


STATE ASSISTANCE PROGRAMS FOR SSI RECIPIENTS, JANUARY 2009

A grayscale topographic map of the United States, showing state boundaries and terrain features. The map is overlaid with a grid of latitude and longitude lines. The Great Lakes region is prominent in the upper left, and the Appalachian Mountains run along the eastern coast.

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***Selected Features of State
Assistance Programs, January 2009***

State Supplementation

Number of states that provide—	
Both mandatory and optional supplementation	29
Mandatory supplementation only	3
Optional supplementation only (no recipients in mandatory supplementation)	17
No supplementation	2
Mandatory supplementation: number of states with—	
Federal administration	19
State administration	13
No recipients to supplement	18
No mandatory supplementation program	1
Optional supplementation: number of states with—	
Federal administration	9
State administration	31
Federal and state administration	6
No optional supplementation program	5

Interim Assistance Reimbursement (IAR) Program

Number of states that—	
Participate in program	39
Do not participate in program	12

Medicaid Program

Number of states that have—	
Federal determination of eligibility, federal SSI criteria	33
State determination of eligibility	17
Federal SSI criteria	7
State criteria	10
County determination of eligibility, state criteria	1

NOTE: These data are for the 50 states and the District of Columbia.

Preface

This report provides data on selected characteristics of state assistance programs for Supplemental Security Income (SSI) recipients as of January 1, 2009. The data the Social Security Administration (SSA) uses to compile this annual report are provided by a collaboration of federal and state sources. The data presented are what were made available at the time of publication.

The programs covered in this report are state supplementation of federal SSI payments (mandatory and optional), state assistance for special needs, and Medicaid. The characteristics selected for each program are those that SSA receives questions about most often from individuals, public and private organizations, and federal and state agencies. The program details are explained in the “Guide to Reading the State Summaries.”

The report focuses on eligibility provisions and levels of assistance for individuals and couples by living arrangements, and those who receive supplementary payments in each state and in the District of Columbia. Payment levels shown are the maximum amounts possible for these living arrangements. The report also presents information about federal and state administrative responsibilities for making payments, state criteria for special needs payments, and Medicaid eligibility.

Sherry Barber of the Division of SSI Statistics and Analysis collected and compiled the data. Staff of the Division of Information Resources edited the report and prepared the print and Web versions for publication.

Your suggestions and comments on this report are welcome and should be directed to Sherry Barber at 410-965-9851 or ssi.st.asst@ssa.gov. For additional copies of this report, please e-mail op.publications@ssa.gov. This report and other publications about the SSI program are available at <http://www.socialsecurity.gov/policy>.

The Office of Research, Evaluation, and Statistics gratefully acknowledges the cooperation of the state agency personnel and the Social Security Administration’s central office policy analysts in providing this information.

Manuel de la Puente
Associate Commissioner
for Research, Evaluation, and Statistics

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Guide to Reading the State Summaries

This guide explains the program features detailed in the summaries for the 50 states and the District of Columbia. Although each state does not feature all of the assistive programs listed below, the three major state assistance programs are:

- State supplementation (mandatory and optional) of federal Supplemental Security Income payments,
- State assistance for special needs, and
- Medicaid.

To facilitate comparisons across states, a separate section includes four tables that summarize:

- The number of persons receiving optional supplementation,
- Selected features of state supplementation programs,
- Selected features of medical programs affecting SSI recipients and the needy, and
- State threshold amounts for blind and disabled individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act.

With the exception of Missouri and Rhode Island, all states and the District of Columbia have provided current data for this publication. The state summaries contain information on the program features discussed below.

State Supplementation

Mandatory Minimum Supplementation

The states provide mandatory minimum supplementation only to recipients who were converted to the Supplemental Security Income (SSI) program from the former state assistance programs when the SSI program began in 1974. Mandatory minimum state supplementary payments are required by Public Law 93-66 to maintain the December 1973 payment levels that these recipients received under the former state assistance programs. States are required to provide this supplementation to maintain their eligibility for Title XIX (Medicaid) federal matching funds.

Optional State Supplementation

Some states provide optional monthly supplements to help persons meet needs not fully covered by federal SSI payments. The state determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular monthly basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily and special necessities. Some states provide optional supplementary payments to all persons eligible for SSI benefits. Others limit payments to certain SSI recipients such as the blind or residents of domiciliary care facilities, or extend payments to persons who are ineligible for SSI because their income is too high. In most cases a separate count for these individuals is not possible.

Administration. The governmental unit responsible for administering these payments is a state or local agency or the Social Security Administration (SSA). Under state administration, the state must absorb both program benefits and administrative costs. Under federal administration, the state must reimburse SSA for the cost of the program benefits and, as of October 1, 2008, must pay \$10.45 in administrative costs for each benefit paid. As of October 1, 2008, the rate was adjusted for inflation as calculated by the change in the consumer price index (CPI) between June 2007 and June 2008, rounded to the nearest whole cent. The Commissioner may select a different rate for a state, taking into account the complexity of administering the state's supplementary payment program.

Effective date. The date when the state instituted or revised its optional supplementation program.

Statutory basis for payment. The state law(s) authorizing the supplementary payments.

Funding. The source of funds for supplementary payments and administrative costs. In states requiring financial participation from local governments, the portions contributed by the state and the locality are indicated.

Passalong method. To maintain eligibility for Medicaid reimbursement, any state making supplementary payments after June 30, 1977, must continue making payments and must pass along the cost-of-living increase to the federal benefit rate (FBR). Two methods are available to ensure that cost-of-living increases are passed on to the recipients: the

payment levels method and the total expenditure method.

Under the payment levels method, the State must maintain the March 1983 payment level for each living arrangement category. However, in July 1983, the expected cost-of-living adjustment was delayed until January 1984, so instead there was a general increase in the FBR. Thus, to determine the required supplementary payment levels, the March 1983 payment levels are reduced by the amounts the FBR general increase exceeded the expected July 1983 cost-of-living increase, which are \$10.30 for an individual, \$15.40 for an eligible couple, and \$5.50 for an essential person.

Under the total expenditure method, state expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures fall short in the current year, the state must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Place of application. The office(s) accepting applications for supplementary payments.

Scope of coverage. The categories of persons the state has elected to supplement. States with state-administered programs establish their own eligibility conditions and payment categories. States with federally administered programs must adhere to SSI eligibility criteria but are allowed to establish additional income exclusions and payment categories.

Resource limitations. The resource limitations and exclusions for federally administered state supplementation are the same as for federal SSI payments: countable resources must be worth \$2,000 or less for an individual, or \$3,000 or less for a couple. Countable resources are properties—real or personal—that count toward the resource limits. Recognizing that not everything an individual owns is available for his or her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI. Excluded resources include (but are not limited to):

- The house an individual lives in;
- A car, if it is used to provide necessary transportation;
- Household goods (if needed for maintenance, use, and occupancy of the home) and personal effects;
- Life insurance policies with a total face value of \$1,500 or less per person;
- Burial plots or spaces for the individual or his or her immediate family;

- A burial fund of up to \$1,500 each for the burial expenses of the individual and his or her spouse; and
- Property essential to self-support, including property used in a trade or business or on the job if the individual works for someone else.

States with state-administered supplementation can establish their own resource limitations and exclusions for optional state supplementary payments.

Income exclusions. An exclusion is the amount of a recipient's income that is not counted against the state supplementary payment.

In general, an SSI recipient's income from sources other than SSI is counted against the SSI payment amount. Some income, however, is excluded from being counted. The federal program excludes \$20 per month of earned or unearned income; in addition, \$65 per month of earned income plus one-half of the remaining earnings is excluded. Some types of income are entirely excluded, such as certain home energy and support and maintenance assistance, food stamps, most federally funded housing assistance, state assistance based on need, one-third of child support payments, and income received infrequently or irregularly.

States that choose federal administration must exclude at least the amounts excluded by the federal program and may exclude more. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment is reduced to zero is deducted from the state supplementary payment.

States with state-administered programs can establish their own income exclusions of any amount and type.

Recoveries, liens, and assignments. Provisions of state supplementation plans governing recovery of assistance payments and assumption of a recipient's property by the agency. As a condition of providing assistance, a state may require that a lien be placed on a recipient's property. Such a requirement does not affect a person's eligibility or payment status for federal SSI benefits or federally administered state supplementary payments.

Financial responsibility of relatives. State supplementation provisions that govern the responsibility of relatives (other than parent for child and spouse for spouse) for providing economic support and returning overpayments.

Interim assistance reimbursement (IAR). The Social Security Administration may reimburse a state that has provided basic needs assistance to an individual during the period in which either the

person's application for SSI was pending or his or her SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the state as reimbursement if:

- The state has an agreement with SSA to participate in the IAR program;
- The individual has given SSA written authorization to have his or her retroactive payment sent to the state as reimbursement; and
- The individual is found eligible for SSI payments or has had his or her benefits reinstated for the same period of suspension or termination.

Payment calculation method. States with state administration determine the method by which payments are calculated and what, if anything, will affect the payment. States with federal administration follow federal guidelines.

Payment levels. The maximum state supplementary payments and the combined maximum federal and state payments that can be awarded to recipients without countable income are presented, by state-designated living arrangements, in Table 1 in each state summary. Unless otherwise stated, payment levels apply equally to aged, blind, and disabled recipients. The federal benefit rates that are included in the combined payment levels became effective January 2009 (unless otherwise stated) and are given in the table below.

In states where the SSI payments are federally administered, each living arrangement is described according to the following federal living arrangements. The state may also have other living arrangements. States that administer the SSI payment

have the option to supplement and determine their own definitions of living arrangements.

Federal Code A. Includes eligible persons who:

- Live in their own household whether or not they are receiving in-kind support and maintenance;
- Live in a foster or family care situation;
- Have no permanent living arrangement (for example, a transient);
- Live in an institution (except inmates of public institutions) for all or part of a month, provided that Medicaid does not pay more than 50 percent of the cost of their care; or
- Live alone with a child, spouse, or persons whose income may be deemed to the eligible person.

It also includes eligible persons for whom Codes B, C, and D do not apply.

Federal Code B. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

The Code A payment standard is reduced by one-third for people in federal Code B living arrangements.

Federal Code C. Includes eligible children under age 18 who live in the same household as their parents (that is, deeming applies). The payment standard is the same as in Code A.

Federal benefit rates, January 2009 (in dollars)

Living arrangements	Individual	Couple	Essential person ^a
Living independently	674.00	1,011.00	338.00
Living in the household of another ^b	449.34	674.00	225.33
Living in a Medicaid facility ^c	30.00	60.00	...

NOTE: ... = not applicable.

- This represents the additional amount included in a recipient's check to cover the needs of a household member who provides essential care and services to the recipient and whose needs were previously taken into account in determining the recipient's assistance payment under a state plan approved under titles I, X, XIV, or XVI of the Social Security Act.
- If the recipient lives in another person's household for a full calendar month and receives both food and shelter from that person, the federal benefit rate (amounts for living independently) is reduced by one-third.
- Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical institution throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

Federal Code D. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical institution throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

Number of recipients. The number of recipients receiving optional payments from the state is displayed in Table 2 in each state summary. This number may also include persons who are ineligible for federal SSI payments but meet state eligibility criteria.

Total expenditures. The total amount of expenditures for SSI recipients reported by states who participate in the Optional Supplementation Program. The expenditures reflect previous year counts.

State Assistance for Special Needs

This assistance is for emergency or special conditions not covered by monthly SSI or optional state supplementary payments. Disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are included in this category.

Administration. The governmental unit responsible for administering these payments is indicated.

Special needs circumstances. The special needs circumstances (recurring and nonrecurring) for which assistance can be approved are defined. Where available, eligibility requirements and payment limitations are described.

Medicaid

All states have federally assisted medical assistance (Medicaid) programs.

Eligibility

States may grant Medicaid eligibility to all SSI recipients or apply state guidelines in determining eligibility.

Either the SSI program guidelines or the state guidelines may be used to determine eligibility. State guidelines may not be more restrictive than the state's January 1972 medical assistance standards. The governmental unit responsible for determining eligibility is indicated.

Medically Needy Program

The presence or absence of a medically needy program for SSI-related populations is indicated. States can choose among no medically needy program, a restricted program, Temporary Assistance for Needy Families (TANF), or a program for the TANF-related and one or more of the SSI-related categories (that is, aged, blind, or disabled). States determine eligibility for this program.

Unpaid Medical Expenses

Medicaid law requires states to pay covered medical expenses for up to 3 months prior to the Medicaid application, if the individual would have been eligible at the time. In many states the SSI application serves as the Medicaid application, and this entry indicates whether SSA has a contractual agreement with the state to inquire about the unpaid medical expenses of SSI claimants.

Summary Tables

Summary Table 1.

Number of persons receiving optional state supplementation, by state and eligibility category, January 2009

State	Total	Aged	Blind	Disabled	
				Adults	Children
Alabama ^a	238	78	4	156	b
Alaska ^a	16,232	4,943	78	11,211	c
Arizona ^d	266	--	--	--	c
Arkansas ^e	...	...	...	...	...
California	1,245,507	363,458	17,600	710,765	153,684
Colorado	23,392	18,800	--	4,592	b
Connecticut ^f	15,329	4,618	89	10,622	...
Delaware ^g	689	35	10	575	69
District of Columbia ^g	1,415	103	8	1,201	103
Florida ^a	12,904	5,222	16	7,666	b
Georgia ^{d, g}	4,931	--	--	--	--
Hawaii	2,531	743	28	1,675	85
Idaho	13,840	2,245	33	10,202	1,360
Illinois	29,882	6,059	110	23,713	b
Indiana	4,243	1,100	10	3,133	c
Iowa	5,327	664	454	3,925	284
Kansas ^d	520	--	--	--	c
Kentucky	3,932	1,260	21	2,651	b
Louisiana	4,301	1,148	40	3,113	b
Maine ^d	42,313	--	--	--	--
Maryland ^d	3,172	--	--	--	c
Massachusetts	179,322	45,348	3,701	101,119	29,154
Michigan	231,647	16,791	1,234	176,872	36,750
Minnesota	38,940	11,801	271	26,868	b
Mississippi ^e	...	...	...	...	...
Missouri ^d	8,303	--	--	--	--
Montana	1,001	35	11	769	186
Nebraska	5,437	1,031	54	4,352	b
Nevada ^{h, i}	9,623	9,031	469	...	h
New Hampshire ^a	8,749	1,388	244	7,167	--
New Jersey	162,187	34,632	1,607	93,072	32,876
New Mexico	107	7	2	98	c
New York	628,952	129,309	2,427	391,756	105,460
North Carolina	23,784	11,722	79	11,983	c
North Dakota ^e	...	...	...	...	...
Ohio	1,796	482	--	1,314	c
Oklahoma	64,817	10,801	338	43,840	9,838
Oregon	28,105	3,375	578	24,152	c
Pennsylvania	339,445	42,287	582	245,219	51,357
Rhode Island	30,499	3,605	153	20,681	6,060
South Carolina	4,834	2,068	8	2,758	b
South Dakota ^d	3,819	--	--	--	--
Tennessee ^e	...	...	...	...	...
Texas	2,444	301	30	2,113	b
Utah	2,120	472	16	1,338	294

(Continued)

Summary Table 1.

