

SSI Recipients in Domiciliary Care Facilities: Federally Administered Optional Supplementation, March 1976

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Under the supplemental security income program, federally administered payments amounting to \$24.7 million were made in March 1976 to 107,000 persons who were residing in domiciliary care facilities and under other supervised living arrangements. These persons were unable to function under totally independent living arrangements but did not require medical or nursing care on a regular basis. Of the total, \$9.5 million was represented in Federal SSI payments and \$15.2 million came from optional State supplements—with California paying \$6.2 million and New York \$4.6 million. The average payment to the residents of these facilities was \$232 a month. Comparable data for four States show greater caseload growth for persons in domiciliary care facilities and under other supervised living arrangements than for the total SSI population. Nearly two-thirds of the States are adding funds to Federal SSI payments for persons under such care. Data are available, however, only from Social Security Administration program records for those States that have elected Federal administration of their optional programs.

NEARLY 107,000 supplemental security income (SSI) recipients in 15 States with identifiable federally administered optional supplementation programs resided in domiciliary care facilities or under other supervised living arrangements in March 1976. The residents received room and board, supervision, and services related to their personal needs, but the facilities did not provide medical care to the residents directly. Fifty-three percent of the SSI recipients were disabled adults, 40 percent were aged persons, and 1 percent were blind adults. The remaining 5 percent were blind and disabled children (table 1).

Federally administered SSI payments amounted to \$24.7 million in March 1976. Of the total, \$9.5 million represented Federal SSI payments and \$15.2 million was supplemented by the 15 States

This report describes the supervised care programs in the 15 States that had elected Federal administration of their optional supplementary payments.¹ It also presents data on the socioeconomic characteristics of SSI recipients in domiciliary care facilities.

Under the SSI program, the Federal payment level is determined by the recipient's living arrangement. An individual who was living in his own household and who had no countable income received a monthly payment of \$157.70 in March 1976.² The Federal payments to persons in domiciliary care facilities and other supervised living arrangements are also based on this level. For an individual living in another person's household and receiving support and maintenance from that person, the Federal amount is reduced by one-third.

Persons in public or private institutions who receive more than half the cost of their care from the Medicaid program receive a reduced monthly SSI payment of \$25.

Of the 4.3 million persons receiving SSI payments in March 1976, 207,000 were patients in Medicaid-approved facilities. Data on the average monthly charge are not available for 1976. During 1973-74 the average monthly charge was \$592 for skilled-nursing homes approved for both Medicare and Medicaid. Facilities approved for only Medicaid averaged \$484 for skilled-nursing homes and \$376 for intermediate-care facilities. (Between January 1974 and March 1976, the medical care component of the Consumer Price Index rose by 27 percent.)

Institutional care for SSI recipients generally is in skilled-nursing homes or intermediate-care

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¹ Data on supervised care are available from Social Security Administration program records only for those States with federally administered programs.

² Effective July 1977, under the cost-of-living automatic adjustment, that payment level became \$177.80.

facilities. The latter include facilities for the mentally retarded.

OPTIONAL STATE SUPPLEMENTATION PROGRAMS

States may, under their optional supplementation programs, make cash payments to persons in domiciliary care facilities and with other supervised living arrangements. In March 1976, 31 States³ and the District of Columbia had such provisions, as the following listing shows.

<i>With federally administered SSI payments</i>	<i>With State-administered SSI payments</i>
California	Alabama
Delaware	Colorado
District of Columbia	Florida
Hawaii	Kentucky
Iowa	Maryland
Maine	Missouri
Massachusetts	Nebraska
Michigan	New Hampshire
Montana	North Carolina
Nevada	North Dakota
New Jersey	Ohio
New York	Oregon
Vermont	South Carolina
Washington	South Dakota
Wisconsin	Utah
	Virginia

Maximum monthly amounts payable for domiciliary care and under other supervised living arrangements in States with federally administered optional supplementation are shown in table 2. The amounts for States with State administration of their optional supplementation program are found in table 3.

If a State elects Federal administration of its optional payments, the Social Security Administration makes the eligibility and payment determinations for the State and assumes the administrative costs. The State can impose additional eligibility requirements. The State and local agencies regulate and license the facilities providing supervised care. They also advise the Social Security Administration of an individual's need for this kind of care and approval for care, and they provide a list of approved facilities.

³ Data for Pennsylvania are excluded from this report, its optional provision for adult foster care became effective April 1976.

TABLE 1—Supplemental security income. Number of adults and children receiving federally administered payments in domiciliary care facilities and under other supervised living arrangements, by State and facility designation, March 1976

State and facility designation	Total	Adults			Blind and disabled children ¹
		Aged	Blind	Disabled	
Total number	100,804	43,025	1,176	56,954	5,649
California					
Out-of-home care.....	44,740	17,202	669	23,013	3,856
Delaware					
Adult foster care	412	175	12	222	3
District of Columbia					
Adult foster care.....	847	196	8	642	1
Hawaii	1,365	667	14	682	2
Domiciliary care					
Level I.....	205	59	3	141	2
Level II.....	484	203	3	278	—
Level III.....	676	405	8	263	—
Iowa	1,255	606	19	625	5
Family life home/boarding home	417	182	10	223	2
Custodial care.....	838	424	9	402	3
Maine	2,369	979	29	1,322	39
Foster home or licensed boarding home (5 beds or less)	591	218	3	360	10
Licensed boarding home (more than 5 beds) ..	1,778	761	26	962	29
Massachusetts	6,945	3,453	77	3,167	248
Boarding home care.....	2,430	723	60	1,401	246
Domiciliary care	4,515	2,730	17	1,766	2
Michigan	13,973	4,918	69	8,751	235
Domiciliary care.....	2,561	456	17	2,026	62
Personal care	5,861	2,288	40	6,360	173
Home for aged	2,551	2,174	12	365	—
Montana	413	49	3	282	79
Adult foster care/boarding-home care	279	48	2	154	75
Licensed homes for developmentally disabled ..	134	1	1	128	4
Nevada					
Domiciliary care.....	211	198	3	10	—
New Jersey					
Licensed boarding home ..	4,314	1,724	32	2,005	553
New York	25,512	11,725	202	13,292	293
Congregate care					
Level I	9,272	2,603	80	6,349	240
Level II	15,407	9,113	120	6,151	23
Level III	833	9	2	792	30
Vermont	1,424	566	13	817	2
Custodial care, licensed home	346	238	—	106	28
Custodial care, unlicensed home	1,078	328	13	711	26
Washington	2,422	567	26	1,752	77
Room and board	2,124	484	21	1,551	68
Adult family home	298	83	5	201	9
Wisconsin					
Private nonmedical group home for mentally retarded ..	602	—	—	372	230

¹ Includes 73 blind children.

