**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 all SSI recipients, including children, residing in the specified living arrangements (see Table 1).

**Resource limitations:** Federal SSI regulations apply.

**Income exclusions:** Federal SSI regulations apply.

**Recoveries, liens, and assignments:** None.

**Financial responsibility of relatives:** None.

**Interim assistance:** State participates.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

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### Table 1.

**Optional state supplementation payment levels, January 2004 (in dollars)**

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Combined federal and state</th>
<th>State supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Living alone</td>
<td>A</td>
<td>621.35</td>
<td>954.50</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>B</td>
<td>445.94</td>
<td>692.50</td>
</tr>
<tr>
<td>Adult residential care or assisted living facility</td>
<td>D</td>
<td>1,139.00</td>
<td>. . .</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>E</td>
<td>50.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

NOTE: . . . = not applicable.

**DEFINITIONS:**

A: Living alone. Includes recipients 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) of the Social Security Act.

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

D: Adult residential care or assisted living facility. Includes adult recipients who reside in a federal Code A living arrangement and live in a licensed shelter care facility.

E: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.
Table 2.
Number of persons receiving optional state supplementation, January 2004

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled Adults</th>
<th>Disabled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recipients</td>
<td></td>
<td>28,880</td>
<td>4,330</td>
<td>170</td>
<td>19,440</td>
<td>4,940</td>
</tr>
<tr>
<td>Living alone</td>
<td>A</td>
<td>26,960</td>
<td>3,630</td>
<td>150</td>
<td>18,410</td>
<td>4,770</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>B</td>
<td>850</td>
<td>200</td>
<td>10</td>
<td>520</td>
<td>120</td>
</tr>
<tr>
<td>Adult residential care or assisted living facility</td>
<td>D</td>
<td>680</td>
<td>420</td>
<td>0</td>
<td>250</td>
<td>10</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>E</td>
<td>390</td>
<td>80</td>
<td>10</td>
<td>250</td>
<td>10</td>
</tr>
</tbody>
</table>

**State Assistance for Special Needs**

**Administration**

State 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.