income plus one-half of the remaining earnings. Some types of income are entirely excluded, such as certain home energy and support and maintenance assistance, food stamps, most federally funded housing assistance, state assistance based on need, one-third of child support payments, and income received infrequently or irregularly.

States that elect federal administration must exclude at least the amounts excluded by the federal program and may exclude more. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment is reduced to zero is deducted from the state supplementary payment.

States with state-administered programs can establish their own income exclusions of any amount and type. In most states, the supplementary payment is added to the federal amount, and countable income is deducted first from the federal payment, as in states with federal administration.

In a few states, however, the supplement takes the form of a state-guaranteed income amount that exceeds the federal benefit. For these states, countable income is deducted first from the state payment and then from the federal payment. The net effect of this method is to reduce the state supplement by any income previously excluded in computing the federal benefit.

Recoveries, liens, and assignments. Provisions of state supplementation plans governing recovery of assistance payments and assumption of a recipient's property by the agency. As a condition of providing assistance, a state may require that a lien be placed on a recipient's property. Such a requirement does not affect a person's eligibility or payment status for federal SSI benefits or federally administered state supplementary payments.

Responsibility of relatives. State supplementation provisions that govern the responsibility of relatives for providing economic support and returning overpayments.

Interim assistance. Through the Interim Assistance Reimbursement (IAR) program, the Social Security Administration may reimburse a state that has provided basic needs assistance to an individual during the period in which either the person's application for SSI was pending or his or her SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the state as reimbursement if:

- The state has an agreement with SSA to participate in the IAR program;
- The individual has given SSA written authorization to have his or her retroactive payment sent to the state as reimbursement; and

- The individual is found eligible for SSI payments or has had his or her benefits reinstated for the same period of suspension or termination.

Payment levels. Both the maximum state supplementary payments and the combined maximum federal and state payments that can be awarded to recipients without countable income are presented according to the state-designated living arrangements. Unless otherwise stated, payment levels apply equally to aged, blind, and disabled persons. The federal benefit rates that are included in the combined payment levels became effective January 2002 and are given in the table below.

In states where the SSI payments are federally administered, each living arrangement is described according to the following federal living arrangements. The state may also have other living arrangements, but these are the most basic groups. States that administer the SSI payment have the option to supplement and determine their own definitions of living arrangements.

Federal Code A. Includes eligible persons who:

- Live in their own household whether or not they are receiving in-kind support and maintenance;
- Live in a foster or family care situation;
- Have no permanent living arrangement (for example, a transient);
- Live in an institution (except inmates of public institutions) for all or part of a month provided that Medicaid does not pay more than 50 percent of the cost of their care; or
- Live only with a child, spouse, or persons whose income may be deemed to them.

It also includes eligible persons for whom Codes B, C, and D do not apply.

Federal Code B. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

The Code A payment standard is reduced by one-third for people in federal Code B living arrangements.

Federal Code C. Includes eligible children under age 18 who live in the same household as their parents (that is, deeming applies). Payment standard is the same as in Code A.

Federal Code D. Includes eligible persons who live in a public or private medical treatment facility throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical treatment facility throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

State Assistance for Special Needs

This assistance is for emergency or special conditions not covered by monthly SSI or optional state supplementary payments. Disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are included in this category.

Administration. The governmental unit responsible for administering these payments is indicated.

Federal benefit rates, January 2002 (in dollars)

Living arrangements	Individual	Couple	Essential person ^a
Living independently	545.00	817.00	273.00
Living in the household of another ^b	363.34	544.67	182.00
Living in a Medicaid facility ^c	30.00	60.00	...

NOTE: ... = not applicable.

- This represents the additional amount included in a recipient's check to cover the needs of a household member who provides essential care and services to the recipient and whose needs were previously taken into account in determining the recipient's assistance payment under a state plan approved under titles I, X, XIV, or XVI of the Social Security Act.
- If the recipient lives in another person's household for a full calendar month and receives both food and shelter from that person, the federal benefit rate (amounts for living independently) is reduced by one-third.
- Includes eligible persons who live in a public or private medical treatment facility throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical treatment facility throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

Special needs circumstances. The special needs circumstances (recurring and nonrecurring) for which assistance can be approved are defined. Where available, eligibility requirements and payment limitations are described.

Medicaid

All states have federally assisted medical assistance (Medicaid) programs.

Eligibility

States may grant Medicaid eligibility to all SSI recipients or apply state guidelines in determining eligibility.

Either the SSI program guidelines or state guidelines may be used to determine eligibility. State guidelines may not be more restrictive than the state's January 1972 medical assistance standards.

Medically Needy Program

The presence or absence of a medically needy program for SSI-related populations is indicated. Statute permits states to choose either no medically needy program, a restricted program, Temporary Assistance for Needy Families (TANF), or a program for the TANF-related and one or more of the SSI-related categories (that is, aged, blind, or disabled). States determine eligibility for this program.

Unpaid Medical Expenses

Under Medicaid statute, a state must pay unpaid medical expenses incurred for service covered under its Medicaid state plan for up to 3 months before an individual was found eligible, if the individual would have been eligible had he or she applied then. The entry indicates whether SSA has a contractual agreement with the state to inquire about the unpaid medical expenses of SSI claimants.

Summary Tables

Summary Table 1.

Number of persons receiving optional state supplementation, by state and eligibility category, January 2002

State	Total	Aged	Blind	Disabled	
				Adult	Children
Alabama ^a	672	265	10	397	b
Alaska ^a	14,640	4,731	89	9,820	c
Arizona	677	d	d	d	d
Arkansas ^e	...	...	...	...	...
California	1,093,680	333,230	19,430	629,970	111,050
Colorado	34,982	20,420	27	13,782	^f 753
Connecticut	21,294	6,095	132	15,067	b
Delaware	590	30	10	490	60
District of Columbia	1,680	170	20	1,420	70
Florida ^a	15,169	6,843	9	8,317	b
Georgia ^e	...	...	...	...	...
Hawaii	19,680	6,340	170	11,530	1,640
Idaho	10,795	2,068	20	6,285	2,422
Illinois	38,388	8,375	^f 182	29,831	b
Indiana ^a	1,383	622	2	759	c
Iowa	6,630	d	d	d	d
Kansas ^e	...	...	...	...	...
Kentucky ^a	4,739	1,991	33	2,715	b
Louisiana	5,121	1,775	56	3,290	b
Maine	34,977	6,342	119	28,536	b
Maryland	3,016	d	d	d	d
Massachusetts	162,740	45,810	3,290	93,400	20,240
Michigan	210,340	d	d	d	d
Minnesota	38,146	8,149	157	11,735	18,105
Mississippi ^e	...	...	...	...	...
Missouri	8,486	2,940	859	4,687	c
Montana	924	27	10	780	107
Nebraska	^g 5,884	1,204	51	4,193	2
Nevada	7,250	6,380	610	180	80
New Hampshire	6,780	1,439	270	5,071	b
New Jersey	143,670	33,390	930	84,860	24,490
New Mexico	199	d	d	d	c
New York	605,850	135,770	2,640	382,180	85,260
North Carolina	23,499	12,958	^f 144	10,397	c
North Dakota	465	439	0	26	c
Ohio	2,546	903	0	1,643	c
Oklahoma	70,972	22,278	520	39,228	8,946
Oregon	24,009	3,084	^f 558	20,367	c
Pennsylvania	284,720	33,130	2,090	193,220	56,280
Rhode Island	27,880	4,600	150	18,600	4,530
South Carolina	3,382	1,747	^f 15	1,620	c
South Dakota	3,601	d	d	d	d
Tennessee ^e	...	...	...	...	...
Texas	6,441	3,085	39	600	2,717
Utah	1,540	350	10	990	190

(Continued)

**Summary Table 1.
Continued**

State	Total	Aged	Blind	Disabled	
				Adult	Children
Vermont	12,730	1,430	160	9,340	1,800
Virginia ^h	6,705	2,908	18	3,739	c
Washington	97,850	12,710	870	69,330	14,940
West Virginia ^e	...	...	...	...	...
Wisconsin ⁱ	90,299	11,418	847	59,058	18,850
Wyoming	2,749	d	d	d	d

SOURCE: December 2001 10 percent sample files of the Supplemental Security Income Record (SSR) and individual state data bases.

NOTE: ... = not applicable.

- a. Includes certain grandfathered non-SSI recipients who meet state eligibility criteria.
- b. A separate count for children is not available.
- c. Disabled children under 18 years old are not eligible for supplemental payments.
- d. Data by eligibility category are not available.
- e. State does not provide optional supplementation.
- f. Includes blind children.
- g. Includes 434 recipients not distributed by eligibility category.
- h. Data are for 2001.
- i. Includes 126 blind children.

Summary Table 2.
Selected features of state supplementation, by state, January 2002

State	Administration of—				Method of passalong		Participation in IAR program
	Mandatory minimum supplementation		Optional state supplementation		Payment levels	Total expenditure	
	Federal	State	Federal	State			
Alabama				X	X		
Alaska		X		X	X		X
Arizona		X		X	X		X
Arkansas	X						
California	X		X		X		X
Colorado		X		X		X	X
Connecticut				X	X		X
Delaware	X		X		X		
District of Columbia	X		X			X	
Florida				X	X		X
Georgia	X				X		X
Hawaii	X		X		X		X
Idaho		X		X	X		
Illinois		X		X	X		X
Indiana				X	X		X
Iowa	X		X	X	X		X
Kansas	X				X		X
Kentucky				X	X		X
Louisiana	X			X	X		
Maine		X		X		X	X
Maryland	X			X	X		X
Massachusetts	X		X		X		X
Michigan	X		X	X	X		X
Minnesota				X	X		X
Mississippi	X				X		
Missouri		X		X	X		X
Montana	X		X		X		X
Nebraska		X		X		X	X
Nevada			X		X		X
New Hampshire		X		X	X		X
New Jersey	X		X		X		X
New Mexico		X		X	X		X
New York	X		X	X	X		X
North Carolina		X		X	X		X
North Dakota				X	X		
Ohio	X			X	X		X
Oklahoma		X		X		X	
Oregon		X		X		X	X
Pennsylvania	X		X		X		X
Rhode Island			X		X		X
South Carolina				X	X		
South Dakota	X			X	X		
Tennessee	X				X		X
Texas				X	X		
Utah			X		X		X
Vermont			X	X	X		X
Virginia				X	X		X
Washington	X		X	X		X	X
West Virginia							
Wisconsin		X		X		X	X
Wyoming		X		X	X		

NOTE: IAR = Interim Assistance Reimbursement.

Summary Table 3.**Selected features of medical programs affecting SSI recipients and the needy, by state, January 2002**

State	Medicaid eligibility				Medically needy program	SSA obtains information on unpaid medical expenses
	Criteria		Determined by			
	Federal	State	Federal	State		
Alabama	X		X			
Alaska	X			X		
Arizona	X		X		X	X
Arkansas	X		X		X	X
California	X		X		X	
Colorado	X		X			X
Connecticut	X	X		X	X	
Delaware	X		X			X
District of Columbia	X		X		X	X
Florida	X		X		X	
Georgia	X		X		X	
Hawaii		X		X	X	
Idaho	X			X		
Illinois		X		X	X	
Indiana		X		X		
Iowa	X		X		X	X
Kansas	X			X	X	
Kentucky	X		X		X	X
Louisiana	X		X		X	X
Maine	X		X		X	X
Maryland	X		X		X	X
Massachusetts	X		X		X	X
Michigan	X		X		X	
Minnesota		X			X	
Mississippi	X		X		X	
Missouri		X		X		
Montana	X		X		X	
Nebraska	X			X	X	
Nevada	X			X		
New Hampshire		X		X	X	
New Jersey	X		X		X	X
New Mexico	X		X			
New York	X		X		X	
North Carolina	X		X		X	
North Dakota		X		X	X	
Ohio		X		X		
Oklahoma		X		X	X	
Oregon	X			X	X	
Pennsylvania	X		X		X	X
Rhode Island	X		X		X	X
South Carolina	X		X			
South Dakota	X		X			X
Tennessee	X		X		X	X
Texas	X		X		X	X
Utah	X			X	X	
Vermont	X		X		X	
Virginia		X		X	X	
Washington	X		X		X	X
West Virginia	X		X		X	X
Wisconsin	X	X	X		X	
Wyoming	X		X			X

State Summaries

Alabama

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: County Departments of Human Resources.

Effective date: January 1, 1974.

Statutory basis for payment: Code of Alabama 1975 as amended, title 38.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Departments of Human Resources.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, residing in the specified living arrangements (see Table 1).

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: In January 2002, 672 people received optional state supplementation. Of those, 265 were aged, 10 were blind, and 397 were disabled. These data include certain grandfathered aged, blind, and disabled persons, who would receive SSI except for income.

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 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Receiving IHC in a private home or a personal care home				
Level of independence A	605.00	937.00	60.00	120.00
Level of independence B	601.00	929.00	56.00	112.00
Receiving IHC and support and maintenance in a private home or personal care home				
Level of independence A	423.34	664.67	60.00	120.00
Level of independence B	419.34	656.67	56.00	112.00
Receiving specialized IHC in a private home or personal care home	605.00	937.00	60.00	120.00
Receiving specialized IHC and support and maintenance in a private home or personal care home	423.34	664.67	60.00	120.00
Foster home with IHC or specialized IHC ^a	655.00	1,037.00	110.00	220.00
Cerebral palsy treatment center (disabled)	741.00	1,209.00	196.00	392.00

NOTES: IHC = independent home-life care.

A licensed physician must recommend IHC or specialized IHC, and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified home health agency.

a. Foster homes must be licensed or approved by the Alabama Department of Human Resources.

DEFINITIONS:

Personal care home. A domiciliary facility that provides care for four or more unrelated persons and is licensed by the Alabama Department of Health.

Foster home. A domiciliary facility licensed or approved by the Alabama Department of Human Resources in accordance with state foster home provisions.

Cerebral palsy treatment center (disabled). A domiciliary care facility for the treatment of cerebral palsy that is licensed by the Alabama Department of Health.

Alaska

State Supplementation

Mandatory State Supplementation

Administration: Department of Health and Social Services, Division of Public Assistance.

Optional State Supplementation

Administration: Department of Health and Social Services, Division of Public Assistance.

Effective date: January 1, 1974.

Statutory basis for payment: Alaska Statutes 47.25.430, as amended by State Legislative Amendments 1993, chapter 29.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Health and Social Services, Division of Public Assistance.

