# Idaho

## State Supplementation

#### Mandatory Minimum Supplementation

Administration: State Department of Health and

Welfare.

#### **Optional State Supplementation**

Administration: State Department of Health and

Welfare.

Effective date: January 1, 1974.

Statutory basis for payment: Idaho State Code 56-207,

56-208, 56-209a.

**Funding** 

Administration: State funds. Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state

Department of Health and Welfare.

**Scope of coverage:** Optional state supplement provided to all SSI recipients, including children, residing in the specified living arrangements. Persons

living in the household of another are included under the living independently standard; state supplement is increased to offset the reduced federal payment.

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

**Income exclusions:** Federal SSI regulations apply; inkind support and maintenance is also excluded unless received as wages.

Recoveries, liens, and assignments: None.

**Financial responsibility of relatives:** Spouse for spouse; parent or stepparent for minor child.

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

**Payment calculation method:** A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

Payment levels: See Table 1.

Number of recipients: See Table 2.

**Total expenditures:** The state reported expenditures of \$8,884,782 for calendar year 2007 in state-administered payments to SSI recipients.

Table 1.

Optional state supplementation payment levels, January 2008 (in dollars)

|  | Combined federal and state |        | State supplementation |        |
|--|----------------------------|--------|-----------------------|--------|
| Living arrangement   | Individual                 | Couple | Individual            | Couple |
| Living independently or in the household of another <sup>a</sup> | 669.00                     | 956.00 | 32.00                 |        |
| Living with an essential person                                  | 956.00                     |        |                       |        |
| Room and board facility  | 814.00                     | b      | 177.00                | b      |
| Assisted living facility or certified family home                |                            |        |                       |        |
| Level I  | 956.00                     | b      | 319.00                | b      |
| Level II   | 1,023.00                   | b      | 386.00                | b      |
| Level III  | 1,090.00                   | b      | 453.00                | b      |
| Semi-independent group residential facility                      | 814.00                     | b      | 177.00                | b      |

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: . . . = not applicable.

SOURCE: State information.

- a. State supplement is increased to offset the reduced federal payment for persons living in the household of another.
- b. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

#### DEFINITIONS

Living independently or in the household of another. Includes recipients living in their own household (i.e., house, apartment, hotel, rooming house, or room and board facility) or in the household of another. Also includes blind or disabled children living with their parents and individuals paying room and board to a relative.

**Living with an essential person.** Includes recipients living in their own household or in the household of another with a person of their choice whose presence in the household is essential to the recipients' well-being and who renders specific services of a kind that would have to be provided for the recipients if they lived alone.

**Room and board facility.** A facility in which a person purchases food, shelter, and household maintenance requirements from one vendor. Such a facility is not required to be licensed as a shelter home.

**Assisted living facility or certified family home.** One or more buildings constitutes a facility or residence, however named, that is operated on either a profit or nonprofit basis for the purpose of providing 24-hour care for three or more adults who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual.

**Semi-independent group residential facility.** A facility having one or more living areas under a common management in which an opportunity to learn independent living skills is provided under individualized service plans to not less than three nor more than eight developmentally disabled or mentally ill persons not requiring direct supervision.

Table 2.

Number of persons receiving optional state supplementation, January 2008

|  |        |       |       | Disabled |          |
|--|--------|-------|-------|----------|----------|
| Living arrangement   | Total  | Aged  | Blind | Adults   | Children |
| All recipients   | 13,028 | 2,286 | 36    | 9,562    | 1,144    |
| Living independently or in the household of another, or living with an essential |        |       |       |          |          |
| person   | 12,333 | 2,214 | 34    | 9,001    | 1,084    |
| Room and board facility Assisted living facility or                              | 647    | 55    | 2     | 530      | 60       |
| certified family home  | 12     | 9     | 0     | 3        | 0        |
| Semi-independent group residential facility                                      | 36     | 8     | 0     | 28       | 0        |

# State Assistance for Special Needs

#### Administration

State Department of Health and Welfare.

### Special Needs Circumstances

**Restaurant meals:** Eating-out allowance of up to \$50 per month if physically unable to prepare meals.

**Maintenance for service animals:** Allowance for care and maintenance of service animals of up to \$17 per month.

#### Medicaid

#### **Eligibility**

**Criteria:** SSI program guidelines (Title XVI).

**Determined by:** State.

## 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.