States with optional domiciliary care provisions offer varying types of care, but one element is common among them. All provide some supervision and assistance in personal care. The terms used to define such care and the extent of care offered vary. For purposes of comparison, the programs are classified here according to the kind

TABLE 2—Supplemental security income Monthly payment amounts¹ under optional provisions for domiciliary care and under other supervised living arrangements in States with federally administered optional supplementation, by State and facility designation, July 1975

State and facility designation	Total ²	State supplementation
California		
Out-of-home care.....	\$306 00	\$148 30
Delaware		
Adult foster care.....	253 00	97 30
District of Columbia		
Adult foster care.....	170 00	12 30
Hawaii		
Domiciliary care facility		
Level I.....	250 00	92 30
Level II.....	300 00	142 30
Level III.....	362 00	204 30
Iowa ³		
Family life home/boarding home.....	190 00	32 30
Custodial care.....	250 00	92 30
Maine ⁴		
Foster home or licensed boarding home (5 beds or less)	210 00	52 30
Licensed boarding home (more than 5 beds)	225 00	87 30
Massachusetts ⁴		
Boarding home care for—		
Aged.....	216 61	58 91
Blind.....	291 99	134 29
Disabled.....	204 58	46 88
Domiciliary care for—		
Aged.....	341 77	181 07
Blind.....	291 99	134 29
Disabled.....	347 78	190 08
Michigan		
Domiciliary care.....	255 00	97 30
Personal care.....	325 50	167 80
Home for aged.....	347 30	189 60
Montana		
Adult foster care/boarding home care	206 70	49 00
Licensed home for developmentally disabled	261 70	104 00
Nevada ⁵		
Domiciliary care.....	300 00	142 30
New Jersey ⁶		
Licensed boarding home	298 00	130 30
Group residential facilities for disabled adults and children.....	298 00	130 30
New York		
Congregate care, level I		
Area A ⁷	291 70	134 00
Areas B and C ⁸	236 70	79 00
Congregate care, level II		
Areas A, B, and C.....	386 70	229 00
Congregate care, level III		
Area A.....	650 70	493 00
Area B.....	626 70	469 00
Area C.....	311 70	154 00
Vermont		
Custodial care, licensed home.....	242 00	84 30
Custodial care, unlicensed home.....	217 00	59 30
Washington		
Room and board.....	163 70	6 00
Adult family home.....	222 55	64 85
Wisconsin		
Private nonmedical group home for mentally retarded.....	350 00	132 30

¹ Effective July 1, 1975, through June 1976, unless otherwise indicated
² Includes Federal SSI standard payment of \$157 70
³ See page 2b for discussion of Iowa provisions
⁴ Under a variable rate structure, domiciliary care facilities in Massachusetts and licensed boarding homes in Maine may receive additional payment based on cost of care directly from State agencies
⁵ No optional supplementation for the disabled, but an individual aged 65 or over may receive benefits on the basis of age
⁶ Effective January 1976, the State Department of Institutions and Agencies also reimburses the cost of special services provided to the developmentally disabled in group residential facilities (category established Jan 1976)
⁷ New York City
⁸ Area B—Dutchess, Orange, Sullivan Ulster, and West Chester counties, Area C—counties other than those in areas A and B

TABLE 3—Supplemental security income Monthly payment amounts¹ under optional provisions for domiciliary care and under other supervised living arrangements in States with State-administered optional supplementation, by State and facility designation, July 1975

State and facility designation	Total ²	State supplementation
Alabama ³		
Personal or foster care home.....	\$308 00	\$71 40
Colorado		
Home care ⁴	393 00	235 30
Florida		
Adult foster care home.....	225 00	67 30
Kentucky		
Personal care facility.....	247 00	89 30
Licensed minihome.....	169 00	11 30
Maryland		
Domiciliary care facility.....	250 00	92 30
Missouri		
Licensed domiciliary nursing home ⁵	307 70	150 00
Licensed practical or professional nursing home ⁶	357 70	200 00
Nebraska		
Adult foster home.....	230 70	73 00
New Hampshire		
Family care.....	200 00	42 30
Group home.....	240 00	82 30
North Carolina		
Domiciliary care (aged and disabled persons)		
Ambulatory.....	268 00	110 30
Semiambulatory.....	278 00	120 30
Nonambulatory.....	288 00	130 30
Domiciliary care (blind persons)		
Ambulatory.....	283 00	125 30
Semiambulatory.....	293 00	135 30
Nonambulatory.....	303 00	145 30
North Dakota		
Licensed rest home and licensed foster home.....	157 70	(⁷)
Ohio		
Domiciliary care.....	180 00	22 30
Personal care.....	210 00	52 30
Facility for mentally retarded and developmentally disabled ⁸	160 70-177 70	3 00-20 00
Oregon		
Adult group foster care ⁹	174 70	17 00
South Carolina		
Licensed boarding home.....	215 00	57 30
South Dakota		
Supervised personal care home.....	255 00	97 30
Adult foster care home.....	180 00	22 30
Utah		
Licensed mental retardation center ¹⁰	811 70	164 00
Virginia		
Licensed home for the aged or domiciliary care facility ¹⁰	193 00	35 30

¹ Effective July 1, 1975, through June 1976, unless otherwise indicated
² Includes Federal SSI standard payment of \$157 70
³ Optional State supplementation limited to couples Payment levels refer to eligible couples
⁴ Only blind and disabled are eligible for State supplementation
⁵ Ineligible for Medicaid
⁶ Difference between SSI payment and the monthly rate in licensed nursing homes and foster care homes is reimbursed by the State
⁷ Effective January 1976
⁸ Additional cost provided through special service fund
⁹ State supplementation limited to disabled only
¹⁰ State payment levels may vary by facility and cost of care

of services offered and the type of facilities in which they are provided

All facilities provide room and board, but room and board alone is not considered to be super-

vised care. A three-way classification based on the extent of care is offered under the federally administered programs.