Number of persons receiving optional state supplementation, by state and eligibility category, January 2009—Continued

State	Total	Aged	Blind	Disabled	
				Adults	Children
Vermont	13,938	1,019	56	10,149	2,714
Virginia	5,425	2,236	10	3,179	c
Washington	31,705	15,270	861	15,574	b
West Virginia ^e	...	...	...	...	...
Wisconsin	108,596	9,327	977	71,462	26,830
Wyoming ^d	2,869	--	--	--	--

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

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

- a. Includes some grandfathered non-SSI recipients who meet state eligibility criteria, but do not meet federal eligibility guidelines.
- b. A separate count for children is not available.
- c. Children under 18 years old are not eligible for optional payment.
- d. Data not available by eligibility category.
- e. The state does not have an optional supplementation program.
- f. Only blind children are eligible; a separate count is not available.
- g. Benefits received under a child welfare program.
- h. Includes 123 blind children.
- i. Includes 100 recipients not distributed by eligibility category.

Summary Table 2.

Selected features of state supplementation, by state, January 2009

State	Administration of—		Method of passalong	Participation in interim assistance reimbursement program
	Mandatory minimum supplementation	Optional state supplementation		
Alabama	No recipients	State	Payment levels	No
Alaska	No recipients	State	Total expenditures	Yes
Arizona	State	State	Payment levels	Yes
Arkansas	Federal	No program	No program	No
California	Federal	Federal	Payment levels	Yes
Colorado	State	State	Total expenditures	Yes
Connecticut	No recipients	State	Payment levels	Yes
Delaware	Federal	Federal/state	Payment levels	Yes
District of Columbia	Federal	Federal/state	Total expenditures	Yes
Florida	No recipients	State	Payment levels	Yes
Georgia	Federal	State	Payment levels	Yes
Hawaii	No recipients	Federal	Total expenditures	Yes
Idaho	State	State	Payment levels	No
Illinois	State	State	Payment levels	Yes
Indiana	No recipients	State	Payment levels	Yes
Iowa	Federal	Federal/state	Payment levels	Yes
Kansas	Federal	State	Payment levels	Yes
Kentucky	No recipients	State	Payment levels	Yes
Louisiana	Federal	State	Payment levels	No
Maine	State	State	Payment levels	Yes
Maryland	Federal	State	Payment levels	Yes
Massachusetts	Federal	Federal	Payment levels	Yes
Michigan	Federal	Federal/state	Payment levels	Yes
Minnesota	No recipients	State	Payment levels	Yes
Mississippi	Federal	No program	No program	No
Missouri	State	State	Payment levels	Yes
Montana	Federal	Federal	Payment levels	Yes
Nebraska	State	State	Total expenditures	Yes
Nevada	No recipients	Federal	Payment levels	Yes
New Hampshire	State	State	Payment levels	Yes
New Jersey	Federal	Federal	Payment levels	Yes
New Mexico	State	State	Payment levels	Yes
New York	Federal	Federal/state	Payment levels	Yes
North Carolina	State	State	Payment levels	Yes
North Dakota	No recipients	No program	No program	No
Ohio	Federal	State	Payment levels	Yes
Oklahoma	State	State	Total expenditures	No
Oregon	No recipients	State	Total expenditures	Yes
Pennsylvania	Federal	Federal/state	Payment levels	Yes
Rhode Island	No recipients	Federal	Payment levels	Yes
South Carolina	No recipients	State	Payment levels	No
South Dakota	Federal	State	Payment levels	No
Tennessee	Federal	No program	No program	Yes
Texas	No recipients	State	Payment levels	No
Utah	No recipients	Federal	Payment levels	Yes
Vermont	No recipients	Federal	Payment levels	Yes
Virginia	No recipients	State	Payment levels	Yes
Washington	State	State	Total expenditures	Yes
West Virginia	No program	No program	No program	No
Wisconsin	No recipients	State	Total expenditures	Yes
Wyoming	State	State	Payment levels	No

SOURCE: Based on information in the state summaries.

Summary Table 3.**Selected features of medical programs affecting SSI recipients and the needy, by state, January 2009**

State	Medicaid eligibility		Medically needy program	SSA obtains information on unpaid medical expenses
	Criteria	Determined by—		
Alabama	Federal	Federal	No	No
Alaska	Federal	State	No	No
Arizona	Federal	Federal	Yes	No
Arkansas	Federal	Federal	Yes	Yes
California	Federal	Federal	Yes	No
Colorado	Federal	Federal	No	Yes
Connecticut	State	State	Yes	No
Delaware	Federal	Federal	No	Yes
District of Columbia	Federal	Federal	Yes	Yes
Florida	Federal	Federal	Yes	No
Georgia	Federal	Federal	Yes	No
Hawaii	State	State	Yes	No
Idaho	Federal	State	No	No
Illinois	State	State	Yes	No
Indiana	State	State	No	No
Iowa	Federal	Federal	Yes	Yes
Kansas	Federal	State	Yes	No
Kentucky	Federal	Federal	Yes	Yes
Louisiana	Federal	Federal	Yes	Yes
Maine	Federal	Federal	Yes	Yes
Maryland	Federal	Federal	Yes	Yes
Massachusetts	Federal	Federal	Yes	Yes
Michigan	Federal	Federal	Yes	No
Minnesota	State	County	Yes	No
Mississippi	Federal	Federal	No	No
Missouri	State	State	No	No
Montana	Federal	Federal	Yes	No
Nebraska	Federal	State	Yes	No
Nevada	Federal	State	No	No
New Hampshire	State	State	Yes	No
New Jersey	Federal	Federal	Yes	Yes
New Mexico	Federal	Federal	No	No
New York	Federal	Federal	Yes	No
North Carolina	Federal	Federal	Yes	No
North Dakota	State	State	Yes	No
Ohio	State	State	No	No
Oklahoma	State	State	No	No
Oregon	Federal	State	No	No
Pennsylvania	Federal	Federal	Yes	Yes
Rhode Island	Federal	Federal	Yes	Yes
South Carolina	Federal	Federal	No	No
South Dakota	Federal	Federal	No	Yes
Tennessee	Federal	Federal	Yes	Yes
Texas	Federal	Federal	Yes	Yes
Utah	Federal	State	Yes	No
Vermont	Federal	Federal	Yes	No
Virginia	State	State	Yes	No
Washington	Federal	Federal	Yes	Yes
West Virginia	Federal	Federal	Yes	Yes
Wisconsin	Federal	Federal	Yes	No
Wyoming	Federal	Federal	No	Yes

SOURCE: Based on information in the state summaries.

Summary Table 4.**State threshold amounts for disabled and blind individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act, calendar year 2009**

State	Twice state supplementation ^a (dollars)	Base amount ^b (dollars)	State per capita Medicaid expenditure ^c (dollars)	Threshold ^d	
				Amount (dollars)	Rank
<i>Disabled individuals</i>					
Alabama	0	17,196	7,097	24,293	51
Alaska	8,688	25,884	27,924	53,808	1
Arizona	0	17,196	10,918	28,114	37
Arkansas	0	17,196	10,427	27,623	42
California	5,592	22,788	12,000	34,788	16
Colorado	600	17,796	12,405	30,201	30
Connecticut	4,032	21,228	32,309	53,537	2
Delaware	0	17,196	17,749	34,945	15
District of Columbia	0	17,196	23,263	40,459	6
Florida	0	17,196	10,879	28,075	39
Georgia	0	17,196	9,620	26,816	45
Hawaii	0	17,196	15,731	32,927	22
Idaho	768	17,964	18,262	36,226	13
Illinois	0	17,196	9,656	26,852	44
Indiana	0	17,196	15,419	32,615	23
Iowa	0	17,196	12,484	29,680	31
Kansas	0	17,196	16,937	34,133	18
Kentucky	0	17,196	8,994	26,190	47
Louisiana	0	17,196	10,458	27,564	40
Maine	240	17,436	24,851	42,287	5
Maryland	0	17,196	20,321	37,517	10
Massachusetts	2,745	19,941	17,816	37,757	9
Michigan	336	17,532	10,121	27,653	41
Minnesota	1,944	19,140	27,554	46,694	3
Mississippi	0	17,196	8,438	25,634	49
Missouri	0	17,196	13,681	30,877	26
Montana	0	17,196	11,486	28,682	36
Nebraska	120	17,316	18,114	35,430	14
Nevada	0	17,196	15,252	32,448	24
New Hampshire	960	18,156	21,726	39,882	7
New Jersey	750	17,946	16,338	34,284	17
New Mexico	0	17,196	16,337	33,533	19
New York	2,088	19,284	24,137	43,421	4
North Carolina	0	17,196	16,030	33,226	20
North Dakota	0	17,196	20,844	38,040	8
Ohio	0	17,196	15,998	33,194	21
Oklahoma	1,104	18,300	7,731	26,031	48
Oregon	41	17,237	11,813	29,050	33
Pennsylvania	658	17,854	10,845	28,699	35
Rhode Island	958	18,154	18,450	36,604	12
South Carolina	0	17,196	9,071	26,267	46
South Dakota	360	17,556	13,250	30,806	27
Tennessee	0	17,196	7,950	25,146	50
Texas	0	17,196	11,956	29,152	32
Utah	0	17,196	11,664	28,860	34

(Continued)

Summary Table 4.

State threshold amounts for disabled and blind individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act, calendar year 2009—Continued

State	Twice state supplementation ^a	Base amount ^b	State per capita Medicaid expenditure ^c	Threshold ^d	
				Amount	Rank
<i>Disabled individuals (cont.)</i>					
Vermont	1,249	18,445	18,561	37,006	11
Virginia	0	17,196	13,282	30,478	29
Washington	1,104	18,300	9,780	28,080	38
West Virginia	0	17,196	9,784	26,980	43
Wisconsin	2,011	19,207	12,949	32,156	25
Wyoming	600	17,796	12,696	30,492	28
<i>Blind individuals</i>					
California	7,152	24,348	12,000	36,348	2
Iowa	528	17,724	12,484	30,208	4
Massachusetts	3,594	20,790	17,470	38,260	1
Nevada	2,623	19,819	15,251	35,071	3
Oregon	641	17,837	11,813	29,650	5

SOURCE: Social Security Administration, Program Operations Manual System (POMS), SI 02302.200, Charted Threshold Amounts.

- a. Twice the annual state supplementation rate, if any, for an individual living independently.
- b. The base amount is the annual amount of earned income it takes to reduce the annual SSI federal plus state benefit to zero. It is calculated as the sum of twice the state individual supplementation rate plus \$17,196; \$17,196 is the amount of earned income it takes in calendar year 2009 to reduce the annual federal benefit to zero, based on the monthly calculation (\$85 plus twice the monthly federal benefit rate of \$674) multiplied by 12.
- c. Based on data from 2008.
- d. The threshold is the sum of the base amount and the state per capita Medicaid expenditure.

State Summaries

Alabama

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: County Departments of Human Resources.

Effective date: January 1, 1974.

Statutory basis for payment: Code of Alabama 1975 as amended, title 38.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Departments of Human Resources. Applications are initiated through the county Departments of Public Health and the Department of Senior Services.

Scope of coverage: Optional state supplement provided to SSI recipients (including children) and some non-SSI recipients who reside in the specified living arrangements and who meet state criteria, but do not meet federal SSI eligibility guidelines.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for child under 18.

Interim assistance: State does not participate.

Payment calculation method: SSI recipients receive the full benefit based on living arrangement. Non-SSI recipients receive the difference in their countable income and the living arrangement benefit level. Countable income equals income minus \$20 general exclusion and the applicable Federal Benefit Rate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures¹: The state reported expenditures of \$166,848 for calendar year 2008 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 does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Receiving IHC in a private home or a personal care home				
Level of independence A	734.00	1,131.00	60.00	120.00
Level of independence B	730.00	1,123.00	56.00	112.00
Receiving IHC and support and maintenance in a private home or personal care home				
Level of independence A	509.34	794.00	60.00	120.00
Level of independence B	505.34	786.00	56.00	112.00
Receiving specialized IHC in a private home or personal care home	734.00	1,131.00	60.00	120.00
Receiving specialized IHC and support and maintenance in a private home or personal care home	509.34	794.00	60.00	120.00
Foster home with IHC or specialized IHC	784.00	1,231.00	110.00	220.00
Cerebral palsy treatment center (disabled)	870.00	1,403.00	196.00	392.00

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

NOTE: A licensed physician must recommend independent home-life care (IHC) or specialized IHC, and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified home health agency.

DEFINITIONS:

Personal care home. A domiciliary facility that provides care for four or more unrelated persons and is licensed by the Alabama Department of Health.

Foster home. A domiciliary facility licensed or approved by the Alabama Department of Human Resources in accordance with state foster home provisions.

Cerebral palsy treatment center (disabled). A domiciliary care facility for the treatment of cerebral palsy that is licensed by the Alabama Department of Health.

Table 2.
Number of persons receiving optional state supplementation, January 2009^a

Living arrangement	Total	Aged	Blind	Disabled
All recipients	238	78	4	156
Receiving IHC in a private home or a personal care home	--	--	--	--
Receiving IHC and support and maintenance in a private home or personal care home	--	--	--	--
Receiving specialized IHC in a private home or personal care home	--	--	--	--
Receiving specialized IHC and support and maintenance in a private home or personal care home	--	--	--	--
Foster home with IHC or specialized IHC	--	--	--	--
Cerebral palsy treatment center (disabled)	--	--	--	--

SOURCE: State information.

NOTES: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

IHC = independent home-life care; -- = not available.

a. Represents data for December 2008.

Alaska

State Supplementation

Mandatory State Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Health and Social Services, Division of Public Assistance.

Effective date: January 1, 1974.

Statutory basis for payment: Alaska Statutes 47.25.430-47.25.615.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the state Department of Health and Social Services, Division of Public Assistance.

Scope of coverage: Optional state supplement provided to all needy aged, blind, and disabled persons, including certain grandfathered persons who would receive SSI payments except for their income level but excluding persons in the Alaska Pioneer Homes, in any nonmedical public institution, or in public or private institutions for mental disorders. Children under age 18 are not eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply; in-kind income is also excluded.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Child for aged parent.

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. For non-SSI recipients, any countable income is subtracted from the state standard.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures¹: The state reported expenditures of \$53,070,811 for calendar year 2008 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: 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.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	1,036.00	1,539.00	362.00	528.00
Living independently with an ineligible spouse	1,195.00	...	521.00	...
Living in the household of another	817.34	1,217.00	368.00	543.00
Living in the household of another with an ineligible spouse	913.34	...	464.00	...
Assisted living home	774.00	1,211.00	100.00	200.00
Assisted living home with an ineligible spouse	774.00	...	100.00	...
Medicaid facility	75.00	150.00	45.00	90.00

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

NOTE: ... = not applicable.

