Maine

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and 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 payment levels.

Place of application: Local offices of the state Department of Health and 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: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply 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.

Financial 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

State Department of Health and 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 state Department of Human Services obtains this information.
Maine

**Table 1.**
Optional state supplementation payment levels, January 2005 (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>Living alone or with others</td>
<td>589.00</td>
<td>884.00</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>394.00</td>
<td>591.34</td>
</tr>
<tr>
<td>Foster home</td>
<td>628.00</td>
<td>1,142.00</td>
</tr>
<tr>
<td>Flat-rate boarding home</td>
<td>796.00</td>
<td>1,459.00</td>
</tr>
<tr>
<td>Cost-reimbursement boarding home</td>
<td>813.00</td>
<td>1,505.00</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>40.00</td>
<td>80.00</td>
</tr>
</tbody>
</table>

**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 1611(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.

**Foster home.** Includes recipients residing in an adult foster home.

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

**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.

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

**Table 2.**
Number of persons receiving optional state supplementation, January 2005

<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>34,296</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Living alone or with others</td>
<td>32,597</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>62</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Foster home</td>
<td>272</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Flat-rate boarding home</td>
<td>19</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Cost-reimbursement boarding home</td>
<td>33</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>1,313</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTE: -- = not available.