General supervision—This care is for individuals who cannot function in an independent living arrangement but who do not need personal care. It may be provided in foster care homes, in family-type settings for fewer than five persons, or in a larger group or institutional setting. In these facilities, casework services are made available by the State or local agency.

The major purpose of foster care is to enable handicapped and elderly persons to live within a family setting. Twelve of the 16 States (including Pennsylvania) with Federal administration of their optional plans provide foster care placement.

Personal care and general supervision—This care is for ambulatory individuals who need assistance with eating, bathing, or dressing but do not require regular medical or nursing care. This level of care may be provided in domiciliary care facilities, rest homes, personal care homes, and homes for the aged. All 16 States have provisions for persons requiring such care. In 12 States the optional supplementation payment level is the same whether the beneficiary requires general supervision and personal care or general supervision only. In Hawaii, Massachusetts, Michigan, and New York the amount is based on the type of care required.

Custodial and other nonmedical care—This is provided in addition to personal care for those individuals who need a more protective setting. These persons include, for example, the mentally retarded, former mental patients requiring special care, or individuals who are mentally confused because of advanced age. Hawaii, Iowa, New York, and Vermont have separate payment levels for individuals in custodial care facilities. Montana, New Jersey, New York, and Wisconsin have specialized facility provisions in their optional plans for developmentally disabled and emotionally disturbed persons.

CHARACTERISTICS OF RECIPIENTS AND BENEFIT PAYMENTS

In the 15 States for which March 1976 data are available, about 6.5 percent of the 1.6 million persons receiving federally administered payments

resided in domiciliary care facilities or had other supervised living arrangements. Recipients in domiciliary care facilities represented 5.4 percent of the caseload for the aged and 4.4 percent of the caseload for the blind, and 7.7 percent of the total number of disabled, as the following tabulation shows:

Reason for eligibility	Total number	In domiciliary care facilities and under other supervised living arrangements	
		Number	Percent of total
Total	1,635,290	106,804	6.5
Aged	793,660	43,025	5.4
Blind	28,131	1,249	4.4
Disabled	813,499	62,530	7.7

California had 42 percent and New York State had 24 percent of the recipients under domiciliary care and other supervised living arrangements.

Payments

Of the 107,000 persons in domiciliary care facilities, more than three-fourths received a combined Federal SSI benefit and federally administered State supplementation payment. The remaining 22 percent received only the State supplement because their countable income exceeded the applicable Federal SSI payment amount of \$157.70 (table 4). In contrast, among the entire SSI population receiving federally administered payments in March 1976, the proportion with only State supplementation was 10 percent.

A total of \$24.7 million was paid to persons in domiciliary care facilities (table 5). Almost two-thirds of that amount (\$15.2 million) was State supplementation. Of the State payments, \$6.2 million was made under California's program and \$4.6 million under New York's.

Federally administered payments—the sum of Federal and State payments—to persons in domiciliary and supervised care averaged \$232 (table 6). Payments averaged \$205 for the aged, \$241 for blind adults, \$246 for disabled adults, and \$283 for blind and disabled children.

Average State payments were higher in California, Hawaii, Massachusetts, Michigan, Nevada, New Jersey, New York, and Wisconsin than the Federal SSI average. In the remaining seven States they were lower.

TABLE 4—Supplemental security income Number of adults and children receiving federally administered payments in domiciliary care facilities and under other supervised living arrangements, by State and type of payment, March 1976¹

State and type of payment	Total	Adults			Blind and disabled children ²
		Aged	Blind	Dis-abled	
Total	106 804	43 025	1 176	56 954	5 649
Federal SSI payments	83,254	27 960	994	48,833	5,467
State supplementation only	23,550	15,065	182	8,121	182
California	44 740	17,202	669	23 013	3 856
Federal SSI payments	34,421	10,935	543	19 237	3,706
State supplementation only	10,319	6 267	126	3,776	150
Delaware	412	175	12	222	3
Federal SSI payments	337	115	12	207	3
State supplementation only	75	60	---	15	---
District of Columbia	847	196	8	642	1
Federal SSI payments	837	191	8	637	1
State supplementation only	10	5	---	6	---
Hawaii	1 365	667	14	682	2
Federal SSI payments	1 109	481	14	612	2
State supplementation only	256	186	---	70	---
Iowa	1,255	606	19	625	5
Federal SSI payments	1 213	580	19	609	5
State supplementation only	42	26	---	16	---
Maine	2,369	979	29	1,322	39
Federal SSI payments	2,041	760	26	1 216	39
State supplementation only	328	219	3	106	---
Massachusetts	6 945	3,453	77	3 167	248
Federal SSI payments	5,174	2 114	66	2,747	247
State supplementation only	1,771	1,339	11	420	1
Michigan	13,973	4,918	69	8 751	235
Federal SSI payments	11 313	3 430	65	7,592	226
State supplementation only	2 660	1,488	4	1,159	9
Montana	413	49	3	282	79
Federal SSI payments	390	47	3	261	79
State supplementation only	23	2	---	21	---
Nevada	211	198	3	10	---
Federal SSI payments	140	128	3	9	---
State supplementation only	71	70	---	1	---
New Jersey	4 314	1 724	32	2 005	553
Federal SSI payments	3,500	1,223	25	1,702	650
State supplementation only	814	501	7	303	3
New York	25 512	11,725	202	13,292	293
Federal SSI payments	18 578	6 939	172	11,185	282
State supplementation only	6,934	4,786	30	2,107	11
Vermont	1,424	566	13	817	28
Federal SSI payments	1 289	482	13	768	26
State supplementation only	135	84	---	49	2
Washington	2 422	567	26	1,752	77
Federal SSI payments	2,356	535	25	1,719	77
State supplementation only	66	32	1	33	---
Wisconsin	602	---	---	372	230
Federal SSI payments	556	---	---	332	224
State supplementation only	46	---	---	40	6