DEFINITIONS:

Living independently. Includes eligible persons who:

- Live alone in their own household, whether or not receiving in-kind support and maintenance;
- Live alone or with a minor child, spouse, or anyone whose income is deemed available to them;
- Live in a household in which all members receive federal or state public assistance;
- Live in the household of another and pay at least a prorated share of the household expenses; or
- Live in the household of another where the eligible person or devisor has an ownership interest in the home or is liable to the landlord for any part of the rent.

Living in the household of another. Includes eligible persons who reside in another's household for a full calendar month, except for temporary absences, and receive both food and shelter from that person.

Assisted living home. Includes eligible persons who reside in an assisted living home for a full calendar month.

Medicaid facility. Includes recipients who reside for a full calendar month in a skilled nursing facility or an intermediate care facility that is certified and licensed by the Alaska Department of Health and Social Services to provide long-term care.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	16,232	4,943	78	11,211
Living independently	14,353	4,511	71	9,771
Living in the household of another	667	139	0	528
Assisted living home	1,135	270	7	858
Medicaid facility	77	23	0	54

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

Arizona

State Supplementation

Mandatory Minimum Supplementation

Administration: Division of Aging and Adult Services.

Optional State Supplementation

Administration: Division of Aging and Adult Services.

Effective date: May 9, 1974.

Statutory basis for payment: Arizona Revised Statutes 46:252.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: The agency is no longer taking applications.

Scope of coverage: Optional state supplement provided to all SSI recipients who require assistance with housekeeping. Children under age 18 are not eligible for optional supplementation.

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 state reported expenditures of \$215,180 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Requires housekeeping services	744.00	1,081.00	70.00	70.00

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

DEFINITION:

Requires housekeeping services. A determination that the person is functionally impaired in sufficient degree as to require help with housekeeping, laundry, essential shopping, errands, and meal preparation.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Requires housekeeping services	266	--	--	--

SOURCE: State information.

NOTE: -- = not available.

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.

Arkansas

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

State does not provide optional supplementation.

Interim assistance: State does not participate.

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.

California

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Welfare and Institutions Code, section 12000ff.

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 \$3,388,738,000 for calendar year 2008 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 1.A
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		907.00	1,579.00	233.00	568.00
Blind		972.00	^a 1,806.00	298.00	795.00
Nonmedical out-of-home care	B	1,086.00	2,172.00	412.00	1,161.00
Living independently without cooking facilities	C				
Aged and disabled		991.00	1,747.00	317.00	736.00
Living in the household of another	D				
Aged and disabled		683.34	1,269.66	234.00	595.66
Blind		764.34	^b 1,496.66	315.00	822.66
Disabled minor in home of parent or relative by blood or marriage	E	793.00	...	119.00	...
Nonmedical out-of-home care, living in the household of another	F	856.34	1,719.66	407.00	1,045.66
Disabled minor in the household of another	G	557.34	...	108.00	...
Medicaid facility	J	50.00	100.00	20.00	40.00

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

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 \$1,721.

b. Payment level for a couple in which only one member is blind is \$1,410.66.

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
- Are blind and live independently with or without cooking and food storage facilities.

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 his or her parent or legal guardian or conservator,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian or conservator who is not his or her relative,
- Disabled and residing in the home of a relative who is not his or her parent, or
- Blind or disabled and residing in a "certified family home."

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.

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 but are in a federal Code B living arrangement.

J: Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

Table 1.B
Optional state supplementation payment levels, May 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		870.00	1,524.00	196.00	513.00
Blind		935.00	^a 1,751.00	261.00	740.00
Nonmedical out-of-home care	B	1,086.00	2,172.00	412.00	1,161.00
Living independently without cooking facilities	C				
Aged and disabled		954.00	1,692.00	280.00	681.00
Living in the household of another	D				
Aged and disabled		658.67	1,233.00	209.33	559.00
Blind		739.67	^b 1,460.00	290.33	786.00
Disabled minor in home of parent or relative by blood or marriage	E	756.00	...	82.00	...
Nonmedical out-of-home care, living in the household of another	F	856.34	1,719.66	407.00	1,045.66
Disabled minor in the household of another	G	532.67	...	83.33	...
Medicaid facility	J	50.00	100.00	20.00	40.00

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

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 \$1,666.

b. Payment level for a couple in which only one member is blind is \$1,374

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
- Are blind and live independently with or without cooking and food storage facilities.

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 his or her parent or legal guardian or conservator,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian or conservator who is not his or her relative,
- Disabled and residing in the home of a relative who is not his or her parent, or
- Blind or disabled and residing in a "certified family home."

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.

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 but are in a federal Code B living arrangement.

J: Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

Table 1.C
Optional state supplementation payment levels, July 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		850.00	1,489.00	176.00	478.00
Blind		913.00	^a 1,711.00	239.00	700.00
Nonmedical out-of-home care	B	1,086.00	2,172.00	412.00	1,161.00
Living independently without cooking facilities	C				
Aged and disabled		934.00	1,657.00	260.00	646.00
Living in the household of another	D				
Aged and disabled		643.52	1,233.00	194.18	559.00
Blind		722.66	^b 1,426.42	273.32	752.42
Disabled minor in home of parent or relative by blood or marriage	E	739.00	...	65.00	...
Nonmedical out-of-home care, living in the household of another	F	856.34	1,719.66	407.00	1,045.66
Disabled minor in the household of another	G	520.42	...	71.08	...
Medicaid facility	J	50.00	100.00	20.00	40.00

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

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 \$1,628.

b. Payment level for a couple in which only one member is blind is \$1342.40.

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
- Are blind and live independently with or without cooking and food storage facilities.

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 his or her parent or legal guardian or conservator,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian or conservator who is not his or her relative,
- Disabled and residing in the home of a relative who is not his or her parent, or
- Blind or disabled and residing in a "certified family home."

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.

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 but are in a federal Code B living arrangement.

J: Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,245,507	363,458	17,600	710,765	153,684
Living independently with cooking facilities	A	946,941	304,307	15,766	586,261	40,607
Nonmedical out-of-home care	B	53,928	4,641	480	42,397	6,410
Living independently without cooking facilities	C	38,981	3,606	0	34,881	494
Living in the household of another	D	89,992	46,481	1,125	37,329	5,057
Disabled minor in home of parent or relative by blood or marriage	E	94,907	...	...	...	94,907
Nonmedical out-of-home care, living in the household of another	F	1,553	321	28	1,037	167
Disabled minor in the household of another	G	3,883	...	...	...	3,883
Medicaid facility	J	15,322	4,102	201	8,860	2,159

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

NOTE: ... = not applicable.

Colorado

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Human Services; Aging and Adult Services; Adult Financial Services.

Optional State Supplementation

Administration: State Department of Human Services; Aging and Adult Services; Adult Financial Services.

Effective date: January 1, 1974.

Statutory basis for payment: Colorado Revised Statutes 26-2, section 202-209, 1973, as amended.

Funding

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

Assistance: 100 percent state funds for the aged; 80 percent state funds, 20 percent local funds for the blind and disabled.

Passalong method: Maintaining total expenditures.

Place of application: County offices of the Department of Human Social Services.

Scope of coverage: Optional state supplement provided to all SSI recipients, including children, residing in the specified living arrangements. Persons living in the household of another are included under the living independently standard; state supplement is increased to offset the reduced federal payment.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment calculation method: A standard applies that is established by the state legislature for the supplemental 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 state reported expenditures of \$27,517,586 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another ^a	699.00	1,398.00	25.00	387.00
Adult foster care	1,250.00	^b 2,500.00	576.00	^b 1,489.00
Receiving home care ^c	1,119.40	...	445.40	...

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

NOTE: ... = not applicable.

a. State supplement is increased to offset the reduced federal payment for persons living in the home of another.

b. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

c. Represents maximum allowance. Lesser amounts may be paid according to the amount of home care needed.

DEFINITIONS:

Living independently or in the household of another. Includes recipients who reside in a federal Code A or B living arrangement, meet the state eligibility requirements, and do not qualify for other state arrangements.

Adult foster care. Includes recipients who reside in a federal Code A living arrangement and are residing in an approved supervised living facility known as an adult foster home.

Receiving home care. Includes recipients who receive care in their own home from qualified personnel and who would otherwise be in a nursing home if this care were unavailable.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	23,392	18,800	--	4,592	--
Living independently or in the household of another	20,284	--	--	--	--
Adult foster care	8	--	--	--	--
Receiving home care	3,100	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.

State Assistance for Special Needs

Administration

Colorado Department of Human Services.

Special Needs Circumstances

Funeral expenses: If cost of funeral home or cemetery does not exceed \$2,500, the benefit maximum is \$1,500. If cost exceeds \$2,500, no assistance is provided.

Other: County social services boards may choose to provide optional supplementation for other special needs circumstances.

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.

Connecticut

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Social Services.

Effective date: January 1, 1974.

Statutory basis for payment: Connecticut General Statutes, section 17b-600.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Regional offices of state agency.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled SSI or Title II recipients living alone or with others. No provision is made for essential persons. The only children eligible for supplementation are those who are blind. Blind and disabled recipients are reclassified as aged upon reaching age 65.

Resource limitations: No limit on real property occupied as a home. Equity in real property other than a home must be liquidated. Value of personal property (excluding household and personal effects, car if needed, and tools and equipment or livestock essential to production of income) is limited to \$1,600 for an individual and \$2,400 for a couple. In addition, up to \$1,800 for burial contract is reduced by the value of irrevocable burial arrangements and the face value of life insurance policies of \$1,500 or less.

Income exclusions

Unearned income: For recipients residing in the community, state disregards \$241.00 of any unearned income including SSI; for recipients residing in boarding homes, \$148.70 is disregarded. The disregard is \$308.90 for recipients residing with unrelated persons in the community.

Earned income: The first \$65 and one-half of the remainder for aged and disabled; the first \$85 and one-half of the remainder for the blind. Work-related

expenses for the blind, including personal expenses such as Social Security tax, life and health insurance, lunch, and transportation, are excluded. Additional deductions are allowed for the blind and disabled related to plans for self-support. Those who are disabled are also allowed deductions for impairment-related work expenses.

Recoveries, liens, and assignments: Liens secure claims against real property. State has a preferred mandatory claim against an estate to the extent that it is not needed for the support of the surviving spouse, parent, or dependent children of the decedent. Liens may be released upon payment of claim or amount equal to beneficiary's interest. If applicant or recipient owns other nonhome property, he or she must be making a bona fide effort to sell it. During that time, he or she gives the state a security mortgage.

Financial responsibility of relatives: Spouse for spouse.

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 state reported expenditures of \$34,047,130 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Social Services.

Special Needs Circumstances

Recurring

Emergency housing: One occurrence per calendar year; no more than 60 days per occurrence.

Refuse collection: Standard community rate.

Therapeutic diet: \$36.20 a month.

Meals on Wheels: \$4.65 for one meal a day; \$8.50 for two meals a day.

Restaurant meals: \$36.20 a month for an individual living in the community; \$7.80 per day for an individual living in emergency housing.

Nonrecurring

Security deposit for heating service: Actual cost up to a limit of \$200 for equipment only.

Storage charges: Up to 3 months.

Moving expenses: Market charge.

Essential household furnishings: Lower of actual cost or department standard for particular item.

Telephone installation: Standard residential line charge for service connections plus \$23 for labor and \$4 maximum for phone jack.

Essential clothing: Department standard for particular item.

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 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Independent community living ^a	842.00	1,286.00	168.00	275.00
Licensed room and board facility	674.00	1,011.00	b	b
Medicaid facility ^c	65.00	130.00	35.00	70.00

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

- The budget process is used to establish payment amounts. This supplement consists of a housing allowance (maximum of \$400 for living alone; \$200 for living with others), basic needs items, minus countable income (see "Income exclusions"). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.
- Committee sets state payments for recipients in boarding homes in accordance with individual cost data for the operations of the facility.
- Recipients residing in a Medicaid facility receive a supplement that varies depending on the facility.

DEFINITIONS:

Independent community living. Any type of living arrangement that is not a licensed room and board facility or a medical or penal institution.

Licensed room and board facility. Community group home, training home, family care home, private boarding home, or other residential facility that is licensed by the Connecticut Department of Mental Retardation, Department of Children and Families, Department of Mental Health and Addiction Services, Department of Public Health Services, or other state agency and that at a minimum provides lodging and meals to various groups of elderly, blind, or disabled individuals.

Medicaid facility. Includes recipients residing in a federal Code D living arrangement, general hospitals, long-term care facilities, intermediate care facilities, institutions for the mentally retarded and mental disease facilities for residents younger than age 21 or aged 65 or older, and tuberculosis facilities for persons aged 65 or older.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	15,329	4,618	89	10,622
Independent community living	10,339	3,248	33	7,058
Licensed room and board facility	4,990	1,370	56	3,564
Medicaid facility	--	--	--	--

SOURCE: State information.

NOTES: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

-- = not available.

a. Includes blind children.

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 \$1,066,000 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (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 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children ^a
Certified adult residential care facility	A	689	35	10	575	69

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 \$4,283,000 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (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 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children ^a
All recipients		^b 1,415	103	8	1,201	103
Adult foster care home (50 beds or less)	A	706	59	2	633	13
Adult foster care home (over 50 beds)	B	10	1	1	6	2
Medicaid facility	G	698	43	5	562	88

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

a. Benefits received under a child welfare program.

b. Includes one recipient whose status is improperly coded.

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.

Florida

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Children and Families.

Effective date: January 1, 1974.

Statutory basis for payment: Florida Statutes, chapter 409.212.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Children and Families.

Scope of coverage: Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or have been grandfathered because they meet all SSI criteria except for income. Income may not exceed \$752.40.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient. The state can file a claim after death. Homestead is exempt if it passes to a qualified heir. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday. Florida does not seek recovery if there is a surviving spouse, minor child, or blind or disabled child.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The recipient's gross monthly countable income is subtracted from the sum of the standard provider rate and the personal needs allowance. The difference, up to \$78.40, is the state optional payment amount.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures¹: The state reported expenditures of \$6,935,819.42 for calendar year 2008 in state-administered payments to SSI recipients.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Community care programs				
Adult family care home ^a	752.40	b	78.40	b
Assisted living facility	752.40	b	78.40	b
Medicaid facility ^c	35.00	70.00	5.00	10.00

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

- Payments include \$54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.
- Couples are treated as two individuals the month after leaving an independent living arrangement.
- Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

DEFINITIONS:

Adult family care home. Serves up to five persons aged 18 or older, providing housing, food, and personal services.

