State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: County offices of the state Department of Human Resources.

Effective date: January 1, 1974.


Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County offices of the state Department of Human Resources.

Scope of coverage: Optional state supplement provided to all SSI recipients (including children and certain grandfathered aged, blind, and disabled persons who would receive SSI payments except for their income level) 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 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 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>Receiving IHC in a private home or a personal care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of independence A</td>
<td>639.00</td>
<td>989.00</td>
</tr>
<tr>
<td>Level of independence B</td>
<td>635.00</td>
<td>981.00</td>
</tr>
<tr>
<td>Receiving IHC and support and maintenance in a private home or personal care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of independence A</td>
<td>446.00</td>
<td>699.34</td>
</tr>
<tr>
<td>Level of independence B</td>
<td>442.00</td>
<td>691.34</td>
</tr>
<tr>
<td>Receiving specialized IHC in a private home or personal care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>639.00</td>
<td>989.00</td>
</tr>
<tr>
<td>Receiving specialized IHC and support and maintenance in a private home or personal care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>446.00</td>
<td>699.34</td>
</tr>
<tr>
<td>Foster home with IHC or specialized IHC</td>
<td>689.00</td>
<td>1,089.00</td>
</tr>
<tr>
<td>Cerebral palsy treatment center (disabled)</td>
<td>775.00</td>
<td>1,261.00</td>
</tr>
</tbody>
</table>

NOTE: A licensed physician must recommend independent home-life care (IHC) or specialized IHC, and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified home health agency.

DEFINITIONS:

**Personal care home.** A domiciliary facility that provides care for four or more unrelated persons and is licensed by the Alabama Department of Health.

**Foster home.** A domiciliary facility licensed or approved by the Alabama Department of Human Resources in accordance with state foster home provisions.

**Cerebral palsy treatment center (disabled).** A domiciliary care facility for the treatment of cerebral palsy that is licensed by the Alabama Department of Health.

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>432</td>
<td>150</td>
<td>6</td>
<td>276</td>
</tr>
<tr>
<td>Receiving IHC in a private home or a personal care home</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Receiving IHC and support and maintenance in a private home or personal care home</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Receiving specialized IHC in a private home or personal care home</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Receiving specialized IHC and support and maintenance in a private home or personal care home</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Foster home with IHC or specialized IHC</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Cerebral palsy treatment center (disabled)</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

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

IHC = independent home-life care; -- = not available.
Florida

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Children and Families.

Effective date: January 1, 1974.

Statutory basis for payment: Florida Statutes, chapter 409.212.

Funding Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Children and Families.

Scope of coverage: Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or have been grandfathered because they meet all SSI criteria except for income. Income may not exceed $657.40.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient, and the state can file a claim after death. Homestead exempt during life of spouse or dependent children if occupied as a homestead. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

<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>Community care programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult family care home a</td>
<td>657.40</td>
<td>. . .</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>657.40</td>
<td>b</td>
</tr>
<tr>
<td>Medicaid facility c</td>
<td>35.00</td>
<td>70.00</td>
</tr>
</tbody>
</table>

NOTE: . . . = not applicable.

a. Payments include $54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.

b. Couples are treated as two individuals the month after leaving an independent living arrangement.

c. Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

DEFINITIONS:

Adult family care home. Serves up to five persons aged 18 or older, providing housing, food, and personal services.

Assisted living facility. Serves four or more persons aged 18 or older, providing housing, food, and personal services.

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>9,393</td>
<td>3,705</td>
<td>3</td>
<td>5,685</td>
</tr>
<tr>
<td>Community care programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult family care home</td>
<td>379</td>
<td>117</td>
<td>0</td>
<td>262</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>8,499</td>
<td>3,495</td>
<td>3</td>
<td>5,001</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>515</td>
<td>93</td>
<td>0</td>
<td>422</td>
</tr>
</tbody>
</table>

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

**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.
Georgia

State Supplementation

Mandatory Minimum Supplementation
Administration: Social Security Administration.