¹ Excludes payments under State administered supplementation programs

² Includes 73 blind children

The proportion of persons receiving only State supplementation was lower among those recipients transferred from the earlier State public assistance programs than for those whose first payment was made under the SSI program—17 percent, compared with 31 percent. The latter group had countable income in excess of the Federal SSI payment level more frequently than did the trans-

ferrees. The average monthly combined payment received by transferees—\$244—was higher than that for new awardees—\$209 (table 7).

Income

The proportion of SSI recipients in domiciliary care facilities receiving social security benefits was

TABLE 5—Supplemental security income Total and average monthly amount of federally administered payments received by persons in domiciliary care facilities and under other supervised living arrangements, by State and type of payment, March 1976

State and type of payment	Amount	
	Total (in thousands)	Average monthly payment ¹
Total	\$24 733	\$231 67
Federal SSI payments	9 508	114 21
State supplementation	15,225	143 27
California	10,208	228 15
Federal SSI payments	4,040	117 38
State supplementation	6,167	137 85
Delaware	77	185 86
Federal SSI payments	39	116 92
State supplementation	37	90 23
District of Columbia	123	145 25
Federal SSI payments	112	133 81
State supplementation	11	13 03
Hawaii	334	244 52
Federal SSI payments	119	107 55
State supplementation	214	157 14
Iowa	154	122 50
Federal SSI payments	126	103 98
State supplementation	28	35 95
Maine	391	184 86
Federal SSI payments	217	106 25
State supplementation	174	73 36
Massachusetts	1,624	233 69
Federal SSI payments	559	108 13
State supplementation	1,065	153 46
Michigan	3,400	243 35
Federal SSI payments	1,298	114 69
State supplementation	2,103	150 72
Montana	75	180 81
Federal SSI payments	47	121 50
State supplementation	27	66 24
Nevada	38	178 01
Federal SSI payments	12	86 59
State supplementation	25	125 93
New Jersey	948	219 86
Federal SSI payments	409	116 74
State supplementation	540	125 18
New York	6,639	260 23
Federal SSI payments	2,044	110 04
State supplementation	4,595	180 13
Vermont	231	162 21
Federal SSI payments	141	109 35
State supplementation	90	63 27
Washington	307	126 94
Federal SSI payments	273	116 03
State supplementation	34	14 13
Wisconsin	185	307 24
Federal SSI payments	71	127 45
State supplementation	114	189 52

¹ Excludes payments under State-administered supplementation programs

TABLE 6—Supplemental security income Average monthly amount of combined Federal and State payments received by adults and children in domiciliary care facilities and under other supervised living arrangements, by State and facility designation, March 1976

State and facility designation	Total	Adults			Blind and disabled children
		Aged	Blind	Dis-abled	
Total	\$231 57	\$205 01	\$241 29	\$246 30	\$283 36
California					
Out-of-home care	228 15	187 95	234 72	247 38	291 59
Delaware					
Adult foster care	185 86	144 83	239 00	214 00	(¹)
District of Columbia					
Adult foster care	145 25	133 17	(¹)	148 59	(¹)
Hawaii					
Domiciliary care	244 52	230 22	279 80	257 76	(¹)
Level I	186 19	160 04	(¹)	196 03	(¹)
Level II	224 64	199 57	(¹)	242 60	(¹)
Level III	276 43	255 81	319 80	306 87	(¹)
Iowa					
Family life home/boarding home	122 56	110 72	146 37	133 07	(¹)
Custodial care	132 40	116 23	143 46	144 69	(¹)
Maine					
Foster home or licensed boarding home (5 beds or less)	117 66	108 36	149 61	126 63	(¹)
Licensed boarding home (more than 5 beds) ..	164 86	138 26	185 23	182 78	210 39
Massachusetts					
Boarding home care	149 10	128 80	(¹)	160 23	186 42
Domiciliary care	170 10	140 97	187 58	191 21	218 66
Michigan					
Boarding home care	233 89	223 41	228 03	247 95	202 05
Domiciliary care	153 07	124 98	222 93	156 18	200 86
Home for aged	277 39	249 48	246 02	320 75	(¹)
Minnesota					
Domiciliary care	243 35	223 31	261 35	253 32	285 99
Personal care	200 36	186 29	193 96	202 86	223 56
Home for aged	260 68	237 98	273 52	267 47	308 37
Montana					
Home for aged	226 30	215 64	316 27	286 83	(¹)
Nebraska					
Adult foster care/boarding-home care	180 81	131 39	(¹)	184 00	198 41
Licensed homes for developmentally disabled	165 27	130 71	(¹)	100 20	196 70
Nevada					
Domiciliary care	213 16	(¹)	(¹)	212 63	(¹)
New Jersey					
Licensed boarding home	178 01	180 44	(¹)	101 54	(¹)
New York					
Licensed boarding home	219 86	187 98	210 23	229 13	286 20
Congregate care	260 23	239 27	300 23	277 90	269 89
Level I	203 93	203 76	246 79	202 42	231 44
Level II	278 57	249 20	330 18	320 74	370 56
Level III	547 65	456 68	(¹)	550 24	500 33
Vermont					
Custodial care, licensed home	162 21	144 29	168 02	173 56	190 59
Custodial care, unlicensed home	151 81	139 30	(¹)	178 19	(¹)
Washington					
Room and board	165 54	147 90	168 02	172 87	186 64
Adult family home	126 94	100 34	145 82	133 82	160 03
Wisconsin					
Room and board	121 11	93 12	137 19	128 08	156 26
Adult family home	168 55	142 47	(¹)	178 09	188 50
Wisconsin					
Private nonmedical group home for mentally retarded ..	307 24	(¹)	(¹)	287 65	338 92

¹ Not shown to avoid disclosure of information for particular individuals

similar to that for all SSI recipients—52 percent (table 8) Their average monthly social security benefit, however, was higher (\$157) than that for the entire SSI population (\$130) This difference reflects the fact that persons whose countable social security benefits exceed the Federal SSI pay-

ment level may still be eligible for payments under the SSI program where optional State provisions apply.

