

Delaware

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration administers payments to recipients living in an adult residential care facility or assisted living facility; the Delaware Department of Health and Social Services administers payments to recipients living independently. Delaware Department of Health and Social Services determines eligibility for special adult residential care supplement.

Effective date: January 1, 1974.

Statutory basis for payment: Delaware Code, title 31, section 505.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled adults who are SSI recipients, or would be except for income, and live in an approved adult residential care and assisted living facilities. Children under age 18 are not eligible for supplementation but may receive benefits and services under the child welfare program.

Resource limitations: None.

Income exclusions: None.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

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 Social Security Administration reported expenditures of \$993,000 for calendar year 2009 in federally administered payments to SSI recipients.

Table 1.

Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Certified adult residential care facility	A	814.00	1,459.00	140.00	448.00

SOURCE: Social Security Administration, Office of Income Security Programs.

DEFINITION:

A: Certified adult residential care facility. Includes recipients who are certified by the Delaware Department of Health and Social Services as residents of an adult residential care home or an assisted living facility.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children ^a
All recipients		656	33	12	554	62
Certified adult residential care facility	A	651	33	11	550	62
Other		5	0	1	4	0

SOURCE: Social Security Administration, Supplemental Security Record, 100 percent data.

a. Benefits received under a child welfare program.

State Assistance for Special Needs

Administration

Delaware Department of Health and Social Services.

Special Needs Circumstances

State provides cash assistance for specific emergencies on a one-time basis.

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 obtains this information.

District of Columbia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration and District of Columbia Department of Health Care Finance.

Effective date: January 1, 1974.

Statutory basis for payment: District of Columbia Laws 2-35, as amended, and 3-23.

Funding

Administration: District of Columbia funds.

Assistance: District of Columbia funds.

Passalong method: Maintaining total expenditures.

Place of application: District of Columbia Department of Health Care Finance and Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to persons residing in adult foster care homes who are eligible for SSI payments or would be eligible

except for income. No statutory minimum age requirements for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: Only in cases in which liens were assigned before the establishment of the SSI program.

Financial responsibility of relatives: None.

Interim assistance: District participates.

Payment calculation method: The state supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The Social Security Administration reported expenditures of \$4,161,000 for calendar year 2009 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Adult foster care home (50 beds or less)	A	1,159.00	2,318.00	485.00	1,307.00
Adult foster care home (over 50 beds)	B	1,269.00	2,538.00	595.00	1,527.00
Medicaid facility	G	70.00	140.00	40.00	80.00

SOURCE: Social Security Administration, Office of Income Security Programs.

DEFINITIONS:

A and B: Adult foster care home. Includes recipients who are certified by the District of Columbia Department of Health Care Finance or the Commission on Mental Health Services as residents of an adult foster care home.

G: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children ^a
All recipients		1,413	108	6	1,209	90
Adult foster care home (50 beds or less)	A	699	58	1	628	12
Adult foster care home (over 50 beds)	B	11	1	0	7	3
Medicaid facility	G	703	49	5	574	75

SOURCE: Social Security Administration, Supplemental Security Record, 100 percent data.

a. Benefits received under a child welfare program.

State Assistance for Special Needs

District does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

District provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Maryland

State Supplementation

Mandatory Minimum supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Human Resources, Family Investment Administration and, in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.

Effective date: July 1, 1974.

Statutory basis for payment: Annotated Code of Maryland, article 88A, section 3(a), 5, effective January 1, 1974, and Code of Maryland Annotated Regulations 07.03.07.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the county social services agencies.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled individuals living in a care home or in an assisted living facility and who are eligible for payments under the SSI program or who would be eligible except for income. Children are not eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Excludes \$20 of any unearned income, including SSI.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment calculation method: The state supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$7,911,393 for calendar year 2009 in state-administered payments to SSI recipients.

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.

Table 1.
Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Care home				
Minimal supervision	740.00	a	66.00	a
Moderate supervision ^b	849.00	a	175.00	a
Extensive supervision ^b	1,137.00	a	463.00	a
Specialized and intensive supervision ^b	1,340.00	a	666.00	a
Assisted living facility ^b	858.00	a	184.00	a
Rehabilitative residence	82.00	a	52.00	a

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

a. The state supplementation rate for individuals applies to each member of a couple.

b. Includes an \$82 personal needs allowance.

