Arizona

The state did not respond to our request for 2011 data. The text reflects 2010 information.

State Supplementation

Mandatory Minimum Supplementation

Administration: Division of Aging and Adult Services.

Optional State Supplementation

State does not provide optional supplementation. Program suspended May 1, 2009.

Interim assistance: State participates.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Medical assistance is provided through a Title XIX authorized demonstration program—the Arizona Health Care Cost Containment System (AHCCCS)—which is more limited in scope than Medicaid.

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

Arizona Department of Health Services provides funds for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.
California

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.


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 SSI recipient, including children.

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: The Social Security Administration reported expenditures of $2,565,363,000 for calendar year 2010 in federally administered payments to SSI recipients.

State Assistance for Special Needs

Administration

Health and Human Services Agency, Department of Social Services.

Special Needs Circumstances

Maintenance for guide dog: Eligible recipients with guide, signal, or other service dogs receive $50 per month in state aid to pay for dog food and other costs associated with the dog's maintenance.

In-home supportive services: Supportive services (i.e., certain domestic and personal care services) are provided to eligible aged, blind, and disabled persons who cannot perform the services themselves and who cannot safely remain in their own home unless such services are provided.

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.
<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>State supplementation payment levels, January 2011 (in dollars)</th>
<th>Combined federal and state supplementation payment levels, January 2011 (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Living independently with cooking facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged and disabled</td>
<td>A</td>
<td>845.00</td>
<td>1,407.20</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>908.00</td>
<td>a, 1,554.20</td>
</tr>
<tr>
<td>Nonmedical out-of-home care</td>
<td>B</td>
<td>1,086.00</td>
<td>2,172.00</td>
</tr>
<tr>
<td>Living independently without cooking facilities</td>
<td>C</td>
<td>929.00</td>
<td>1,575.20</td>
</tr>
<tr>
<td>Aged and disabled</td>
<td>D</td>
<td>639.66</td>
<td>1,075.33</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>718.32</td>
<td>b, 1,222.33</td>
</tr>
<tr>
<td>Disabled minor in home of parent or relative by</td>
<td>E</td>
<td>739.00</td>
<td>. . .</td>
</tr>
<tr>
<td>blood or marriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmedical out-of-home care, living in the household of another</td>
<td>F</td>
<td>856.34</td>
<td>1,719.66</td>
</tr>
<tr>
<td>Disabled minor in the household of another</td>
<td>G</td>
<td>517.30</td>
<td>. . .</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>J</td>
<td>50.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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

**NOTES:** Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

. . . = not applicable.

a. Payment level for a couple in which only one member is blind is $1,498.20.

b. Payment level for a couple in which only one member is blind is $1,166.33.

**DEFINITIONS:**

**A: Living independently with cooking facilities.** Includes recipients who:

- Live in their own household and have cooking and food storage facilities or are provided with meals as part of the living arrangement;
- Are patients in private medical facilities licensed by the state but not certified under Title XIX;
- Are blind children under age 18 who live with parents, or disabled children age 18 or older who live with parents or meet the shared living criteria;
- Are blind and live independently with or without cooking and food storage facilities; or
- Are patients in a private medical licensed facility where Title XIX does not pay more than 50 percent of the cost of care.

**B: Nonmedical out-of-home care (NMOHC).** Includes adult recipients who reside in a federal Code A living arrangement and who receive care and supervision while residing either in the home of a relative, legal guardian, or conservator or in a state-licensed NMOHC facility. Includes children who are:

- Blind and residing in a state-licensed NMOHC facility,
- Blind and residing in the home of a relative who is not a parent or legal guardian,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian who is not a relative,
- Disabled and residing in the home of a relative who is not a parent, or
- Blind or disabled and residing in a “certified family home” approved by a licensed home finding agency (“certified family home placement”).

**C: Living independently without cooking facilities (aged and disabled).** Includes aged or disabled recipients or couples who are not provided with meals and do not have access to adequate cooking and food storage facilities as part of their living arrangement, including transients.

**D: Living in the household of another.** Includes recipients residing in a federal Code B living arrangement who do not qualify for any other state living arrangement.