About 14 percent of the SSI recipients in domiciliary care facilities received unearned income (other than social security benefits) that averaged \$129 a month (table 9) Almost one-third of this group received veterans' benefits averaging \$90 a month

Age, Sex, and Race

The ages of persons in domiciliary care facilities and other supervised living arrangements ranged from under age 18 to over age 75 (table 10) About 50 percent were aged 65 or older, 15 percent were blind and disabled adults aged 55-64, and 30 percent were aged 22-54 Blind and disabled children under age 18 represented 4 percent of the total

Men accounted for 50 percent of the disabled adults and 30 percent of the aged beneficiaries in

TABLE 7—Supplemental security income Number of adults and children in domiciliary care facilities and under other supervised living arrangements and average monthly amount, by program status, March 1976

Type of payment and program status	Total	Adults			Blind and disabled children ¹
		Aged	Blind	Dis-abled	
Number					
Total	106,804	43,025	1,176	56,964	5,649
State supplementation only	23,550	15,065	182	8,121	182
<i>Transferees from State programs</i>					
Total	70,208	27,671	1,077	41,311	149
State supplementation only ..	11,849	6,937	167	4,739	6
<i>New awardees</i>					
Total	36,596	15,354	99	15,643	5,500
State supplementation only ..	11,701	8,128	15	3,382	176
Average monthly amount					
Total	\$231 57	\$205 01	\$241 29	\$246 30	\$283 36
Federal SSI payments	114 21	92 43	115 49	122 62	150 22
State supplementation	143 27	145 80	143 79	141 86	138 21
<i>Transferees from State programs</i>					
Total	243 57	224 89	241 61	256 04	268 56
Federal SSI payments	116 10	99 75	114 35	125 30	143 27
State supplementation	147 46	150 74	144 99	145 40	131 06
<i>New awardees</i>					
Total	208 56	169 18	237 79	220 60	283 77
Federal SSI payments	109 79	71 42	127 85	114 65	150 41
State supplementation	135 18	136 85	130 63	132 43	138 40

¹ Includes 73 blind children

TABLE 8—Supplemental security income Number and percent of all SSI recipients and of persons in domiciliary care facilities and under other supervised living arrangements with social security benefits and average monthly amount

Reason for eligibility	Total number	With social security benefits		
		Number	Percent of total	Average monthly amount
All SSI recipients, December 1975				
Total	4,314,275	2 271,815	52 7	\$130 01
Aged	2 207 105	1 604 070	69 5	128 55
Blind	74 489	26,408	35 5	131 50
Disabled	1,932,681	641,377	33 2	133 59
Persons in domiciliary care facilities and under other supervised living arrangements, March 1976				
Total	106,804	55 160	51 6	\$157 26
Aged	43 025	31 360	72 9	161 76
Blind	1 249	570	45 6	145 11
Disabled	62,530	23 250	37 2	151 50

domiciliary care facilities The proportion of white beneficiaries in supervised care was higher (79 percent) than for white beneficiaries in the total SSI population (69 percent) Conversely, proportionately fewer black beneficiaries were in domiciliary care facilities (7 percent) than were in the entire SSI population (17 percent) (table 11)

REPRESENTATIVE PAYMENT

During March 1976, two-thirds of the SSI recipients in domiciliary care facilities received their payments directly For 31 percent, payments were made to representative payees because the recipients were physically or mentally incapable of managing their own funds or were under age 18 (table 12).

TABLE 9—Supplemental security income Number of persons in domiciliary care facilities and under other supervised living arrangements with unearned income other than social security benefits and average monthly amount, March 1976

Type of unearned income	Number of persons ¹	Average monthly amount
Total	14 581	\$129 43
Veterans benefits	4 158	90 28
Railroad retirement	750	183 10
Assistance based on need	1,318	198 95
Support and maintenance in kind	228	67 87
Support from absent parents	166	74 30
Employment pension	1 913	91 94
Asset income	691	64 15
Other	6,631	131 30

¹ Figures do not add to total because some persons have more than one type of unearned income

TABLE 10—Supplemental security income Number and percentage distribution of adults and children receiving federally administered payments in domiciliary care facilities and under other supervised living arrangements, by age and sex, March 1976

Age and sex	Total	Adults			Blind and disabled children ¹
		Aged	Blind	Dis abled	
<i>Age</i>					
Total number	106 804	43,025	1,176	56,954	5,649
Total percent	100 0	100 0	100 0	100 0	100 0
Under 5	2	-	-	-	3 2
5-17	8 9	-	-	-	72 1
18-21	2 8	-	2 1	2 9	24 7
22-34	12 6	-	19 0	23 2	-
35-44	7 7	-	6 1	14 2	-
45-54	10 8	-	8 9	20 1	-
55-64	15 0	-	13 4	27 8	-
65-74	17 2	27 1	15 6	11 4	-
75 and over	30 0	72 9	34 9	4	-
<i>Sex²</i>					
Total number	106 804	43 025	1,176	56 954	5 649
Men	44,881	13,115	494	28 001	3,271
Women	61 413	29,719	678	28 640	2 378
Total percent	100 0	100 0	100 0	100 0	100 0
Men	42 0	30 5	42 0	49 2	57 9
Women	57 5	69 1	57 7	50 3	42 1

