

Michigan

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Michigan Department of Human Services administers optional supplementation for recipients living independently or living in the household of another. All other supplementation is administered by the Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Michigan Compiled Laws, chapter 400, act 280, as amended, section 400-10.

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 SSI recipients, including children, except those residing in medical facilities not certified under Medicaid.

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.

State Assistance for Special Needs

Administration

Michigan Department of Human Services.

Special Needs Circumstances

Personal care and home help: For recipients living independently, payment for help required with personal care and household activities (maximum is based on individual need).

State emergency relief: Services provided for a number of needs arising from specific acceptable causes beyond the recipient's resources to control. Acceptable causes include:

- Fires, floods, and other physical disasters;
- Eviction or foreclosure;
- Home repairs necessary to protect health; and
- Utility shutoff.

State disability assistance: SSI recipients are eligible if state disability assistance standards indicate that their needs are greater than their SSI payment plus other income.

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 1.
Optional state supplementation payment levels, January 2006 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	...	617.00	932.00	14.00	28.00
Living in the household of another	...	411.33	621.33	9.33	18.66
Domiciliary care	D	690.00	1,380.00	87.00	476.00
Personal care facility	E	760.50	1,521.00	157.50	617.00
Home for the aged	F	782.30	1,564.60	179.30	660.60
Living independently with an essential person	G	919.00	1,227.00	14.00	21.00
Medicaid facility	I	37.00	74.00	7.00	14.00

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

NOTE: ... = not applicable.

DEFINITIONS:

Living independently. Includes all eligible recipients who are not included in any other state living arrangement, recipients residing in facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

Living in the household of another. Includes recipients with no essential person who are residing in a federal Code B living arrangement.

D: Domiciliary care. Includes recipients residing in licensed nonmedical facilities that provide room, board, and supervision. The state certifies which recipients are residents requiring this level of care.

E: Personal care facility. Includes recipients residing in licensed nonmedical facilities that provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The state certifies which recipients are residents requiring this level of care.

F: Home for the aged. Includes recipients residing in nonmedical facilities for the aged. The state certifies which recipients are residents requiring this level of care. Such care situations include, but are not limited to, licensed homes for the aged.

G: Living independently with an essential person. Includes recipients with an essential person who are not living in the household of another. Children under age 18 are excluded. Payment levels for essential person apply only to cases converted from the state rolls in 1974. There are no longer any recipients receiving payments for living in the household of another with an essential person.

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

Table 2.
Number of persons receiving optional state supplementation, January 2006

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		220,775	--	--	--	--
Living independently or living in the household of another	...	205,375	--	--	--	--
Domiciliary care	D	33	0	0	30	3
Personal care facility	E	12,753	401	74	11,369	909
Home for the aged	F	580	242	2	336	0
Living independently with an essential person	G	2	0	0	2	0
Medicaid facility	I	2,032	253	14	1,577	188

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

NOTE: -- = not available; ... = not applicable.