Assisted living facility. Serves four or more persons aged 18 or older, providing housing, food, and personal services.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	12,904	5,222	16	7,666
Community care programs				
Adult family care home	273	65	10	198
Assisted living facility	7,755	2,975	2	4,778
Medicaid facility	4,876	2,182	4	2,690

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

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 does not obtain this information.

Georgia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Georgia Department of Human Resources.

Effective date: July 1, 2006.

Statutory basis for payment: Georgia House Bill 1027, line 2496.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: No application required. State uses computerized listing from Social Security Administration to identify eligible recipients.

Scope of coverage: Optional state supplement provided to all SSI recipients residing in nursing or hospice program in nursing home settings.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The state pays a supplement to individuals who reside in Medicaid facilities.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$621,764 for calendar year 2008 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 does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	50.00	100.00	20.00	40.00

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

DEFINITION:

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	4,931	--	--	--

SOURCE: State information.

NOTE: -- = not available.

Hawaii

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 total expenditures.

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 \$15,942,000 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Foster care home	B	1,325.90	2,651.80	651.90	1,640.80
Medicaid facility	D	50.00	100.00	20.00	40.00
Domiciliary care facility, Level I	H	1,325.90	2,651.80	651.90	1,640.80
Domiciliary care facility, Level II	I	1,433.90	2,867.80	759.90	1,856.80

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.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		2,531	743	28	1,675	85
Foster care home	B	910	496	5	404	5
Medicaid facility	D	116	35	1	65	15
Domiciliary care facility, Level I	H	1,463	195	21	1,182	65
Domiciliary care facility, Level II	I	42	17	1	24	0

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

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.

Idaho

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Welfare.

Optional State Supplementation

Administration: State Department of Health and Welfare.

Effective date: January 1, 1974.

Statutory basis for payment: Idaho State Code 56-207, 56-208, 56-209a.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Health and Welfare.

Scope of coverage: Optional state supplement provided to all SSI recipients, including children,

residing in the specified living arrangements. Persons living in the household of another are included under the living independently standard; state supplement is increased to offset the reduced federal payment.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply; in-kind support and maintenance is also excluded unless received as wages.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for minor child.

Interim assistance: State does not participate.

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. The maximum payment amount for individuals and couples living independently is \$53.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$9,404,367 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another ^a	727.00	1,064.00	53.00	53.00
Living with an essential person	1,064.00	...	53.00	...
Room and board facility	872.00	b	198.00	b
Assisted living facility or certified family home				
Level I	1,013.00	b	339.00	b
Level II	1,080.00	b	406.00	b
Level III	1,147.00	b	473.00	b
Semi-independent group residential facility	872.00	b	198.00	b

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

NOTE: ... = not applicable.

a. State supplement is increased to offset the reduced federal payment for persons living in the household of another. The payment amount is capped at \$53 for individuals and couples living independently.

b. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently or in the household of another. Includes recipients living in their own household (i.e., house, apartment, hotel, rooming house, or room and board facility) or in the household of another. Also includes blind or disabled children living with their parents and individuals paying room and board to a relative.

Living with an essential person. Includes recipients living in their own household or in the household of another with a person of their choice whose presence in the household is essential to the recipients' well-being and who renders specific services of a kind that would have to be provided for the recipients if they lived alone.

Room and board facility. A facility in which a person purchases food, shelter, and household maintenance requirements from one vendor. Such a facility is not required to be licensed as a shelter home.

Assisted living facility or certified family home. One or more buildings constitutes a facility or residence, however named, that is operated on either a profit or nonprofit basis for the purpose of providing 24-hour care for three or more adults who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual.

Semi-independent group residential facility. A facility having one or more living areas under a common management in which an opportunity to learn independent living skills is provided under individualized service plans to not less than three nor more than eight developmentally disabled or mentally ill persons not requiring direct supervision.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	13,840	2,245	33	10,202	1,360
Living independently or in the household of another, or living with an essential person	13,198	2,185	31	9,686	1,296
Room and board facility	625	55	2	504	64
Assisted living facility or certified family home	1	0	0	1	0
Semi-independent group residential facility	16	5	0	11	0

SOURCE: State information.

State Assistance for Special Needs

Administration

State Department of Health and Welfare.

Special Needs Circumstances

Restaurant meals: Eating-out allowance of up to \$50 per month if physically unable to prepare meals.

Maintenance for service animals: Allowance for care and maintenance of service animals of up to \$17 per month.

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.

Illinois

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Human Services.

Optional State Supplementation

Administration: State Department of Human Services.

Effective date: March 1, 1974.

Statutory basis for payment: Illinois Revised Statutes, chapter 305; ILCS, section 5/3-1 et seq.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County offices of the state Department of Human Services, except in Cook County, where application is made at district offices of the Department of Human Services.

Scope of coverage: Optional state supplement is provided to all aged, blind, or disabled SSI recipients, including children, whose income maintenance needs, based on state standards, exceed their monthly SSI benefit plus other income. Individuals who have been denied SSI because of their level of income may be eligible for an optional state supplement if there is a deficit between all other income and the income maintenance need based on state standards. Noncitizens living in the community who are eligible because the federal 7-year limit has expired are given a flat \$500 allowance. This program went into effect July 15, 2004.

Resource limitations: Federal SSI regulations apply.

Income exclusions

All recipients: First \$25 per month of any income, except income received from a spouse or other person.

Aged and disabled: \$20 plus one-half of next \$60 per month of earned income.

Blind: \$85 plus one-half of remainder of earned income per month.

Recoveries, liens, and assignments: Estate claims are filed against real and personal property for all:

- Income maintenance paid after 1963;
- Medical assistance paid before October 1, 1993, and after January 1, 1966, for persons aged 65 or older; and
- Medical assistance paid after October 1, 1993, for persons aged 55 or older.

Financial responsibility of relatives: Spouse for spouse; parent for minor child, except when child has married.

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, which is based on individual income maintenance needs. The remainder is the state supplementation.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$29,511,412 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	a	a	a	a
Room and board facility	a	a	a	a
Residential facility	a	a	a	a

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

a. State supplementation is based on state-approved allowances given for individual needs.

DEFINITIONS:

Living independently. Living in the community.

Room and board facility. Living in the community but paying for both lodging and meals. An allowance for room and board is given in lieu of separate allowances for food and shelter.

Residential facility. Living in a long-term care or sheltered care facility. For long-term care, a \$30 personal needs allowance is provided to a person who has no other income.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	29,882	6,059	110	23,713
Living independently	29,412	5,991	108	23,313
Room and board facility	27	5	0	22
Residential facility	443	63	2	378

SOURCE: State information.

State Assistance for Special Needs

Illinois assists with funeral and burial costs of persons who were eligible for state-administered cash or medical assistance at the time of death.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Indiana

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Family and Social Services Administration, Division of Aging.

Effective date: July 1, 1976.

Statutory basis for payment: Indiana Public Law 46, Acts of 1976.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Family and Social Services Administration, county offices of the Division of Family Resources.

Scope of coverage: Optional state supplement provided to all adult Medicaid or SSI recipients who, because of age, blindness, or disability, are unable to reside in their own home and need care in a residential facility. Children under age 18 are not eligible for optional supplementation.

Resource limitations: An individual may have a reserve of nonexempt real and personal property (including cash, stocks, bonds, cash surrender value of life insurance, etc.) of no more than \$1,500; a couple may have no more than \$2,250. If spouse resides in the same facility, the resources of both, subject to the \$2,250 limit, are considered in establishing eligibility. Ownership of personal property essential for an adequate living arrangement, production of produce for home consumption, and personal effects do not affect an individual's eligibility. Cash surrender value of life insurance is disregarded if the face value does not exceed \$10,000 and the beneficiary is the funeral director or the person's estate. The \$10,000 limitation is reduced by any amount in an irrevocable burial trust or irrevocable prepaid funeral arrangement. Real property offered for sale or rent is exempt.

Income exclusions: Disregarded from sheltered workshop earnings are a \$16 employment incentive, mandatory earnings deductions, and one-half of the remaining earnings.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse when residing in the same facility.

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 state reported expenditures of \$8,474,878.35 for calendar year 2008 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 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 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential facility ^a	1,501.06	b	827.06	b
Medicaid facility	52.00	104.00	22.00	44.00

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

- a. Individuals living in licensed residential facilities receive a combined federal and state benefit of up to \$1,501.06 (state-supplemented portion is up to \$827.06)—including a personal allowance payment of up to \$52.00 per month. Lesser amounts may be paid depending on the cost of facility and income of recipients.
- b. Federal and state agencies consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

DEFINITIONS:

Licensed residential facility. Care in a licensed residential facility consists only of room, board, and laundry together with minimal administrative direction. The facility must be licensed by the state Department of Health and approved for participation in the Room and Board Assistance program by the state Family and Social Services Administration. A residential facility can be publicly or privately owned and for profit or not for profit.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	4,243	1,100	10	3,133
Licensed residential facility	2,268	626	3	1,639
Medicaid facility	1,975	474	7	1,494

SOURCE: State information.

Iowa

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care, and persons who are eligible for the supplement for Medicare and Medicaid eligible. Social Security Administration administers all other supplemental payments.

Effective date: January 1, 1974 (blind); May 1, 1974 (aged and disabled); October 1, 2003 (eligible for supplement for Medicare and Medicaid eligible).

Statutory basis for payment: Code of Iowa, chapter 249.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices for federally administered payments; local offices of state Department of Human Services for state-administered payments.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled persons residing in the specified living arrangements. Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementation if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.

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: 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 state reported expenditures of \$12,525,667 for calendar year 2008 in state-administered payments and \$4,778,827 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: 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 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently (blind)	A	696.00	^a 1,055.00	22.00	^a 44.00
Living in the household of another (blind)	B	471.34	^a 718.00	22.00	^a 44.00
Living with a dependent person	C				
Aged and disabled		1,018.00	1,355.00	344.00	344.00
Blind		1,040.00	1,399.00	366.00	388.00
Family life or boarding home	D				
Aged and disabled		816.00	1,652.00	142.00	641.00
Blind		838.00	1,696.00	164.00	685.00
Living with a dependent person in the household of another	H				
Aged and disabled		793.34	1,018.00	344.00	344.00
Blind		815.34	1,062.00	366.00	388.00
Family life or boarding home (one-third reduction in federal benefit rate applies)	I				
Aged and disabled		591.34	1,315.00	142.00	641.00
Blind		613.34	1,359.00	164.00	685.00
Residential care	...	966.34	...	^b 292.34	...
In-home health care	...	1,154.55	^c 1,972.10	^d 480.55	^c 961.10

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

NOTE: ... = not applicable.

- Payment level when both members of a couple are blind; when only one member is blind, payment is reduced by \$22.
- Amount based on allowable costs of residential care (\$17.86 to \$26.95 per day), plus a personal needs allowance of \$91.00 per month, minus the federal SSI payment. State administers payments.
- Payment is based on both members of a couple needing in-home health-related care. When one member needs care, payment is reduced by \$480.55. State administers payments.
- Payment is based on actual cost of in-home health-related care up to a maximum of \$480.55, plus basic federal benefit. State administers payments.

DEFINITIONS:

A: Living independently (blind). Includes all blind recipients who are not included under another arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

B: Living in the household of another (blind). Includes all blind recipients who are residing in a federal Code B living arrangement, are not included under another state arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

C and H: Living with a dependent person. Includes a recipient residing in a federal Code A, B, or C living arrangement. The recipient has an ineligible spouse, parent, child, or adult child living in the home who is financially dependent on him or her as defined by the Iowa Department of Human Services.

D and I: Family life or boarding home. Includes recipients residing in a federal Code A living arrangement who reside in a family life home or boarding home licensed by the Iowa Department of Health or certified by the Iowa Department of Human Services.

Residential care. Includes recipients who require custodial care (but not nursing care) on a 24-hour basis. The purpose of these facilities is to provide care for recipients who because of age, blindness, or disability are unable to adequately care for themselves in an independent living arrangement. Recipients must have the written recommendation of a physician to be admitted to these facilities.

In-home health care. Includes recipients who require personal services, nursing care, or both in their own home. The primary purpose of the program is to enable recipients to remain in their own home for as long as possible. Care must be recommended in writing by a physician and must be provided under the supervision of a registered nurse.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		5,327	664	454	3,925	284
Living independently (blind)	A	556	2	426	16	112
Living in the household of another (blind)	B	8	0	6	0	2
Living with a dependent person	C	1,294	110	22	1,041	121
Family life or boarding home	D and I	7	0	0	7	0
Living with a dependent person in the household of another	H	0	0	0	0	0
Residential care	...	1,858	343	0	1,496	19
In-home health care	...	1,604	209	0	1,365	30
Medicaid facility	...	--	--	--	--	--

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

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

Kansas

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Kansas Health Public Authority.

Effective date: July 1, 2006.

Statutory basis for payment: Kansas Statutes Annotated (K.S.A.) 39-972.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Applications generated from Social Security and Medicaid eligibles.

Scope of coverage: Optional state supplement provided to adults residing in Medicaid facilities receiving a reduced SSI payment.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The state pays a supplement to individuals who reside in Medicaid facilities.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: Not available.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	62.00	124.00	32.00	64.00

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

DEFINITION:

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	520	--	--	--

SOURCE: State information.

NOTE: -- = not available.

Kentucky

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Cabinet for Health and Family Services, Department for Community Based Services.

Effective date: January 1, 1974.

Statutory basis for payment: Kentucky Revised Statutes 205.245 and budget approval by state legislature.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Cabinet for Health and Family Services, Department for Community Based Services.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a

Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for minor child in the month of admission only.

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 state reported expenditures of \$18,893,473 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Personal care facility	1,194.00	a	520.00	a
Family care home	846.00	a	172.00	a
Caretaker in home	736.00	1,126.00	62.00	115.00

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

a. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Personal care facility. Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health-related services, personal care, and social or recreational activities.

Family care home. Includes recipients in residential accommodations limited to two or three persons who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home. Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	3,932	1,260	21	2,651
Personal care facility	3,136	--	--	--
Family care home	125	--	--	--
Caretaker in home	671	--	--	--

SOURCE: State information.

NOTE: -- = not available.

State Assistance for Special Needs

State provides 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.

Louisiana

State Supplementation

Minimum State Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Health and Hospitals, Bureau of Health Services Financing.

Effective date: March 1, 1982.

Statutory basis for payment: Senate Concurrent Resolution No. 133, 1980.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Bureau of Health Services Financing and contractors.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled persons, including children, who reside in a nonpsychiatric Medicaid long-term care facility.

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 does not participate.

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 state reported expenditures of \$415,702 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

State provides assistance for special needs only to recipients who were determined eligible on or before December 1975.

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 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	38.00	76.00	8.00	16.00

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

DEFINITION:

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	4,301	1,148	40	3,113

SOURCE: State information.

Maine

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: July 1, 1974.

