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 $752.40.

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. The state can file a claim after death. Homestead is exempt if it passes to a qualified heir. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday. Florida does not seek recovery if there is a surviving spouse, minor child, or blind or disabled child.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The recipient’s gross monthly countable income is subtracted from the sum of the standard provider rate and the personal needs allowance. The difference, up to $78.40, is the state optional payment amount.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of $6,935,819.42 for calendar year 2008 in state-administered payments to SSI recipients.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.
Table 1.
Optional state supplementation payment levels, January 2009 (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>Community care programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult family care home</td>
<td>752.40</td>
<td>b</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>752.40</td>
<td>b</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>35.00</td>
<td>70.00</td>
</tr>
</tbody>
</table>

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

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 2009

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12,904</td>
<td>5,222</td>
<td>16</td>
<td>7,666</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>273</td>
<td>65</td>
<td>10</td>
<td>198</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>7,755</td>
<td>2,975</td>
<td>2</td>
<td>4,778</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>4,876</td>
<td>2,182</td>
<td>4</td>
<td>2,690</td>
</tr>
</tbody>
</table>

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

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.