Scope of coverage: Optional state supplement provided to needy aged, blind, and disabled persons except those in the Alaska Pioneers' Home, in any nonmedical public institution, or in public or private institutions for mental disorders. Children under age 18 are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal; in-kind income is also excluded.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Child for aged parent.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	907.00	1,345.00	362.00	528.00
Living independently with an ineligible spouse	1,066.00	...	521.00	...
Living in the household of another	731.34	1,087.67	368.00	543.00
Living in the household of another with an ineligible spouse	827.34	...	464.00	...
Living in a Medicaid facility	75.00	150.00	45.00	90.00

NOTE: ... = not applicable.

DEFINITIONS:

Living independently. Includes eligible persons who:

- Live alone in their own household, whether or not receiving in-kind support and maintenance;
- Live alone or with a minor child, spouse, or anyone else whose income is deemed available to them;
- Live in an adult residential care facility, medical institution, or adult foster care home;
- Live in a household in which all members receive federal or state public assistance;
- Live in the household of another and pay at least a prorated share of the household expenses; or
- Live in the household of another where the eligible person or deemor has an ownership interest in the home or is liable to the landlord for any part of the rent.

Living in the household of another. Includes eligible persons who live in another's household for a full calendar month, except for temporary absences, and receive both food and shelter from that person.

Living in a Medicaid facility. Includes eligible persons who reside for a full calendar month in a skilled nursing facility or an intermediate care facility that is certified and licensed by the Alaska Department of Health and Social Services to provide long-term care.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	14,640	4,731	89	9,820
Living independently	13,496	4,439	84	8,973
Living independently with an ineligible spouse	624	137	5	482
Living in the household of another	432	126	0	306
Living in the household of another with an ineligible spouse	9	1	0	8
Living in a Medicaid facility	79	28	0	51

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria. Excludes children, who are not eligible for optional state supplementation.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

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.

Arizona

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Economic Security; Aging Adult Administration and Family Assistance Administration.

Optional State Supplementation

Administration: Department of Economic Security; Aging Adult Administration and Family Assistance Administration.

Effective date: May 9, 1974.

Statutory basis for payment: Arizona Revised Statutes 46:252.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Area Agencies on Aging, Catholic Social Services, other designated contracting agencies, and local offices of state Department of Economic Security. County Health Department Long-Term Care Unit and city Human Resources Departments arrange home interviews (if needed) or refer to appropriate agencies.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, residing in the specified living arrangements (see Table 1) as well as to needy persons not eligible for SSI. Nursing home supplements are provided only to aged persons. Funds from public or private nonprofit organizations are used to defray the cost of nursing home care.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 677 people received optional state supplementation.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Requires housekeeping services ^a	615.00	887.00	70.00	70.00
Licensed supervisory care home, adult foster care home, or 24-hour treatment facility	595.00	917.00	50.00	100.00
Licensed private nursing home (aged)	625.00	977.00	80.00	160.00

a. Services may be provided in lieu of cash grants. Services and cash benefits are the same for individuals and couples.

DEFINITIONS:

Requires housekeeping services. A determination that the person is functionally impaired in sufficient degree as to require help with housekeeping, laundry, essential shopping, errands, and meal preparation.

Licensed supervisory care home. Provides accommodations, board, and general supervision including assistance in the self-administration of prescribed medication.

24-hour treatment facility. Residential care facilities, licensed by the state Department of Health Services, that provide 24-hour treatment to the chronically mentally ill.

State Assistance for Special Needs

Administration

Department of Economic Security.

Special Needs Circumstances

Visiting nurse services: Up to \$160 in vendor payments per month for any aged SSI recipient who is 65 years or older when medical findings substantiate need.

Home health services: Up to \$160 in vendor payments per month for any aged SSI recipient who is 65 years or older when medical findings substantiate need.

Medicaid

Medical assistance is provided through a Title XIX authorized demonstration program—the Arizona Health

Care Cost Containment System (AHCCCS)—which is more limited in scope than Medicaid.

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

Arizona Department of Health Services provides funds for the medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Arkansas

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State does not participate.

Optional State Supplementation

State does not provide optional supplementation.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

California

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Welfare and Institutions Code, section 12000ff.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled SSI recipient, including children.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		750.00	1,332.00	205.00	515.00
Blind		812.00	^a 1,544.00	267.00	727.00
Receiving nonmedical out-of-home care	B	918.00	1,836.00	373.00	1,019.00
Living independently without cooking facilities	C				
Aged and disabled		829.00	1,490.00	284.00	673.00
Blind		812.00	1,544.00	267.00	727.00
Living in the household of another	D				
Aged and disabled		574.00	1,091.00	210.66	546.33
Blind		650.00	^b 1,304.00	286.66	759.33
Disabled minor in home of parent, guardian, or relative by marriage	E	643.00	...	98.00	...
Receiving nonmedical out-of-home care, living in the household of another	F	736.00	1,513.00	372.66	968.33
Disabled minor in the household of another	G	456.00	...	92.66	...
Medicaid facility	J	47.00	94.00	17.00	34.00

(Continued)

Table 1.
Continued

NOTES: Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

. . . = not applicable.

a. Payment level for a couple in which only one member is blind is \$1,465.

b. Payment level for a couple in which only one member is blind is \$1,223.

DEFINITIONS:

A: Living independently with cooking facilities. Includes recipients who:

- Live in their own household and have cooking and food storage facilities or are provided with meals as part of the living arrangement,
- Are patients in private medical facilities licensed by the state but not certified under SSI,
- Are blind children under age 18 who live with parents, or
- Are blind and live independently with or without cooking and food storage facilities.

B: Receiving nonmedical out-of-home care (NMOHC). Includes adult recipients who reside in a federal Code A living arrangement and who receive care and supervision while residing either in the home of a relative, legal guardian, or conservator or in a state-licensed NMOHC facility. Includes children who are:

- Blind and residing in a state-licensed NMOHC facility,
- Blind and residing in the home of a relative who is not his or her parent or legal guardian or conservator,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian or conservator who is not his or her relative,
- Disabled and residing in the home of a relative who is not his or her parent, or
- Blind or disabled and residing in a "certified family home."

C: Living independently without cooking facilities (aged and disabled). Includes aged or disabled recipients or couples who are not provided with meals nor given access to adequate cooking and food storage facilities as part of their living arrangement.

D: Living in the household of another. Includes recipients residing in a federal Code B living arrangement who do not qualify for any other state arrangement.

E: Disabled minor in home of parent, guardian, or relative by marriage. Includes disabled children under age 18 who reside with a parent.

F: Nonmedical out-of-home care, living in the household of another. Includes recipients who meet the state criteria for nonmedical out-of-home care payments and are in a federal Code B living arrangement.

G: Disabled minor in the household of another. Includes disabled children under age 18 who reside with a parent but are in a federal Code B living arrangement.

J: Medicaid facility. Includes recipients in a federal Code D living arrangement; also includes recipients in medical facilities who reside in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

State Assistance for Special Needs

Administration

Health and Welfare Agency, Department of Social Services.

Special Needs Circumstances

Maintenance for guide dog: Eligible recipients with guide, signal, or other service dogs receive \$50 per month in state aid to pay for dog food and other costs associated with the dog's maintenance.

In-home supportive services: Supportive services (i.e., certain domestic and personal care services) are provided to eligible aged, blind, and disabled persons who cannot perform the services themselves and who cannot safely remain in their own home unless such services are provided.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,093,680	333,230	19,430	629,970	111,050
Living independently with cooking facilities	A	837,880	280,160	17,520	517,400	22,800
Nonmedical out-of-home care	B	60,090	6,730	600	46,290	6,470
Living independently without cooking facilities	C	35,970	3,570	0	32,080	320
Living in the household of another	D	65,580	38,270	1,080	23,800	2,430
Disabled minor in home of parent, guardian, or relative by marriage	E	75,000	0	0	0	75,000
Nonmedical out-of-home care, living in the household of another	F	2,150	440	0	1,460	250
Disabled minor in the household of another	G	1,890	0	0	0	1,890
Medicaid facility	J	15,120	4,060	230	8,940	1,890

Colorado

State Supplementation

Mandatory Minimum Supplementation

Administration: Colorado Department of Human Services.

Optional State Supplementation

Administration: Colorado Department of Human Services.

Effective date: January 1, 1974.

Statutory basis for payment: Colorado Revised Statutes 26-2, section 202-209, 1973, as amended.

Funding

Administration: 80 percent state funds, 20 percent local funds.

Assistance: 100 percent state funds for the aged; 80 percent state funds, 20 percent local funds for the blind and disabled.

Passalong method: Maintaining total expenditures.

Place of application: County Human Services offices.

Scope of coverage: Optional state supplement provided to all SSI recipients, including children, residing in the specified living arrangements (see Table 1). Persons living in the household of another are included under the living independently standard; state supplement is increased to offset the reduced federal payment. At age 65, a disabled recipient may elect to transfer to the aged category or remain in the disabled category.

Resource limitations: Same as federal. The net current market value of property (after deducting the amount of indebtedness or encumbrances) is considered in determining resources.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the home of another ^a	582.00	1,164.00	37.00	347.00
Living in adult foster care	784.00	^b 1,559.00	239.00	^b 742.00
Receiving home care ^c	948.00	...	403.00	...

NOTE: ... = not applicable.

a. State supplement is increased to offset the reduced federal payment for persons living in the home of another.

b. Couples are treated as two individuals the month after leaving an independent living arrangement.

c. Represents maximum allowance. Lesser amounts may be paid according to the amount of home care needed.

DEFINITIONS:

Living independently or in the home of another. Includes recipients who reside in a federal Code A or B living arrangement, meet the state eligibility requirements, and do not qualify for other state arrangements.

Living in adult foster care. Includes recipients who reside in a federal Code A living arrangement and are residing in an approved supervised living facility known as an adult foster home.

Receiving home care. Includes recipients who receive care in their own home from qualified personnel and who would otherwise be in a nursing home if this care were unavailable.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children ^a
All recipients	34,982	20,420	27	13,782	753
Living independently or in the home of another	29,238	17,548	15	11,278	397
Adult foster care	116	25	0	91	0
Home care	5,628	2,847	12	2,413	356

a. Includes blind children.

State Assistance for Special Needs

Administration

Colorado Department of Social Services.

Special Needs Circumstances

Funeral expenses: If cost of funeral home or cemetery does not exceed \$2,500, the benefit maximum is \$1,500. If cost exceeds \$2,500, no assistance is provided.

Other: County social services boards may choose to provide optional supplementation for other special needs circumstances.

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 obtains this information.

Connecticut

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Connecticut Department of Social Services.

Effective date: January 1, 1974.

Statutory basis for payment: Connecticut General Statutes, section 17b-600.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Regional offices of state agency.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled SSI or Title II recipients living alone or with others. No provision is made for essential persons. Only blind children are eligible for supplementation. Blind and disabled recipients are reclassified as aged upon reaching age 65.

Resource limitations: No limit on real property occupied as a home. Equity in real property other than a home must be liquidated. Value of personal property (excluding household and personal effects, car if needed, and tools and equipment or livestock essential to production of income) is limited to \$1,600 for an individual and \$2,400 for a couple. In addition, up to \$1,200 for burial contract is reduced by the value of irrevocable burial arrangements and the face value of life insurance policies of \$1,500 or less.

Income exclusions

Unearned income: For recipients residing in the community, state disregards \$183.00 of any unearned income including SSI; for recipients residing in boarding homes, \$90.70 is disregarded. The disregard is \$250.90 for recipients residing with unrelated persons in the community.

Earned income: The first \$65 and one-half of the remainder for aged and disabled; the first \$85 and one-

half of the remainder for the blind. Work-related expenses for the blind including personal expenses such as Social Security tax, life and health insurance, lunch, and transportation. Additional deductions are allowed for the blind and disabled related to plans for self-support. Those who are disabled are also allowed deductions for impairment-related work expenses.

Recoveries, liens, and assignments: Liens secure claims against real property. State has a preferred mandatory claim against an estate to the extent that it is not needed for the support of the surviving spouse, parent, or dependent children of the decedent. Liens may be released upon payment of claim or amount equal to beneficiary's interest. If applicant or recipient owns other nonhome property, he or she must be making a bona fide effort to sell it. During that time, he or she gives the state a security mortgage.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Connecticut Department of Social Services.

Special Needs Circumstances

Recurring

Emergency housing: One occurrence per calendar year; no more than 60 days per occurrence.

Refuse collection: Actual charge.

Therapeutic diet: \$36.20 a month.

Meals on Wheels: \$4.36 for one meal a day; \$7.97 for two meals a day.

Restaurant meals: \$36.20 a month for an individual living in the community; \$7.80 per day for an individual living in emergency housing.

Nonrecurring

Security deposit for housing: Up to two times the monthly obligation.

Security deposit for heating service: Actual cost up to a limit of \$200.

Storage charges: Up to 3 months.

Moving expenses: Handled on an individual basis.

Essential household furnishings: Handled on an individual basis.

Telephone installation: Handled on an individual basis.

Essential clothing: Handled on an individual basis.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Medicaid

Eligibility

Criteria: Federal and state guidelines.

Determined by: State.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Independent community living ^a	747.00	1,094.00	202.00	277.00
Licensed room and board facility	545.00	817.00	b	b
Medicaid facility ^c	54.00	108.00	24.00	48.00

a. The budget process is used to establish payment amounts. This supplement consists of a housing allowance (maximum of \$400 for living alone; \$200 for living with others), basic needs items, minus countable income (see "Income exclusions"). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.

b. Committee sets state payments for recipients in boarding homes in accordance with individual cost data for the operations of the facility.

c. Recipients residing in a Medicaid facility receive a supplement that varies depending on the facility.

DEFINITIONS:

Independent community living. Any type of living arrangement that is not a licensed room and board facility or a medical or penal institution.

Licensed room and board facility. Community group home, training home, family care home, private boarding home, or other residential facility that is licensed by the Connecticut Department of Mental Retardation, Department of Children and Youth Services, Department of Mental Health, Department of Health, or other state agency and that at a minimum provides lodging and meals to various groups of elderly, blind, or disabled individuals.

Medicaid facility. Includes general hospitals, long-term care facilities, skilled nursing facilities, immediate care facilities, institutions for the mentally retarded, mental disease facilities if the resident is aged 21 or older, and tuberculosis facilities if the resident is aged 65 or older.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	21,294	6,095	132	15,067
Independent community living	16,703	4,789	76	11,838
Licensed room and board facility	4,591	1,306	56	3,229
Medicaid facility	b	b	b	b

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

a. Includes blind children, who are the only children eligible for optional supplementation.

b. Data are not available.