¹ Includes 73 blind children
² Includes those with sex unreported

Relatives were the representative payees for one-third of the SSI beneficiaries Institutions were the payees for 34 percent and social agencies for 15 percent

The proportion of recipients with representative payees was highest for blind and disabled children (98 percent) For nearly half of these children, social agencies served as payees Parents received benefits for only 15 percent of the children in supervised care

Thirty-seven percent of the disabled adults in domiciliary care had payees Institutions and social agencies were payees for nearly half the disabled adults

Of the aged in domiciliary care facilities, 15 percent had representative payees Almost half the payees were relatives

The proportion of SSI recipients with representative payees varied—ranging from 16 percent in Nevada to 98 percent in Wisconsin (table 13) The lower percentage in Nevada reflects the fact that the disabled are not eligible for optional State payments there Disabled individuals at age 65 are, however, entitled to optional payments based on age Wisconsin provides optional State payments only to disabled adults and children

TABLE 11—Supplemental security income Number and percentage distribution of all SSI recipients and of SSI recipients in domiciliary care facilities and under other supervised living arrangements, by race and State

State	Total number ¹	Percentage distribution		
		Total	White	Black
All SSI recipients, June 1976				
Total.....	1,633,986	100 0	69 0	17 0
California.....	672,514	100 0	72 5	14 9
Delaware.....	6,946	100 0	47 7	43 5
District of Columbia.....	15,443	100 0	11 4	80 8
Hawaii.....	9,446	100 0	17 0	5 6
Iowa.....	28,943	100 0	89 0	3 0
Maine.....	24,421	100 0	92 4	2 2
Massachusetts.....	132,840	100 0	85 1	6 0
Michigan.....	119,613	100 0	63 6	28 4
Montana.....	8,145	100 0	78 7	4 4
Nevada.....	6,324	100 0	73 9	12 7
New Jersey.....	81,393	100 0	59 6	27 6
New York.....	899,430	100 0	57 1	23 7
Vermont.....	9,144	100 0	91 2	3 3
Washington.....	51,855	100 0	83 1	6 0
Wisconsin.....	67,529	100 0	84 5	6 9
Persons in domiciliary care facilities and under other supervised care, March 1976				
Total.....	106,804	100 0	78 6	7 0
California.....	44,740	100 0	79 8	7 0
Delaware.....	412	100 0	61 2	31 3
District of Columbia.....	847	100 0	32 3	56 2
Hawaii.....	1,365	100 0	14 1	3 3
Iowa.....	1,255	100 0	86 9	1 4
Maine.....	2,369	100 0	88 9	2 2
Massachusetts.....	6,945	100 0	84 6	2 7
Michigan.....	13,973	100 0	82 0	9 4
Montana.....	413	100 0	83 1	(^c) 2 4
Nevada.....	211	100 0	85 3	8 3
New Jersey.....	4,314	100 0	80 2	6 9
New York.....	25,512	100 0	75 5	6 9
Vermont.....	1,424	100 0	88 6	3 3
Washington.....	2,422	100 0	86 5	2 3
Wisconsin.....	602	100 0	92 7	1 7

¹ Includes other and not reported

² Not shown to avoid disclosure of information for particular individuals

living in group homes for the mentally retarded or family home care facilities for the developmentally disabled

GROWTH IN STATE CASELOADS, 1974-76

Between November 1974 and March 1976, comparable data for California, Michigan, New Jersey, and New York show greater caseload growth for persons in domiciliary care (18 percent) than for the total SSI population (14 percent) * In

* For a description of the 1974 data, see Satya Kochhar, *Domiciliary Care Facilities Under the SSI Program in Selected States* (Research and Statistics Note No 1), Office of Research and Statistics, Social Security Administration, 1976 Massachusetts is excluded because data on boarding homes were omitted from the 1974 study. As a result of reclassification, some persons previously in the domiciliary care category were transferred to the boarding home care category during 1975

TABLE 12—Supplemental security income Number and percentage distribution of adults and children in domiciliary care facilities and under other supervised living arrangements, by representative-payee status, March 1976

Representative-payee status	Total	Adults			Blind and disabled children ¹
		Aged	Blind	Disabled	
Total number.....	106,804	43,025	1,176	56,954	5,649
Without payee.....	73,528	36,362	961	36,082	123
With payee.....	33,276	6,663	215	20,872	5,526
Total percent.....	100 0	100 0	100 0	100 0	100 0
Spouse.....	5	1 3	5	4	-
Parent.....	12 3	3	17 2	15 2	15 5
Other relative.....	19 5	47 1	29 3	15 3	1 6
Institution.....	33 5	25 8	21 9	37 4	28 4
Social agency.....	15 1	3 6	6 5	10 3	47 2
Public official.....	5 4	6 5	6 0	6 2	1 3
Other.....	13 6	15 4	18 6	15 0	5 9

¹ Includes 73 blind children

New York, the caseload increased 20 percent for persons in domiciliary care and 9 percent for all SSI beneficiaries. In California the caseload growth for both groups was about 12 percent (table 14).

The increase in the proportion of new awards to domiciliary care facilities was more pronounced (170 percent) than for the entire SSI caseload (89 percent). The number of new awards rose from 9,400 in 1974 to 25,300 in 1976.

The proportion of transferees from State public assistance programs in domiciliary care decreased at a lower rate (8 percent) than the comparable proportion for all those transferred to SSI (11 percent).