Statutory basis for payment: Maine Revised Statutes, title 22, subtitle 3, part 1-A, chapter 855-A.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled SSI recipients, including children. In addition, a small number of persons not eligible for SSI are eligible for a state supplement.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply for all living arrangements. In addition, for those living alone, with others, or in the household of another, the state disregards an additional \$55 for individuals and \$80 for couples.

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 state reported expenditures of \$5,327,002.23 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Health and Human Services.

Special Needs Circumstances

Licensed boarding home subsidies: When costs of care exceed total of SSI and state supplementary payments, state will pay the difference up to established maximum rates.

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 state Department of Health and Human Services obtains this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living alone or with others	684.00	1,026.00	10.00	15.00
Living in the household of another	457.34	686.00	8.00	12.00
Foster home	723.00	1,284.00	49.00	273.00
Flat-rate boarding home	891.00	1,601.00	217.00	590.00
Cost-reimbursement boarding home	908.00	1,647.00	234.00	636.00
Medicaid facility	40.00	80.00	10.00	20.00

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

DEFINITIONS:

Living alone or with others. Includes the following types of recipients:

- Individual living in his or her own household with no other person except an ineligible spouse;
- Couples living in their own household;
- Persons in a medical facility where Medicaid does not pay more than 50 percent of the cost of their care;
- Person in an institution (excluding inmates of public institutions) on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act for all or part of a month provided that Medicaid does not pay more than 50 percent of the cost of their care;
- Persons in a private-pay facility or private-pay portion of a licensed boarding home; or
- Individuals or couples living with other persons but not considered to be living in the household of another.

Living in the household of another. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Foster home. Includes recipients residing in an adult foster home.

Flat-rate boarding home. Includes recipients residing in a boarding home that is licensed by and has a provider agreement with the state for reimbursement at a flat rate.

Cost-reimbursement boarding home. Includes recipients residing in a boarding home that is licensed by and has a provider agreement with the state for reimbursement based on cost.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	42,313	--	--	--
Living alone or with others	40,649	--	--	--
Living in the household of another	298	--	--	--
Foster home	255	--	--	--
Flat-rate boarding home	14	--	--	--
Cost-reimbursement boarding home	1,097	--	--	--
Medicaid facility	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.

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 \$5,162,389.94 for calendar year 2008 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 2009 (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	858.00	a	184.00	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 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	3,172	--	--	--
Care home	430	--	--	--
Minimal supervision	--	--	--	--
Moderate supervision	--	--	--	--
Extensive supervision	--	--	--	--
Specialized and intensive supervision	--	--	--	--
Assisted living facility	319	--	--	--
Rehabilitative residence	2,423	--	--	--

SOURCE: State information.

NOTE: -- = not available.

Massachusetts

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: General Laws of the Commonwealth of Massachusetts, chapter 118A, section 1.

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, and recipients in private medical facilities where the Medicaid program provides 50 percent or less of the cost of care.

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 \$175,065,720 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple ^a	Individual	Couple ^a
Living independently	A				
Aged		802.82	1,212.72	128.82	201.72
Blind		823.74	1,647.48	149.74	636.48
Disabled		788.39	1,191.06	114.39	180.06
Shared living expenses	B				
Aged		713.26	1,212.72	39.26	201.72
Blind		823.74	1,647.48	149.74	636.48
Disabled		704.40	1,191.06	30.40	180.06
Living in the household of another	C				
Aged		553.70	889.80	104.36	215.80
Blind		823.74	1,647.48	374.40	973.48
Disabled		536.92	868.18	87.58	194.18
Licensed rest home	E				
Aged and disabled		967.00	1,934.00	293.00	923.00
Blind		823.74	1,647.48	149.74	636.48
Medicaid facility	F	72.80	145.60	42.80	85.60
Assisted living facility	G	1,128.00	1,692.00	454.00	681.00

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. The amounts given apply when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, the two respective individual benefits are added to obtain the couple's benefit.

DEFINITIONS:

A: Living independently. Includes recipients who live:

- Alone;
- Only with an eligible spouse;
- With an eligible spouse and with ineligible children who do not receive income maintenance payments; or
- With an ineligible spouse or ineligible children, none of whom receive income maintenance payments. Also includes recipients residing in a federal Code C living arrangement who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are residing in a federal Code A or C living arrangement and pay at least two-thirds of the household expenses. Recipients living in public congregate housing developments are also included.

B: Shared living expenses. Includes recipients who reside in a federal Code A or C living arrangement and do not meet the criteria for state living arrangement A or E. It therefore includes recipients who reside in group care facilities (such as halfway houses), private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or other facilities that do not meet the criteria for state living arrangement A or E. It also includes:

- Recipients who reside in households where they do not pay at least two-thirds of the household expenses and one or more household members receive an income maintenance payment; and
- Transients, the homeless, and residents of public emergency shelters.

C: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

E: Licensed rest home. Includes recipients residing in a licensed rest home that has a provider agreement with the state.

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

G: Assisted living facility. Includes recipients residing in nonpublic subsidized assisted living facilities that have been registered with the state.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		179,322	45,348	3,701	101,119	29,154
Living independently	A	79,027	26,444	1,209	44,078	7,296
Shared living expenses	B	80,577	12,440	1,773	47,028	19,336
Living in the household of another	C	13,966	3,487	584	7,817	2,078
Licensed rest home	E	1,598	867	14	713	4
Medicaid facility	F + Z	2,939	1,080	111	1,308	440
Assisted living facility	G	1,215	1,030	10	175	0

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

State Assistance for Special Needs

Administration

State Department of Transitional Assistance and Commission for the Blind.

Special Needs Circumstances

Vendor payments in lieu of cash payments.

Disaster benefits: Replacement of specific items of furniture, household equipment, supplies, food, and clothing for SSI recipients when these items were lost because of a natural disaster or fire. (Amounts exempted in determining SSI eligibility.)

Burial expenses: Payment of funeral and burial expenses for SSI recipients must not exceed \$1,100, and the total expense must not exceed \$1,500. When a resource exists, it is deductible from the total expense (maximum \$1,500), and the payment by the department must not exceed \$1,100 of the balance.

Rest home subsidies: When cost exceeds the total available income, excluding personal needs allowance, the state will pay difference up to established maximum rates.

Moving expenses: The cost of moving within the state for SSI recipients may be paid once in a 12-month period if:

- Present living quarters have been certified as substandard,
- Moving to new quarters is necessary because of health problems or lack of safety in old neighborhood,
- Recipient is moving into federal or state subsidized housing, or
- Recipient is forced to move for other reasons.

Total payment not to exceed \$150.

Homemaker and housekeeper services: The Department of Elder Affairs performs homemaker and housekeeping services for recipients aged 60 or older. The Massachusetts Rehabilitation Commission provides these services for recipients under age 60.

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.

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.

Total expenditures: The state reported expenditures of \$23,657,947 for calendar year 2008 in state-administered payments, and the Social Security Administration reported \$21,807,000 in federally administered payments to SSI recipients for calendar year 2008.

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 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	...	688.00	1,039.00	14.00	28.00
Living in the household of another	...	458.67	692.66	9.33	18.66
Domiciliary care	D	761.00	1,522.00	87.00	511.00
Personal care facility	E	831.50	1,663.00	157.50	652.00
Home for the aged	F	853.30	1,706.60	179.30	695.60
Living independently with an essential person	G	1,026.00	1,370.00	14.00	21.00
Living in the household of another with an essential person	H	683.33	913.34	9.33	14.00
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.

H: Living in the household of another with an essential person. Includes recipients converted from the 1973 state rolls who reside in another's household and it is determined that they need assistance from someone considered essential to their well-being.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		231,647	16,791	1,234	176,872	36,750
Living independently or living in the household of another	...	216,927	16,080	1,155	164,241	35,451
Domiciliary care	D	41	3	0	30	8
Personal care facility	E	12,195	340	62	10,743	1,050
Home for the aged	F	381	139	1	241	0
Living independently with an essential person	G	0	0	0	0	0
Living in the household of another with an essential person	H	0	0	0	0	0
Medicaid facility	I	2,103	229	16	1,617	241

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

NOTE: ... = not applicable.

Minnesota

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 state reported expenditures of \$86,919,777 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

Local county offices of the state Welfare and Human Services Agencies (state-supervised).

Special Needs Circumstances

Amounts of assistance for items not covered by the mandatory state standards are determined on the basis of need in each case.

Diets: Specified modified diets, when prescribed by a physician, are allowed at designated rate.

Guardianship fees: Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

Representative payee services: Ten percent of gross monthly income, up to a maximum of \$25, for services provided by an agency that meets the requirements under SSI regulations to charge a fee for payee services.

Emergency aid: Available once a year for specified needs.

Housing and major repairs: Catastrophic situations for homeowners who live in their homes, rent deposits, and moving expenses.

Furniture and appliances: Necessary repairs and replacements.

Utility shutoffs.

Shelter need provision: A supplemental payment, equal to the maximum SNAP or Food Stamp allotment for an individual, is granted to participants when relocating from an institution into the community; or who are eligible for in-home medical services; if their shelter costs exceed 40 percent of their income. Recipients of the shelter who have a special need must apply for subsidized housing.

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Local county offices of the state Welfare and Human Services Agencies (state-supervised). Payments are made under the Minnesota Supplemental Aid Program and the Group Residential Housing Program.

Effective date: April 1, 1974.

Statutory basis for payment: Minnesota Statutes Annotated, sections 256D.33-256D.54 and 256I.01-256I.06.

Funding

Administration: County funds; except state expenses, which are state-funded.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Welfare and Human Services Agencies.

Scope of coverage: Optional state supplement provided to SSI recipients, including blind children under the age of 18 and disabled adult children, residing in the specified living arrangements.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for blind minor child.

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

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Entitlement before January 1, 1994	735.00	1,117.00	81.00	126.00
Entitlement January 1, 1994, or later	735.00	1,102.00	81.00	111.00
Living in the household of another				
Entitlement before January 1, 1994	542.00	1,001.00	112.66	347.00
Entitlement January 1, 1994, or later	542.00	738.00	112.66	84.00
Nonmedical, group residential facility ^a	885.00	b	130.00	b
Medicaid facility	89.00	b	59.00	b

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

NOTE: Minnesota Supplemental Aid Program excludes the first \$20 of the SSI payment for recipients who live independently.

a. Includes \$89 a month for clothing and personal needs and a \$12 a month community living adjustment.

b. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes recipients who are solely responsible for paying costs connected with their home or apartment and persons who are eligible for Medicaid home- and community-based service waivers or are at risk of being placed in a group residential facility.

Living in the household of another. Includes recipients who live with another person, regardless of the relationship, in a house or an apartment.

Nonmedical, group residential facility. Includes recipients who reside in a congregate care setting and have their shelter payments negotiated by the county agency. Nonmedical facilities include foster care, boarding care, and room and board arrangements.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	38,940	11,801	271	26,868
Living independently	25,198	8,449	136	16,613
Living in the household of another	1,875	1,382	8	485
Nonmedical, group residential facility	8,169	1,563	70	6,536
Medicaid facility	3,698	407	57	3,234

SOURCE: State information.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: Local county offices of the state Welfare and Human Services Agencies (state-supervised).

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.

Mississippi

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

State does not provide optional supplementation.

Interim assistance: State does not participate.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI). State has more liberal guidelines for Medicaid-only (non-SSI) recipients.

Determined by: Social Security Administration for SSI recipients; Division of Medicaid for those with income above SSI state limits.

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.

Missouri

The state did not respond to our request for 2009 data. The data in Table 1 represent estimates based on the 2009 Federal Benefit Rate.

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Social Services, Division of Family Services.

Optional State Supplementation

Administration: State Department of Social Services, Division of Family Services.

Effective date: January 1, 1974.

Statutory basis for payment

Supplemental aid to the blind: Missouri Revised Statutes, section 209.

All other supplementation: Missouri Revised Statutes, section 208.030, subchapter 5.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: State offices of the Division of Family Services.

Scope of coverage: Optional state supplement provided to any person who:

- Is aged, blind, or disabled and over age 18;
- Resides in a licensed residential care facility or a licensed intermediate care or skilled nursing home that is not a Medicaid facility; and
- Has insufficient cash income to cover costs of care in the facility.

Blind persons over age 18 living on their own are also provided with a supplement. Children under age 18 are not eligible for optional supplementation.

Resource limitations

Aged and disabled: \$999.99 individual; \$2,000 couple.

Blind: \$2,000 individual; \$4,000 couple.

Income exclusions: There are no income exclusions for the aged or disabled unless they are employed at a sheltered workshop. Disregards for the blind include the first \$65 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

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: Not available.

Total expenditures: Not available.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential care facility, Level I	830.00	1,323.00	156.00	312.00
Licensed residential care facility, Level II	966.00	1,595.00	292.00	584.00
Licensed intermediate care or skilled nursing home ^a	1,064.00	1,791.00	390.00	780.00
Aid to the blind	b	b	b	b

SOURCES: Social Security Administration, Office of Income Security Programs; estimates based on Federal Benefit Rate.

- a. Recipients in licensed nursing homes are entitled to an additional \$25 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another state or federal agency, this payment will not be made by the Division of Family Services.
- b. Recipients receive a maximum combined federal and state payment of \$510 for an individual and \$1,020 for a couple.

DEFINITIONS:

Licensed residential care facility, Level I. Residents must meet state income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential care facility, Level II. Residents must meet state income and resource guidelines. Custodial-type care is provided.

Licensed intermediate care or skilled nursing home. Custodial care and medical care are provided.

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 does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Montana

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: July 1, 1974.

Statutory basis for payment: Montana Code Annotated 52-1-104.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Developmental Disabilities and Adult Protective Services District Offices, Child and Family Services Division of the Department of Public Health and Human Services, and other designated contracting agencies.

Scope of coverage: Optional state supplement provided to all persons residing in specified living arrangements.

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 \$932,800 for calendar year 2008 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: 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 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Assisted living facility	G	768.00	1,204.00	94.00	193.00
Group home for the mentally ill or disabled	H	768.00	1,204.00	94.00	193.00
Community home for the physically or developmentally disabled	I	768.00	1,204.00	94.00	193.00
Child and adult foster care home	J	726.75	1,121.50	52.75	110.50
Transitional living services for the developmentally disabled	K	700.00	1,068.00	26.00	57.00

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

NOTE: Up to \$100 may be retained per month as a personal needs allowance, depending on the facility.

DEFINITIONS:

G: Assisted living facility. A facility that provides 24-hour personal care services to five or more persons who do not need skilled nursing care. Personal care services include help with eating, walking, dressing, bathing, etc., as well as supervision, local transportation, and protective oversight. These facilities must be licensed by the Department of Public Health and Human Services. Residents must:

- Be 18 years of age or older,
- Be ambulatory,
- Not be incontinent, and
- Not need chemical or physical restraints.

H: Group home for the mentally ill or disabled. Provides residential services to mentally ill persons in the community. Must have current license from the Department of Public Health and Human Services.

