

STATE ASSISTANCE PROGRAMS FOR SSI RECIPIENTS

JANUARY 2000

**Social Security Administration
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Office of Research Evaluation and Statistics
Division of SSI Statistics and Analysis**

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FOREWORD

This report provides data on selected characteristics of state assistance programs for Supplemental Security Income (SSI) recipients as of **January 1, 2000**. The programs are OPTIONAL state supplementation of Federal SSI payments, State assistance for special needs, and Medicaid. The characteristics selected are those, about which the Social Security Administration (SSA) receives questions most often from individuals, public and private organizations, and Federal and State agencies.

The report focuses on eligibility provisions and basic levels of assistance for individuals and couples who receive supplementary payments in each State and in the District of Columbia. Data are also presented on Federal-State administrative responsibilities for making payments, State criteria for special need payments, and Medicaid eligibility.

In addition, four appendices are included in this report. Appendices A and B contain tables which present information by State on the:

- Administration of mandatory and optional supplementation;
- Method of passalong;
- Participation in the Interim Assistance Reimbursement Program;
- Medicaid eligibility criteria and determination;
- Medically needy programs for aged, blind, and disabled; and
- Whether the Social Security Administration obtains information on unpaid medical expenses.

Appendix C provides data on the number of people receiving State optional supplementation in each State by living arrangement and eligibility category. Appendix D provides definitions of the State living arrangements presented.

This report was prepared in the Office of Research, Evaluation and Statistics, Division of SSI Statistics and Analysis, by Sherry L. Barber, program analyst, who also collected and compiled the data.

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.

Paul N. Van de Water
Associate Commissioner
for Research, Evaluation and Statistics

July 2000

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Definition of Terms Used in Tabular Summaries

OPTIONAL STATE SUPPLEMENTATION ¹

Some States provide optional 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 necessities determined by the individual States. Some States provide optional supplementary payments to all persons eligible for SSI benefits. Others may limit them to certain SSI recipients such as the blind or residents of domiciliary care facilities, or they may extend payments to persons ineligible for SSI because of excess income.

Statutory basis for payment

The State laws authorizing supplemental payments are specified for each State.

Effective date

Date when the State instituted its optional supplementation program and/or date of revision to that program.

Administration

The governmental unit responsible for administering these payments is indicated.

The unit may be either a State or local agency or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, as of October 1, 1999, pays \$7.80 for each benefit paid for the administrative costs.

Passalong

To be eligible 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 **total expenditure** method and the **payment levels** method.

¹ In addition to the optional State supplementation, States also provide mandatory minimum supplementation. This supplementation applies only to recipients who were converted to the SSI program from former State assistance programs at the inception of the SSI program. 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. The governmental unit responsible for administering these payments is indicated in Appendix A. The unit may either be a State or local agency or the Social Security Administration.

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 are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Under the **payment levels** method, States may not lower their supplemental payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State's March 1983 payment level minus that portion of the July 1983 increase in the FBR which was not attributable to the increase in the cost of living (i. e., \$10.30 per individual and \$15.40 per couple).

Scope of coverage

The categories of persons the State has elected to supplement are described. States with State-administered programs establish their own eligibility conditions. States with federally administered programs must adhere to SSI eligibility criteria in all aspects, but are allowed to establish additional income disregards and payment levels.

Recoveries, liens, and assignments

Entries indicate the 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.

Relative responsibility

The State supplementation provisions, which govern the responsibility of relatives for providing economic support and returning overpayments, are indicated for each State.

Income disregards

Not all income is counted against SSI payments. The type and amount of income excluded in determining a recipient's State supplementary payment is indicated. States with State-administered programs can establish their own income exclusions. States that elect Federal administration must either accept the SSI income exclusions or exclude additional amounts, which match the Federal standard.

Under the Federal program, \$20 of earned or unearned income (other than income based on need that is funded partially or totally by the Federal Government or by a nongovernment agency) may be excluded per month. Additionally, \$65 per month of earned income plus one-half of the earnings above \$65 is disregarded. In addition, some types of income are excluded, e.g., 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. Countable income is deducted first from the Federal payment. If there is any excess income, it is deducted from the optional State supplementary payment.

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/her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI.

Excluded resources include (but are not limited to):

- 1) the house an individual lives in;
- 2) a car, if it is equipped for use by a handicapped person, if it is needed to conduct daily activities, to go to work, or to get regular medical treatment, or if it is under a certain value;
- 3) life insurance policies with a total face value of \$1,500 or less per person;
- 4) burial plots or spaces for the individual or his/her immediate family;
- 5) a burial fund of up to \$1,500 each for the individual's and his/her spouse's burial expenses; and
- 6) 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.

Place of application

The office accepting applications for supplementary payments is indicated.

Funding of assistance and administrative costs

The source of funds for supplementary payments and administrative costs is specified. In States requiring financial participation from local governments, the portions contributed by the State and the locality are indicated.

Interim Assistance Reimbursement (IAR) Program

The Social Security Administration may reimburse a State that has provided basic needs assistance to an individual during the period that either the person's application for SSI was pending or the his/her SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the State as reimbursement if:

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

Payment level

Both the maximum State supplemental payments and the combined maximum Federal and State payments that can be awarded to recipients without countable income are presented according to the State designated living arrangements. The Federal benefit rates that are included in the combined payment levels became effective January 2000 and are given below:

Federal benefit rates, January 2000

<u>Living arrangements</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$512.00	\$769.00
Living in household of another ²	341.34	512.67
In medical care facility ³	30.00	---
Essential person increment ⁴	257.00	---

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.

Special need circumstances

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

Administration

The governmental unit responsible for administering these payments is indicated.

² If 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 (amount for living independently) is reduced by one-third.

³ When Medicaid is paying more than 50 percent of the cost of care; or for children under age 18 in medical care facilities when private insurance (alone or in combination with Medicaid) provides 50 percent of the cost of care.

⁴ 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.

MEDICAID

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

Eligibility

SSI either program guidelines or State guidelines may be used in determining eligibility.

Criterion: Entries indicate whether Medicaid eligibility is based on SSI program standards (title XVI) or State guidelines. State guidelines may not be more restrictive than the State's January 1972 medical assistance standards.

Determined by: 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. Statute permits States to choose either 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 (i.e., aged, blind, and disabled). States determine eligibility for this program.