**E: Disabled minor in home of parent or relative by blood or marriage.** Includes disabled children under age 18 who reside with a parent.

**F: Nonmedical out-of-home care, living in the household of another.** Includes recipients who meet the state criteria for nonmedical out-of-home care payments and are in a federal Code B living arrangement.

**G: Disabled minor in the household of another.** Includes disabled children under age 18 who reside with a parent or relative by blood or marriage but are in a federal Code B living arrangement.

**J: Medicaid facility.** Includes recipients who reside in a federal Code D living arrangement, and is also used to supplement Section 1619 cases.
# Table 1.B
Optional state supplementation payment levels, July 2011 (in dollars)

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Combined federal and state</th>
<th>State supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Living independently with cooking facilities</td>
<td>A</td>
<td>830.40</td>
<td>1,407.20</td>
</tr>
<tr>
<td>Aged and disabled</td>
<td></td>
<td>156.40</td>
<td>396.20</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>885.40</td>
<td>1,554.20</td>
</tr>
<tr>
<td>Nonmedical out-of-home care</td>
<td>B</td>
<td>1,086.00</td>
<td>2,172.00</td>
</tr>
<tr>
<td>Living independently without cooking facilities</td>
<td>C</td>
<td>914.40</td>
<td>1,575.20</td>
</tr>
<tr>
<td>Aged and disabled</td>
<td></td>
<td>240.40</td>
<td>564.20</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>609.17</td>
<td>1,075.33</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>D</td>
<td>664.17</td>
<td>1,222.33</td>
</tr>
<tr>
<td>Aged and disabled</td>
<td></td>
<td>412.00</td>
<td>1,161.00</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>609.17</td>
<td>1,075.33</td>
</tr>
<tr>
<td>Disabled minor in home of parent or relative by</td>
<td>E</td>
<td>737.40</td>
<td>. . .</td>
</tr>
<tr>
<td>blood or marriage</td>
<td></td>
<td>63.40</td>
<td>. . .</td>
</tr>
<tr>
<td>Nonmedical out-of-home care, living in the</td>
<td>F</td>
<td>856.34</td>
<td>1,719.66</td>
</tr>
<tr>
<td>household of another</td>
<td></td>
<td>407.00</td>
<td>1,045.66</td>
</tr>
<tr>
<td>Disabled minor in the household of another</td>
<td>G</td>
<td>516.17</td>
<td>. . .</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>J</td>
<td>50.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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

**NOTES:** Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

. . . = not applicable.

a. Payment level for a couple in which only one member is blind is $1,498.20.
b. Payment level for a couple in which only one member is blind is $1,166.33.

**DEFINITIONS:**

**A: Living independently with cooking facilities.** Includes recipients who:
- Live in their own household and have cooking and food storage facilities or are provided with meals as part of the living arrangement;
- Are patients in private medical facilities licensed by the state but not certified under Title XIX;
- Are blind children under age 18 who live with parents, or disabled children age 18 or older who live with parents or meet the shared living criteria;
- Are blind and live independently with or without cooking and food storage facilities; or
- Are patients in a private medical licensed facility where Title XIX does not pay more than 50 percent of the cost of care.

**B: Nonmedical out-of-home care (NMOHC).** Includes adult recipients who reside in a federal Code A living arrangement and who receive care and supervision while residing either in the home of a relative, legal guardian, or conservator or in a state-licensed NMOHC facility. Includes children who are:
- Blind and residing in a state-licensed NMOHC facility,
- Blind and residing in the home of a relative who is not a parent or legal guardian,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian who is not a relative,
- Disabled and residing in the home of a relative who is not a parent, or
- Blind or disabled and residing in a "certified family home" approved by a licensed home finding agency ("certified family home placement").

**C: Living independently without cooking facilities (aged and disabled).** Includes aged or disabled recipients or couples who are not provided with meals and do not have access to adequate cooking and food storage facilities as part of their living arrangement, including transients.

**D: Living in the household of another.** Includes recipients residing in a federal Code B living arrangement who do not qualify for any other state living arrangement.