Delaware

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration administers payments for living in an adult residential care facility; the Delaware Department of Health and Social Services, Division of Social Services, administers payments to recipients living independently. Delaware Department of Health and Social Services, Division of Social Services, determines eligibility for special adult residential care supplement.

Effective date: January 1, 1974.

Statutory basis for payment: Delaware Code, title 31, section 505.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state agency for placement eligibility; Social Security Administration field offices for payment eligibility.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled adults who are SSI recipients, or would be except for income, and are certified by the Delaware Department of Health and Social Services as living in an approved adult residential care facility. Payments are also made to individuals who become ineligible for SSI because they receive Social Security disability payments and are not yet eligible for Medicaid. Children under age 18 are not eligible for supplementation but may receive benefits and services under the child welfare program.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living in an adult residential care facility	A	685.00	1,265.00	140.00	448.00
Living independently ^a	...	550.00	...	5.00	...

NOTE: ... = not applicable.

a. State administers payments.

DEFINITIONS:

A: Living in an adult residential care facility. Includes recipients who are certified by the Delaware Department of Health and Social Services as residents of an adult residential care home.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		590	30	10	490	60
Living in an adult residential care facility	A	580	30	10	480	60
Living independently	...	10	0	0	10	0

NOTE: ... = not applicable.

State Assistance for Special Needs

Administration

Delaware Department of Health and Social Services,
 Division of Social Services.

Special Needs Circumstances

State provides cash assistance for specific emergencies on a one-time basis.

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 obtains this information.

District of Columbia

Place of application: District of Columbia Department of Human Services, individual service providers for adult foster care home eligibility; Social Security Administration field offices for payment eligibility.

Scope of coverage: Optional state supplement provided to persons residing in adult foster care homes who are eligible for SSI payments or would be eligible except for income. No statutory minimum age requirements for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: Only in cases in which liens were assigned prior to the establishment of the SSI program.

Responsibility of relatives: None.

Interim assistance: District does not participate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration and District of Columbia Department of Human Services, Income Maintenance Administration.

Effective date: January 1, 1974.

Statutory basis for payment: District of Columbia Laws 2-35, as amended, and 3-23.

Funding

Administration: District of Columbia funds.

Assistance: District of Columbia funds.

Passalong method: Maintaining total expenditures.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living in an adult foster care home (50 beds or less)	A	852.00	1,704.00	307.00	887.00
Living in an adult foster care home (over 50 beds)	B	962.00	1,924.00	417.00	1,107.00
Living in a Medicaid facility	G	70.00	140.00	40.00	80.00

DEFINITIONS:

A and B: Living in an adult foster care home. Includes recipients who are certified by the District of Columbia Department of Health or the Commission on Mental Health Services as residents of an adult foster care home.

G: Living in a Medicaid facility. Includes recipients residing in federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,680	170	20	1,420	70
Living in an adult foster care home (50 beds or less)	A	690	60	0	630	0
Living in an adult foster care home (over 50 beds)	B	30	0	10	20	0
Living in a Medicaid facility	G	960	110	10	770	70

State Assistance for Special Needs

District does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

District provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Florida

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Children and Families.

Effective date: January 1, 1974.

Statutory basis for payment: Florida Statutes, chapter 409.212.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels at the March 1983 level.

Place of application: Local offices of the Department of Children and Families.

Scope of coverage: Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or meet all SSI criteria except for income and whose income does not exceed \$623.40.

Resource limitations: Same as federal.

Income exclusions: Community care program has a personal needs allowance of \$54 per month and earned income exclusions of \$65 plus one-half of remaining income, and any other federal income exclusions.

Recoveries, liens, and assignments: Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient, and the state can file a claim after death. Homestead exempt during life of spouse or dependent children if occupied as a homestead. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Community care programs				
Adult family care home ^a	623.40	...	78.40	...
Assisted living facility	623.40	b	78.40	b
Living in a Medicaid facility ^c	35.00	70.00	5.00	10.00

NOTE: ... = not applicable.

a. Payments include \$54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.

b. Couples are treated as two individuals the month after leaving an independent living arrangement.

c. Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

DEFINITIONS:

Adult family care home. Serves up to five persons aged 18 or older, providing housing, food, and personal services.

Assisted living facility. Serves four or more persons aged 18 or older, providing housing, food, and personal services.

Living in a Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	15,169	6,843	9	8,317
Community care programs				
Adult family care home	463	171	0	292
Assisted living facility	9,685	4,257	8	5,420
Living in a Medicaid facility	5,021	2,415	1	2,605

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Georgia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State participates.

Optional State Supplementation

State does not provide optional supplementation.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Hawaii

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Hawaii Revised Statutes, section 346-53(C)(1) and (2).

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, except those who are:

- Living in the household of another,
- Patients in medical facilities where Medicaid pays more than 50 percent of the cost of care, or
- Patients in private medical facilities not certified under Medicaid.

Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for federal payments under section 1611(e)(1)(E) receive state optional supplementation (code A payment level) for up to 2 months.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A	549.90	825.80	4.90	8.80
Living in a domiciliary care facility, Level I (1 to 5 residents)	H	1,066.90	2,133.80	521.90	1,316.80
Living in a domiciliary care facility, Level II (6 or more residents)	I	1,174.90	2,349.80	629.90	1,532.80

DEFINITIONS:

A: Living independently. Includes recipients living in their own households, in halfway houses (i.e., private nonmedical facilities with which the state has purchase or services agreements for the short-term care of certain needy individuals), or in private medical facilities certified under SSI but where SSI does not pay more than 50 percent of the cost of care. Includes recipients in medical facilities who are in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E). Also includes blind or disabled children under age 18 living in their parents' household.

H and I: Living in a domiciliary care facility. Includes recipients (including children) living in a private, nonmedical facility (established and maintained for the purpose of providing personal care and services to aged, infirm, or handicapped persons) and certified by the state. Level I is licensed by the state for fewer than six residents, and Level II is licensed for six or more residents.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		19,680	6,340	170	11,530	1,640
Living independently	A	17,590	5,880	160	9,930	1,620
Domiciliary care facility, Level I (1 to 5 residents)	H	1,980	390	10	1,560	20
Domiciliary care facility, Level II (6 or more residents)	I	110	70	0	40	0

State Assistance for Special Needs

Administration

Department of Human Services.

Special Needs Circumstances

Housing and utility deposit: One-time payment made to SSI recipients with total monthly income under \$418.

Repair or replacement of stove or refrigerator: Payments made to SSI recipients with total monthly income under \$418.

Emergency assistance due to natural disaster: Payments made to SSI recipients with total monthly income under \$418.

Special care payments: Payments of \$100 monthly are provided to SSI recipients residing in domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In

addition to meeting other requirements, these recipients must be wheelchair bound, incontinent, or in need of non-oral medication.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Idaho

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Welfare.

Optional State Supplementation

Administration: Department of Health and Welfare.

Effective date: January 1, 1974.

Statutory basis for payment: Idaho State Code 56-207, 56-208, 56-209a.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Department of Health and Welfare.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, residing in the specified living arrangements (see Table 1). Persons living in the household of another are included under the living independently standard; state supplement is increased to offset the reduced federal payment.

Resource limitations: Same as federal.

Income exclusions: Same as federal; also all in-kind support and maintenance.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Husband and wife mutually; parent for minor child.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another ^a	597.00	837.00	52.00	20.00
Living with an essential person ^b	838.00	...	20.00	...
Room and board facility	742.00	^c 817.00	197.00	c
Residential and assisted living facility	742.00	c	197.00	c
Certified family home				
Level I	884.00	c	339.00	c
Level II	951.00	c	406.00	c
Level III	1,019.00	c	474.00	c
Semi-independent group residential facility	742.00	c	197.00	c
Assisted living facility or certified family home	d	...	d	...

NOTE: ... = not applicable.

- a. State supplement is increased to offset the reduced federal payment for persons living in the household of another.
- b. The same supplement is given for living with an essential person to individuals and couples.
- c. Couples are treated as two individuals the month after leaving an independent living arrangement.
- d. The state guarantees an income of \$520.00 for this living arrangement, including the federal SSI payment. Individuals receiving the maximum SSI payment do not receive a state supplement.

(Continued)

**Table 1.
Continued**

DEFINITIONS:

Living independently or in the household of another. Includes recipients living in their own household (i.e., house, apartment, hotel, rooming house, or room and board facility) or in the household of another. Also includes blind or disabled children living with their parents and individuals paying room and board to a relative.

Living with an essential person. Includes recipients living in their own household or in the household of another with a person of their choice whose presence in the household is essential to the recipients' well-being and who renders specific services of a kind that would have to be provided for the recipients if they lived alone.

Room and board facility. A facility in which a person purchases food, shelter, and household maintenance requirements from one vendor. Such a facility is not required to be licensed as a shelter home.

Residential and assisted living facility or certified family home. One or more buildings constitutes a facility or residence, however named, that is operated on either a profit or nonprofit basis, for the purpose of providing 24-hour care for three or more adults who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual.

Certified family home. A family home in which an adult chooses to live who is not able to reside in his or her own home and who requires care or help in daily living, protection, security, and encouragement toward independence.

Semi-independent group residential facility. A facility having one or more living areas under a common management in which an opportunity to learn independent living skills is provided under individualized service plans to not less than three nor more than eight developmentally disabled or mentally ill persons not requiring direct supervision.

**Table 2.
Number of persons receiving optional state supplementation, January 2002**

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	10,795	2,068	20	6,285	2,422
Living independently or in the household of another, or living with an essential person	10,197	1,953	19	5,937	2,288
Room and board facility	480	92	1	279	108
Residential and assisted living facility or certified family home	60	11	0	36	13
Certified family home	11	3	0	6	2
Semi-independent group residential facility	47	9	0	27	11
Assisted living facility or certified family home	0	0	0	0	0

State Assistance for Special Needs**Administration**

Department of Health and Welfare.

Special Needs Circumstances

Restaurant meals: Eating-out allowance of up to \$50 per month if physically unable to prepare meals.

Maintenance for guide dog: Allowance for care and maintenance of guide dog of up to \$17 per month.

Medicaid**Eligibility**

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

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.

Illinois

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Human Services.

Optional State Supplementation

Administration: Department of Human Services.

Effective date: March 1, 1974.

Statutory basis for payment: Illinois Revised Statutes, chapter 305; ILCS, section 5/3-1 et seq.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

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.

Scope of coverage: Optional state supplement provided to all aged, blind, or disabled SSI recipients, including children, whose income-maintenance needs, based on state standards, exceed their monthly SSI benefit plus other income. Individuals who have been denied SSI because of their level of income may be eligible for an optional state supplement if there is a

deficit between all other income and the income-maintenance need based on state standards.

Resource limitations: Same as federal.

Income exclusions

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.

Recoveries, liens, and assignments: Estate claims are filed against real and personal property for all:

- Income maintenance paid after 1963;
- Medical assistance paid prior to October 1, 1993, and after January 1, 1966, for persons aged 65 or older; and
- Medical assistance paid after October 1, 1993, for persons aged 55 or older.

Responsibility of relatives: 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 marital status, and is not living with the parent.

Interim assistance: State participates.

Payment levels: Optional supplement amount is equal to the difference between the 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 geographic area.

Number of recipients: See Table 1.

Table 1.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	38,388	8,375	182	29,831
Living independently	37,090	8,211	155	28,724
Room and board facility	125	17	1	107
Residential facility	1,173	147	26	1,000

NOTE: Definitions not available.

a. Includes blind children.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy; children and caretakers.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Indiana

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Family and Social Services Administration, Division of Disability, Aging and Rehabilitative Services.

Effective date: July 1, 1976.

Statutory basis for payment: Indiana Public Law 46, Acts of 1976.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Family and Social Services Administration, county offices of the Division of Family and Children Services.

Scope of coverage: Optional state supplement provided to adult Medicaid or SSI recipients who, because of age, blindness, or disability, are unable to reside in their own home and need care in a residential facility. Children are not eligible for optional supplementation.

Resource limitations: 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 do 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 person's 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.

Income exclusions: Disregarded from sheltered workshop earnings are a \$16 employment incentive, mandatory earnings deductions, and one-half of the remaining earnings.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse when residing with spouse in the same facility.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 1,383 people received optional state supplementation. Of those, 622 were aged, 2 were blind, and 759 were disabled.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

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 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential facility ^a	1,411.64	b	886.64	b
Medicaid facility (effective July 1, 2002)	52.00	104.00	22.00	44.00

- a. Individuals living in licensed residential facilities receive a combined federal and state benefit of up to \$1,411.64 (state-supplemented portion is up to \$886.64)—including a personal allowance payment of up to \$50 per month. Lesser amounts may be paid depending on the cost of facility and income of recipients.
- b. Federal and state agencies consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

DEFINITIONS:

Licensed residential facility. 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 state Department of Health and approved for participation in the Room and Board Assistance program by the state Family and Social Services Administration. A residential facility can be publicly or privately owned and for profit or not for profit.

Medicaid facility. Includes eligible persons who reside in a federal Code D living arrangement.

Iowa

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care. Social Security Administration administers all other supplemental payments.

Effective date: January 1, 1974 (blind), May 1, 1974 (aged and disabled).

Statutory basis for payment: Code of Iowa, chapter 249.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices for federally administered payments; local offices of state Department of Human Services for state-administered payments.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled persons residing in the specified living arrangements (see Table 1). Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementation if living in their

own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently (blind)	A	567.00	^a 861.00	^a 22.00	^a 44.00
Living in the household of another (blind)	B	385.34	^a 588.67	^a 22.00	^a 44.00
Living with a dependent person	C				
Aged and disabled		820.00	1,092.00	275.00	275.00
Blind		^b 842.00	^b 1,136.00	^b 297.00	^b 319.00
Family life or boarding home	D	687.20	1,354.00	142.20	537.00
Living with a dependent person in the household of another	H				
Aged and disabled		638.34	819.67	275.00	275.00
Blind		660.34	863.67	297.00	319.00
Family life or boarding home (one-third reduction in federal benefit rate applies)	I	505.34	1,081.67	142.00	537.00
Residential care ^d	...	880.50	...	^b 335.52	...
In-home health care ^d	...	1,043.29	^c 1,759.12	^d 498.29	^d 942.12

NOTE: ... = not applicable.