Unpaid medical expenses

Under Medicaid statute, a State must pay unpaid medical expenses incurred for services covered under its Medicaid State plan for up to 3 months before an individual was found eligible, if the individual would have been eligible had he or she applied then. The entry indicates whether SSA has a contractual agreement with the State to inquire about the unpaid medical expenses of SSI claimants.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 38, Code of Alabama 1975, as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION	County Department of Human Resources (State-supervised).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided to SSI recipients living in the arrangements under "Payment Levels." Blind and disabled children living in those arrangements are eligible for optional supplementation. In addition, certain grandfathered aged, blind, and disabled persons who would receive SSI except for income, receive optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent and stepparent for child under age 18.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County Department of Human Resources.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

PAYMENT LEVELS ¹

<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>
Receiving independent home-life care (IHC) in a private home or a personal care home: ²				
Level of independence A	\$572.00	\$889.00	\$60.00	\$120.00
Level of independence B	568.00	881.00	56.00	112.00
Receiving IHC and support and maintenance in a private home or personal care home: ³				
Level of independence A	401.34	632.67	60.00	120.00
Level of independence B	397.34	624.67	56.00	112.00
Receiving specialized IHC in a private home or personal care home ³	572.00	889.00	60.00	120.00
Receiving specialized IHC and support and maintenance in a private home or personal care home ³	401.34	632.67	60.00	120.00
Living in foster home with IHC or specialized IHC ^{2 3}	622.00	989.00	110.00	220.00
Living in cerebral palsy treatment center:				
Disabled	708.00	1,161.00	196.00	392.00

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² A licensed physician must recommend 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.

³ Foster homes must be licensed or approved by the Department of Human Resources.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No programs for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Alaska Statute 47.25.430 as amended by State Legislative Amendments 1993, chapter 29.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Social Services, Division of Public Assistance.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to needy aged, blind, and disabled person except those in the Alaska Pioneer's Home, in any nonmedical public institution or in public or private institutions for mental disorders. Blind and disabled children under 18 are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Children responsible for aged parents.
INCOME DISREGARDS	In addition to the Federal income disregards, in-kind income is excluded.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of State Department of Health and Social Services, Division of Public Assistance.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
Living independently	\$874.00	\$1,297.00	\$362.00	\$528.00
Living independently with ineligible spouse	1,033.00	N/A	521.00	N/A
Living in household of another	709.34	1,055.67	368.00	543.00
Living in household of another with ineligible spouse	805.34	N/A	464.00	N/A
Medicaid facility	75.00	150.00	² 45.00	³ 90.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No programs for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated payment levels apply equally to aged, blind, and disabled.

² Personal needs allowance either as a direct supplement to SSI or a deduction from other income that is applied to the cost of care.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Arizona Revised Statutes 46:252.
EFFECTIVE DATE	May 9, 1974.
ADMINISTRATION ¹	Department of Economic Security (State-administered in local offices of State agency in communities or through contract agencies).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients in living arrangements listed under "Payment Levels" as well as to needy persons ineligible for SSI. Nursing home supplements provided only to aged persons. Funds from public or private nonprofit organizations are used to defray the cost of nursing home care. Blind and disabled children are eligible for optional 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	Area Agency on Aging, Catholic Social Services, other designated contracting agencies, and local offices of State Department of Economic Security. The County Health Department Long-Term Care Unit and the City Human Resources Department arrange home interviews (if needed) or refer to appropriate agencies.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS^{1 2}

<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>
Requires housekeeping services	\$582.00	(3)	⁴ \$70.00	(3)
Licensed supervisory care homes, adult foster care homes, or 24-hour treatment facilities	562.00	869.00	50.00	100.00
Licensed private nursing homes: Aged	592.00	929.00	80.00	160.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Economic Security.

**SPECIAL NEED
CIRCUMSTANCES:****VISITING NURSE
SERVICES**Up to \$160 per month to any aged SSI recipient who is 65 years or older when medical findings substantiate need.⁵**HOME HEALTH
SERVICES**Up to \$160 per month to any aged SSI recipient who is 65 years or older when medical findings substantiate need.⁴

¹ State supplementation Payment levels shown are from 1999, SSA was unable to obtain updated information from state.

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

³ Services or cash benefit provided is the same for individuals or couples.

⁴ Services may be provided in lieu of cash grants.

⁵ Vendor payments.

MEDICAID¹

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No programs for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ 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.

OPTIONAL STATE SUPPLEMENTATION ¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (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.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 12000ff, Welfare and Institutions Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every aged, blind, and disabled SSI recipient. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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	Independent living with cooking facilities:				
	Aged and disabled	\$692.00	\$1,229.00	\$180.00	\$460.00
	Blind	749.00	² 1,424.00	237.00	655.00
B	Nonmedical out-of-home care	847.00	1,694.00	335.00	925.00
C	Independent living without cooking facilities				
	Aged and disabled	765.00	1,375.00	253.00	606.00
	Blind	749.00	1,424.00	237.00	655.00
D	Living in household of another:				
	Aged and disabled	529.00	1,006.00	187.66	493.33
	Blind	599.00	³ 1,202.00	257.66	689.33
E	Disabled minor in home of parent, guardian or relative by marriage	593.00	N/A	81.00	N/A
F	Nonmedical out-of-home care, living in household of another	679.00	1,396.00	337.66	883.33
G	Disabled minor in the household of another	421.00	N/A	79.66	N/A
J	Medicaid facility	44.00	88.00	14.00	28.00

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

² Payment standard for a couple where only one member is blind is \$1,351.00.

³ Payment standard for couple with one blind member is \$1,128.00.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Health and Welfare Agency, Department of Social Services.

**SPECIAL NEED
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 homes unless such services are provided.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (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 does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Colorado Revised Statutes (CRS) 26-2, Section 202-209, 1973 as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	State Department of Human Services (State-supervised with local administration).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients in living arrangements listed under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. At age 65, a disabled recipient may elect to transfer to the aged category or remain in the disabled category. Blind and disabled children are eligible for State supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Resources are considered property. Current market value of property is used in determining resources and only net value of property (after deducting the amount of indebtedness or encumbrances) is considered. Basic resource limitation is \$2,000 for an individual and \$3,000 for a couple or the same as SSI.
PLACE OF APPLICATION	County Human Services offices.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

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

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Living independently:				
Aged	\$548.00	\$1,096.00	\$36.00	² \$327.00
Blind and disabled	512.00	1,024.00	---	255.00
Adult foster care ³	742.00	---	230.00	---
Home care: ⁴				
Aged	944.00	---	432.00	---
Blind and disabled	908.00	---	396.00	---
Individual with essential spouse:				
Blind and disabled	769.00	---	257.00	---

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other sources of income are allowed to keep \$50.00 per month as a personal need allowance.

² Combined Federal/State payment level also applies to persons living in the home of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

³ Couples residing in these living arrangements are treated as individuals the month after leaving an independent living arrangement.