Optional State Supplementation
State does not provide optional supplementation.
Interim assistance: State participates.

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.
Kentucky

State Supplementation

Mandatory Minimum Supplementation
No recipients.

Optional State Supplementation

Administration: State Cabinet for Health and Family Services, Department for Community Based Services.

Effective date: January 1, 1974.

Statutory basis for payment: Kentucky Revised Statutes 205.245 and budget approval by state legislature.

Funding
Administration: State funds.
Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Cabinet for Health and Family Services, Department for Community Based Services.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

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.

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>Personal care facility</td>
<td>1,019.00</td>
<td>a</td>
</tr>
<tr>
<td>Family care home</td>
<td>751.00</td>
<td>a</td>
</tr>
<tr>
<td>Caretaker in home</td>
<td>641.00</td>
<td>984.00</td>
</tr>
</tbody>
</table>

a. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:
Personal care facility. Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health-related services, personal care, and social or recreational activities.

Family care home. Includes recipients in residential accommodations limited to two or three persons who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home. Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.
<table>
<thead>
<tr>
<th>Table 2. Number of persons receiving optional state supplementation, January 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living arrangement</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>All recipients</td>
</tr>
<tr>
<td>Personal care facility</td>
</tr>
<tr>
<td>Family care home</td>
</tr>
<tr>
<td>Caretaker in home</td>
</tr>
</tbody>
</table>

NOTE: -- = not available.

**State Assistance for Special Needs**

State provides 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 obtains this information.
Mississippi

**State Supplementation**

*Mandatory Minimum Supplementation*

**Administration:** Social Security Administration.

*Optional State Supplementation*

State does not provide optional supplementation.

**Interim assistance:** State does not participate.

*State Assistance for Special Needs*

State does not provide assistance for special needs.

---

**Medicaid**

**Eligibility**

**Criteria:** SSI program guidelines (Title XVI). State has more liberal guidelines for Medicaid-only (non-SSI) recipients.

**Determined by:** Social Security Administration for SSI recipients, and the Division of Medicaid for those with income above SSI state limits.

**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.
North Carolina

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services, Division of Aging and Adult Services and Division of Services for the Blind (state-supervised and county-administered).

Optional State Supplementation

Administration: State Department of Health and Human Services, Division of Aging and Adult 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 offices of the state Department of Social Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled adults living in adult care homes. Children under age 18 are not eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

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: Federal SSI regulations apply.

Blind: For earned income, exclude the first $85 plus one-half of the remainder.

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

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.
North Carolina

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>Adult care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic (aged, blind, and disabled) a</td>
<td>1,130.00</td>
<td>b</td>
</tr>
<tr>
<td>Disenfranchised (aged and disabled)</td>
<td>1,137.00</td>
<td>b</td>
</tr>
<tr>
<td>Blind, pending SSI eligibility c</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 $46 personal needs allowance is included in the optional supplementation.
b. Couples residing in these living arrangements are treated as individuals.
c. This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.
d. If only one member of the couple is blind, payment level is $146.
e. If only one member of the couple is blind, payment level is $219.

DEFINITION:
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.

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>23,456</td>
<td>12,010</td>
<td>102</td>
<td>11,344</td>
</tr>
<tr>
<td>Adult care home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>23,449</td>
<td>12,005</td>
<td>102</td>
<td>11,342</td>
</tr>
<tr>
<td>Disenfranchised</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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 eligibility offices of the state Department of Health and Human 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 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>Licensed community residential care facility</td>
<td>927.00</td>
<td>. .</td>
</tr>
</tbody>
</table>

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 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>Licensed community residential care facility</td>
<td>2,960</td>
<td>1,317</td>
<td>12</td>
<td>1,631</td>
</tr>
</tbody>
</table>
### State Assistance Programs for SSI Recipients, January 2005

#### Tennessee

**State Supplementation**

**Mandatory Minimum Supplementation**

*Administration:* Social Security Administration.

**Optional State Supplementation**

State does not provide optional supplementation.

**Interim assistance:** State participates.

---

**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 obtains this information.