- Payment level when both members of a couple are blind; when only one member is blind, payment is reduced by \$22.00.
- Amount based on allowable costs of residential care (\$18.52 to \$25.92 per day), plus a personal needs allowance of \$77.00 per month, minus the federal SSI payment. State administers payments.
- Payment is based on both members of a couple needing in-home health-related care. When one member needs care, payment is reduced by \$498.29. State administers the supplement.
- Payment is based on actual cost of in-home health-related care up to a maximum of \$498.29, plus basic federal benefit. State administers payments.

DEFINITIONS:

A: Living independently (blind). Includes all blind recipients who are not included under another arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

B: Living in the household of another (blind). Includes all blind recipients who are residing in a federal Code B living arrangement, are not included under another state arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

C and H: Living with a dependent person. Includes a recipient residing in a federal Code A, B, or C living arrangement who has an ineligible spouse, parent, child, or adult child living in the home with him or her and who is financially dependent on the ineligible individual as defined by the Iowa Department of Human Services.

D and I: Family life or boarding home. Includes recipients residing in a federal Code A living arrangement who reside in a family life home or boarding home licensed by the Iowa Department of Health or certified by the Iowa Department of Human Services.

Residential care. Includes recipients who require custodial care (but not nursing care) on a 24-hour basis. The purpose of these facilities is to provide care for recipients who because of age, blindness, or disability are unable to adequately care for themselves in an independent living arrangement. Recipients must have the written recommendation of a physician to be admitted to these facilities.

In-home health care. Includes recipients who require personal services, nursing care, or both in their own home. The primary purpose of the program is to enable recipients to remain in their own home for as long as possible. Care must be recommended in writing by a physician and must be provided under the supervision of a registered nurse.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients ^a		6,630	...	...	...	...
Living independently (blind)	A	720	0	630	0	90
Living in the household of another (blind)	B	10	0	0	0	10
Living with a dependent person	C	880	100	20	740	20
Family life or boarding home	D and I	0	0	0	0	0
Living with a dependent person in the household of another	H	0	0	0	0	0
Residential care	...	2,825	...	...	...	b
In-home health care	...	1,576	...	...	...	b

NOTE: ... = not available.

a. Includes 619 blind persons not distributed by living arrangement.

b. Children are not eligible for optional supplementary payments.

Kansas

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State participates.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Kentucky

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Cabinet for Families and Children, Department for Community Based Services.

Effective date: January 1, 1974.

Statutory basis for payment: Kentucky Revised Statutes 205.245 and budget approval by state legislature.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Cabinet for Families and Children, Department for Community Based Services.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for child under age 18 if living together. Relatives financially responsible for the month of admission in personal care home or family care home.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 4,739 people received optional state supplementation. Of those, 1,991 were aged, 33 were blind, and 2,715 were disabled. For their living arrangements, 3,702 were in a personal care facility, 273 were in a family care home, and 764 had a caretaker in home. (The living arrangements are defined in Table 1.)

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living in a personal care facility	985.00	a	440.00	a
Living in a family care home	717.00	a	172.00	a
Caretaker in home	607.00	932.00	62.00	115.00

a. Couples are treated as two individuals the month after leaving an independent living arrangement.

DEFINITIONS:

Living in a personal care facility. Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health-related services, personal care, and social or recreational activities.

Living in a family care home. Includes recipients in residential accommodations limited to two or three persons who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home. Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.

State Assistance for Special Needs

State provides assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Louisiana

State Supplementation

Minimum State Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Department of Health and Hospitals, Bureau of Health Services Financing.

Effective date: March 1, 1982

Statutory basis for payment: Senate Concurrent Resolution No. 133, 1980.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Bureau of Health Services Financing and contractors.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled persons, including children, who reside in a nonpsychiatric Medicaid long-term care facility and whose countable income is less than \$38.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: Combined federal and state supplementation for persons in Medicaid facilities is \$38 for individuals and \$76 for couples. State supplementation is \$8 for individuals and \$16 for couples.

Number of recipients: In January 2002, 5,121 people received optional state supplementation. Of those, 1,775 were aged, 56 were blind, and 3,290 were disabled.

State Assistance for Special Needs

State provides assistance for special needs only to recipients who were determined eligible on or before December 1975.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Maine

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Human Services.

Optional State Supplementation

Administration: Department of Human Services.

Effective date: July 1, 1974.

Statutory basis for payment: Maine Revised Statutes, title 22, subtitle 3, part 1-A, chapter 855-A.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the Department of Human Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled SSI recipients, including children. In addition, a small number of persons not eligible for SSI are eligible for a state supplement.

Resource limitations: Same as federal.

Income exclusions: Federal SSI income exclusions used for all living arrangements. In addition, for those living alone, with others, or in the household of another, the state disregards an additional \$55 for individuals and \$80 for couples.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 34,977 people were receiving optional state supplementation. Of those, 6,342 were aged, 119 were blind, and 28,536 were

disabled. Their distribution by living arrangements is as follows:

<u>Living arrangement</u>	<u>Number</u>
Living alone or with others	31,624
Living in the household of another	491
Living in a foster home	521
Living in a flat-rate boarding home	46
Living in a cost-reimbursement boarding home	2,067
Living in a Medicaid facility	228

State Assistance for Special Needs

Administration

Department of Human Services.

Special Needs Circumstances

Licensed boarding home subsidies: When costs of care exceed total of SSI and state supplementary payments, state will pay the difference up to established maximum rates.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Department of Human Services obtains this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living alone or with others	555.00	832.00	10.00	15.00
Living in the household of another	371.34	556.67	8.00	12.00
Living in a foster home	594.00	1,090.00	49.00	273.00
Living in a flat-rate boarding home	762.00	1,407.00	217.00	590.00
Living in a cost-reimbursement boarding home	764.00	1,438.00	219.00	621.00
Living in a Medicaid facility	40.00	80.00	10.00	20.00

DEFINITIONS:

Living alone or with others. Includes the following types of recipients:

- Individual living in his or her own household with no other person except an ineligible spouse;
- Couples living in their own household;
- Persons in a medical facility where Medicaid does not pay more than 50 percent of the cost of their care;
- Person in an institution (excluding inmates of public institutions) on the basis of their eligibility under section 611(e)(1)(E) of the Social Security Act for all or part of a month provided that Medicaid does not pay more than 50 percent of the cost of their care;
- Persons in a private-pay facility or private-pay portion of a licensed boarding home; or
- Individuals or couples living with other persons but not considered to be living in the household of another.

Living in the household of another. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Living in a foster home. Includes recipients residing in an adult foster home.

Living in a flat-rate boarding home. Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the state for reimbursement at a flat rate.

Living in a cost-reimbursement boarding home. Includes recipients residing in a boarding home that is licensed by and has a provider agreement with the state for reimbursement based on cost.

Living in a Medicaid facility. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

Maryland

State Supplementation

Mandatory Minimum supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Department of Human Resources, Family Investment Administration, and in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.

Effective date: July 1, 1974.

Statutory basis for payment: Annotated Code of Maryland, article 88A, section 3(a), 5, effective January 1, 1974, and Code of Maryland Annotated Regulations .07.03.07.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local county social services agencies.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled individuals living in a care home or in an assisted living facility and who are eligible for payments under the SSI program or who would be eligible except for income. Children are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Disregards \$20 of any unearned income, including SSI.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Husband for wife.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 3,016 people received optional state supplementation. Of those, 2,846 lived in a care home (612 with minimal supervision and 2,234 with moderate supervision), and 170 lived in an assisted living facility.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living in a care home				
Minimal supervision	611.00	a	66.00	a
Moderate supervision ^b	720.00	a	175.00	a
Extensive supervision ^b	1,008.00	a	463.00	a
Specialized and intensive supervision ^b	1,211.00	a	666.00	a
Living in an assisted living facility ^b	729.00	a	184.00	a

a. The state supplementation rate for individuals applies to each member of a couple.

b. Includes an \$82 personal needs allowance.

DEFINITIONS:

Living in a care home with minimal supervision. Includes individuals who are certified by one of the administering state agencies as requiring minimal supervision in an approved care home.

Living in a care home with moderate supervision. Includes individuals who are certified by one of the administering state agencies as requiring moderate supervision in an approved care home.

Living in a care home with extensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring extensive supervision in an approved care home.

Living in a care home with specialized and intensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring specialized and intensive services in an approved care home.

Living in an assisted living facility. Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Massachusetts

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: General Laws of the Commonwealth of Massachusetts, chapter 118A, section 1.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled SSI recipient, including children, and recipients in private medical facilities where the Medicaid program provides 50 percent or less of the cost of care.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple ^a	Individual	Couple ^a
Living independently	A				
Aged		673.82	1,018.72	128.82	201.72
Blind		694.74	1,389.48	149.74	572.48
Disabled		659.39	997.06	114.39	180.06
Shared living expenses	B				
Aged		584.26	1,018.72	39.26	201.72
Blind		694.74	1,389.48	149.74	572.48
Disabled		575.40	997.06	30.40	180.06
Living in the household of another	C				
Aged		467.70	760.47	104.36	215.80
Blind		694.74	1,389.47	331.40	844.80
Disabled		450.92	738.85	87.58	194.18
Living in a licensed rest home	E				
Aged and disabled		838.00	1,676.00	293.00	859.00
Blind		694.74	1,389.48	149.74	572.48
Living in a Medicaid facility	F	65.00	130.00	35.00	70.00
Living in an assisted living facility	G	999.00	1,498.00	454.00	681.00

(Continued)

**Table 1.
Continued**

NOTE: Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

- a. The amounts given apply when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, the two respective individual benefits are added to obtain the couple's benefit.

DEFINITIONS:

A: Living independently. Includes recipients who live:

- Alone;
- Only with an eligible spouse;
- With an eligible spouse and with ineligible children who do not receive income maintenance payments; or
- With an ineligible spouse or ineligible children none of whom receive income maintenance payments. Also includes recipients residing in a federal Code C living arrangement who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are residing in a federal Code A or C living arrangement and pay at least two-thirds of the household expenses. Recipients living in public congregate housing developments are also included.

B: Shared living expenses. Includes recipients who are residing in a federal Code A or C living arrangement and do not meet the criteria for state living arrangement A or E. It therefore includes recipients who reside in group care facilities such as halfway houses, private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or in other facilities that do not meet the criteria for state living arrangement A or E. It also includes:

- Recipients who reside in households where they do not pay at least two-thirds of the household expenses and one or more household members receive an income maintenance payment; and
- Transients, the homeless, and residents of public emergency shelters.

C: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

E: Living in a licensed rest home. Includes recipients residing in a licensed rest home that has a provider agreement with the state.

F: Living in a Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

G: Living in an assisted living facility. Includes recipients residing in nonpublic subsidized assisted living facilities that have been registered with the state.

**Table 2.
Number of persons receiving optional state supplementation, January 2002**

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		162,740	45,810	3,290	93,400	20,240
Living independently	A	78,290	28,510	1,480	42,530	5,770
Shared living expenses	B	68,020	12,130	1,340	41,560	12,990
Living in the household of another	C	10,520	2,760	440	6,160	1,160
Living in a licensed rest home	E	1,970	780	0	1,180	10
Living in a Medicaid facility	F	2,930	810	20	1,790	310
Living in an assisted living facility	G	1,010	820	10	180	0

State Assistance for Special Needs**Administration**

Department of Transitional Assistance and Commission for the Blind.

Special Needs Circumstances

Vendor payments in lieu of cash payments.

Disaster benefits: Replacement of specific items of furniture, household equipment, supplies, food, and

clothing for SSI recipients when these items were lost because of a natural disaster or fire. (Amounts exempted in determining SSI eligibility.)

Burial expenses: Payment of funeral and burial expenses for SSI recipients shall not exceed \$1,100, and the total expense shall not exceed \$1,500. When a resource exists, it is deductible from the total expense (maximum \$1,500), and the payment by the department must not exceed \$1,100 of the balance.

Rest home subsidies: When cost exceeds the total available income, excluding personal needs allowance,

the state will pay difference up to established maximum rates.

Moving expenses: The cost of moving within the state for SSI recipients may be paid once in a 12-month period if:

- Present living quarters have been certified as substandard,
- Moving to new quarters is necessary because of health problems or lack of safety in old neighborhood,
- Recipient is moving into federal or state subsidized housing, or
- Recipient is forced to move for other reasons.

Total payment not to exceed \$150.

Homemaker and housekeeper services: The Department of Elder Affairs performs homemaker and housekeeping services for recipients aged 60 or older. The Department of Transitional Assistance provides these services for recipients under age 60.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Michigan

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Family Independence Agency administers optional supplementation for recipients living independently or living in the household of another. All other supplementation is administered by the Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Michigan Compiled Laws, chapter 400, act 280, as amended, section 400-10.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, except those residing in medical facilities not certified under Medicaid.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Family Independence Agency.

Special Needs Circumstances

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

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:

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

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently ^a	...	559.00	845.00	14.00	28.00
Living in the household of another ^a	...	372.67	563.33	9.33	18.66
Living in domiciliary care	D	632.00	1,264.00	87.00	447.00
Living in a personal care facility	E	702.50	1,405.00	157.50	588.00
Living in a home for the aged	F	724.30	1,448.60	179.30	631.60
Living independently with an essential person ^b	G	832.00	1,111.00	14.00	21.00
Living in the household of another with an essential person ^b	H	554.67	740.67	9.33	14.00
Living in a Medicaid facility	I	37.00	74.00	7.00	14.00

NOTE: ... = not applicable.

a. State administers payments.

b. Payment levels for essential person apply only to cases converted from the state rolls in 1974.

DEFINITIONS:

Living independently. Includes all eligible recipients who are not included in any other state living arrangement, recipients residing in facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

Living in the household of another. Includes recipients with no essential person who are residing in a federal Code B living arrangement.

D: Living in domiciliary care. Includes recipients residing in licensed nonmedical facilities that provide room, board, and supervision. The state certifies which recipients are residents requiring this level of care.

E: Living in a personal care facility. Includes recipients residing in licensed nonmedical facilities that provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The state certifies which recipients are residents requiring this level of care.

F: Living in a home for the aged. Includes recipients residing in nonmedical facilities for the aged. The state certifies which recipients are residents requiring this level of care. Such care situations include, but are not limited to, licensed homes for the aged.

G: Living independently with an essential person. Includes recipients with an essential person who are not living in the household of another. Children under age 18 are excluded.

H: Living in the household of another with an essential person. Includes recipients with an essential person who are residing in a federal Code B living arrangement. Children under age 18 are excluded.