I: Community home for the physically or developmentally disabled. Homes for the developmentally disabled provide a family-type residence and related residential services to persons with developmental disabilities. Children can be residents of these homes. Homes for the severely disabled provide a home-like residence for two to eight severely disabled persons. Persons with a primary diagnosis of mental illness are not included in the latter homes. These homes must be licensed by the Department of Public Health and Human Services.

J: Child and adult foster care home. A children's foster home is a licensed home that provides care to a child. An adult foster home is a home licensed by the Department of Public Health and Human Services that provides personal and custodial care to disabled adults or aged persons.

K: Transitional living services for the developmentally disabled. This program provides an intermediate step between the group home and independent living. It consists of persons living in congregate apartments with some staff supervision. Staff provide assistance in such areas of daily living as cooking, shopping, and cleaning.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,001	35	11	769	186
Assisted living facility	G	89	32	0	57	0
Group home for the mentally ill or disabled	H	37	0	0	37	0
Community home for the physically or developmentally disabled	I	672	0	10	662	0
Child and adult foster care home	J	196	3	1	6	186
Transitional living services for the developmentally disabled	K	7	0	0	7	0

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

Nebraska

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: January 1, 1974.

Statutory basis for payment: Revised Statutes of Nebraska, section 68-1005.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients who meet state guidelines, including children, except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same state supplement as those living independently.

Resource limitations: Federal SSI regulations apply.

Income exclusions

Aged and disabled: Federal SSI regulations apply.

Blind: Income exclusions include the first \$20 per month of unearned income, not including SSI, and the first \$85 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

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 state reported expenditures of \$6,255,663 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Health and Human Services.

Special Needs Circumstances

Transportation costs: Fifty-eight cents per mile for obtaining medical services if recipient uses his or her own car.

Repair or purchase of furniture and appliances: Repair or purchase of furniture and appliances over \$750 total cost may be included (with state office approval) if the unit lacks essential items.

Moving expenses: Costs of moving may be included if the recipient is forced to move for reasons beyond his or her control or if the recipient can obtain lower-cost shelter.

Taxes: Back taxes may be included if the individual would soon lose his or her home and the plan to remain in the home is preferred by the individual and recommended by the case worker.

Home repairs: Payments for home repairs, up to \$1,000, if essential for the recipient's health or safety.

Meals and lodging: The cost of meals (up to \$12 per day) and lodging, if verified as related to obtaining approved health services, may be granted if the individual is away from home for more than 12 hours.

Maintenance for guide dog: The medical and maintenance costs of a seeing-eye dog may be allowed.

Guardian or conservator: An allowance not to exceed \$10 a month may be allowed if the client has a court-appointed guardian or conservator.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	679.00	1,011.00	5.00	0.00
Room and board facility ^a	674.00	1,348.00	0.00	337.00
Adult family home ^a	802.00	1,604.00	128.00	593.00
Licensed center for developmentally disabled	674.00	1,348.00	0.00	337.00
Licensed group home for children or child-caring agency (disabled) ^a	738.00	...	64.00	...
Assisted living facility	1,112.00	2,224.00	438.00	1,213.00
Medicaid facility	50.00	100.00	20.00	40.00

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

NOTE: ... = not applicable.

a. Includes a minimum of \$60 for personal needs allowance. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes recipients residing in a federal Code A living arrangement.

Room and board facility. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Adult family home. A residential living unit that provides full-time residence with minimal supervision and guidance to not more than three individuals aged 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but need supervision. These homes are certified by the social services unit in the local offices of the Department of Social Services.

Licensed center for developmentally disabled. These facilities provide accommodations and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to four or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health and Human Services.

Licensed group home for children or child-caring agency (disabled). These facilities provide 24-hour accommodations for two or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Department of Social Services.

Assisted living facility. A residential facility unit that provides accommodations and board and care for four or more individuals not related to the owner, operator, manager, or administrator. These individuals may be unable to manage their own affairs because of illness, disease, injury, deformity, or physical or mental infirmity. These individuals do not require the daily services of a licensed nurse; however, staff may assist with the taking of oral or external medication.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	5,437	1,031	54	4,352
Living independently	3,638	698	38	2,902
Room and board facility	9	2	0	7
Adult family home	103	8	1	94
Licensed center for developmentally disabled	42	5	0	37
Licensed group home for children or child-caring agency (disabled)	1	0	0	1
Assisted living facility	962	186	7	769
Medicaid facility	645	131	8	506
Other	37	1	0	36

SOURCE: State information.

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Nevada

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 have an assistance program for disabled persons.

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 \$589,200 for calendar year 2008 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 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A				
Aged		710.40	1,085.46	36.40	74.46
Blind		783.30	1,385.60	109.30	^a 374.60
Living in the household of another	B				
Aged		473.61	723.64	24.27	49.64
Blind		663.30	1,205.94	213.96	^b 531.94
Domiciliary care (aged and blind)	C	1,065.00	1,892.00	391.00	881.00

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 2009

Living arrangement	State code	Total	Aged	Blind	
				Adults	Children
All recipients		^a 9,723	9,031	469	123
Living independently	A	8,482	7,926	408	115
Living in the household of another	B	773	713	52	7
Domiciliary care	C	402	392	9	1

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

- a. Includes 100 recipients not distributed by eligibility or living arrangement.

New Hampshire

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services, Division of Family Assistance.

Optional State Supplementation

Administration: Local offices of the state Department of Health and Human Services, Division of Family Assistance.

Effective date: January 1, 1974.

Statutory basis for payment: New Hampshire Revised Statutes, as amended, section 167:7, I, II, III, IV.

Funding

Administration: State funds.

Aged and disabled assistance: 50 percent state funds, 50 percent county funds.

Blind assistance: 100 percent state funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Division of Family Assistance.

Scope of coverage: Optional state supplement provided to SSI recipients, including blind children under the age of 18 and disabled adult children, residing in the specified living arrangements. Persons living in the household of another receive the same state supplement as those living independently.

Resource limitations: No monetary or acreage limitation on property occupied as a home. Personal property limited to \$1,500 net cash value for an individual or a couple excluding clothing, household furnishings, tools, car, life insurance, and farm equipment or livestock used for food needs. Equity value of each individual's life insurance policies is counted as a resource when the total combined equity value of the policies exceeds \$1,500; it is excluded as a resource if the total combined equity value of the policies is less than \$1,500 or the state has been named the beneficiary to the policies.

Income exclusions

Standard exclusions for any income, including SSI (in dollars; . . . = not applicable.)

<u>Living arrangement</u>	<u>Individual</u>	<u>Couple</u>
Living independently	13.00	20.00
Living with an essential person	25.00	25.00
Residential care facility for adults	13.00	. . .
Enhanced family care facility	13.00	. . .
Community residence	13.00	. . .

Earned income exclusions

- Aged and disabled—Same as federal.
- Blind—\$85 of gross earnings plus one-half of amount over \$85.

Other exclusions: If recipient receives income from other persons in exchange for providing only room for such persons, \$50 per person is deducted from such income. Actual expenses if greater may be allowed, subject to verification.

If income is received in exchange for room and board, the Food Stamp coupon allotment for each boarder is deducted in addition to the amounts given above.

Recoveries, liens, and assignments

Aged, blind, and disabled: All aid is by law a lien on the estate of the recipient or spouse. Lien is not enforced as long as the individual or spouse is still living and for as long as the property is lawfully occupied by the recipient and/or surviving spouse unless it is sold or refinanced while the lien is in place. State may waive recovery.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for minor child.

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.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another	714.00	1,052.00	40.00	41.00
Living with an essential person ^a	...	1,387.00	...	38.00
Residential care facility for adults	894.00	b	220.00	b
Enhanced family care facility	894.00	b	220.00	b
Community residence				
Nonsubsidized	836.00	...	162.00	...
Subsidized	776.00	...	102.00	...
Medicaid facility	56.00	...	26.00	...

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

NOTE: ... = not applicable.

a. Applies only to SSI recipients converted from former state assistance programs.

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

DEFINITIONS:

Living independently or in the household of another. Includes all adult recipients residing in a federal Code A or B living arrangement who are not included in any other state living arrangement. Also includes blind children residing in a federal Code A, B, or C living arrangement.

Living with an essential person. Includes recipients living in a private household with a person who provides the essential care and personal services that enable them to remain in their household.

Residential care facility for adults. Facilities that provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone but do not require nursing home care.

Enhanced family care facility. Community residences that are owned and operated by a person or family living in the residence. One or more individuals receive services in a certified family environment, and members of the host family provide the primary daily support.

Community residence. A facility that provides housing on a 24-hour basis to mentally ill or developmentally impaired persons. Care provided is a combination of supervised social, personal, and mental health services. The appropriate community residence standard of need is based on whether the resident received any type of subsidy from the Division of Mental Health and Developmental Services.

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

Payment levels: See Table 1.

Determined by: State.

Number of recipients: See Table 2.

Medically Needy Program

Total expenditures: Not available.

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

State Assistance for Special Needs

State does not provide assistance for special needs.

Unpaid Medical Expenses

Medicaid

The Social Security Administration does not obtain this information.

Eligibility

Criteria: State guidelines.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	8,749	1,338	244	7,167
Living independently or in the household of another	7,666	1,153	196	6,317
Living with an essential person	20	3	1	16
Residential care facility for adults	97	50	1	46
Enhanced family care facility	664	104	32	528
Community residence				
Nonsubsidized	41	2	2	37
Subsidized	255	22	12	221
Medicaid facility	6	4	0	2

SOURCE: State information.

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

a. Only blind children are eligible for optional supplementation; they are included in counts for the blind.

New Jersey

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: New Jersey Statutes Annotated, 44:7-86.

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, blind, and disabled recipients, including children, except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities.

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: Not provided by state.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The Social Security Administration reported expenditures of \$87,843,395 for calendar year 2008 in federally administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Human Services, Division of Family Development.

Special Needs Circumstances

Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional state supplementary payments.

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 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Congregate care facility ^a	A	824.05	1,629.36	150.05	618.36
Living alone or with others	B	705.25	1,036.36	31.25	25.36
Living alone with an ineligible spouse	C	1,036.36	...	362.36	...
Living with an essential person	C	1,036.36	...	25.36	...
Living in the household of another	D	493.65	767.09	44.31	93.09
Medicaid facility	G	40.00	80.00	10.00	20.00
Residential health care facility ^b	I	884.05	1,749.36	210.05	738.36

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

NOTE: ... = not applicable.

a. State supplement includes a \$100 personal needs allowance per person residing in a boarding home.

b. State supplement includes a \$110.50 personal needs allowance per person residing in a residential health care facility.

DEFINITIONS:

A: Congregate care facility. Includes recipients in:

- Residential health care facilities who are under the supervision of the Department of Human Services.
- Recipients in residential facilities for children and adults under the supervision of or placement by the Division of Developmental Disabilities or the Division of Youth and Family Services and supervised or placed by the Department of Human Services.
- Recipients in assisted living residences and in comprehensive personal care homes licensed by the New Jersey Department of Health and Senior Services.

B: Living alone or with others. Includes recipients residing in a federal Code A or C living arrangement who do not meet the definitions of other state living arrangements. Includes persons in:

- The Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services,
- Room and board facilities licensed by the Department of Community Affairs, and
- Persons in medical facilities who reside in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

C: Living alone or with an ineligible spouse.

- Applies to recipients who live with their ineligible spouse only or with their ineligible spouse and foster children only.
- Uses federal criteria. Recipient currently has an essential person living in the household and in December 1973 was receiving assistance under an approved state plan that covered the needs of an essential person.

D: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

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

I: Residential health care facility. Includes facilities that have been approved by the New Jersey Department of Community Affairs (DCA) and are either free-standing or attached to a nursing home, an assisted living residence, or a comprehensive personal care home approved by DCA.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		162,187	34,632	1,607	93,072	32,876
Congregate care facility	A	4,740	427	47	3,650	616
Living alone or with others	B	124,214	22,359	1,242	72,044	28,569
Living alone with an ineligible spouse or essential person	C	5,790	2,837	58	2,895	0
Living in the household of another	D	21,685	8,023	217	10,409	3,036
Medicaid facility	G	4,270	897	43	2,690	640
Residential health care facility	I	1,488	89	0	1,384	15

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

New Mexico

State Supplementation

Mandatory Minimum Supplementation

Administration: State-administered through the county offices of the state Department of Human Services.

Optional State Supplementation

Administration: State-administered through the county offices of the state Department of Human Services.

Effective date: July 1, 1976.

Statutory basis for payment: Chapter 51, Laws of 1976.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County offices of the state Department of Human Services.

Scope of coverage: Optional state supplement provided to all SSI recipients who reside in a licensed adult residential care home. Children under age 18 are not eligible for optional supplementation.

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: 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 state reported expenditures of \$106,300 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State administered through the county offices of the state Department of Human Services.

Special Needs Circumstances

Burial expenses provided for SSI recipients. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State does not provide a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed adult residential care home	774.00	1,211.00	100.00	200.00

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

NOTE: Payment levels apply equally to the aged, blind, and disabled.

DEFINITION:

Licensed adult residential care home. Includes no more than 15 persons who reside in a home-like atmosphere and receive assistance with activities of daily life.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Licensed adult residential care home	107	7	2	98

SOURCE: State information.

New York

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration. State Office of Temporary and Disability Assistance administers an additional \$25 payment to some SSI recipients in nursing homes and \$5 to recipients in all other medical facilities. The payment is called a State Supplemental Personal Needs Allowance.

Effective date: January 1, 1974.

Statutory basis for payment: New York State Social Services Law, section 207-212.

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 living in publicly operated residences having more than 16 residents, in publicly operated emergency shelters, or in medical facilities where Medicaid pays less than 50 percent of the cost of care. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographic area. Children are eligible for optional state supplementation at the congregate care Level 1 and Level 2 rates and the living-with-others rate. Children must be placed in facilities certified by the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, or the Office of Alcoholism and Substance Abuse Services.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for minor child.

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 \$600,458,000 for calendar year 2008 in federally administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Office of Temporary and Disability Assistance (only in cases of emergency).

Special Needs Circumstances

Emergency assistance: An emergency assistance grant can be provided to eligible SSI recipients to safeguard health, safety, and welfare.

Shelter-related expenses: Moving expenses, brokers' fees, security deposits, storage fees, maintenance of home during hospitalization, establishment of a home when deinstitutionalized.

Replacement of basic needs items: Replacement of furniture, clothing, food, fuel, etc., lost as a result of fire, flood, or other catastrophe.

Repair or replacement of major appliances: Repair or replacement of essential household equipment, including heating and plumbing equipment, and major appliances.

