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)

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>Combined federal and state</th>
<th>State supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Adult care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic (aged, blind, and disabled)</td>
<td>1,091.00</td>
<td>b</td>
</tr>
<tr>
<td>Disenfranchised (aged and disabled)</td>
<td>1,231.00</td>
<td>b</td>
</tr>
<tr>
<td>Blind, pending SSI eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not paying shelter and utilities</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Paying shelter and utilities</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recipients</td>
<td>23,499</td>
<td>12,958</td>
<td>144</td>
<td>10,397</td>
</tr>
<tr>
<td>Adult care home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>23,497</td>
<td>12,956</td>
<td>144</td>
<td>10,397</td>
</tr>
<tr>
<td>Disenfranchised</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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