I: Living in a Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		210,340	a	a	a	a
Living independently or living in the household of another	...	192,320	a	a	a	a
Living in domiciliary care	D	10	0	0	10	0
Living in a personal care facility	E	14,940	540	110	13,470	820
Living in a home for the aged	F	910	370	0	540	0
Living independently with an essential person	G	10	0	0	10	0
Living in the household of another with an essential person	H	0	0	0	0	0
Living in a Medicaid facility	I	2,150	300	0	1,680	170

NOTE: ... = not applicable.

a. Data by eligibility category are not available.

Minnesota

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: County Welfare and Human Services Agencies (state-supervised). Payments are made under the Minnesota Supplemental Aid Program.

Effective date: April 1, 1974.

Statutory basis for payment: Minnesota Statutes Annotated, sections 256D.33-256D.54 and 256I.01-256I.06.

Funding

Administration: County funds; except state expenses, which are state-funded.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Welfare and Human Services Agencies.

Scope of coverage: Optional state supplement provided to SSI recipients and to persons who, except for excess income, would be receiving SSI. It is also provided to those who have maintenance needs based on the December 1973 state standards that exceed their income from 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.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for blind child under age 18.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

County Welfare and Human Services Agencies (state-supervised).

Special Needs Circumstances

Amounts of assistance for items not covered by the mandatory state standards are determined on the basis of need in each case.

Diets: Specified modified diets, when prescribed by a physician, are 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 a fee for payee services.

Housing and major repairs: Nonrecurring payments for catastrophic situations for homeowners who live in their homes.

Furniture and appliances: Nonrecurring payment for necessary repairs and replacements.

Shelter needy provision: A supplemental payment, equal to the maximum Food Stamp allotment for an individual, for MSA participants relocating from an institution into the community if their shelter costs exceed 40 percent of their income. Recipients of the shelter needy special need must apply for subsidized housing.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Entitlement prior to January 1, 1994	626.00	943.00	81.00	126.00
Entitlement January 1, 1994, or later	626.00	928.00	81.00	111.00
Living in the household of another				
Entitlement prior to January 1, 1994	473.34	888.67	110.00	344.00
Entitlement January 1, 1994, or later	473.34	625.67	110.00	81.00
Living in a nonmedical, group residential facility ^a	1,246.89	b	701.89	b
Living in a Medicaid facility	69.00	138.00	39.00	78.00

a. Includes \$69 a month for clothing and personal needs.

b. Couples are treated as two individuals the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes recipients who are solely responsible for paying costs connected with their home or apartment and persons who are eligible for Medicaid home and community-based service waivers or at risk of being placed in a group residential facility.

Living in the household of another. Includes recipients who live with another person, regardless of the relationship, in a house or an apartment.

Living in a nonmedical, group residential facility. Includes recipients who reside in a congregate care setting and have their shelter payments negotiated by the county agency. Nonmedical facilities include foster care, boarding care, and room and board arrangements.

Living in a Medicaid facility. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	38,146	8,149	157	11,735	18,105
Living independently	24,504	6,291	116	0	18,097
Living in the household of another	1,383	493	0	882	8
Living in a nonmedical, group residential facility	10,795	955	20	9,820	0
Living in a Medicaid facility	1,464	410	21	1,033	0

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: County Welfare and Human Services Agencies (state-supervised).

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Mississippi

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State does not participate.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI). State has more liberal guidelines for Medicaid-only (non-SSI) recipients.

Determined by: Social Security Administration for SSI recipients, and the Division of Medicaid for those with income above SSI state limits.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy whose income is below 135 percent the poverty level.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Missouri

Place of application: Offices of the Division of Family Services.

Scope of coverage: Optional state supplement provided to any person who:

- Is aged, blind, or disabled and over age 18;
- Does not reside in a Medicaid facility;
- Does reside in a licensed residential care facility or a licensed intermediate care or skilled nursing home; and
- Has insufficient cash income to cover costs of care in the facility.

Blind persons over age 18 living on their own are also provided with a supplement.

Resource limitations

Aged and disabled: \$999.99 individual; \$2,000 couple.

Blind: \$2,000 individual; \$4,000 couple.

Income exclusions: There are no income exclusions for the aged or disabled. Disregards for the blind include the first \$65 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Social Services; Division of Family Services.

Optional State Supplementation

Administration: Department of Social Services; Division of Family Services.

Effective date: January 1, 1974.

Statutory basis for payment

Supplemental aid to the blind: Missouri Revised Statutes, section 209.

All other supplementation: Missouri Revised Statutes, section 208.030, subchapter 5.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential care facility, Level I	701.00	1,129.00	156.00	312.00
Licensed residential care facility, Level II	837.00	1,401.00	292.00	584.00
Licensed intermediate care or skilled nursing home ^a	935.00	1,597.00	390.00	780.00
Aid to the blind	...	...	^b 423.00	^b 846.00

NOTE: ... = not applicable.

a. Recipients in licensed nursing homes are entitled to an additional \$25 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another state or federal agency, this payment will not be made by the Division of Family Services.

b. Only recipients who receive less than \$545 monthly in SSI payments and less than \$817 monthly from other sources qualify for this supplement. The state supplement is reduced dollar-for-dollar by the SSI payment.

DEFINITIONS:

Licensed residential care facility, Level I. Residents must meet state income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential care facility, Level II. Residents must meet state income and resource guidelines. Custodial-type care is provided.

Licensed intermediate care or skilled nursing home. Residents must meet state income and resource guidelines. Custodial and medical care are provided.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	8,486	2,940	859	4,687
Licensed residential care facility, Level I	2,017	723	0	1,294
Licensed residential care facility, Level II	5,296	1,993	1	3,302
Licensed intermediate care or skilled nursing home	315	224	0	91
Aid to the blind	858	0	858	0

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

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.

Montana

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: July 1, 1974.

Statutory basis for payment: Montana Code Annotated 52-1-104.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Developmental Disabilities and Adult Protective Services District Offices, Child and Family Services Division of the Department of Public Health and Human Services, and other designated contracting agencies.

Scope of coverage: Optional state supplement provided to persons residing in specified living arrangements (see Table 1). All disabled children, including the blind, who are eligible for SSI and reside in a certified foster home are eligible to receive the state supplement.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Personal care facility	G	639.00	1,010.00	94.00	193.00
Group home for the mentally ill or disabled	H	639.00	1,010.00	94.00	193.00
Community home for the physically or developmentally disabled	I	639.00	1,010.00	94.00	193.00
Child and adult foster care home	J	597.75	927.50	52.75	110.50
Transitional living services for the developmentally disabled	K	571.00	874.00	26.00	57.00

NOTES: All care facilities must be state certified.

Up to \$100 may be retained per month as a personal needs allowance, depending on the facility.

DEFINITIONS:

G: Personal care facility. A facility that provides 24-hour personal care services to five or more persons who are not in need of skilled nursing care. Personal care services include help with eating, walking, dressing, bathing, etc., as well as supervision, local transportation, and protective oversight. These facilities must be licensed by the Department of Public Health and Human Services. Residents must:

- Be 18 years of age or older,
- Be ambulatory,
- Not be incontinent, and
- Not need chemical or physical restraints.

H: Group home for the mentally ill or disabled. Provides residential services to mentally ill persons in the community. Must have current license from the Department of Public Health and Human Services.

I: Community home for the physically or developmentally disabled. Homes for the developmentally disabled provide a family-type residence and related residential services to persons with developmental disabilities. Children can be residents of these homes. Homes for the severely disabled provide a home-like residence for two to eight severely disabled persons. Persons with a primary diagnosis of mental illness are not included in the latter homes. These homes must be licensed by the Department of Public Health and Human Services.

J: Child and adult foster care home. A children's foster home is a licensed home that provides care to a child. An adult foster home is a licensed home licensed by the Department of Public Health and Human Services that provides personal and custodial care to disabled adults or aged persons.

K: Transitional living services for the developmentally disabled. This program provides an intermediate step between the group home and independent living. It consists of persons living in congregate apartments with some staff supervision. Staff provide assistance in such areas of daily living as cooking, shopping, and cleaning.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		924	27	10	780	107
Personal care facility	G	65	18	1	46	0
Group home for the mentally ill or disabled	H	42	0	0	32	10
Community home for the physically or developmentally disabled	I	571	8	7	545	11
Child and adult foster care home	J	195	1	1	107	86
Transitional living services for the developmentally disabled	K	51	0	1	50	0

Nebraska

State Assistance for Special Needs

Administration

Department of Health and Human Services.

Special Needs Circumstances

Transportation costs: Thirty cents per mile for obtaining medical services if recipient uses his or her own car.

Repair or purchase of furniture and appliances: Repair or purchase of furniture or appliances over \$750 total cost may be included (with state office approval) if the unit lacks essential items.

Moving expenses: Costs of moving may be included if the recipient is forced to move for reasons beyond his or her control or if the recipient can obtain lower-cost shelter.

Taxes: Back taxes may be included if the individual would soon lose his or her home and the plan to remain in the home is preferred by the individual and recommended by the case worker.

Home repairs: Payments for home repairs, up to \$1,000, if essential for the recipient's health or safety.

Meals and lodging: The cost of meals (up to \$12 per day) and lodging, if verified as related to obtaining approved health services, may be granted if the individual is away from home for more than 12 hours.

Maintenance for guide dog: The medical and maintenance costs of a seeing-eye dog may be allowed.

Guardian or conservator: An allowance not to exceed \$10 a month may be allowed if the client has a court-appointed guardian or conservator.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Human Services.

Optional State Supplementation

Administration: Department of Health and Human Services.

Effective date: January 1, 1974.

Statutory basis for payment: Revised Statutes of Nebraska, section 68-1005.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled recipients who meet state guidelines, including children, except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same state supplement as those living independently.

Resource limitations: Same as federal.

Income exclusions

Aged and disabled: Same as federal.

Blind: Income exclusions include the first \$20 per month of unearned income, not including SSI, and the first \$85 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	553.00	817.00	8.00	...
Living in a room and board facility ^a	488.34	977.33	125.00	432.66
Adult family home ^b	691.00	1,382.00	146.00	565.00
Licensed assisted living facility ^b	1,000.00	2,000.00	455.00	1,183.00
Licensed group home for children or child-caring agency (disabled) ^b	656.00	...	111.00	...
Living in a Medicaid facility	50.00	100.00	20.00	40.00

NOTE: ... = not applicable.

a. Applies only to persons living in the household of another.

b. Includes a minimum of \$60 for personal needs allowance.

DEFINITIONS:

Living independently. Includes recipients residing in a federal Code A living arrangement.

Living in a room and board facility. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Adult family home. A residential living unit that provides full-time residence with minimal supervision and guidance to not more than three individuals aged 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but need supervision. These homes are certified by the social services unit in the local offices of the Department of Social Services.

Licensed assisted living facility. These facilities provide accommodation and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to four or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health.

Licensed group home for children or child-caring agency (disabled). These facilities provide 24-hour accommodations for two or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Department of Social Services.

Living in a Medicaid facility. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	^a 5,884	1,204	51	4,193	2
Living independently	3,845	771	42	3,032	...
Living in a room and board facility	27	7	0	20	...
Adult family home	116	15	1	100	...
Licensed assisted living facility	816	191	5	620	...
Licensed group home for children or child-caring agency (disabled)	2	0	0	0	2
Living in a Medicaid facility	644	220	3	421	...

NOTES: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

... = not applicable.

a. Includes 434 recipients not distributed in these living arrangements.

Nevada

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Nevada Revised Statutes, title 38, Public Welfare.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to aged and blind recipients, including children, except those in medical institutions not licensed by Medicaid and those in medical institutions for whom Medicaid pays over 50 percent of the cost of their care. State does not have an assistance program for disabled persons.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A				
Aged		581.40	891.46	36.40	74.46
Blind		654.30	^a 1,191.60	109.30	^a 374.60
Living in the household of another	B				
Aged		387.61	594.31	24.27	49.64
Blind		577.30	^b 1,076.61	213.96	^b 531.94
Living in domiciliary care (aged and blind)	C	895.00	1,698.00	350.00	881.00

NOTE: Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

a. Payment level when both members are blind; when one member is aged, payment level is reduced by \$150.07.

b. Payment level when both members are blind; when one member is aged, payment level is reduced by \$241.15.

DEFINITIONS:

A: Living independently. Includes aged and blind recipients who live in their own household or are in certified private medical facilities where Medicaid does not pay more than 50 percent of the cost of care. Also includes blind children under age 18 living in their parents' household.

B: Living in the household of another. Includes aged and blind recipients who are residing in a federal Code B living arrangement.

C: Living in domiciliary care. Includes aged and blind recipients who live in private nonmedical facilities or in residential facilities serving 16 or fewer persons that provide personal care and services to aged, infirm, or handicapped adults who are unrelated to the proprietor.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		7,250	6,380	610	180	80
Living independently	A	6,200	5,370	580	180	70
Living in the household of another	B	620	580	30	0	10
Living in domiciliary care	C	430	430	0	0	0

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

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.

New Hampshire

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Human Services, Division of Family Assistance (state-administered).

Optional State Supplementation

Administration: Local offices of the Department of Health and Human Services, Division of Family Assistance (state-administered).

Effective date: January 1, 1974.

Statutory basis for payment: New Hampshire Revised Statutes, as amended, section 167:7, I, II, III, IV.

Funding

Administration: State funds.

Aged and disabled assistance: 50 percent state funds, 50 percent county funds.

Blind assistance: 100 percent state funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Division of Family Assistance.

Scope of coverage: Optional state supplement provided to SSI recipients residing in the specified living arrangements (see Table 1). Persons living in the household of another receive the same state supplement as those living independently. Blind children are eligible for optional supplementation. Disabled children are eligible for optional supplementation only if they are aged 18 or older.

Resource limitations: No monetary or acreage limitation on property occupied as a home. Personal property limited to \$1,500 net cash value for an individual or a couple excluding clothing, household furnishings, tools, car, life insurance, and farm equipment or livestock used for food needs. Cash value of life insurance not counted unless face value exceeds \$1,500 per person; when it exceeds that, equity value counts toward the \$1,500 resource limits.

Income exclusions

Standard disregards for any income, including SSI (in dollars; . . . = not applicable)

<u>Living arrangement</u>	<u>Individual</u>	<u>Couple</u>
Living independently	13.00	20.00
Living with an essential person	. . .	25.00
Residential care facility for adults	13.00	. . .
Community residence	13.00	. . .
Enhanced family care facility	13.00	. . .

Earned income exclusions

- Aged and disabled—Same as federal.
- Blind—\$85 of gross earnings plus one-half of amount over \$85.

Additional amounts may be disregarded if an approved plan exists for achieving self-support within a 12-month period.