⁴ Represents maximum allowance. Lesser amounts may be paid according to the amount of home care needed.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	State Department of Social Services ¹
SPECIAL NEEDS CIRCUMSTANCES	Funeral expenses. If costs of funeral home/cemetery do not exceed \$2,500, the benefit maximum is \$1,500. If costs exceed \$2,500, no assistance is provided.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ At their option, county social services boards may provide optional supplementation for other special need circumstances.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 176-600, Connecticut General Statutes.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION	Department of Social Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided for aged, blind, and disabled SSI or Title II recipients living alone and with others. No provision is made for essential persons. Blind children are eligible for supplementation, but disabled children are not. Blind and disabled recipients are reclassified as aged upon reaching 65 years old.
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 released upon payment of claim or amount equal to beneficiary's interest. If applicant/recipient owns other nonhome property he/she must be making a bona fide effort to sell it. During that time, he/she gives the State a security mortgage.
RELATIVE RESPONSIBILITY	Spouse for spouse; parents for blind children under 18.
INCOME DISREGARDS	<p>Unearned Income: For recipients residing in the community, State disregards \$183.00 of any unearned income including SSI; for recipients residing in boarding homes, \$90.70 is disregarded. The disregard is \$250.90 for recipients residing with unrelated persons in the community.</p> <p>Earned Income: The first \$65 and one-half of the remainder for aged and disabled; the first \$85 and one-half 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. 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.</p>

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) limited to \$1,600 for an individual and \$2,400 for a couple. In addition, up to \$1,200 for burial contract reduced by the value of irrevocable burial arrangements and the face value of life insurance policies of \$1,500 or less.

PLACE OF APPLICATION Regional offices of State agency.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Independent community living ²	\$747.00	\$1,094.00	\$235.00	\$325.00
Licensed Room and Board facility ³	512.00	769.00	(³)	(³)
Medicaid Facility	51.00	102.00	21.00	42.00

¹ Unless otherwise stated, payment levels apply equally to the aged, blind, and disabled. Committee sets boarding home rate on State payments in accordance with individual cost data for the operations of the facility.

² Budget process used to establish payments 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 disregards). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.

³ Persons residing in these living arrangements receive a supplement that may vary depending on the facility.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Social Services.

**SPECIAL NEED
CIRCUMSTANCES:**

RECURRING	Emergency housing-	one occurrence per calendar year-- no more than 60 days per occurrence
	Refuse collection-	actual charge
	Therapeutic diet -	\$36.20 a month
	Meals-on-wheels -	\$4.19 one meal a day \$7.66 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 housing -	up to 2 times the monthly obligation
	Security deposit for heating service -	actual cost up to limit of \$200
	Storage charges -	up to 3 months
	Moving expenses	
	Essential household furnishings	
	Telephone installation	
	Essential clothing	

MEDICAID

ELIGIBILITY:

CRITERION Federal and State guidelines.

DETERMINED BY State.

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

**UNPAID MEDICAL
EXPENSES** The Social Security Administration does not obtain this
information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 31, Section 505, Delaware Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and State Department of Health and Social Services, Division of Social Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for aged, blind, and disabled adults who are: 1) SSI recipients or would be except for income, and 2) certified by the Delaware State Department of Health and Social Services as living in an approved adult residential-care facility. Blind and disabled children under age 18 are not eligible for supplementation, but may receive benefits and services under the child welfare program.
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	Local office of the State agency for placement eligibility; Social Security Administration field offices for payment eligibility.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ State determines eligibility for special adult residential care supplement in local offices of State agency; Social Security Administration administers payment for both optional and mandatory minimum supplementation.

PAYMENT LEVELS ¹

<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 in Adult Residential Care facility	\$652.00	\$1,217.00	\$140.00	\$448.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION State Department of Health and Social Services, Division of Social Services.

SPECIAL NEED CIRCUMSTANCES State provides cash assistance for specific emergencies on a one-time basis.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	District of Columbia Laws 2-35, as amended, and 3-23.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the District of Columbia Department of Human Services, Income Maintenance Administration.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional 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.
RECOVERIES, LIENS, AND ASSIGNMENTS	None except those cases in which liens were assigned prior to the establishment of the SSI program.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Department of Human Services, Income Maintenance Administration for adult foster care home eligibility; Social Security Administration field offices for payment eligibility. ¹
FUNDING	Assistance: District of Columbia funds. Administration: District of Columbia funds.

¹ For the adult foster care supplement, the District determines eligibility and the Social Security Administration (SSA) administers the payment. For all other supplements, including mandatory minimum supplementation, SSA determines eligibility and administers the payment.

INTERIM ASSISTANCE

District does not participate.

PAYMENT LEVELS ¹

<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	Adult foster care home (50 beds or less)	\$819.00	\$1,638.00	\$307.00	\$869.00
B	Adult foster care home (over 50 beds)	929.00	1,858.00	417.00	1,089.00
G	Medicaid facility	70.00	140.00	40.00	80.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION

SSI program guidelines (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.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 409.212, Florida Statutes.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION	Department of Children and Families.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Under the community care programs, an optional State supplement is provided to aged, blind, or disabled persons who either receive SSI payments or meet all SSI criteria except for income, and their income does not exceed \$697. Blind and disabled children are not eligible for the supplement unless they reside in a nursing home (personal needs supplement).
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 and the State can file a claim after death. Homestead exempt during life of spouse and/or dependent children if occupied as a homestead. Claims are filed against the estate of individuals who received Medicaid on or after their 55 th birthday.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Community care program: Personal needs allowance of \$43 per month and earned income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Community care program: Local offices of State Department of Children and Families.
FUNDING	Assistance: State funds. Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Community care program: ^{2 3} Adult family care homes ⁴	\$740.00	---	\$228.00	---
Assisted living facilities	740.00	---	228.00	---
Medicaid facility	35.00	\$70.00	5.00	\$10.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (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 does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Payment includes up to \$43 for personal needs allowance.

³ Recipients who lose SSI eligibility because of Social Security (title II) benefits increases may continue to be eligible if they qualify for these living arrangements.

⁴ SSA and State agencies consider couples residing in these living arrangements as individuals the month after leaving an independent living arrangement.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (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 does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	The contract between State and the Social Security Administration approved by Attorney General of Hawaii.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	<p>Optional supplement provided for every SSI recipient except those who are living in the household of another or who are patients in either:</p> <ol style="list-style-type: none">1) medical facilities where Medicaid pays more than 50 percent of the cost of care; or2) private medical facilities not certified under Medicaid. <p>Blind and disabled children are eligible for supplemental payments. 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) receive State optional supplementation (code A payment level) for up to 2 months.</p>
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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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 independently	\$516.90	\$777.80	\$4.90	\$8.80
H	Domiciliary care facility (1 to 5 residents)	1,033.90	2,067.80	521.90	1,298.80
I	Domiciliary care facility (6 or more residents)	1,141.90	2,283.80	629.90	1,514.80

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Human Services

SPECIAL NEED CIRCUMSTANCES: Housing and utility deposit (one-time only). ²
 Repair or replacement of stove or refrigerator. ³
 Emergency assistance due to natural disaster. ³