Food for guide dog: A recurring assistance grant is provided to unemployed blind or deaf SSI recipients for the purchase of food for a guide dog.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	761.00	1,115.00	87.00	104.00
Living with others	B	697.00	1,057.00	23.00	46.00
Congregate care facility, Level 1 ^a	C				
Area A		940.48	1,880.96	266.48	869.96
Area B		902.48	1,804.96	228.48	793.96
Congregate care facility, Level 2 ^b	D				
Area A		1,109.00	2,218.00	435.00	1,207.00
Area B		1,079.00	2,158.00	405.00	1,147.00
Congregate care facility, Level 3 ^c	E				
Area A		1,368.00	2,736.00	694.00	1,725.00
Area B		1,368.00	2,736.00	694.00	1,725.00
Living in the household of another	F	472.34	720.00	23.00	46.00
Medical facility, publicly operated residential facility, and public emergency shelter	Z	30.00	60.00	d	d

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

NOTE: Payment levels differ by geographic area for congregate care Levels 1 and 2. Area A is New York City and Nassau, Rockland, Suffolk, and Westchester counties; Area B is all other counties.

- The minimum personal needs allowance is \$130.
- The minimum personal needs allowance is \$150.
- The minimum personal needs allowance is \$178.
- Recipients living in a nursing home licensed by the Department of Health receive a State Supplemental Personal Needs Allowance (SS/PNA) of \$25, and recipients in all other medical facilities receive an SS/PNA of \$25. The payments are issued by the Office of Temporary and Disability Assistance.

DEFINITIONS:

A: Living alone. Includes recipients living alone, with foster children, with an authorized homemaker, or in a family care home placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for both room and board or preparing their meals separately.

B: Living with others. Includes recipients who reside in a dwelling with others and:

- Prepare food in common with at least one other person in the dwelling,
- Are members of a religious community, or
- Are children who have not been included in state living arrangement C or D.
- Whose federal benefit rate has been reduced by one-third because of the federal determination that the recipient is both living in someone else's household and receiving some amount of free or subsidized food and shelter.

C: Congregate care facility, Level 1. Includes recipients in family-type homes and family care homes. These homes serve persons who are unable to function completely independently. Family-type homes are facilities certified by New York State, supervised by local departments of social services, and operated for the purpose of providing long-term residential care for adults. Family care homes are private households that provide care for mentally disabled persons. Eligibility for care in these homes is based on certification of placement by the local Department of Social Services or an office of the state Department of Mental Hygiene.

D: Congregate care facility, Level 2. Includes recipients in residential facilities who are aged or have mental or physical disabilities. Facilities at this level provide residential care for adults (and some children) and are certified by the New York State Department of Health.

E: Congregate care facility, Level 3. Includes recipients in nonmedical privately operated, state-certified, residential facilities that are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled individuals.

F: Living in the household of another. Includes recipients residing in a federal Code B living arrangement and for New York State purposes is considered part of the living-with-others living arrangement.

Z: Medical facility, publicly operated residential facility, and public emergency shelter. Includes recipients in publicly operated residential facilities and public emergency shelters. This arrangement applies:

- When an SSI recipient is residing in a medical facility and is not expected to return home within 90 days and Medicaid is paying for at least 50 percent of the cost of care;
- When an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50 percent of the cost of care;
- When a recipient resides in a publicly operated residential facility serving 76 or fewer residents; or
- While a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		628,952	129,309	2,427	391,756	105,460
Living alone	A	331,688	97,786	1,378	227,109	5,415
Living with others	B	229,190	18,234	733	117,394	92,829
Congregate care facility, Level 1	C	3,627	112	21	2,958	536
Congregate care facility, Level 2	D	25,776	393	136	22,745	2,502
Congregate care facility, Level 3	E	12,890	3,968	38	8,829	55
Living in the household of another	F	25,754	8,815	120	12,696	4,123
Medical facility, publicly operated residential facility, and public emergency shelter	Z	27	1	1	25	0

SOURCE: State information.

Other circumstances: Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of SSI checks that are lost, stolen, or not received (subject to recoupment).

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.

North Carolina

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services, Division of Aging and Adult Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

Optional State Supplementation

Administration: State Department of Health and Human Services, Division of Aging and Adult Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

Effective date: Adult care homes, January 1, 1974.

Statutory basis for payment: General Statutes of North Carolina 108A.40 through 108A.47 and chapter 111 and chapter 143B-139.5.

Funding

Administration: 100 percent county funds.

Assistance: 50 percent state funds; 50 percent county funds.

Passalong method: Maintaining payment levels.

Place of application: County Department of Social Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled adults living in adult care homes. Children under age 18 are not eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

Income exclusions

All categories: A \$20 exemption applies to any income, including SSI, with the exception of income received as a Veterans Administration (VA) pension payment or a VA compensation payment to the surviving parent of a veteran.

Aged and disabled: Federal SSI regulations apply.

Blind: For earned income, exclude the first \$85 plus one-half of the remainder.

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 state reported expenditures of \$81,233,053.03 for calendar year 2008 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 does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult care home				
Basic (aged, blind, and disabled) ^a	1,253.00	b	579.00	b
Special care unit (aged, blind, and disabled)	1,561.00	b	887.00	b
Blind, pending SSI eligibility ^c				
Not paying shelter and utilities	...	...	97.00	^d 194.00
Paying shelter and utilities	...	...	146.00	^e 243.00

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

NOTE: ... = not applicable.

- An additional \$20 income exclusion is allowed. In addition, a \$46 personal needs allowance is included in the optional supplementation.
- Couples residing in these living arrangements are treated as individuals.
- This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.
- If only one member of the couple is blind, payment level is \$146.
- If only one member of the couple is blind, payment level is \$219.

DEFINITION:

Adult care home. Includes recipients residing in an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Recipients residing in a special care unit for Alzheimer's in an adult care home are eligible for a higher payment amount. Recipients residing in their own home may be eligible for some of these personal care services.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	23,784	11,722	79	11,983
Adult care home				
Basic	22,247	10,311	78	11,858
Special care unit	1,537	1,411	1	125

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

North Dakota

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State does not provide optional supplementation.

Interim assistance: State does not participate.

State Assistance for Special Needs

Administration

County social service boards.

Special Needs Circumstances

At option of individual counties.

Homemaker and housekeeper services: Services available to recipients aged 60 or older or to disabled individuals.

Licensed adult foster home: When costs of care exceed total of SSI and state supplementary payments, the state will pay the difference up to the established maximum rate.

Personal care and home help: Services available to recipients living independently who require help with personal care and household activities.

Burial expenses: Payment of funeral and burial expenses for SSI recipients will not exceed \$1,100. Social Security Administration imposes limits for funeral and burial expenses.

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.

Ohio

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Aging and Department of Jobs and Family Services (state-administered through local area agencies on aging).

Effective date: July 15, 1982.

Statutory basis for payment: Ohio Revised Code 173.35.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Passport agencies.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients residing in the specified living arrangements. Eligibility is also extended to persons who are not SSI recipients. Children under age 18 are not eligible for supplementation.

Resource limitations: Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. Household goods and personal effects are excluded. One automobile may also be excluded if it meets the following conditions:

- Specially equipped for a disabled person,
- Used for employment,
- Used for medical transportation, or
- Has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource).

Additional exclusions include one burial plot, irrevocable burial contracts (revocable burial contracts are not excluded), and life insurance policies with a total

face value of \$1,500 or less (if more, the cash surrender value is a countable resource).

Income exclusions: Cost-of-living increases for SSI recipients after July 15, 1982, are disregarded. Earned income exclusions apply. Effective January 1, 2009, the disregard is \$381 for an individual and \$572 for a couple.

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 state reported expenditures of \$10,038,354 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

State does not provide assistance for special needs unless the recipient is eligible for Medicaid.

Medicaid

Eligibility

Criteria: State guidelines.

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 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult family or foster home	1,180.00	2,170.00	506.00	1,159.00
Adult community mental health housing	980.00	1,770.00	306.00	759.00
Adult community alternative home	1,180.00	2,170.00	506.00	1,159.00
Adult group home	1,280.00	2,370.00	606.00	1,359.00
Residential care facility	1,280.00	2,370.00	606.00	1,359.00
Adult residential care facility	1,180.00	2,170.00	506.00	1,159.00

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

NOTE: Includes a personal needs allowance of \$50 per individual, \$100 per couple.

DEFINITIONS:

Adult family or foster home. Includes recipients living in a residence for one or two adults that is not certified or licensed by the Department of Mental Health but is certified by the Department of Human Services or by the Department of Aging or its designee.

Adult family home. Includes recipients living in a residence or facility that is licensed by the Department of Health and provides accommodations for three to five adults and supervision or personal care services for at least three of those adults.

Adult community alternative home (under adult community mental health housing). Includes recipients who have acquired immunodeficiency syndrome (AIDS) or a condition related to AIDS. The home is for three to five unrelated adults and is licensed by the Department of Health.

Adult group home. Includes recipients residing in an adult foster care facility licensed by the Department of Health that provides room and board for six to sixteen adults and also provides supervision and personal care services to at least three of those adults.

Adult residential care facility. Includes recipients residing in a home licensed by the Department of Health that provides accommodations for sixteen or more adults and also provides supervision and personal care services to three or more individuals who require such services because of age or physical or mental impairment.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	1,796	482	--	1,314
Adult family home	356	80	--	276
Adult foster home	56	26	--	30
Adult community mental health housing	0	0	--	0
Adult community alternative home	0	0	--	0
Adult group home	891	227	--	664
Residential or adult residential care facility	484	146	--	338
Other	9	3	--	6

SOURCE: State information.

NOTE: -- = not available.

Oklahoma

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Human Services.

Optional State Supplementation

Administration: State Department of Human Services. Payments are made under the Aid to the Aged, Blind, and Disabled program.

Effective date: January 1, 1974.

Statutory basis for payment: Constitution of the State of Oklahoma, Article XXV.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the state Department of Human Services or physicians' offices.

Scope of coverage: Optional supplement provided to all needy aged, blind, and disabled persons, including children, living in an independent living arrangement.

Resource limitations: Federal SSI regulations apply. In addition, the value of original Indian allotments, land purchased from allotment proceeds, and land purchased from funds granted to the Indian in lieu of original allotment, provided the land is held in trust for the Indian and is held by the original allottee, is disregarded. Prepaid funeral contracts are also disregarded when the recipient has signed an irrevocable contract up to \$7,500.

Income exclusions: Federal SSI earned income exclusions used. No unearned income is excluded.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State does not participate.

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 \$38,863,322 for calendar year 2008 in state-administered payments to SSI recipients, and \$3,827,048 for passalong purposes.

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 does not have a medically needy program.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	720.00	1,103.00	46.00	92.00

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

DEFINITION:

Living independently. Includes recipients residing in federal Codes A, B, and C living arrangements with the exception of those residing in nursing homes or hospitals.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
Living independently	64,817	10,801	338	43,840	9,838

SOURCE: State information.

Oregon

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Human Services, Seniors, and People with Disabilities Division (state-administered in local offices).

Effective date: January 1, 1974.

Statutory basis for payment: Oregon Revised Statutes 411.120.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the Department of Human Services and local offices of county and local government.

Scope of coverage: Optional state supplement provided to some SSI recipients. Blind children who receive SSI are eligible for state supplementation; disabled children under age 18 are ineligible.

Resource limitations: Federal SSI limitations used, except that the transfer of a home may render a person ineligible after 60 months from the date of application per the Deficit Reduction Act.

Income exclusions: Federal SSI earned and unearned income exclusions used.

Recoveries, liens, and assignments: Assistance paid constitutes an unsecured prior claim against property or any interest therein belonging to the estate of a recipient except such portion as is being occupied as a home by the spouse, minor dependent child, or parent of deceased recipient. The Department of Human Services may compromise claim by accepting other security or may

waive payment when enforcement would be inequitable and would tend to defeat the purpose of public assistance law.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The state issues a standard supplement of \$1.70 to aged individuals, \$26.70 to blind individuals, and \$25.00 to blind couples living independently or in the household of another.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures¹: The state reported expenditures of \$2,811,456 for calendar year 2008 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Human Services, Seniors, and People with Disabilities.

Special Needs Circumstances

Community-based care: Eligible for payment for room and board during the month of admission at the initial placement. Room and board payments may be paid to the community-based facility during the temporary absence.

Special diet: An ongoing payment for a special diet will be allowed if need has been established by a physician and the recipient would be in an imminent life-threatening situation without the diet.

Restaurant meals: Ongoing payments to recipients living in their own home who are unable to prepare their own meals.

Laundry allowances: Recipients are eligible for an ongoing laundry allowance if they have excessive costs for coin-operated laundry facilities.

1. Represents the preliminary count without resolutions of overpayments or returned checks.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Aged and disabled	675.70	...	1.70	...
Blind	700.70	1,036.00	26.70	25.00
Living in the household of another				
Aged and disabled	451.04	...	1.70	...
Blind	476.04	699.00	26.70	25.00
Adult foster care or residential care facility ^a				
Aged and disabled	675.70	b	1.70	b
Blind	700.70	b	26.70	b

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

NOTE: ... = not applicable.

- a. Additional costs are covered by special service funds. Persons with veterans aid and attendants income are allowed to keep \$90 as a personal needs allowance.
- b. The state no longer supplements couples in adult foster care, residential care, assisted living, or specialized living. These recipients are covered under a home and community waiver. The income standard is 300 percent of the SSI standard for a single recipient.

DEFINITIONS:

Living independently. Includes recipients living alone in their own household.

Living in the household of another. Includes recipients who live in the household of another.

Adult foster care facility. Includes recipients living in homes or other facilities that include board and room and 24-hour care and services for five or fewer elderly or disabled persons who are aged 18 or older.

Residential care facility. Includes recipients living in facilities of one or more buildings on contiguous property that provide 24-hour care and services to six or more people aged 16 or older.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	28,105	3,375	578	24,152
Living independently or in the household of another	--	--	--	--
Adult foster care or residential care facility	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.

- a. Includes blind children.

Telephone allowances: Telephone allowances may be provided when the recipient is unable to leave their residence without assistance due to a documented medical condition.

Food for guide dogs and special assistive animals: Payment for food will be made for trained guide dogs or special assistive animals.

Home repairs: The repairs must be needed to remove a physical hazard to the health and safety of the recipient.

Property taxes: Recipients who are homeowners or homebuyers are allowed a special need of one year of delinquent real property taxes, penalties, and interest if needed to prevent imminent foreclosure.

Moving costs: The Department will authorize payment for the cost of moving a recipient's household effects if moving is essential to provide nonhazardous housing, the recipient has been evicted for reasons other than his or her own neglect, or the move is a result of domestic violence.

Accommodation allowance: A temporary accommodation allowance may be authorized when the recipient leaves his or her home or rental property and

enters a hospital, state psychiatric institution, nursing facility, or community-based care facility. Additionally, a recipient may receive an accommodation allowance if the recipient's shelter cost exceeds the shelter standard and the recipient has a documented increase in costs.

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.

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: The state reported expenditures of \$4,461,091 for calendar year 2008 in state-administered payments and \$44,312,000 in federally administered payments to SSI recipients.