In Michigan, the number of persons in domi-

TABLE 13—Supplemental security income Number and percentage distribution of persons in domiciliary care facilities and under other supervised living arrangements, by representative-payee status and State, March 1976

State	Total number	Percentage distribution		
		Total	Without representative payee	With representative payee
Total.....	106,804	100 0	68 8	31 2
California.....	44,740	100 0	67 7	32 3
Delaware.....	412	100 0	67 7	32 3
District of Columbia.....	847	100 0	70 7	29 3
Hawaii.....	1,365	100 0	58 4	41 6
Iowa.....	1,255	100 0	52 4	47 6
Maine.....	2,369	100 0	63 6	36 4
Massachusetts.....	6,945	100 0	79 1	20 9
Michigan.....	13,973	100 0	57 9	42 1
Montana.....	413	100 0	31 2	68 8
Nevada.....	211	100 0	84 4	15 6
New Jersey.....	4,314	100 0	69 5	30 5
New York.....	25,512	100 0	79 5	20 5
Vermont.....	1,424	100 0	50 9	49 1
Washington.....	2,422	100 0	61 4	38 6
Wisconsin.....	602	100 0	2 0	98 0

iliary care facilities increased by 93 percent, compared with 9 percent for the total SSI population. Despite an overall decline of transferees in Michigan, their number in supervised care increased by 62 percent.⁵ Homes for the aged accounted for 2,550 additional SSI recipients in March 1976. These homes were approved for optional supplementation in January 1975.

In New Jersey, the new awards caseload rose by 58 percent. The number of new awards to persons in licensed boarding homes increased from 380 in November 1974 to 2,017 in March 1976.

PROVISIONS UNDER FEDERALLY ADMINISTERED STATE PROGRAMS

California

Type of facility and level of care.—Out-of-home care facilities provide nonmedical personal care in various settings (homes of relatives or friends, family-care homes, residential facilities, and other board and care facilities).

Program responsibility.—The State Department of Social Welfare administers the program. County departments of social services determine the need for care and are responsible for placement. Facilities with more than 15 residents are licensed and supervised by the State Department of Health; those with 15 or fewer residents are licensed and supervised by county departments of social services, according to criteria set by the State Department of Health.

Special provisions.—Optional supplementation is provided to patients in certified private medical facilities for whom Medicaid pays less than 50 percent of the cost of care. The State supplementation level, however, is the level applicable to the "independent living, with cooking facilities" category—\$259, compared with \$306 for out-of-home care in March 1976.

Delaware

Type of facility and level of care.—Adult foster care facilities provide custodial care in two

⁵ Because of an oversight in data collection for Michigan, individuals in personal care facilities were not included in the November 1974 study. Only persons in domiciliary care facilities were thus included in the 1976 figure.

TABLE 14.—Supplemental security income: Number of persons in domiciliary care facilities and under other supervised living arrangements and of all SSI recipients, November 1974 and March 1976, and percentage changes, by program status, selected States

State	Persons in domiciliary care facilities and other supervised living arrangements			All SSI recipients, percentage change from November 1974 to March 1976
	Number		Percentage change	
	November 1974	March 1976		
Total				
Total.....	65,575	77,127	17.6	14.0
California.....	39,643	44,740	12.9	12.2
Michigan.....	1,324	¹ 2,561	93.4	8.7
New Jersey.....	3,316	4,314	30.1	15.1
New York.....	21,292	25,512	19.8	8.8
Transferees from State programs				
Total.....	56,211	51,869	-7.7	-11.2
California.....	35,115	32,607	-7.1	-10.4
Michigan.....	1,150	¹ 1,867	62.3	-13.7
New Jersey.....	2,936	2,297	-21.8	-14.7
New York.....	17,010	15,098	-11.2	-11.3
New awardees				
Total.....	9,364	25,258	169.7	88.8
California.....	4,528	12,133	168.0	139.0
Michigan.....	174	¹ 694	298.9	75.2
New Jersey.....	380	2,017	430.8	58.2
New York.....	4,282	10,414	143.2	58.4

¹ To provide comparability, only persons in domiciliary care facilities category are included.

settings—adult foster care homes and rest homes, which are larger. Some residents were formerly patients in facilities for the mentally ill and mentally retarded.

Program responsibility.—The Department of Health and Social Services determines the need for care and is responsible for placement. The department supervises adult foster care homes with fewer than four individuals and licenses foster homes and rest homes with more than four residents.

District of Columbia

Type of facility and level of care.—Adult foster care homes provide care in various settings that include personal care homes, foster care homes, and community residences. Personal care homes, which are restricted to a maximum of four beds, offer personal care and protective supervision to persons who were former residents in

mental institutions. Some foster care homes and community residences provide only room, board, and limited supervision.

Program responsibility—The Department of Human Resources determines the need for care and is responsible for placement. Facilities are licensed.

Hawaii

Type of facility and level of care—Domiciliary care, level I, facilities provide room, board, and some supervision in adult family boarding homes. Domiciliary care, levels II and III, provide, in addition to the above, supervised medication, special diets, and 24-hour supervision in personal care homes. The levels of care differ in the degree of supervision and personal care required.

Program responsibility—The Department of Social Services licenses adult family boarding homes. The Department of Health licenses personal care homes. Each department determines the need for care and is responsible for placement.

Iowa

Type of facility and level of care—Family life homes provide a limited range of personal care to fewer than eight individuals. Boarding care homes (which are larger) provide similar care to persons who are ambulatory. Custodial care homes are private nonmedical facilities that provide a high degree of protective and personal care.

Program responsibility—The State Department of Health licenses the facilities. The Department of Social Services determines the need for care and is responsible for placement.

Special provisions—In January 1976, the Department of Social Services assumed responsibility for administration of optional supplementation to persons in custodial care (formerly federally administered). In March 1976, however, 838 persons in custodial care homes still were receiving federally administered payments.

Maine

Type of facility and level of care—Foster care or licensed boarding homes with five beds or less provide foster care to persons who are ambulatory and do not need medical or nursing care on a regular basis.

Licensed boarding homes with more than five beds provide custodial care to those who need a relatively high degree of protective care but do not require nursing care. These individuals may be mentally retarded or former patients of State mental institutions.

Program responsibility—The Department of Health and Welfare supervises and licenses the facilities. It also determines the need for care and is responsible for placement.