Special care payments of \$100 monthly are provided to SSI recipients residing in 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 either be wheelchair bound, incontinent, or in need of non-oral medication.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

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

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.
² Payments made to SSI recipients if their total income is less than \$418 monthly.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Idaho State codes 56-207, 56-208, 56-209a.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Welfare.
PASSALONG	In compliance by the method of Maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every SSI recipient in living arrangements listed under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Husband and wife, and parents and minor children mutually.
INCOME DISREGARDS	State provides an additional income disregard of \$20 per month of any income including SSI.
PLACE OF APPLICATION	Local offices of State Department of Health and Welfare.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
Living independently or in the household of others ²	\$565.00	\$788.00	\$53.00	\$19.00
Living with essential person	788.00	N/A	19.00	N/A
Room and board facility ³	710.00	---	198.00	---
Adult Residential Care Home/ Adult Foster Care Home ⁵				
Level I	852.00	---	340.00	---
Level II	919.00	---	407.00	---
Level III	987.00	---	475.00	---
Semi-independent Group Residential facility ⁵	710.00	---	198.00	---

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Combined Federal/State payment level also applies to persons living in the household of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

³ Couples in these living arrangements are treated as individuals the month after leaving an independent living arrangement.

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Welfare.

**SPECIAL NEED
CIRCUMSTANCES:****RESTAURANT
MEALS**

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

**MAINTENANCE
FOR GUIDE DOG**

Allowance for care and maintenance of guide dog of up to \$17 per month.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Illinois Revised Statutes, Chapter 305; ILCS, Section 5/3-1 et seq.
EFFECTIVE DATE	March 1, 1974.
ADMINISTRATION ¹	Department of Human Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for all aged, blind or disabled SSI recipients whose income-maintenance needs based on State standards exceed their monthly SSI benefit plus other income. If the individual has been denied SSI due to level of income, eligibility for an optional State supplemental payment may exist if there is a deficit between all other income and the income-maintenance need based on State standards. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Estate claims are filed against real and personal property for all: <ul style="list-style-type: none"> 1) income maintenance paid out at any time after 1963, and 2) medical assistance paid out prior to October 1, 1993 and after January 1, 1966 for a person age 65 or older, and 3) medical assistance paid out after October 1, 1993 for a person age 55 or older.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18, except that a parent is not responsible for a child of any age who has married, regardless of current martial status, and is not living with the parent.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME
DISREGARDS**

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.

Blind and disabled: Certain work expenses deducted from earnings. Income and resources needed for 12 months to fulfill a plan for achieving self-support can be exempted.

**RESOURCE
LIMITATIONS**

No disregards in addition to the Federal income disregards.

**PLACE OF
APPLICATION**

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

FUNDING

Assistance: State funds.
Administration: State funds.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS

Optional supplement amount is equal to the difference between monthly SSI benefit plus other income and the income maintenance needs based on State standards. The income maintenance needs of each case are determined individually regardless of living arrangement. Utility allowance varies by geographical area.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provides assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERIA	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy, children and caretakers.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Indiana Public Law 46, Acts of 1976.
EFFECTIVE DATE	July 1, 1976.
ADMINISTRATION ¹	Family and Social Services Administration, Division of Disability, Aging and Rehabilitative Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to adult Medicaid or SSI recipients who because of age, blindness, or disability are unable to reside in their own homes and need care in a residential facility. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse when residing with spouse in the same facility.
INCOME DISREGARDS	Disregarded from sheltered workshop earnings are \$16 employment incentive, mandatory earning deductions, and one-half of the remaining earnings.
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 shall not affect an individual's eligibility. Cash surrender value of life insurance is disregarded if the face value does not exceed \$1,400 and the beneficiary is the funeral director or the persons estate. The \$1,400 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.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PLACE OF APPLICATION Division of Family and Social Services Administration, county offices of the Division of Family and Children Services.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Licensed Residential Facility ^{2 3}	\$1,348.79	---	⁴ \$836.79	---

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² 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 Indiana State Department of Health and approved for participation in the Room and Board Assistance program by the Indiana Family and Social Services Administration. A residential facility can be publicly or privately owned; for profit or not-for-profit.

³ Federal and State agencies consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

⁵ Represents maximum amount paid; lesser amounts may be paid depending on cost of facility and income of recipient. Includes a personal allowance payment of up to \$50 per month.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 249, Code of Iowa.
EFFECTIVE DATE	January 1, 1974 (blind), May 1, 1974 (aged and disabled).
ADMINISTRATION ¹	Social Security Administration; State Department of Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled persons living in the arrangements listed under "Payment Levels." Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementary payments if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.
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 field offices for federally administered payments; local offices of State Department of Human Services for State-administered payments.

¹ State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care. Social Security Administration administers all other supplemental payments, including mandatory minimum supplementation.

FUNDING

Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE

State participates.

PAYMENT LEVELS ¹

Code	<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 independently: Blind	\$534.00	² \$813.00	\$22.00	³ \$44.00
B	Living in household of another: Blind	363.34	³ 556.67	22.00	³ 44.00
C	Living with dependent person: Aged and disabled	769.00	1,026.00	257.00	257.00
	Blind	791.00	³ 1,070.00	279.00	³ 301.00
D	Family Life	574.20	1,168.40	62.20	399.40
H	Living with dependent person in household of another: Aged and disabled	598.34	769.67	257.00	257.00
	Blind	620.34	813.67	279.00	301.00
I.	Family life or boarding home (one-third reduction in Federal benefit rate applies)	403.54	912.07	62.20	399.49
	Residential care	825.06	N/A	³ 313.06	N/A
	In-home health care	978.49	⁴ 1,701.98	⁵ 466.79	⁵ 932.98

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Payment level when both members of couple are blind; when one member blind, payment is reduced by \$22.

³ Represents maximum amount paid. Amount of State supplement is based on allowable costs of residential care (\$17.36 to \$24.26 per day) plus a personal needs allowance of \$73 per month minus the Federal SSI payment. Payment is State-administered.

⁴ Payment based on both members of a couple needing in-home health related care. When only one member needs care, payment is reduced by \$466.79. Supplement is State-administered.

⁵ Payment based on actual cost of in-home health-related care up to a maximum of \$466.49 plus basic Federal benefit. Payment is State-administered.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDED PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Budget approval by State legislature.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION	Cabinet for Families and Children, Department for Community Based Services.
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled person who has a need for care in a personal care facility (not title XIX) or in a family care home licensed under the health licensure act or for the services of a caretaker in the home and who has insufficient income to obtain this care. Blind and disabled children are eligible for optional supplementation for caretaker services in the home. The minimum age requirement for a personal care home is 16, and 18 for a family care home.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Caretaker services- spouse for spouse and parent for child under age 18 if living together, and relative responsibility for the month of admission in personal care home or family care home.
INCOME DISREGARDS	For earned income, the first \$65 plus one-half of remainder; for unearned income, no disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.