Other disregards: If recipient receives income from other persons in exchange for providing only room for such persons, \$50 per person is deducted from such income. Actual expenses if greater may be allowed, subject to verification.

If income is received in exchange for room and board, the Food Stamp coupon allotment for each boarder is deducted in addition to the amounts given above.

For adults being considered for nursing home care, SSI payments are disregarded in the determination of financial eligibility.

Recoveries, liens, and assignments

Aged and disabled: All aid paid is by law a lien on the estate of the recipient (and spouse if living together). No recovery from real estate occupied by surviving spouse or blind or disabled child or from personal property of less than \$100. State may waive recovery.

Blind: No lien provisions applicable.

Responsibility of relatives: Spouse for spouse; parent for child under age 18.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another	572.00	838.00	27.00	21.00
Living with an essential person ^a	...	1,103.00	...	13.00
Residential care facility for adults	752.00	b	207.00	b
Enhanced family care facility	752.00	b	207.00	b
Community residence				
Nonsubsidized	694.00	...	149.00	...
Subsidized	634.00	...	89.00	...
Living in a Medicaid facility	50.00	...	20.00	...

NOTE: ... = not applicable.

a. Applies only to SSI recipients converted from former state assistance programs.

b. The state supplementation rate for individuals applies to each member of a couple.

DEFINITIONS:

Living independently or in the household of another. Includes all adult recipients residing in a federal Code A or B living arrangement who are not included in any other state living arrangement. Also includes blind children residing in a federal Code A, B, or C living arrangement.

Living with an essential person. Includes recipients living in a private household with a person who provides the essential care and personal services that enable them to remain in their household.

Residential care facility for adults. Facilities that provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone but do not require nursing home care.

Enhanced family care facility. Community residences that are owned and operated by a person or family living in the residence. One or more individuals receive services in a certified family environment, and members of the host family provide the primary daily support.

Community residence. A facility that provides housing on a 24-hour basis to mentally ill or developmentally impaired persons. Care provided is a combination of supervised social, personal, and mental health services. The appropriate community residence standard of need is based on whether the resident received any type of subsidy from the Division of Mental Health Developmental Services.

Living in a Medicaid facility. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	6,780	1,439	270	5,071
Living independently or in the household of another	5,540	1,181	220	4,139
Living with an essential person	5	0	0	5
Residential care facility for adults	173	119	4	50
Enhanced family care facility	676	104	31	541
Community residence				
Nonsubsidized	29	3	0	26
Subsidized	352	30	13	309
Living in a Medicaid facility	5	2	2	1

NOTES: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

. . . = not applicable.

a. Only blind children are eligible for optional supplementation; they are included in counts for the blind.

New Jersey

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: New Jersey Statutes Annotated, 44:7-86.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled recipient, including children, except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Department of Human Services, Division of Family Development.

Special Needs Circumstances

Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional state supplementary payments.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living in a congregate care facility ^a	A	695.05	1,371.36	150.05	554.36
Living alone or with others	B	576.25	842.36	31.25	25.36
Living alone or with an ineligible spouse ^b	C	842.36	...	297.36	...
Living with an essential person ^c	C	842.36	...	24.36	...
Living in the household of another	D	407.65	637.76	44.31	93.09
Living in a Medicaid facility	G	40.00	80.00	10.00	20.00

NOTE: ... = not applicable.

- a. State supplement includes a \$67.50 personal needs allowance per person per month.
- b. Federal criteria are used in determining an ineligible spouse. Applies to recipients who live with either their ineligible spouse only, or with only their ineligible spouse and foster child(ren).
- c. Payment levels for essential person apply only to cases converted from former state assistance programs.

DEFINITIONS:

A: Living in a congregate care facility. Includes recipients in:

- Residential health care facilities, assisted-living residences, or comprehensive personal care homes licensed by the Department of Health.
- Recipients in residential facilities for children and adults under the supervision of or placement by the Division of Developmental Disabilities or the Division of Youth and Family Services and approved by the Department of Human Services.

B: Living alone or with others. Includes all recipients residing in a federal Code A or C living arrangement who do not meet the definitions of other state living arrangements. Includes persons in:

- The Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services,
- Room and board facilities licensed by the Department of Community Affairs, and
- Persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

C: Living alone or with an ineligible spouse.

- Applies to recipients who live with their ineligible spouse only or with their ineligible spouse and foster children only.
- Uses federal criteria. Recipient currently has an essential person living in the household and in December 1973 was receiving assistance under an approved state plan that covered the needs of an essential person.

D: Living in the household of another. Includes all recipients residing in a federal Code B living arrangement.

G: Living in a Medicaid facility. Includes all recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		143,670	33,390	930	84,860	24,490
Licensed in a congregate care facility	A	6,550	550	20	5,550	430
Living alone or with others	B	109,910	22,100	720	65,660	21,430
Living alone or with an ineligible spouse	C	5,270	2,360	50	2,850	10
Living in the household of another	D	17,820	7,400	130	8,280	2,010
Living in a Medicaid facility	G	4,120	980	10	2,520	610

New Mexico

State Supplementation

Mandatory Minimum Supplementation

Administration: State-administered through the county offices of the Human Services Department.

Optional State Supplementation

Administration: State-administered through the county offices of the Human Services Department.

Effective date: July 1, 1976.

Statutory basis for payment: Chapter 51, Laws of 1976.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County offices of the Human Services Department.

Scope of coverage: Optional state supplement provided to SSI recipients who reside in a licensed adult residential care home.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: Combined federal and state supplementation for persons in licensed adult residential care homes is \$645 for individuals and \$1,017 for couples. State supplementation is \$100 for individuals and \$200 for couples.¹

1. Unless otherwise stated, payment levels apply equally to aged, blind, and disabled persons. Recipients in a Medicaid facility who have other sources of income are allowed to keep \$45 a month as a personal needs allowance. Persons in intermediate care facilities for mental retardation working in sheltered workshops can keep up to \$100 a month of their earnings in addition to the \$45 a month.

Number of recipients: In January 2002, 199 people received optional state supplementation.

State Assistance for Special Needs

Administration

County offices of the Human Services Department (state-administered).

Special Needs Circumstances

Burial expenses provided for SSI recipients, including disabled recipients who received special monthly benefits under section 1619(a) of the Social Security Act. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State does not provide a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information

New York

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration. State Office of Temporary and Disability Assistance administers an additional \$20 payment to some SSI recipients in Medicaid facilities.

Effective date: January 1, 1974.

Statutory basis for payment: New York State Social Services Law, section 207-212.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, except those living in publicly operated residences having more than 16 residents, in publicly operated emergency shelters, or in Medicaid facilities where Medicaid pays less than 50 percent of the cost of care. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographic area. Children are eligible for optional state supplementation at the congregate care Level I and Level II rates and the living-with-others rate. Children must be placed in facilities certified by the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, or the Office of Alcoholism and Substance Abuse Services.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for child.

Interim assistance: State participates using an automated Interim Assistance Reimbursement matching system.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

State Office of Temporary and Disability Assistance.

Special Needs Circumstances

Energy assistance: An emergency assistance grant can be provided to any SSI recipient to safeguard health, safety, and welfare.

Shelter-related expenses: Moving expenses, brokers' fees, security deposits, storage fees, maintenance of home during hospitalization, establishment of a home when deinstitutionalized.

Replacement of basic needs items: Replacement of furniture, clothing, food, fuel, etc., lost as a result of fire, flood, or other catastrophe.

Repair or replacement of major appliances: Repair or replacement of essential household equipment, including heating and plumbing equipment, and major appliances.

Food for guide dog: A recurring assistance grant is provided to unemployed blind or deaf persons for the purchase of food for a guide dog.

Other circumstances: Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of SSI checks that are lost, stolen, or not received (subject to recoupment).

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	632.00	921.00	87.00	104.00
Living with others	B	568.00	863.00	23.00	46.00
Living in a congregate care facility, Level I ^a	C				
Areas A and B		811.48	1,622.96	266.48	805.96
Area C		773.48	1,546.96	228.48	729.96
Living in a congregate care facility, Level II ^b	D				
Areas A and B		980.00	1,960.00	435.00	1,143.00
Area C		950.00	1,900.00	405.00	1,083.00
Living in a congregate care facility, Level III ^c	E				
Area A		1,027.96	2,055.92	482.96	1,238.92
Areas B and C		1,003.96	2,007.92	458.96	1,190.92
Living in the household of another	F	386.34	590.67	23.00	46.00
Living in a Medicaid facility ^d	G	35.00	70.00	5.00	10.00

NOTE: Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Rockland, Suffolk, and Westchester counties; and Area C is all other counties.

- The minimum personal needs allowance is \$105.
- The minimum personal needs allowance is \$122.
- The minimum personal needs allowance is \$84.
- State administers an additional payment (\$20 per individual) to SSI recipients who are New York state residents and reside in health care facilities defined in section 2801 of the New York State Public Health Law (i.e., hospitals and nursing homes).

DEFINITIONS:

A: Living alone. Includes recipients living either alone, with foster children, with an authorized homemaker, or in a family care home placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for both room and board or preparing their meals separately.

B: Living with others. Includes recipients who reside in a dwelling with others and:

- Prepare food in common with at least one other person in the dwelling,
- Are members of a religious community, or
- Are children who have not been included in state living arrangement C or D.

C: Living in a congregate care facility, Level I. Includes recipients in family-type homes and family care homes. These homes serve persons who are unable to function completely independently. Family-type homes are facilities certified by New York State, supervised by local departments of social services, and operated for the purpose of providing long-term residential care for adults. Family care homes are private households that provide care for mentally disabled persons. Eligibility for care in these homes is based on certification of placement by the local Department of Social Services or an office of the state Department of Mental Hygiene.

D: Living in a congregate care facility, Level II. Includes recipients in residential facilities who are aged or have mental or physical disabilities. Facilities at this level provide residential care for adults (and some children) and are certified, by the New York State Department of Health.

E: Living in a congregate care facility, Level III. Includes recipients in nonmedical privately operated, state-certified, residential facilities that are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled

F: Living in the household of another. Includes all recipients residing in a federal Code B living arrangement and for New York State purposes is considered part of the living-with-others living arrangement.

G: Living in a Medicaid facility. Includes all recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		605,850	135,770	2,640	382,180	85,260
Living alone	A	320,520	100,110	1,530	215,610	3,270
Living with others	B	205,960	17,440	770	112,340	75,410
Living in a congregate care facility, Level I	C	5,470	350	10	4,520	590
Living in a congregate care facility, Level II	D	36,000	4,720	150	29,580	1,550
Living in a congregate care facility, Level III	E	220	0	0	210	10
Living in the household of another	F	23,150	10,080	90	10,510	2,470
Living in a Medicaid facility	G	14,530	3,070	90	9,410	1,960

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

North Carolina

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Human Services, Division of Social Services and Division of Services for the Blind (state-supervised and county-administered).

Optional State Supplementation

Administration: Department of Health and Human Services, Division of Social Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

Effective date: January 1, 1974.

Statutory basis for payment: General Statutes of North Carolina 108A.40 through 108A.47 and chapter 111 and chapter 143B-139.5.

Funding

Administration: 100 percent county funds.

Assistance: 50 percent state funds; 50 percent county funds.

Passalong method: Maintaining payment levels.

Place of application: County Department of Social Services.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled persons living in adult care homes. Blind children are eligible for optional supplementation. Disabled children and adults in state institutions for developmental disabilities or mental disease are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions

All categories: A \$20 exemption applies to any income, including SSI, with the exception of income received as a Veterans Administration (VA) pension payment or a VA compensation payment to the surviving parent of a veteran.

Aged and disabled: For earned income, disregard the first \$65, subtract impairment-related work expenses (e.g., equipment and uniforms), and disregard one-half of the remainder.

Blind: For earned income, disregard the first \$85 plus one-half of the remainder.

Recoveries, liens, and assignments: None.

Responsibility of relatives: No income is deemed to the spouse at home.

Interim assistance: State participates (in counties that chose to do so).

Payment levels: See Table 1.

Number of recipients: See Table 2.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult care home				
Basic (aged, blind, and disabled) ^a	1,091.00	b	546.00	b
Disenfranchised (aged and disabled) ^c	1,231.00	b	686.00	b
Blind, pending SSI eligibility ^d				
Not paying shelter and utilities ^e	...	...	97.00	194.00
Paying shelter and utilities ^f	...	...	146.00	243.00

NOTE: ... = not applicable.

- a. An additional \$20 income exclusion is allowed. In addition, a \$36 personal needs allowance is included in the optional supplementation.
- b. Couples residing in these living arrangements are treated as individuals one month after entering an adult care home.
- c. The special assistance rate for disenfranchised recipients is now the same for ambulatory and semi-ambulatory; effective July 1, 1999. Disenfranchised recipients are those who were grandfathered for continued coverage when the basic rate was reduced in August 1995.
- d. This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.
- e. If only one member of the couple is blind, payment level is \$146.
- f. If only one member of the couple is blind, payment level is \$219.

DEFINITION:

Living in an adult care home. Includes recipients residing in an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication may be administered by designated or trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. Adult care homes that provide care to seven or more unrelated residents are commonly called homes for the aged.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	23,499	12,958	144	10,397
Adult care home				
Basic	23,497	12,956	144	10,397
Disenfranchised	2	2	0	0

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

North Dakota

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State-administered through county social service offices. Payments are made under the vendor payment program known as Aid to the Aged, Blind, and Disabled.

Effective date: July 1993.

Statutory basis for payment: North Dakota Century Code, chapter 50-24.5.

Funding

Administration: State funds.

Assistance: State and county funds.

Passalong method: Maintaining payment levels.

Place of application: County social service offices.

Scope of coverage: Coverage for residential and in-home options for aged, blind, and disabled SSI recipients is limited to adults in licensed basic care facilities or licensed foster homes and to those receiving in-home services enabling the recipient to remain at home.

Resource limitations: Federal Medicaid resource limitations used, except a more restrictive disqualifying transfer provision and more restrictive disqualifying penalties apply.

Income exclusions: Cost of guardianship fee of up to 5 percent of the monthly gross income. Sixty-five dollars plus one-half of the remaining monthly gross earned income. Personal needs allowance of \$60.

Recoveries, liens, and assignments: State law provides for recovery of supplementation from the estates of former recipients and deceased spouses of deceased former recipients. No liens or assignments are required.

Responsibility of relatives: Limited to spouse for spouse (follows Medicaid rules).

Interim assistance: State does not participate.

