Kansas

State Supplementation

Mandatory Minimum Supplementation
Administration: Social Security Administration.

Optional State Supplementation
Administration: Kansas Health Public Authority.
Effective date: July 1, 2006.

Funding
Administration: State funds.
Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Applications generated from Social Security and Medicaid eligibles.
Scope of coverage: Optional state supplement provided to adults residing in Medicaid facilities receiving a reduced SSI payment.

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 calculation method: The state pays a supplement to individuals who reside in Medicaid facilities.
Payment levels: See Table 1.
Number of recipients: See Table 2.
Total expenditures: Not available.

State Assistance for Special Needs
State does not provide assistance for special needs.

Medicaid

Eligibility
Criteria: SSI program guidelines (Title XVI).
Determined by: State.

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.

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>Medicaid facility</td>
<td>62.00</td>
<td>124.00</td>
</tr>
</tbody>
</table>

SOURCES: Social Security Administration, Office of Income Security Programs; state information.
DEFINITION: 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>Medicaid facility</td>
<td>520</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

**SOURCE:** State information.  
**NOTE:** -- = not available.