PLACE OF APPLICATION Local offices of State Cabinet for Families and Children, Department for Community Based Services.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Personal-Care facility ^{2 3}	\$906.00	---	\$394.00	---
Family Care Home ³	651.00	---	139.00	---
Caretaker in home	545.00	\$841.00	33.00	\$72.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (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.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Represents the maximum paid. Lesser amounts may be paid depending on need.

³ Federal and State agency consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Senate Concurrent Resolution #133, 1980.
EFFECTIVE DATE ¹	March 1, 1982.
ADMINISTRATION ²	Department of Health and Hospitals, Bureau of Health Services Financing
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled person residing in a non-psychiatric Medicaid, Long Term Care facility whose countable income is less than \$38.00. Blind and disabled children are eligible for optional 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	Local parish offices of Office of Family Support, Bureau of Health Services Financing and/or certified application centers.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Program has been suspended and reinstated at various times.

² Mandatory minimum supplementation is administered by the Social Security Administration.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Medicaid facility ²	\$38.00	\$76.00	\$8.00	\$16.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (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.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Up to \$38 may be retained per month as a personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Part 1-A, Chapter 855A. Title 22, revised Statutes, State of Maine.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION ¹	Department of Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled SSI recipients. Blind and disabled children are eligible for optional supplementation. In addition, a small number of persons not eligible for SSI are eligible for a state supplement.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Federal income disregards apply to all living arrangements. For those living alone, with others, or in the household of another, the State disregards an additional \$55 for an individual and \$80 for a couple.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of the Department of Human Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the State.

PAYMENT LEVELS ¹

<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>
Living alone or with others	\$522.00	\$784.00	\$10.00	\$15.00
Living in the household of another	349.34	524.67	8.00	12.00
Foster home	561.00	1,042.00	49.00	273.00
Flat rate boarding home	729.00	1,359.00	217.00	590.00
Cost reimbursement boarding home	731.00	1,390.00	219.00	621.00
Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Human Services.

SPECIAL NEED 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:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The State Department of Human Services obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

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.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION ¹	Department of Human Resources, Family Investment Administration, and in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled individuals living in a Care home or in a Dom Care facility who are eligible for payments under the SSI program or who would be eligible except for income. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Husband for wife.
INCOME DISREGARDS	Disregards \$20 of any unearned income including SSI.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local county social services agencies.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the Social Security Administration.

PAYMENT LEVELS ¹

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple ²</u>	<u>Individual</u>	<u>Couple ²</u>
	Care Home:				
	I. Minimal supervision	\$578.00	---	\$66.00	---
	II. Moderate supervision ³	687.00	---	175.00	---
	III. Extensive supervision ³	975.00	---	463.00	---
	IV. Specialized and intensive Supervision ³	1,178.00	---	666.00	---
	DomCare ³	696.00	---	184.00	---

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (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.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² The State supplementation rate for individuals applies to each member of a couple.

³ Includes an \$82.00 personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	General Laws, Commonwealth of Massachusetts, Chapter 118A, Section 1.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled SSI recipient including recipients in private medical facilities where Medicaid program is providing 50 percent or less of the cost of care. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

Code	Living arrangements	Combined Federal/State		State supplementation	
		Individual	Couple ²	Individual	Couple
A	Living independently:				
	Aged	\$640.82	\$970.72	\$128.82	\$201.72
	Blind	661.74	1,323.48	149.74	554.48
	Disabled	626.39	949.06	114.39	180.06
B	Shared living expenses:				
	Aged	551.26	970.72	39.26	201.72
	Blind	661.74	1,323.48	149.74	554.48
	Disabled	542.40	949.06	30.40	180.06
C	Living in household of another:				
	Aged	445.70	728.47	104.36	215.80
	Blind	661.74	1,323.47	320.40	810.80
	Disabled	428.92	706.85	87.58	194.18
E	Licensed rest home:				
	Aged and disabled	805.00	1,610.00	293.00	841.00
	Blind	661.74	1,323.48	149.74	554.48
F	Medicaid facility	65.00	130.00	35.00	70.00
G.	Assisted living	966.00	1,450.00	454.00	681.00

STATE ASSISTANCE FOR SPECIAL NEEDS ³**ADMINISTRATION**

Department of Transitional Assistance and Commission for the Blind.

**SPECIAL NEED
CIRCUMSTANCES:****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.)

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

² The amounts given apply only when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, determine each person's share of payment in his/her eligibility category and add to obtain the couple's amount.

³ Vendor payments.

SPECIAL NEED CIRCUMSTANCES (CON.)

BURIAL EXPENSES

Payment of funeral and burial expenses for SSI recipients shall not exceed \$1,100 and the total expense shall 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:

- 1) present living quarters have been certified as substandard;
- 2) moving to new quarters is necessary due to health problems or lack of safety in old neighborhood;
- 3) recipient is moving into Federal/State subsidized housing; or
- 4) recipient is forced to move.

Total payment not to exceed \$150.

HOMEMAKER AND HOUSEKEEPER SERVICES

The Department of Elder Affairs performs homemaker and housekeeping services for recipients age 60 or older. The Department of Transitional Assistance provides these services for recipients under age 60.

MEDICAID

ELIGIBILITY:

CRITERION

SSI program guidelines (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.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 400.10, Act 280 as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the Family Independence Agency.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI recipient except those residing in medical facilities not certified under Medicaid. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates by providing assistance only to individuals who have SSI applications pending.

¹ The State administers optional supplementation for recipients living independently and living in household of another; all others are administered by the Social Security Administration.

PAYMENT LEVELS ¹

<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>
	Living independently ²	\$526.00	\$797.00	\$14.00	\$28.00
	Living in household of another ³	350.67	531.33	9.33	18.66
D	Domiciliary care	599.00	1,198.00	87.00	429.00
E	Personal care	669.50	1,339.00	157.50	570.00
F	Home for the aged	691.30	1,382.60	179.30	613.60
G	Living independently with essential person ³	783.00	1,047.00	14.00	21.00
H	Living in household of another with essential person ⁴	522.33	698.34	9.33	14.00
I	Medicaid facility	37.00	74.00	7.00	14.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Family Independence Agency.

**SPECIAL NEED
CIRCUMSTANCES:**

**PERSONAL CARE,
HOME HELP**

For recipients living independently, payment for help required with personal care and household activities (maximum of \$333 per month).

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² State-administered payments.

³ Payment levels for essential person apply only to cases converted from the State rolls in 1974.