Payment levels: Combined federal and state supplementation for persons in licensed basic care facilities is \$1,921.80 for individuals and \$4,660.60 for couples. State supplementation is \$1,376.80 for individuals and \$3,026.60 for couples. Couples residing in licensed basic care facilities are treated as two individuals. The Basic Care Assistance Program pays a maximum of \$64.06 per day. The state pays the difference between the basic rate and the SSI payment, or any other income received by a recipient. This is based on a 30-day month at the maximum rate.

Number of recipients: In January 2002, 465 people received optional state supplementation. Of those, 439 were aged and 26 were disabled.

State Assistance for Special Needs

Administration

County social service boards.

Special Needs Circumstances

At option of individual counties.

Transportation costs, meals, and lodging: Twenty-one cents per mile for obtaining medical services if recipient uses own car. The cost of meals (up to \$20 per day) and lodging (up to \$35 per day), if verified as related to obtaining approved health services, may be granted if the individual is away from home for 24 hours or more.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Ohio

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Department of Aging and Department of Jobs and Family Services (state-administered through local area agencies on aging).

Effective date: July 15, 1982.

Statutory basis for payment: House Bill 694.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Passport agencies.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled recipients residing in the specified living arrangements (see Table 1). Eligibility is also extended to persons who are not SSI recipients. Children under age 18 are not eligible for supplementation.

Resource limitations: Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. Household goods and personal effects are excluded. One automobile may also be excluded if it meets the following conditions:

- Specially equipped for a disabled person,
- Used for employment,
- Used for medical transportation, or
- Has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource).

Additional exclusions include one burial plot, irrevocable burial contracts (revocable burial contracts are not excluded), and life insurance policies with a total face value of \$1,500 or less (if more, the cash surrender value is a countable resource).

Income exclusions: Cost-of-living increases for SSI recipients after July 15, 1982, are disregarded. Earned income exclusions apply. Effective January 1, 2001, the disregard is \$236 for an individual and \$355 for a couple.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

State does not provide assistance for special needs unless the recipient is eligible for Medicaid.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

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 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult family or foster home ^a	1,051.00	1,976.00	506.00	1,159.00
Adult community mental health housing	851.00	1,576.00	306.00	759.00
Adult community alternative home	1,051.00	1,976.00	506.00	1,159.00
Adult group home ^a	1,151.00	2,176.00	606.00	1,359.00
Residential care facility ^a	1,151.00	2,176.00	606.00	1,359.00
Adult residential facility	1,051.00	1,976.00	506.00	1,159.00

a. Includes a personal needs allowance of \$50 per individual, \$100 per couple.

DEFINITIONS:

Living in an adult family or foster home. Includes recipients living in a residence for one or two adults that is not certified or licensed by the Department of Mental Health but is certified by the Department of Human Services or by the Department of Aging or its designee.

Living in an adult family home. Includes recipients living in a residence or facility that is licensed by the Department of Health and provides accommodations for three to five adults and supervision or personal care services for at least three of those adults.

Living in an adult community alternative home (under adult community mental health housing). Includes recipients who have acquired immuno-deficiency syndrome (AIDS) or a condition related to AIDS. The home is for three to five unrelated adults and is licensed by the Department of Health.

Living in an adult group home. Includes recipients residing in an adult foster care facility licensed by the Department of Health that provides room and board for six to sixteen adults and also provides supervision and personal care services to at least three of those adults.

Living in an adult residential care facility. Includes recipients residing in a home licensed by the Department of Health that provides accommodations for sixteen or more adults and also provides supervision and personal care services to three or more individuals who require such services because of age or physical or mental impairment.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Disabled
All recipients	2,546	903	1,643
Adult family home	484	122	362
Adult foster home	115	57	58
Adult community mental health housing	0	0	0
Adult community alternative home	2	1	1
Adult group home	1,246	408	838
Adult residential care facility	699	315	384

Oklahoma

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Human Services.

Optional State Supplementation

Administration: Department of Human Services. Payments are made under the Aid to the Aged, Blind, and Totally and Permanently Disabled program.

Effective date: January 1, 1974.

Statutory basis for payment: Constitution of the State of Oklahoma, Article XXV.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: County offices of the Department of Human Services or physicians' offices.

Scope of coverage: Optional supplement provided to needy aged, blind, and disabled persons living independently. Blind and disabled children are eligible for supplementation.

Resource limitations: Same as federal. In addition, the value of original Indian allotments, land purchased from allotment proceeds, and land purchased from funds granted to the Indian in lieu of original allotment, provided the land is held in trust for the Indian and is held by the original allottee, is disregarded. Prepaid funeral contracts are also disregarded when the recipient has signed an irrevocable contract up to \$7,500.

Income exclusions: Federal SSI earned income exclusions used. No unearned income is excluded.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: Combined federal payment and state supplementation for persons living independently is \$598 for individuals and \$923 for couples.¹ State supplementation is \$53 for individuals and \$106 for couples.

Number of recipients: In January 2002, 70,972 people received optional state supplementation. Of those, 22,278 were aged, 520 were blind, 39,228 were disabled adults, and 8,946 were disabled children.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

1. Includes recipients residing in a federal Code A, B, or C living arrangement except those in nursing homes or hospitals.

Oregon

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Human Services, Adult and Family Services Division, Senior and Disabled Services Division (state-administered in local offices).

Optional State Supplementation

Administration: Department of Human Services, Adult and Family Services Division, Senior and Disabled Services Division (state-administered in local offices).

Effective date: January 1, 1974.

Statutory basis for payment: Oregon Revised Statutes 411.120.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the Adult and Family Services Division or the Senior and Disabled Services Division.

Scope of coverage: Optional state supplement provided to SSI recipients residing in the specified living arrangements (see Table 1). Blind children are eligible and disabled children are ineligible for state supplementation.

Resource limitations: Federal SSI limitations used, except that the transfer of a home may render a person ineligible for a state supplement for up to 30 months, based on the amount of uncompensated value.

Income exclusions: Federal SSI earned income exclusions used. No unearned income is excluded.

Recoveries, liens, and assignments: Assistance paid constitutes an unsecured prior claim against property or any interest therein belonging to the estate of a recipient except such portion as is being occupied as a home by the spouse, minor dependent child, or parent of deceased recipient. Senior and Disabled

Services Division may compromise claim by accepting other security or may waive payment when enforcement would be inequitable and would tend to defeat the purpose of public assistance law.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Department of Human Resources, Adult and Family Services Division or Senior and Disabled Services Division.

Special Needs Circumstances

Clothing for employment: Essential clothing may be provided for a recipient to begin employment if the recipient has been accepted for a job.

Corrective shoes: Necessary corrective, orthopedic, or extra-sturdy shoes recommended by the recipient's physician.

Special diet: Payment for a special diet will be allowed if need has been established by a physician and the recipient maintains housekeeping quarters and is receiving a standard food allowance.

Restaurant meals: Restaurant meals are allowed in addition to the standard supplemental payments when recipient is unable to prepare meals because of physical or mental disability.

Laundry allowances: Laundry allowances are provided when the recipient has no available laundry facilities of any kind or is so disabled that he or she cannot do his or her own laundry and there is no other person living in the home who can do it.

Telephone allowances: Telephone allowances may be provided when the recipient lives alone and is housebound, lives in a situation so remote that a telephone is essential, or needs a telephone to maintain a job.

Maintenance for guide dogs: Payment for food will be made for guide dogs provided to the recipient by the Oregon Commission for the Blind.

Moving expenses: Moving costs will be provided if moving is essential to provide nonhazardous housing for the recipient or if the recipient has been evicted for reasons not attributable to his or her neglect or his or her failure to pay rent or house payments.

Household equipment costs: Certain items of household equipment may be purchased or repaired if the recipient is unable to obtain them without cost; a one-time payment of chattel mortgages or sales contracts may be made to prevent repossession if the cost of replacing an essential item exceeds the balance due on the contract.

Shelter exceptions: Additional payment is made for shelter expenses in situations in which the recipient has special needs that make it impractical or impossible to rent or continue to purchase adequate housing with current benefit payment.

Transportation expenses: Certain transportation expenses may be provided to meet specific needs of recipients.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

Prescription drugs and mental health services only.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Aged and disabled	546.70	817.00	1.70	...
Blind	571.70	842.60	26.70	25.60
Living with an ineligible spouse				
Aged and disabled	546.70	...	1.70	...
Blind	571.70	...	26.70	...
Living in the household of another				
Aged and disabled	365.04	544.67	1.70	...
Blind	390.04	570.27	26.70	25.60
Living in an adult foster care or residential care facility ^{a,b}				
Aged and disabled	546.70	1,013.40	1.70	196.40
Blind	571.70	1,063.40	26.70	246.40
Living in a room and board facility ^b				
Aged and disabled	546.70	1,013.40	1.70	196.40
Blind	571.70	1,063.40	26.70	246.40

NOTE: ... = not applicable.

a. Additional costs covered by special service funds.

b. Persons with other sources of income are allowed to keep \$90 as a personal needs allowance.

DEFINITIONS:

Living independently. Includes recipients living alone in their own household.

Living with an ineligible spouse. Includes recipients living with their ineligible spouse.

Living in the household of another. Includes recipients who live in the household of another.

Living in an adult foster care facility. Includes recipients living in homes or other facilities that include board and room and 24-hour care and services for five or fewer elderly or disabled persons who are aged 18 or older.

Living in a residential care facility. Includes recipients living in facilities of one or more buildings on contiguous property that provide 24-hour care and services to six or more people aged 16 or older.

Living in a room and board facility. Includes persons living in facilities that provide meals and housing in exchange for financial or other compensation.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	24,009	3,084	558	20,367
Living independently	20,059	1,738	381	17,940
Living with an ineligible spouse	0	0	0	0
Living in the household of another	1,341	573	68	700
Living in an adult foster care or residential care facility	2,609	773	109	1,727
Living in a room and board facility	0	0	0	0

Pennsylvania

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Public Welfare determines eligibility for domiciliary care and personal care home supplement. Social Security Administration administers all state supplementary payments.

Effective date: January 1, 1974.

Statutory basis for payment: Article IV, section 432(2), and Pennsylvania Public Welfare Code.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who receives SSI payments or would receive them except for excess income. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except for domiciliary care and personal care homes where they must be aged 18 or older.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Department of Public Welfare.

Special Needs Circumstances

Burial expenses: Up to \$750 in absence of other resources to meet cost.

Moving expenses: Up to \$200 may be paid (once in a 12-month period) if moving is required because of eviction or for health and welfare reasons.

Medical transportation expenses: Provides transportation expenses to and from medical appointments for those who need assistance.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	572.40	860.70	27.40	43.70
Living in the household of another	B	390.74	588.37	27.40	43.70
Living with an essential person ^a	C	861.70	1,158.05	43.70	68.05
Living with an essential person in the household of another ^a	D	588.37	794.72	43.70	68.05
Living in a domiciliary care facility for adults	G	934.30	1,674.40	389.30	857.40
Living in a personal care boarding home	H	939.30	1,684.40	394.30	867.40

a. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

A: Living alone. Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where SSI is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples residing in a federal Code A or C living arrangement not meeting the definitions of other state arrangements. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

B: Living in the household of another. Includes recipients who do not have an essential person and who reside in a in federal Code B living arrangement.

C: Living with an essential person. Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more essential persons.

D: Living with an essential person in the household of another. Includes recipients who live in the household of another and have one or more essential persons.

G: Living in a domiciliary care facility for adults. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities.

H: Living in a personal care boarding home. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		284,720	33,130	2,090	193,220	56,280
Living alone	A	264,140	28,250	1,900	179,420	54,570
Living in the household of another	B	8,320	1,310	130	5,280	1,600
Living with an essential person	C	10	0	0	10	0
Living with an essential person in the household of another	D	10	0	0	10	0
Living in a domiciliary care facility for adults	G	1,190	130	0	1,010	50
Living in a personal care boarding home	H	11,050	3,440	60	7,490	60

Rhode Island

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: General Laws of Rhode Island, 1956, as amended, title 40, chapter 6, section 27.

Funding

Administration: State funds

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, residing in the specified living arrangements (see Table 1).

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	609.35	937.50	64.35	120.50
Living in the household of another	B	437.94	681.17	74.60	136.50
Living in an adult residential care or assisted living facility ^a	D	1,127.00	...	582.00	...
Living in a Medicaid facility	E	50.00	100.00	20.00	40.00

NOTE: ... = not applicable.

a. Adult individuals only.

DEFINITIONS:

A: Living alone. Includes recipients who are residing in a federal Code A or C living arrangement. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

B: Living in the household of another. Includes recipients who are residing in a federal Code B living arrangement.

D: Living in an adult residential care or assisted living facility. Includes adult recipients who are residing in a federal Code A living arrangement and live in a licensed shelter care facility.

E: Living in a Medicaid facility. Includes all recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		27,880	4,600	150	18,600	4,530
Living alone	A	25,870	3,830	130	17,560	4,350
Living in the household of another	B	890	260	10	530	90
Living in an adult residential care or assisted living facility	D	670	420	0	240	10
Living in a Medicaid facility	E	450	90	10	270	80

State Assistance for Special Needs

Administration

Department of Human Services.

Special Needs Circumstances

Moving expenses: Within cost guidelines, moving costs are covered for SSI recipients when the move is determined to be socially desirable and moving services cannot be provided by city, town, or other community resources.

Catastrophic conditions: In the event of a catastrophe by fire, flood, lightning, or severe wind, the state will provide shelter, clothing, food, and essential household equipment and furnishings.

Burial expenses: The cost of burial expenses can be provided for any person who dies leaving insufficient resources to meet this expense.

Homemaker services: Services provided under specified criteria to prevent institutionalization of a recipient who is unable to perform homemaker duties because of an acute or chronic illness.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

South Carolina

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: 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: County offices of the Department of Social Services.

Scope of coverage: Optional state supplement provided to SSI recipients and other low-income individuals who meet the state's net income limitation and live in licensed community and residential care facilities. Blind children are eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: Individuals living in licensed residential care facilities receive a combined federal and state benefit of up to \$893 (state-supplement portion is up to \$348), including a personal needs allowance of \$43 per month.¹ Lesser amounts may be paid based on need. Couples residing in these facilities are treated as two individuals.

Number of recipients: In January 2002, 3,382 people received optional state supplementation. Of those, 1,747 were aged, 15 were blind, and 1,620 were disabled.

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.

1. Living in a licensed 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 care facility must:
 - Be licensed by the 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.

