**State Supplementation**

**Mandatory Minimum Supplementation**

No recipients.

**Optional State Supplementation**

**Administration:** State 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:** Local county offices of the state Department of Social Services.

**Scope of coverage:** Optional state supplement provided to all SSI recipients and other low-income individuals who meet the state's net income exclusion and live in licensed community residential care facilities.

**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 does not participate.

**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 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, January 2004 (in dollars) |
|------------------------------|-----------------|-----------------|
|                             | Combined federal and state | State supplementation |
|                             | Individual | Couple | Individual | Couple |
| Licensed community residential care facility | 912.00 | . . . | 348.00 | . . . |

**NOTE:** . . . = not applicable.

**DEFINITION:**

**Licensed community 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 facility must be licensed by the state 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.
<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed community residential care facility</td>
<td>2,993</td>
<td>1,405</td>
<td>10</td>
<td>1,578</td>
</tr>
</tbody>
</table>

Table 2. Number of persons receiving optional state supplementation, January 2004