**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 among others:

- Fires, floods, and other physical disasters.
- Eviction or foreclosure.
- Mechanical failure of essential appliances.
- Home repairs necessary to protect health.
- 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:****CRITERION**

SSI program guidelines (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 does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Minnesota Statutes Annotated, Sections 256D.33-256D.54 and 256I.01-256I.06.
EFFECTIVE DATE	April 1, 1974.
ADMINISTRATION ¹	County Welfare and Human Services Agencies (State-supervised).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and to persons who, but for excess income, would be receiving SSI. In addition, those who have maintenance needs based on the December 1973 State standards which exceed their income from the Federal SSI and other sources, and who would otherwise have qualified for benefits under former State assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse. Parents for blind children under age 18.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County Welfare and Human Services Boards.
FUNDING	Assistance: State funds. Administration: County funds; except State expenses, which are State funded.

¹ Payments are made under the Minnesota Supplemental Aid Program. Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS ¹

<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>
Living independently				
Entitlement prior to 1/1/94	\$593.00	\$895.00	\$81.00	\$126.00
Entitlement 1/1/94 or later	593.00	880.00	81.00	111.00
Living in household of another				
Entitlement prior to 1/1/94	451.34	856.67	110.00	344.00
Entitlement 1/1/94 or later	451.34	593.67	110.00	81.00
Nonmedical, group residential facility ²	1,221.89	---	³ 709.89	---
Medicaid facility	67.00	134.00	37.00	74.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

DIETS

Specified modified diets when prescribed by a physician shall be 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 fee for payee services.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Couples residing in these living arrangements are treated as individuals one month after leaving an independent living arrangement.³ Includes \$67.00 a month for clothing and personal needs. Indicates the highest amount that may be paid.

**HOUSING, MAJOR
REPAIRS**

Nonrecurring payments for catastrophic situations only for homeowners who live in their homes.

**FURNITURE AND
APPLIANCES**

Nonrecurring payment for necessary repairs and replacements.

MEDICAID

ELIGIBILITY:

CRITERION

State guidelines.

DETERMINED BY

County Welfare and Human Services Agencies (State supervised).

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy unless they are below 135% the poverty level.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Supplemental aid to the blind: Revised Missouri Statutes, Section 209. All other supplementation: Revised Missouri Statutes, Section 208.030, Subchapter 5.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Social Services; Division of Family Service (DFS).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to any person who: <ol style="list-style-type: none"> 1) is aged, blind, or disabled, and over age 18, 2) does not reside in a Medicaid facility, 3) does reside in a licensed residential care facility or a licensed intermediate care/skilled nursing home, and 4) has insufficient cash income to cover costs of care in the facility. <p>Blind persons over age 18 living on their own are also provided a supplement.</p>
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse.
INCOME DISREGARDS	There are no income disregards for the aged or disabled. Disregards for the blind include the first \$65 plus one-half of the remainder of earned income.
RESOURCE LIMITATIONS	Aged/disabled - \$999.99 individual/\$2,000 couple. Blind - \$2,000 individual/\$4,000 couple.
PLACE OF APPLICATION	Offices of the Division of Family Services .
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
Licensed residential care facility I	\$666.00	\$1,077.00	\$154.00	\$308.00
Licensed residential care facility II	800.00	1,345.00	288.00	576.00
Licensed intermediate care or skilled nursing home ²	895.00	1,535.00	383.00	766.00
Aid to the blind	(3)	(4)	391.00	782.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State has elected not to provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² 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 DFS.

³ Only those recipients who receive less than \$512 monthly in SSI payments and less than \$554 monthly from other sources qualify for this supplement. The State supplement is reduced dollar-for-dollar by the SSI payment.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Montana codes annotated 52-1-104.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION ¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to persons residing in State certified care facilities listed under "Payment Levels." All disabled children, including the blind, who are eligible for SSI and reside in a certified foster home are eligible to receive the State supplement.
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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
G	Personal care facilities	\$606.00	\$962.00	\$94.00	\$193.00
H	Group home for the mentally ill or disabled	606.00	962.00	94.00	193.00
I	Community home for physically or developmentally disabled	606.00	962.00	94.00	193.00
J	Child and adult foster care	564.75	879.50	52.75	110.50
K	Transitional living services for developmentally disabled	538.00	826.00	26.00	57.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (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 does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind and disabled. All care facilities must be State certified. Developmentally disabled persons in transitional living facilities are allowed to retain at least \$40, as a personal needs allowance. All other persons eligible for a State supplement in State certified facilities are allowed to retain up to \$40, as a personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 68-1005, Code of Nebraska, Legislative Bill 311.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipients who meet State guidelines; 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. Blind and disabled children are eligible for optional supplementation payments.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18 who is part of household.
INCOME DISREGARDS	Aged and disabled: No disregards in addition to Federal income disregards. Income disregards for the blind 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.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of the Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
Living independently	\$519.00	\$769.00	\$7.00	--
Living with an essential person	782.00	N/A	13.00	N/A
Room and board facility ²	455.34	890.00	114.00	377.33
Certified adult family home ⁴	657.00	1,354.00	145.00	585.00
Licensed assisted living facility	782.00	1,564.00	270.00	795.00
Licensed group home for children or child caring agency:				
Disabled	622.00	N/A	110.00	N/A
Medicaid facility	50.00	100.00	20.00	40.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Human Services.

**SPECIAL NEED
CIRCUMSTANCES:****TRANSPORTATION
COSTS**

Thirty cents per mile for:

- 1) school attendance outside of school district; and
- 2) obtaining medical services if recipient used own car.

**REPAIR OR
PURCHASE OF
FURNITURE/
APPLIANCES**

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

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Applies only to persons living in the household of another.⁴ Includes a minimum of \$60 for personal needs allowance.

SPECIAL NEED CIRCUMSTANCES (CON.)

MOVING EXPENSES

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

TAXES

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

HOME REPAIRS

Payment for home repairs (to \$1,000) made if essential for the recipient's health or safety.

MEALS AND LODGING

The cost of meals (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/ CONSERVATOR

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

MEDICAID

ELIGIBILITY:

CRITERION

SSI program guidelines (title XVI).

DETERMINED BY

State.

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Nevada Revised Statutes, Title 38, Public Welfare.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every aged or blind recipient 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. Blind children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

PAYMENT LEVELS ¹

Code	Living arrangements	Combined Federal/State		State supplementation	
		Individual	Couple	Individual	Couple
A	Living independently:				
	Aged	\$548.40	\$843.46	\$36.40	\$74.46
	Blind	621.30	² 1,143.60	109.30	² 374.60
B	Living in household of another:				
	Aged	365.61	562.31	24.27	49.64
	Blind	555.30	³ 1,044.61	213.96	³ 531.94
C	Domiciliary care: Aged and blind	862.00	1,650.00	350.00	881.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI)
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify. A supplement is not paid to a SSI recipient whose eligibility is based on disability.

