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.