

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 40, Chapter 6, Section 27, General Laws of Rhode Island, 1956, as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients living in arrangements listed under "Payment Levels." Blind and disabled children are eligible for State supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates by providing assistance only to individuals who have SSI applications pending.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$558.35	\$861.50	\$64.35	\$120.50
B	Living in household of another	403.94	630.50	74.60	136.50
D	Shelter care facility	826.00	N/A	332.00	N/A
E	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Human Services.

SPECIAL NEED CIRCUMSTANCES:

MOVING 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 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 due to an acute or chronic illness.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

MEDICAID

ELIGIBILITY:

CRITERION SSI program standards (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration obtains this information.