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.
Optional state supplementation payment levels, January 2009 (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	1,108.30	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 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		339,445	42,287	582	245,219	51,357
Living alone or in the household of another	...	328,777	38,205	568	238,651	51,353
Living with an essential person	C	6	0	0	5	1
Living with an essential person in the household of another	D	0	0	0	0	0
Domiciliary care facility for adults	G	1,058	214	2	841	1
Personal care boarding home	H	9,604	3,868	12	5,722	2

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

NOTE: ... = not applicable.

Rhode Island

The last update from the state was in 2005. The data in the tables is provided by the Social Security Administration.

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: General Laws of Rhode Island, 1956, as amended, title 40, chapter 6, section 27.

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, residing in the specified living arrangements.

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: Not provided by state.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The Social Security Administration reported expenditures of \$17,498,930 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	713.92	1,090.38	39.92	79.38
Living in the household of another	B	501.26	771.30	51.92	97.30
Adult residential care or assisted living facility	D	1,212.00	...	538.00	...
Medicaid facility	E	50.00	100.00	20.00	40.00

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

NOTE: ... = not applicable.

DEFINITIONS:

A: Living alone. Includes recipients residing in a federal Code A or C living arrangement. 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.

B: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

D: Adult residential care or assisted living facility. Includes adult recipients who reside in a federal Code A living arrangement and live in a licensed shelter care facility.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		30,499	3,605	153	20,681	6,060
Living alone	A	28,401	3,051	143	19,411	5,796
Living in the household of another	B	1,143	195	8	738	202
Adult residential care or assisted living facility	D	601	310	2	288	1
Medicaid facility	E	354	49	0	244	61

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

State Assistance for Special Needs

Administration

State Department of Human Services.

Special Needs Circumstances

Moving expenses: Within cost guidelines, moving costs are covered for SSI recipients when the move is determined to be socially desirable and moving services cannot be provided by city, town, or other community resources.

Catastrophic conditions: In the event of a catastrophe by fire, flood, lightning, or severe wind, the state will provide shelter, clothing, food, and essential household equipment and furnishings.

Burial expenses: The cost of burial expenses can be provided for any person who dies leaving insufficient resources to meet this expense.

Homemaker services: Services provided under specified criteria to prevent institutionalization of a recipient who is unable to perform homemaker duties because of an acute or chronic illness.

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.

South Carolina

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: July 1, 2001.

Statutory basis for payment: Part 1-B Proviso applicable to the Department of Health and Human Services as included in the state appropriation act each year.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local county eligibility offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all SSI recipients and other low-income individuals who meet the state's net income exclusion and live in licensed community residential care facilities.

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 does not participate.

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 state reported expenditures of \$17,498,930 for calendar year 2008 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 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 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed community residential care facility	1,157.00	...	483.00	...

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

NOTE: ... = not applicable.

DEFINITION:

Licensed community residential care facility. Includes recipients who are ambulatory but are unable, either because of age or physical or mental disabilities, to care for themselves. However, their condition does not require the daily services of a registered or licensed practical nurse. The facility must be licensed by the state Department of Health and Environmental Control; provide care to two or more adults for a period exceeding 24 consecutive hours; and provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Licensed community residential care facility	4,834	2,068	8	2,758

SOURCE: State information.

South Dakota

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Social Services. State-administered in local offices for assisted living and foster care home arrangements; state-administered in state offices for independent arrangements.

Effective date: February 1, 1975.

Statutory basis for payment: South Dakota Codified Laws Annotated 28-5A-1.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Social Services for individuals in assisted living facilities or in adult foster care homes. State uses information from the Social Security Administration to identify recipients who are living independently and have no other income.

Scope of coverage: Optional state supplement provided to all SSI recipients who live independently and have no other source of income and to those who

live in assisted living facilities or in adult foster care homes and whose net income is below the supplementation levels. Blind and disabled children who meet the income and resource limitations and live in assisted living facilities or adult foster care homes are eligible for optional supplementation.

Resource limitations: Federal SSI regulations apply.

Income exclusions: State excludes \$60 of the federal SSI payment to recipients in assisted living facilities or foster care homes.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State does not participate.

Payment calculation method: For recipients living independently, the state supplementation is added to the federal payment. For recipients residing in assisted living and adult foster care homes, 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 state reported expenditures of \$1,435,632 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	689.00	1,026.00	15.00	15.00
Assisted living facility	1,379.00	b	765.00	b
Adult foster care home	1,002.00	b	388.00	b

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

a. Limited to SSI recipients with no other source of income.

b. Couples residing in these living arrangements are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes all recipients residing in a federal Code A or C living arrangement who are eligible for state supplementation and are not included under another state living arrangement.

Assisted living facility or adult foster care home. Includes recipients residing in facilities or homes that meet state licensing or certification requirements and provide personal care environments (i.e., one that provides personal care and services in addition to food, shelter, and laundry to recipients who do not need skilled nursing care). Residents in personal care environments must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	3,819	--	--	--
Living independently	3,721	--	--	--
Assisted living facility	88	--	--	--
Adult foster care home	10	--	--	--

SOURCE: State information.

NOTE: -- = not available.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: 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.

Tennessee

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

State does not provide optional supplementation.

Interim assistance: State participates.

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 waiver program for the aged, blind, and disabled medically needy. Applications are accepted only during open season.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Texas

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Texas Health and Human Services Commission.

Effective date: September 1, 1999.

Statutory basis for payment: Texas Human Resources Code, section 32.024(V).

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 residing in nursing or intermediate care facilities for the mentally retarded and whose countable income is less than \$60.

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 does not participate.

Payment calculation method: The state pays a supplement to individuals who reside in Medicaid facilities.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$442,445 for calendar year 2008 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 families and children.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	90.00	a	60.00	a

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

a. Couples residing in this living arrangement for more than 30 days are treated as two individuals.

DEFINITION:

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	2,444	301	30	2,113

SOURCE: State information.

Utah

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: July 1, 1978.

Statutory basis for payment: Appropriation Act for the Department of Workforce Services, 1978/1979.

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, who are living alone or with others.

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: A standard applies that is established by the state for the total SSI payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The Social Security Administration reported expenditures of \$63,000 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone or with others	A	674.00	1,015.60	...	4.60
Living in the household of another	B	452.47	683.73	3.13	9.73

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

NOTE: ... = not applicable.

DEFINITIONS:

A: Living alone or with others. Includes recipients residing in a federal Code A living arrangement.

B: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		2,120	472	16	1,338	294
Living alone or with others	A	780	297	8	475	0
Living in the household of another	B	1,340	175	8	863	294

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

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Vermont

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Vermont Statutes Annotated, title 33, chapter 13, Aid to Aged, Blind, and Disabled.

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-eligible aged, blind, and disabled individuals, 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 \$11,173,800 for calendar year 2008 in federally administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A and B	726.04	1,109.88	52.04	98.88
Assistive community care, Level III	C	722.38	1,107.77	48.38	96.77
Living in the household of another	E	488.64	722.31	39.30	48.31
Residential care home, Level IV	G	897.94	1,573.06	223.94	562.06
Custodial care family home	H	772.69	1,343.82	98.69	332.82
Medicaid facility	I	47.66	95.33	17.66	35.33

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

DEFINITIONS:

A and B: Living independently. Includes eligible recipients who are not in any other state living arrangement. Includes children who are living with parents, recipients residing in private Title XIX 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.

C: Assistive community care, Level III. Includes any individual who resides in a Level III residential care home that is certified by the Department of Aging and Independent Living to provide assistive community care services.

E: Living in the household of another. Includes recipients residing in a federal Code B living arrangement who are not otherwise exempted from state supplementation.

G: Residential care home, Level IV. Includes recipients living in Level IV community homes identified by the state.

H: Custodial care family home. Includes recipients who reside in a federal Code A living arrangement, live in another's home, pay room and board, and receive one or more custodial services. Custodial care includes providing basic room and board, plus such services as help with feeding, dressing, bathing, moving under normal circumstances, and occasional tray service and supervision for the recipients' protection. To qualify as a home under this arrangement, these services must be provided by a resident of the home and cannot be provided to more than two persons in the home. Custodial care or supervision provided by a spouse is not included under this arrangement.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		13,938	1,019	56	10,149	2,714
Living independently	A and B	12,368	935	46	8,920	2,467
Assistive community care, Level III	C	269	49	2	212	6
Living in the household of another	E	262	15	1	192	54
Residential care home, Level IV	G	149	8	0	127	14
Custodial care family home	H	830	7	7	651	165
Medicaid facility	I	60	5	0	47	8

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

State Assistance for Special Needs

Administration

Agency of Human Services, Department for Children and Families, Economic Services Division.

Special Needs Circumstances

Emergency assistance is provided, under certain conditions, for court-ordered evictions, natural disasters (e.g., fire, flood, or hurricane), emergency medical care, funeral costs, and emergency fuel 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 does not obtain this information.

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 supplementation.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$29,003,523 for calendar year 2008 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 2009 (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 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	5,425	2,236	10	3,179
Assisted living facility	5,411	2,233	10	3,168
Adult foster care	14	3	0	11

SOURCE: State information based on average monthly caseload for fiscal year 2008.

Washington

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$28,931,187.07 for calendar year 2008 in state-administered payments to SSI recipients.

State Supplementation

Mandatory Minimum Supplementation

Administration: State administration.

Optional State Supplementation

Administration: State Department of Social and Health Services.

Effective date: January 1, 1974.

Statutory basis for payment: State law in Revised Code of Washington 74.04.600-74.04.630 and state policy in Washington Administrative Code 388-474.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all needy aged, blind, and disabled persons, including children and recipients with an ineligible spouse.

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.

Payment levels: See Table 1.

State Assistance for Special Needs

Administration

State Department of Social and Health Services, Economic Services Administration, Division of Employment and Assistance Programs.

Special Needs Circumstances

Guide dog: Food for service animal at the rate of \$33.66 per month.

Other utility charges

Telephone: Amount varies according to need and location.

Laundry: \$11.13 per month.

Meals

Restaurant meals: \$187.09 per month; \$6.04 per day.

Home-delivered meals: The amount charged by the agency delivering the service.

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 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	720.00	1,103.00	46.00	92.00
Living with an ineligible spouse ^b	720.00	...	46.00	...
Living in the household of another	495.34	766.00	46.00	92.00
Living in the household of another with an ineligible spouse	495.34	...	46.00	...
Medicaid facility	57.28	107.36	27.28	47.36

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

NOTE: ... = not applicable.

a. Includes persons in congregate care group facilities.

b. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

Living independently. Applies to recipients residing in a federal Code A or C living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

Living with an ineligible spouse. Applies to recipients who are living independently with a spouse who does not qualify for SSI payments.

Living in the household of another. Applies to recipients residing in a federal Code B living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

Living in the household of another with an ineligible spouse. Includes recipients residing in a federal Code B living arrangement who have an ineligible spouse.

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

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled
All recipients	31,705	15,270	861	15,574
Living independently	27,296	14,100	797	12,399
Living with an ineligible spouse	3,792	662	52	3,078
Living in the household of another	507	437	10	60
Living in the household of another with an ineligible spouse	45	29	0	16
Medicaid facility	33	15	2	16
Other	32	27	0	5

SOURCE: State information.

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.

Wisconsin

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: State Department of Health Services, Division of Disability and Elder Services, Health Care Access and Accountability.

Effective date: January 1, 1974.

Statutory basis for payment: Wisconsin Statutes 49.77 and 49.775.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all eligible persons, including children, residing in the specified living arrangements. Residents of emergency shelters or patients in medical facilities where Medicaid pays more than 50 percent of the cost of care are not eligible for supplementation.

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: Recipients residing in the specified living arrangements are paid an established state supplement based on eligibility for a federal SSI benefit of at least \$1.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$136,935,791 for calendar year 2008 in state-administered payments to SSI recipients.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	757.78	1,143.05	83.78	132.05
Living in the household of another	533.12	806.05	83.78	132.05
Living independently with an ineligible spouse	804.43	...	130.43	...
Living in the household of another with an ineligible spouse	584.39	...	135.05	...
Private nonmedical group home or natural residential setting	853.77	1,488.41	179.77	477.41

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

NOTES: A caretaker supplement is provided to SSI recipients with children: \$250 for first child; \$150 for each additional child.

... = not applicable.

DEFINITIONS:

Living independently. Includes recipients living in their own households, in private medical treatment facilities where Medicaid pays 50 percent or less of the cost of their care, or in nonmedical institutions. Also includes persons in medical facilities who are classified in a federal Code A living arrangement under section 1611(e)(1)(E) of the Social Security Act.

Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

Living independently with an ineligible spouse. Includes recipients living in their own household with an ineligible spouse.

Living in the household of another with an ineligible spouse. Includes recipients residing in a federal Code B living arrangement who have an ineligible spouse.

Private nonmedical group home or natural residential setting. Restricted to recipients who require a supportive living arrangement and reside in private nonmedical group homes or in a natural residential setting with support. Eligibility is based on certification, on an individual basis, by the state.

Table 2.
Number of persons receiving optional state supplementation, January 2009 ^a

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	108,596	9,327	977	71,462	26,830
Living independently	71,523	6,159	495	42,004	22,865
Living in the household of another	6,153	350	84	4,565	1,154
Living independently with an ineligible spouse	6,708	915	54	5,736	3
Living in the household of another with an ineligible spouse	87	19	0	68	0
Private nonmedical group home or natural residential setting	24,125	1,884	344	19,089	2,808

SOURCE: State information.

a. Represents data from November 2008.

State Assistance for Special Needs

Administration

State Department of Health Services, Division of Disability and Elder Services, Health Care Access and Accountability.

Special Needs Circumstances

State administers special needs supplementary payments to cover care in nonmedical facilities and natural residential settings. Recipients with dependent children are eligible for a higher level of supplementation.

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.

Wyoming

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Family Services, Economic Assistance.

Optional State Supplementation

Administration: State Department of Family Services, Economic Assistance.

Effective date: July 1, 1977.

Statutory basis for payment: Wyoming Statutes 42-2-103.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: No application required. State uses computerized information from the Social Security Administration to identify eligible recipients.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled persons who receive SSI as the sole source of their income and live independently or in the household of another. Blind and disabled children may be eligible for supplementation.

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 does not participate.

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 state reported expenditures of \$852,622.64 for calendar year 2008 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 does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Table 1.
Optional state supplementation payment levels, January 2009 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	699.00	1,066.60	25.00	55.60
Living in the household of another	477.14	735.14	27.80	61.14

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

DEFINITIONS:

Living independently. Includes only SSI recipients who reside in a federal Code A living arrangement and have no federal countable income.

Living in the household of another. Includes only SSI recipients who reside in a federal Code B living arrangement and have no federal countable income.

Table 2.
Number of persons receiving optional state supplementation, January 2009

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	2,869	--	--	--	--
Living independently	--	--	--	--	--
Living in the household of another	--	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.