² Payment level when both members are blind; when one member is aged, payment level is reduced by \$150.07.

³ Payment level when both members are blind; when one member is aged, payment level is reduced by \$241.15.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Regulations and Statutes Amended, 167:7, I, II, III, IV.		
EFFECTIVE DATE	January 1, 1974.		
ADMINISTRATION¹	Department of Health and Human Services, Division of Family Assistance (State-administered in local offices in communities).		
PASSALONG	In compliance by the method of maintaining all payment levels.		
SCOPE OF COVERAGE	Optional State supplement provided SSI recipients living in the arrangements listed under "Payment Levels." Persons living in the household of another receive the same State supplement as those living independently. Blind children are eligible for optional supplementation. Disabled children are eligible for optional supplementation only if they are aged 18 years old or older.		
RECOVERIES, LIENS, AND ASSIGNMENTS	Aged and disabled: All aid paid is by law a lien on the estate of the recipient (and spouse if living together). No recovery from real estate occupied by surviving spouse or blind or disabled child or from personal property of less than \$100. State may waive recovery. Blind: No lien provisions applicable.		
RELATIVE RESPONSIBILITY	Spouse for spouse, parents for child under age 18, children for parents.		
INCOME DISREGARDS	Standard disregards for any income including SSI:		
		<u>Individual</u>	<u>Couple</u>
	Living independently	\$13.00	\$20.00
	Living with essential person	N/A	25.00
	Residential care facility for adults	13.00	N/A
	Community residences	13.00	N/A
	Enhanced family care facilities	13.00	N/A
	Earned income disregards:		
	Aged: \$18 or actual mandatory employment expenses if greater; \$20 of gross income plus one-half of the next \$60.		
	Disabled: No disregards in addition to the Federal earned income disregards.		

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME
DISREGARDS (CON.)**

Blind: \$18 or actual employment expenses if greater; \$85 of gross earnings plus one-half amount over \$85. Additional amounts may be disregarded if an approved plan exists for achieving self-support within a 12-month period.

Other disregards:

If recipient receives income from other persons in exchange for providing room only for such person(s), the following amounts are deducted from such income:

One person..... \$50

Two persons..... 100

Three persons..... 150

Four or more persons, deduct an additional \$50 from such income for each additional person. 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.

For adults being considered for nursing home care, SSI payments are disregarded in the determination of financial eligibility.

**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/livestock used for food needs. Cash value of life insurance not counted unless face value exceeds \$1,500 per person; when it exceeds this, equity value counts toward the \$1,500 resource limits.

**PLACE OF
APPLICATION**

Local offices of State Division of Family Assistance.

FUNDING

Aged and Disabled Assistance: 50 percent State funds, 50 percent County funds; Blind Assistance: 100 percent State funds.
Administration: State funds.

**INTERIM
ASSISTANCE**

State participates by providing assistance only to individuals who have SSI applications pending.

PAYMENT LEVELS¹

<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>
Living independently ²	\$539.00	\$790.00	\$27.00	\$21.00
Living with an essential person ³	N/A	1,039.00	N/A	13.00
Residential care facility for adults ⁴	719.00	---	207.00	---
Enhanced family care facilities ⁵	719.00	---	207.00	---
Community residences ⁵				
Non-subsidized	661.00	---	149.00	---
Subsidized	601.00	---	89.00	---
Medicaid facility ⁵	50.00	---	20.00	---

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Persons living in the household of another receive the same State supplement as those living independently.

³ Applies only to SSI recipients converted from former State assistance programs.

⁴ The State supplementation rate for individuals applies to each member of a couple.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	New Jersey Statutes Annotated, 44:7-86.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided for every aged, blind, and disabled recipient 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. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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	Congregate care ²	\$662.05	\$1,305.36	\$150.05	\$536.36
B	Living alone or with others	543.25	794.36	31.25	25.36
C	Living alone with an ineligible spouse ³	784.36	N/A	272.36	N/A
C	Living with essential person ⁴	794.36	N/A	25.36	N/A
D	Living in household of another	385.65	605.76	44.31	93.09
G	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Human Services, Division of Family Development.

SPECIAL NEED 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:**

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.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² State supplement includes a \$67.50 personal needs allowance per person per month.

³ Federal criteria are used in determining an ineligible spouse. Applies to recipients who live either with only their ineligible spouse or with only their ineligible spouse and foster child(ren).

⁴ Payment levels for essential person apply only to cases converted from former State assistance programs.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 51, Laws of 1976.
EFFECTIVE DATE	July 1, 1976.
ADMINISTRATION ¹	County offices of the Department Human Services (State-administered).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who reside in a licensed adult residential care home.
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	County offices of the Human Services Department.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State provides assistance only to individuals who have SSI applications pending.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed adult residential care home	\$612.00	\$969.00	\$100.00	\$200.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	County offices of Human Services Department (State-administered).
SPECIAL NEED CIRCUMSTANCES	Burial expenses provided for deceased SSI recipients including disabled recipients who received special monthly benefits under Section 1619(a) of the Social Security Act. 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:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other sources of income are allowed to keep \$30 a month as a personal needs allowance. Persons in intermediate care facilities for mental retardation (ICFMR) working in sheltered workshops can keep up to \$100 a month of their earnings in addition to the \$30 per month.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section (207-212), New York State Social Services Law.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the New York State Office of Temporary and Disability Assistance.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every recipient except in community operated residences having 10 or fewer residents, in publicly operated emergency shelters, or in Medicaid facilities where Medicaid pays less than 50 percent of the cost of care. Blind and disabled children are eligible for optional State supplementation at the congregate care Level I and Level II ² rates, and the living with others rate. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographical area.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse and parents for children under age 21.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration field offices.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Both mandatory minimum and optional supplementation are administered by the Social Security Administration. The State administers an additional \$20 payment to some SSI recipients in Medicaid facilities.

² Children must be placed in facilities certified by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities or the Office of Alcoholism and Substance Abuse Services.

**INTERIM
ASSISTANCE**

State participates using an automated IAR matching system.

PAYMENT LEVELS ¹

<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	\$599.00	\$873.00	\$87.00	\$104.00
B	Living with others	535.00	815.00	23.00	46.00
C	Congregate care I: ^{2 3}				
	Areas A and B	778.48	1,556.96	266.48	787.96
	Area C	740.48	1,480.96	228.48	711.96
D	Congregate care II: ^{5 4}				
	Areas A and B	947.00	1,894.00	435.00	1,125.00
	Area C	917.00	1,834.00	405.00	1,065.00
E	Congregate care III: ^{5 5}				
	Area A	994.96	1,989.92	482.96	1,220.92
	Areas B and C	970.96	1,941.92	458.96	1,172.92
F	Living in household of another	364.34	558.67	23.00	46.00
G	Medicaid facility ⁶	35.00	70.00	5.00	10.00

¹ Payment levels apply equally to aged, blind, and disabled.