**E: Disabled minor in home of parent or relative by blood or marriage.** Includes disabled children under age 18 who reside with a parent.

**F: Nonmedical out-of-home care, living in the household of another.** Includes recipients who meet the state criteria for nonmedical out-of-home care payments and are in a federal Code B living arrangement.

**G: Disabled minor in the household of another.** Includes disabled children under age 18 who reside with a parent or relative by blood or marriage but are in a federal Code B living arrangement.

**J: Medicaid facility.** Includes recipients who reside in a federal Code D living arrangement, and is also used to supplement Section 1619 cases.
### Table 2.
**Number of persons receiving optional state supplementation, January 2011**

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled Adults</th>
<th>Disabled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recipients</td>
<td></td>
<td>1,257,811</td>
<td>356,636</td>
<td>16,842</td>
<td>718,457</td>
<td>165,876</td>
</tr>
<tr>
<td>Living independently with cooking facilities</td>
<td>A</td>
<td>959,879</td>
<td>300,388</td>
<td>15,156</td>
<td>598,128</td>
<td>46,207</td>
</tr>
<tr>
<td>Nonmedical out-of-home care</td>
<td>B</td>
<td>52,757</td>
<td>4,367</td>
<td>466</td>
<td>41,395</td>
<td>6,529</td>
</tr>
<tr>
<td>Living independently without cooking facilities</td>
<td>C</td>
<td>37,044</td>
<td>3,162</td>
<td>0</td>
<td>33,396</td>
<td>486</td>
</tr>
<tr>
<td>Disabled minor in the household of another</td>
<td>D</td>
<td>86,520</td>
<td>44,210</td>
<td>1,021</td>
<td>35,767</td>
<td>5,522</td>
</tr>
<tr>
<td>Disabled minor in home of parent or relative by blood or marriage</td>
<td>E</td>
<td>101,283</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>101,283</td>
</tr>
<tr>
<td>Nonmedical out-of-home care, living in the household of another</td>
<td>F</td>
<td>1,305</td>
<td>247</td>
<td>23</td>
<td>918</td>
<td>117</td>
</tr>
<tr>
<td>Disabled minor in the household of another</td>
<td>G</td>
<td>3,687</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>3,687</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>J</td>
<td>15,336</td>
<td>4,262</td>
<td>176</td>
<td>8,853</td>
<td>2,045</td>
</tr>
</tbody>
</table>

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

**NOTE:** . . . = not applicable.
State Supplementation

Mandatory Minimum Supplementation
No recipients.

Optional State Supplementation

Administration: Social Security Administration.
Effective date: January 1, 1974.
Statutory basis for payment: Hawaii Revised Statutes, section 346-53(C)(1) and (2).

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 SSI recipients, including children. Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for federal payments under section 1611(e)(1)(E) of the Social Security Act receive state optional supplementation (Code A payment level) for up to 2 months.

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: The Social Security Administration reported expenditures of $16,427,700 for calendar year 2010 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2011 (in dollars)

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Combined federal and state</th>
<th>State supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Foster care home</td>
<td>B</td>
<td>1,325.90</td>
<td>2,651.80</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>D</td>
<td>50.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Domiciliary care facility, Level I</td>
<td>H</td>
<td>1,325.90</td>
<td>2,651.80</td>
</tr>
<tr>
<td>Domiciliary care facility, Level II</td>
<td>I</td>
<td>1,433.90</td>
<td>2,867.80</td>
</tr>
</tbody>
</table>

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

DEFINITIONS:
B: Foster care home. Includes recipients who are certified by the state as residents of a foster care home.
D: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.
H and I: Domiciliary care facility. Includes recipients (including children) living in a private, nonmedical facility (established and maintained for the purpose of providing personal care and services to aged, infirm, or handicapped persons) and certified by the state. Level I is licensed by the state for fewer than six residents, and Level II is licensed for six or more residents.
State Assistance for Special Needs

Administration
State Department of Human Services.

Special Needs Circumstances

Housing and utility deposit: One-time payment made to SSI recipients with total monthly income under $418.

Repair or replacement of stove or refrigerator: Payments made to SSI recipients with total monthly income under $418.