DEFINITIONS:

Care home with minimal supervision. Includes individuals who are certified by one of the administering state agencies as requiring minimal supervision in an approved care home.

Care home with moderate supervision. Includes individuals who are certified by one of the administering state agencies as requiring moderate supervision in an approved care home.

Care home with extensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring extensive supervision in an approved care home.

Care home with specialized and intensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring specialized and intensive services in an approved care home.

Assisted living facility. Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

Rehabilitative residence. Definition is not available.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	Total	Aged	Blind	Disabled
All recipients	3,306	--	--	--
Care home				
Minimal supervision	--	--	--	--
Moderate supervision	--	--	--	--
Extensive supervision	--	--	--	--
Specialized and intensive supervision	--	--	--	--
Assisted living facility	--	--	--	--
Rehabilitative residence	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.

Pennsylvania

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration; State Department of Public Welfare.

Effective date: January 1, 1974.

Statutory basis for payment: Article IV, section 432(2), and Pennsylvania Public Welfare Code.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who is eligible for SSI payments (or would receive them except for excess income) and who reside in the specified living arrangements. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except those living in domiciliary care and personal care homes where they must be aged 18 or older.

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 supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: Expenditures for state-administered payments are not available for calendar year 2009. The Social Security Administration reported \$41,647,000 in federally administered payments to SSI recipients for calendar year 2009.

State Assistance for Special Needs

Administration

State Department of Public Welfare.

Special Needs Circumstances

Burial expenses: Up to \$750 in absence of other resources to meet cost.

Moving expenses: Up to \$200 may be paid (once in a 12-month period) if moving is required because of eviction or for health and welfare reasons.

Medical transportation expenses: Provides transportation expenses to and from medical appointments for those who need assistance.

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.

Table 1.A
Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone ^a	...	701.40	1,054.70	27.40	43.70
Living in the household of another ^b	...	476.74	717.70	27.40	43.70
Living with an essential person ^b	C	1,055.70	1,417.05	43.70	68.05
Living with an essential person in the household of another ^a	D	718.37	967.39	43.70	68.05
Domiciliary care facility for adults	G	1,108.00	1,958.40	434.30	947.40
Personal care boarding home	H	1,113.30	1,968.40	439.30	957.40

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: ... = not applicable.

- a. State now administers payment for this living arrangement.
- b. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

Living alone. Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where Medicaid is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples residing in a federal Code A or C living arrangement not meeting the definitions of other state arrangements. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

Living in the household of another. Includes recipients who do not have an essential person and who reside in a federal Code B living arrangement.

C: Living with an essential person. Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more essential persons.

D: Living with an essential person in the household of another. Includes recipients who live in the household of another and have one or more essential persons.

G: Domiciliary care facility for adults. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities.

H: Personal care boarding home. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility.

Table 1.B
Optional state supplementation payment levels, February 2010 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone ^a	...	696.10	1,044.30	22.10	33.30
Living in the household of another ^b	...	474.87	712.44	25.53	38.44
Living with an essential person ^b	C	1,055.70	1,417.05	43.70	68.05
Living with an essential person in the household of another ^a	D	718.37	967.38	43.70	68.05
Domiciliary care facility for adults	G	1,108.00	1,958.40	434.30	947.40
Personal care boarding home	H	1,113.30	1,968.40	439.30	957.40

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: ... = not applicable.

- a. State now administers payment for this living arrangement.
- b. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

Living alone. Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where Medicaid is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples residing in a federal Code A or C living arrangement not meeting the definitions of other state arrangements. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

Living in the household of another. Includes recipients who do not have an essential person and who reside in a federal Code B living arrangement.

C: Living with an essential person. Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more essential persons.

D: Living with an essential person in the household of another. Includes recipients who live in the household of another and have one or more essential persons.

G: Domiciliary care facility for adults. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities.