Special provisions—Maine has a cash reimbursement program for some facilities. The difference between the amount paid to the facility and the actual cost of care, as determined by the Department of Health and Welfare, is reimbursed to the boarding home.

In nursing homes, persons who are receiving care not covered by Medicaid or Medicare are also eligible for optional State supplementation applicable to domiciliary care.

Massachusetts

Type of facility and level of care—Boarding homes provide room and board and general supervision. This category includes commercial boarding homes, medical facilities where Medicaid funds reimburse less than 50 percent of the cost of care, and adult foster care homes.

Domiciliary care facilities provide personal care and protective supervision for residents in rest homes who do not require nursing or other medical services on a regular basis.

Program responsibility—The State Department of Social Services administers the programs. Local offices of the State agency determine the need for care and are responsible for placement. The State Department of Health licenses rest homes.

Special provisions—The State pays the difference between an individual's Federal SSI and State supplementation payments and the full cost of domiciliary care (up to a maximum of \$14 per

day), and also provides a personal allowance. Only those facilities that submit an annual cost report to the Massachusetts Rate Setting Commission, which then issues an approved daily rate, can receive the additional reimbursement.

In October 1976, the "boarding home" category was eliminated. Residents of these facilities now receive State supplementation in the "shared living arrangements" classification. The payment level is similar to that for the "boarding home" category.

Michigan

Type of facility and level of care—Domiciliary care is provided to persons living in licensed foster care settings (family homes, group homes, congregate care facilities, and prototype facilities for the mentally retarded). These facilities offer room, board, and general supervision.

Personal care is provided to individuals (including children) living in foster care settings that may be family homes, group homes, or congregate care facilities. In addition to room, board, and general supervision, these facilities offer personal care.

Homes for the aged offer personal care and supervision, for the most part to persons aged 65 or older. This level of care may also be provided in adult foster care settings or congregate care facilities. This category became effective January 1975.

Program responsibility—The State Department of Social Services administers the program. The State agency assists in the selection of appropriate care settings. County offices are responsible for the placement of individuals leaving mental institutions and medical facilities.

Montana

Type of facility and level of care—Licensed adult foster care homes provide personal care and general supervision to fewer than four persons. These facilities include approved boarding care homes and licensed foster homes for mentally retarded children.

Licensed group homes for the developmentally

disabled provide special care and supervision for two to eight persons.

Program responsibility—The Department of Social and Rehabilitation Services licenses the facilities. Local welfare offices determine the need for care and are responsible for placement.

Nevada

Type of facility and level of care—Domiciliary care is provided to ambulatory aged and blind individuals in private nonmedical facilities with four or more residents. These facilities offer personal care and general supervision.

Program responsibility—The State Department of Health, Welfare, and Rehabilitation licenses the facilities. Local offices determine the need for care and are responsible for placement.

New Jersey

Type of facility and level of care—Licensed boarding homes, including incorporated homes for the aged and group residential facilities, provide personal care and general supervision.

Group residential facilities for disabled adults and children provide varying levels of care to developmentally disabled, emotionally disturbed, and mentally retarded adults and children. The provision for this category became effective in January 1976.

Program responsibility—The State Department of Institutions and Agencies regulates the facilities. County welfare agencies determine the need for care and are responsible for placement. Residents of group residential facilities are supervised and placed by the department's Division of Mental Retardation.

Special provisions—The State agency also reimburses the cost of special services provided by group residential facilities.

New York

Type of facility and level of care—Congregate care, level I, facilities provide personal care in family-type homes and foster homes with four or fewer residents.

Congregate care, level II, facilities provide personal care and custodial care in nonmedical proprietary or nonprofit institutions such as homes for the aged and residential facilities for adults with mental disabilities

Congregate care, level III, facilities provide personal care and protective supervision in non-medical residences for mentally retarded and brain-damaged adults and children

Program responsibility—The State Department of Mental Hygiene and the State Department of Social Services approve homes providing congregate care, levels I and II. Caseworkers in these agencies are responsible for the placement and supervision of residents in these facilities. The State Department of Mental Hygiene licenses facilities for level III.

Special provisions—Payment standards are based on the level of care and geographic area. Congregate care, level I, facilities have two payment standards—one for those located in New York City and another for those in the rest of the State.

Congregate care, level II, facilities have the same payment standard throughout the State

Congregate care, level III, facilities have three payment standards based on geographic areas—New York City, Dutchess, Orange, Sullivan, Ulster and Westchester counties; and the remainder of the State

Pennsylvania

Type of facility and level of care—Foster care for adults is provided in facilities designed for mentally retarded and emotionally disturbed adults. The provision for this category became effective April 1976.

Program responsibility—The State Department of Public Welfare regulates the facilities, determines the need for care, and is responsible for placement.

Vermont

Type of facility and level of care—Custodial-care licensed homes offer personal care and

supervision. Care may be provided to retarded or emotionally disturbed individuals. Residents receiving only room and board are considered to be living independently and do not qualify for optional supplementation.

Custodial-care unlicensed homes provide care similar to that in licensed homes.

Custodial-care licensed homes with health care (effective July 1976) provide health care, some supervision, and personal care.

Program responsibility—The State Department of Health regulates these facilities. The Department of Social Welfare determines the need for care and is responsible for placement. The Department of Mental Health places former mental patients and provides after-care services through local community mental health centers.

Washington

Type of facility and level of care—Room and board facilities provide minimum personal care and some supervision.

Adult family homes provide personal care, social services, general supervision, and occasional nursing.

Program responsibility—The State Department of Social and Health Services approves the facilities, determines need for care, and is responsible for placement. In July 1976 the State assumed administrative responsibility for optional State supplementation in both categories.

Wisconsin

Type of facility and level of care—Private nonmedical group homes provide personal care and protective services to former patients of mental institutions who are developmentally disabled. Some family care facilities, limited to eight residents, offer minimum personal care to disabled children, disabled adults, and aged individuals.

Program responsibility—The Department of Health and Social Services is responsible for placement and supervision of residents.