South Dakota

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Department of Social Services. State-administered in local offices for assisted living and foster care home arrangements; state-administered in state offices for independent arrangements.

Effective date: February 1, 1975.

Statutory basis for payment: South Dakota Codified Laws Annotated 28-5A-1.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of state Department of Social Services for individuals in assisted living facilities or in adult foster care homes. State uses

information from the Social Security Administration to identify recipients who are living independently and have no other income.

Scope of coverage: Optional state supplement provided to SSI recipients who live independently and have no other source of income and to those who live in assisted living facilities or in adult foster care homes and who have net income less than the supplementation levels. Blind and disabled children who meet the income and resource limitations and live in assisted living facilities or adult foster care homes are eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: State disregards \$30 of the federal SSI payment to recipients in assisted living facilities or foster care homes.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: In January 2002, 3,601 people received optional state supplementation. Of those, 3,333 were living independently, 257 were living in an assisted living facility, and 11 were living in adult foster care.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	560.00	832.00	15.00	15.00
Living in an assisted living facility ^b	1,019.00	c	474.00	c
Living in an adult foster care home ^b	795.00	c	250.00	c

a. Limited to SSI recipients with no other source of income.

b. Lesser amounts may be paid depending on cost of care in the facility. State provides an income disregard of \$30 per month of the federal SSI payment.

c. Couples residing in these living arrangements are treated as individuals one month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes all recipients residing in a federal Code A or C living arrangement who are eligible for state supplementation and are not included under another state living arrangement.

Living in an assisted living facility or adult foster care home. Includes recipients residing in facilities or homes that meet state licensing or certification requirements and provide personal care environments (i.e., one that provides personal care and services in addition to food, shelter, and laundry to recipients who do not need skilled nursing care). Residents in personal care environments must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance.

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 obtains this information.

Tennessee

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State participates.

Optional State Supplementation

State does not provide optional supplementation.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Texas

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Human Services.

Effective date: September 1, 1999.

Statutory basis for payment: Texas Human Resources Code, section 32.024(V).

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients residing in nursing or intermediate care facilities for the mentally retarded (ICFMR) and whose countable income is less than \$60.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: Prior to September 2002, individuals in Medicaid facilities received a combined federal and state supplement of \$45 (state-supplemented portion is \$15).¹ In addition, up to \$60 may be retained as a personal needs allowance. Couples residing in these facilities for more than 30 days are treated as two individuals. Effective September 2002, state supplementation increased to \$30, bringing the combined federal and state supplementation for these recipients to \$60.

Number of recipients: In January 2002, 6,441 people received optional state supplementation. Of those, 3,085 were aged, 39 were blind, 600 were disabled adults, and 2,717 were disabled children.

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 provides a program for families and children.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

1. Includes recipients in a federal Code D living arrangement who reside in a nonpsychiatric Medicaid facility.

Utah

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: July 1, 1978.

Statutory basis for payment: Appropriation Act for the Department of Social Services, 1978/1979.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, who are living alone or with others.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone or with others	A	545.00	821.60	...	4.60
Living in the household of another	B	366.47	554.40	3.13	9.73

NOTE: ... = not applicable.

DEFINITIONS:

A: Living alone or with others. Includes recipients residing in a federal Code A living arrangement.

B: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,540	350	10	990	190
Living alone or with others	A	690	270	0	420	0
Living in the household of another	B	850	80	10	570	190

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Vermont

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Agency of Human Services, Department of Prevention, Assistance, Transition, and Health Access, administers the state-funded program for essential persons. All other optional state supplements are administered by the Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Vermont Statutes Annotated, title 33, chapter 13, Aid to Aged, Blind, and Disabled.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI-eligible aged, blind, and disabled individuals, including children.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A and B	604.04	927.88	59.04	110.88
Living in assistive community care, Level III	C	593.38	913.77	48.38	96.77
Living in the household of another	E	402.64	592.98	39.30	48.31
Living in a residential care home, Level IV	G	768.94	1,379.06	223.94	562.06
Living in a custodial care family home	H	643.69	1,149.82	98.69	332.82
Living in a Medicaid facility	I	47.66	95.33	17.66	35.33
Living independently with an essential person ^a	...	927.88	1,111.69	109.88	21.69
Living in the household of another with an ineligible spouse who is an essential person ^a	...	604.04	...	59.37	...

NOTE: ... = not applicable.

a. State administers payments.

DEFINITIONS:

A and B: Living independently. Includes eligible recipients who are not in any other state living arrangement. Includes children who are living with parents, recipients residing in private Title XIX facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

C: Living in assistive community care, Level III. Effective July 1, 1999, includes any individual who resides in a Level III residential care home that is certified by the Department of Disabilities and Aging to provide assistive community care services.

E: Living in the household of another. Includes recipients residing in a federal Code B living arrangement who are not otherwise exempted from state supplementation.

G: Living in a residential care home, Level IV. Includes recipients living in Level IV community homes identified by the state.

H: Living in a custodial care family home. Includes recipients who are residing in a federal Code A living arrangement, live in another's home, pay room and board, and receive one or more custodial services. Custodial care includes providing basic room and board, plus such services as help with feeding, dressing, bathing, moving under normal circumstances, and occasional tray service and supervision for the recipients' protection. To qualify as a home under this arrangement, these services must be provided by a resident of the home and cannot be provided to more than two persons in the home. Custodial care or supervision provided by a spouse is not included under this arrangement.

I: Living in a Medicaid facility. Includes recipients residing in a federal code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		12,730	1,430	160	9,340	1,800
Living independently	A and B	11,000	1,270	110	8,000	1,620
Living in assistive community care, Level III	C	110	0	20	70	20
Living in the household of another	E	260	70	0	190	0
Living in a residential care home, Level IV	G	260	60	0	200	0
Living in a custodial care family home	H	960	10	20	780	150
Living in a Medicaid facility	I	140	20	10	100	10
Living independently with an essential person	...	0	0	0	0	0
Living in the household of another with an ineligible spouse who is an essential person	...	0	0	0	0	0

NOTE: ... = not applicable.

State Assistance for Special Needs

Administration

Agency of Human Services, Department of Prevention, Assistance, Transition, and Health Access.

Special Needs Circumstances

Emergency assistance is provided, under certain conditions, for court-ordered evictions, natural disasters (e.g., fire, flood, or hurricane), emergency medical care, funeral costs, and emergency fuel needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Virginia

NOTE: The Social Security Administration was not able to obtain current information from the state. Data shown are for 2001 with the exception of the federal benefit rate, which is for 2002.

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: Department of Social Services.

Effective date: July 1, 1974.

Statutory basis for payment: Code of Virginia Annotated 63.1-106, 63.1-124, and 63.1-25.1.

Funding

Administration: 80 percent state funds; 20 percent local funds.

Assistance: 80 percent state funds; 20 percent local funds.

Passalong method: Maintaining payment levels.

Place of application: Local Departments of Social Services.

Scope of coverage: Optional state supplement provided to needy aged, blind, and disabled persons who live in an assisted living facility (domiciliary institution) or in an approved adult family care home and who are eligible for SSI benefits or would be eligible except for excess income. Children are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal. In addition, when applicable, a disregard for income allotted to the support of children or spouse at home is allowed.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Assisted living facility ^a				
Planning District 8	1,009.00	2,009.00	464.00	1,192.00
All other areas	886.00	1,765.00	341.00	948.00
Adult family care home ^b				
Planning District 8	655.00	1,303.00	110.00	486.00
All other areas	579.00	1,151.00	34.00	334.00

NOTE: Planning District 8 includes the counties of Arlington, Loudon, Prince William, Fairfax, and the city of Alexandria.

a. Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility. Includes a personal needs allowance of \$57 and a 15 percent differential in Planning District 8.

b. Administered in localities whose local boards have opted to provide this service, effective August 1982; includes a personal needs allowance that is now \$57.

DEFINITIONS:

Assisted living facility. Must be licensed. Four or more persons receive care.

Adult family care home. A foster care arrangement with no more than three persons but usually only one person. No license required, but approval by local department of social services is required.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled adults
All recipients	^a 6,705	2,908	18	3,739
Assisted living facility	6,677	2,899	15	3,723
Adult family care home	28	9	3	16

a. Data are for 2001.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Washington

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Social and Health Services administers payments to SSI recipients in Medicaid facilities. All other state supplements are administered by the Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: State law in Revised Code of Washington 74.04.600-74.04.630 and state policy in Washington Administrative Code 388-474.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to needy aged, blind, and disabled persons, including children, except for individuals converted from former state assistance programs who have more than one essential person, eligible couples with one or more essential persons, and residents of public emergency shelters for the homeless.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Department of Social and Health Services, Economic Services Administration, Division of Assistance Programs.

Special Needs Circumstances

Guide dog: Food for service animal at the rate of \$33.66 per month.

Other utility charges

Telephone: Amount varies according to need and location.

Laundry: \$11.13 per month.

Meals

Restaurant meals: \$187.09 per month; \$6.04 per day.

Home-delivered meals: The amount charged by the agency delivering the service.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently ^a	A				
Area 1		570.90	836.90	25.90	19.90
Area 2		550.45	817.00	5.45	...
Living with an ineligible spouse ^b	B				
Area 1		711.10	...	166.10	...
Area 2		681.15	...	136.15	...
Living in the household of another	C	367.05	548.87	3.71	4.20
Living in the household of another with an ineligible spouse	F	465.00	...	101.66	...
Living in a Medicaid facility ^c	...	41.62	83.24	11.62	23.24

NOTES: Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

... = not applicable.

- a. Includes persons in congregate care group facilities.
- b. Applies only to cases converted from former state assistance programs.
- c. State administers payments.

DEFINITIONS:

A: Living independently. Applies to recipients residing in a federal Code A or C living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

B: Living with an ineligible spouse. Applies to recipients who are living independently with a spouse who does not qualify for SSI payments.

C: Living in the household of another. Applies to recipients residing in a federal Code B living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

F: Living in the household of another with an ineligible spouse. Includes recipients residing in a federal Code B living arrangement who have an ineligible spouse.

Living in a Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		97,850	12,710	870	69,330	14,940
Living independently	A	91,760	11,850	760	64,430	14,720
Living with an ineligible spouse	B	4,650	580	90	3,980	0
Living in the household of another	C	1,440	280	20	920	220
Living in the household of another with an ineligible spouse	F	0	0	0	0	0
Living in a Medicaid facility ^a	...	b	b	b	b	b

NOTE: ... = not applicable.

- a. State administers payments.
- b. Data are not available.

West Virginia

State Supplementation

Mandatory Minimum Supplementation

State does not provide mandatory minimum supplementation.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

Administration

Department of Health and Human Resources, Bureau for Children and Families.

Special Needs Circumstances

Adult family care home: Payment of \$536 to \$606 monthly (depending on amount of care required for each recipient) provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI and persons who are not eligible for SSI but are eligible for a state supplement.

Licensed personal care home: Payment of \$652 monthly provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI or is income eligible.

Residential board and care: Payment of \$536 to \$606 monthly (depending on amount of care required for each recipient) provided on behalf of every aged or disabled person living in a residential board and care home who has been approved for SSI or is income eligible.

Personal care services: In August 1996, the Personal Care Services Program was transferred from the Office of Social Services to the Community Care Program in the Bureau for Senior Services. To qualify, aged, blind, and disabled persons must be income-eligible recipients of SSI and have a physician certify that they need these services. The purpose of these services is to enable persons to stay in their current living situation. Personal services are provided through the county senior centers. The senior centers employ the personal care providers and pay them directly.

Emergency financial assistance: Amounts vary with need but cannot exceed various maximums. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12-month period.

Burial expenses: Up to \$1,250 is provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining the assistance amount for burial expenses.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Wisconsin

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all eligible persons residing in the specified living arrangements (see Table 1). 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.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Family Services.

Optional State Supplementation

Administration: Department of Health and Family Services.

Effective date: January 1, 1974.

Statutory basis for payment: Wisconsin Statutes 49.77 and 49.775.

Funding

Administration: State funds.

Assistance: State funds.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	628.78	949.05	83.78	132.05
Living in the household of another	447.12	676.72	83.78	132.05
Living independently with an ineligible spouse	675.43	...	130.43	...
Living in the household of another with an ineligible spouse	498.39	...	135.05	...
Living in a private nonmedical group home or natural residential setting	724.77	1,294.41	179.77	477.41

NOTES: A caretaker supplement is provided for children: \$250 for first child; \$150 for each additional child.

... = not applicable.

a. Includes individuals in private medical facilities who receive less than 50 percent of cost of care from Medicaid.

DEFINITIONS:

Living independently. Includes recipients living in their own households, in private medical treatment facilities and receiving 50 percent or less of the cost of their care from SSI, or in nonmedical institutions. Also includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

Living independently with an ineligible spouse. Includes recipients living in their own household with an ineligible spouse.

Living in the household of another with an ineligible spouse. Includes recipients residing in a federal Code B living arrangement who have an ineligible spouse.

Living in a private nonmedical group home or natural residential setting. Restricted to recipients who require a supportive living arrangement and reside in private nonmedical group homes or in a natural residential setting with support. Eligibility is based on certification, on an individual basis, by the state.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	90,299 ^a	11,418	847	59,058	18,850
Living independently	61,842	8,188	442	36,619	16,593
Living in the household of another	3,846	361	64	2,798	623
Living independently with an ineligible spouse	5,102	635	62	4,401	4
Living in the household of another with an ineligible spouse	65	12	0	53	0
Living in a private nonmedical group home or natural residential setting	19,318	2,222	279	15,187	1,630

a. Includes 126 blind children.

State Assistance for Special Needs

Administration

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

Special Needs Circumstances

State administers special needs 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

Criteria: SSI program guidelines (Title XVI), Wisconsin Statute 49.77.

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Wyoming

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Family Services, Economic Assistance.

Optional State Supplementation

Administration: Department of Family Services, Economic Assistance.

Effective date: July 1, 1977.

Statutory basis for payment: Wyoming Statutes 42-2-103.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: No application required. State uses computerized information from the Social Security Administration to identify eligible recipients.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled persons who receive SSI as the sole source of their income and live independently or in the household of another. Blind and disabled children may be eligible for supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: In January 2002, 2,749 people received optional state supplementation.

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 obtains this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	554.90	842.12	9.90	25.12
Living in the household of another	376.75	575.03	13.41	30.36

DEFINITIONS:

Living independently. Includes only SSI recipients who reside in a federal Code A living arrangement and have no federal countable income.

Living in the household of another. Includes only SSI recipients who reside in a federal Code B living arrangement and have no federal countable income.