H: Personal care boarding home. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	State code	Total	Aged ^a	Blind	Disabled	
					Adults	Children
All recipients		455,426	81,843	654	323,620	49,309
Living alone or in the household of another	...	385,581	63,307	574	272,848	48,852
Living with an essential person ^b	C	50,485	12,863	54	37,521	47
Living with an essential person in the household of another ^b	D	6,034	1,610	10	4,022	392
Domiciliary care facility for adults	G	1,174	248	2	924	0
Personal care boarding home	H	12,152	3,815	14	8,305	18

SOURCES: Social Security Administration, Supplemental Security Record, 100 percent data; state information.

NOTE: ... = not applicable.

- a. Aged category increased due to the state's reclassification of some aging disabled recipients.
- b. Essential persons category increased due to the state's new definition of their couples category.

Virginia

allotted to the support of children or spouse at home is allowed.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

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 supplement.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$28,311,507 for calendar year 2009 in state-administered payments to SSI recipients.

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 provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Social Services under the Virginia Auxiliary Grant Program.

Effective date: July 1, 1974.

Statutory basis for payment: Code of Virginia Annotated 63.2-800.

Funding

Administration: 80 percent state funds; 20 percent local funds.

Assistance: 80 percent state funds; 20 percent local funds.

Passalong method: Maintaining payment levels.

Place of application: Local departments of social services; state supervised.

Scope of coverage: Optional state supplement provided to every needy aged, blind, and disabled person who lives in an assisted living facility (domiciliary institution) or in an approved adult foster care home and who is eligible for SSI benefits or would be eligible except for excess income. Children under age 18 are not eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply. In addition, when applicable, a disregard for income

Table 1.
Optional state supplementation payment levels, January 2010 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Assisted living facility ^a				
Planning District 8	1,360.00	2,720.00	686.00	1,709.00
All other areas	1,193.00	2,386.00	519.00	1,375.00
Adult foster care ^b				
Planning District 8	1,360.00	2,720.00	686.00	1,709.00
All other areas	1,193.00	2,386.00	519.00	1,375.00

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

NOTE: Planning District 8 includes the counties of Arlington, Loudon, Prince William, Fairfax, Falls Church, Manassas, Manassas Park, and the city of Alexandria.

a. Includes a personal needs allowance of \$81 and a 15 percent differential in Planning District 8.

b. Administered in localities whose local boards have opted to provide this service; includes a personal needs allowance of \$81.

DEFINITIONS:

Assisted living facility. Must be licensed. Four or more persons receive care.

Adult foster care. A foster care arrangement with no more than three persons but usually only one person. No license required, but approval by local department of social services is required.

Table 2.
Number of persons receiving optional state supplementation, January 2010

Living arrangement	Total	Aged	Blind	Disabled
All recipients	5,193	2,073	13	3,107
Assisted living facility	5,167	2,068	12	3,087
Adult foster care	26	5	1	20

SOURCE: State information based on average monthly caseload for fiscal year 2009.

West Virginia

State Supplementation

Mandatory Minimum Supplementation

State does not provide mandatory minimum supplementation.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

Administration

State Department of Health and Human Resources, Bureau for Children and Families and Bureau of Senior Services.

Interim assistance: State does not participate.

Special Needs Circumstances

Adult family care home: A monthly payment of \$879.90 is provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI and persons who are not eligible for SSI but are eligible for a state supplement.

Licensed personal care home: A monthly payment of \$1,122.32 is provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI or is income eligible.

Residential board and care: A monthly payment of \$1,122.32 is provided on behalf of every aged or disabled person living in a residential board and care home who has been approved for SSI or is income eligible.

Personal care services: Aged, blind, and disabled persons must be income-eligible recipients of SSI and have a physician certify that they need these services. The purpose of these services is to enable persons to stay in their current living situation. Personal services are provided through the county senior centers. The senior centers employ the personal care providers and pay them directly.

Emergency financial assistance: Amounts vary with need but cannot exceed various maximums. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12-month period.

Burial expenses: Up to \$1,250 is provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining the assistance amount for burial expenses.

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.