Emergency assistance due to natural disaster: Payments made to SSI recipients with total monthly income under $418.

Special care payments: This program has been discontinued and only makes payments to persons previously accepted. Payments of $100 a month are provided to SSI recipients residing in a domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In addition to meeting other requirements, these recipients must be wheelchair bound, incontinent, or in need of non-oral medication.

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.

Table 2.
Number of persons receiving optional state supplementation, January 2011

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Disabled Adults</th>
<th>Disabled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recipients</td>
<td></td>
<td>2,736</td>
<td>840</td>
<td>32</td>
<td>1,758</td>
<td>106</td>
</tr>
<tr>
<td>Foster care home</td>
<td>B</td>
<td>1,112</td>
<td>589</td>
<td>4</td>
<td>509</td>
<td>10</td>
</tr>
<tr>
<td>Medicaid facility</td>
<td>D</td>
<td>174</td>
<td>62</td>
<td>2</td>
<td>85</td>
<td>25</td>
</tr>
<tr>
<td>Domiciliary care facility, Level I</td>
<td>H</td>
<td>1,412</td>
<td>172</td>
<td>25</td>
<td>1,144</td>
<td>71</td>
</tr>
<tr>
<td>Domiciliary care facility, Level II</td>
<td>I</td>
<td>38</td>
<td>17</td>
<td>1</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>

SOURCE: State information.
State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.
Effective date: January 1, 1974.
Statutory basis for payment: Nevada Revised Statutes, title 38, Public Welfare.

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 all aged and blind recipients, including children, except those in medical institutions not licensed by Medicaid and those in medical institutions for whom Medicaid pays over 50 percent of the cost of their care. State does not provide assistance to disabled recipients unless they are part of an eligible couple where the other member is blind.

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: The Social Security Administration reported expenditures of $6,180,000 for calendar year 2010 in federally 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: 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.
### Table 1.
Optional state supplementation payment levels, January 2011 (in dollars)

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Combined federal and state</th>
<th>State supplementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td>Couple</td>
</tr>
<tr>
<td>Living independently</td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged</td>
<td></td>
<td>710.40</td>
<td>1,085.46</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>783.30</td>
<td>1,385.60</td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged</td>
<td></td>
<td>473.61</td>
<td>723.64</td>
</tr>
<tr>
<td>Blind</td>
<td></td>
<td>663.30</td>
<td>1,205.94</td>
</tr>
<tr>
<td>Domiciliary care (aged and blind)</td>
<td>C</td>
<td>1,065.00</td>
<td>1,892.00</td>
</tr>
</tbody>
</table>

**Source:** Social Security Administration, Office of Income Security Programs.

**Note:** Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

- a. Payment level when both members are blind; when one member is aged, payment level is reduced by $150.07.
- b. Payment level when both members are blind; when one member is aged, payment level is reduced by $241.15.

**Definitions:**

- **A: Living independently.** Includes aged and blind recipients who live in their own household or are in certified private medical facilities where Medicaid does not pay more than 50 percent of the cost of care. Also includes blind children under age 18 living in their parents’ household.

- **B: Living in the household of another.** Includes aged and blind recipients residing in a federal Code B living arrangement.

- **C: Domiciliary care (aged and blind).** Includes aged and blind recipients who live in private nonmedical facilities or in residential facilities serving 16 or fewer persons that provide personal care and services and who are unrelated to the proprietor.

### Table 2.
Number of persons receiving optional state supplementation, January 2011

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>State code</th>
<th>Total</th>
<th>Aged</th>
<th>Blind</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All recipients</td>
<td></td>
<td>a 10,707</td>
<td>10,018</td>
<td>444</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>Living independently</td>
<td>A</td>
<td>9,498</td>
<td>8,974</td>
<td>404</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Living in the household of another</td>
<td>B</td>
<td>720</td>
<td>685</td>
<td>30</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Domiciliary care</td>
<td>C</td>
<td>370</td>
<td>359</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Social Security Administration, Supplemental Security Record, 100 percent data.

- a. Includes 119 recipients not distributed by eligibility or living arrangement.