State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Social Services, Division of Family Services.

Optional State Supplementation

Administration: State Department of Social Services, Division of Family Services.

Effective date: January 1, 1974.

Statutory basis for payment
Supplemental aid to the blind: Missouri Revised Statutes, section 209.
All other supplementation: Missouri Revised Statutes, section 208.030, subchapter 5.

Funding
Administration: State funds.
Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: State offices of the Division of Family Services.

Scope of coverage: Optional state supplement provided to any person who:

• Is aged, blind, or disabled and over age 18;
• Resides in a licensed residential care facility or a licensed intermediate care or skilled nursing home that is not a Medicaid facility; and
• Has insufficient cash income to cover costs of care in the facility.

Blind persons over age 18 living on their own are also provided with a supplement. Children under age 18 are not eligible for optional supplementation.

Resource limitations
Aged and disabled: $999.99 individual; $2,000 couple.
Blind: $2,000 individual; $4,000 couple.

Income exclusions: There are no income exclusions for the aged or disabled unless they are employed at a sheltered workshop. Disregards for the blind include the first $65 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

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 $29,825,555 for calendar year 2007 in state-administered payments to SSI recipients.
Table 1.
Optional state supplementation payment levels, January 2008 (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 residential care facility, Level I</td>
<td>793.00</td>
<td>1,268.00</td>
</tr>
<tr>
<td>Licensed residential care facility, Level II</td>
<td>929.00</td>
<td>1,540.00</td>
</tr>
<tr>
<td>Licensed intermediate care or skilled nursing home a</td>
<td>1,027.00</td>
<td>1,736.00</td>
</tr>
<tr>
<td>Aid to the blind</td>
<td>b</td>
<td>b</td>
</tr>
</tbody>
</table>

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

a. Recipients in licensed nursing homes are entitled to an additional $25 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another state or federal agency, this payment will not be made by the Division of Family Services.

b. Recipients receive a maximum combined federal and state payment of $510 for an individual and $1,020 for a couple.

DEFINITIONS:
Licensed residential care facility, Level I. Residents must meet state income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential care facility, Level II. Residents must meet state income and resource guidelines. Custodial-type care is provided.

Licensed intermediate care or skilled nursing home. Custodial care and medical care are provided.

Table 2.
Number of persons receiving optional state supplementation, January 2008

<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>8,303</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Licensed residential care facility, Level I</td>
<td>1,944</td>
<td>541</td>
<td>0</td>
<td>1,403</td>
</tr>
<tr>
<td>Licensed residential care facility, Level II</td>
<td>5,411</td>
<td>1,877</td>
<td>1</td>
<td>3,533</td>
</tr>
<tr>
<td>Licensed intermediate care or skilled nursing home</td>
<td>190</td>
<td>120</td>
<td>0</td>
<td>70</td>
</tr>
<tr>
<td>Aid to the blind</td>
<td>758</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

SOURCE: State information.

NOTE: -- = not available.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

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.