² The minimum personal needs allowance is \$99.

³ Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Rockland, Suffolk, and Westchester counties; and Area C is all other counties.

⁴ The minimum personal needs allowance is \$115.

⁵ The minimum personal needs allowance is \$79.

⁶ State administers an additional payment (\$20 per individual) to SSI recipients who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (i.e., hospitals and nursing homes).

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Office of Temporary and Disability Assistance
SPECIAL NEED CIRCUMSTANCES:	
EMERGENCY ASSISTANCE	An emergency assistance grant can be provided to any SSI recipient 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 de-institutionalized.
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 for the purchase of food for a guide dog to unemployed blind or deaf persons.
OTHER CIRCUMSTANCES	Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of lost, stolen, or nonreceived SSI checks (subject to recoupment).

MEDICAID

ELIGIBILITY:	
CRITERION	SSI program guidelines (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 does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	North Carolina General statute 108A.40 through 108A.47 and Chapter 111.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Human Services, Division of Social Services ² and Division of Services for the Blind (State-supervised and county-administered).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplementation provided to aged, blind, and disabled persons living in adult care homes. Blind and disabled adults not eligible for SSI may also be supplemented in a private living arrangement. Blind children are eligible for optional supplementation. Disabled children and adults in State institutions for developmental disabilities or mental disease are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	No income is deemed to the spouse at home.
INCOME DISREGARDS	<u>All categories:</u> A \$20 exemption applies to any income including SSI, with the exception of those persons whose income is a Veterans Administration (VA) pension payment or a VA compensation payment to the surviving parent of a veteran. <u>Aged and disabled:</u> For earned income, disregard the first \$65, subtract impairment related work expenses (e.g., equipment) and other work related expenses (e.g., uniforms), and disregard one-half of the remainder. <u>Blind:</u> For earned income, disregard the first \$85 plus one-half of the remainder.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply, except that the value of all household goods and personal effects is excluded.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

² Program providing assistance to aged and disabled persons known as State/County Special Assistance for Adults.

PLACE OF APPLICATION

County offices of the Department of Social Services.

FUNDING

Assistance: 50 percent State funds; 50 percent county funds.
Administration: 100 percent County funds.

INTERIM ASSISTANCE

State participates (in electing counties).

PAYMENT LEVELS ¹

<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>
Adult care home ²				
Basic ³				
(Aged, blind & disabled)	\$982.00	---	\$470.00	---
Disenfranchised ^{5 4 5}				
(Aged & disabled)	1,231.00	---	719.00	---
Blind ineligible for SSI: ⁶				
Not paying shelter and utilities	NA	NA	97.00	⁷ 194.00
Paying shelter and utilities	NA	NA	146.00	⁸ 243.00

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² A \$20 income exemption is allowed. In addition, a \$36 personal needs allowance is included in the optional supplementation.

³ Couples residing in these living arrangements are treated as individuals one month after entering an independent living arrangement.

⁴ Disenfranchised recipients are those who were grandfathered for continued coverage when the basic rate was reduced in August 1995.

The special assistance rate for disenfranchised recipients is now the same for ambulatory and semi-ambulatory, effective July 1, 1999.

⁶ This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.

⁷ If only one member of the couple is blind, payment level is \$146.

⁸ If only one member of the couple is blind, payment level is \$219.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (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 does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION¹

STATUTORY BASIS FOR PAYMENT	North Dakota Century Code Chapter 50-24.
EFFECTIVE DATE	January 1, 1974, county based; September 1, 1994 Expanded Spec; January 1, 1995 Basic Care Program.
ADMINISTRATION ²	State-administered through county social service boards.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Residential and in-home options for the aged, blind, and disabled SSI recipients coverage is limited to persons in licensed basic care facilities, licensed foster homes, or in-home services enabling the recipient to remain at home.
RECOVERIES, LIENS, AND ASSIGNMENTS	State law provides for recovery of supplementation from the estates of former recipients.
RELATIVE RESPONSIBILITY	At option of individual counties.
INCOME DISREGARDS	Cost of guardianship fee of up to 5% of the monthly gross income. Sixty-five dollars plus one-half of the remaining monthly gross earned income. Personal needs allowance of \$45.00.
RESOURCE LIMITATIONS	Federal Medicaid resource limitations apply.
PLACE OF APPLICATION	County social service boards.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ State supplementation program known as Aid to the Aged, Blind and Disabled.

² Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ^{1 2}

<u>Living arrangement</u>	<u>Combined Federal/State</u>		<u>State Supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed basic care Facility ^{3 4}	\$1,628.00	\$3,001.80	\$1,116.40	\$2,232.80

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	County social service boards.
SPECIAL NEED CIRCUMSTANCES	At option of individual counties.
TRANSPORTATION COSTS, MEALS AND LODGING	Twenty-one cent per mile for obtaining medical services if recipient used own car. The cost of meals (\$20 per day) and lodging (up to \$35.00 per day) if verified as related to obtaining approved health services may be granted if the individual is away from home for 24 hours or more.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Basic Care Assistance Program pays a maximum of \$54.83 per day.

² In-home services pay \$30.00 a day or a maximum of \$900.00 monthly.

³ Couples residing in these living arrangements are treated as two individuals.

⁴ The State pays the difference between the basic rate and the SSI payment, or any other income received by a recipient.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	House Bill 694.
EFFECTIVE DATE	July 15, 1982.
ADMINISTRATION ¹	The Department of Aging and the Department of Human Services (State-administered through local area agencies on aging).
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipients living in the arrangements listed under "Payment Levels." Eligibility is also extended to persons who are not SSI recipients. Blind and disabled children under age 18 are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	SSI recipients: SSI cost-of-living increases after July 15, 1982 are disregarded. Earned income disregards apply. Effective January 1, 1997, the disregard is \$200.00 for an individual; \$300.00 for a couple.
RESOURCE LIMITATIONS	Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. The following resources are excluded: household goods; personal effects; one automobile may also be excluded if it meets the following conditions: (1) specially equipped for a disabled person, (2) used for employment, (3) used for medical transportation, or (4) has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource); one burial plot; irrevocable burial contracts (revocable burial contracts are not excluded); life insurance policies with a total face value of \$1,500 or less (if more, the cash surrender value is a countable resource).
PLACE OF APPLICATION	Passport agencies.

¹ Mandatory minimum supplementation is administered by the Social Security Administration.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS ¹

<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>
Adult family/foster home ²	\$968.00	\$1,828.00	\$456.00	\$1,059.00
Adult community mental health housing	768.00	1,428.00	256.00	659.00
Adult community alternative home	968.00	1,828.00	456.00	1,059.00
Adult group home ³	1,068.00	2,028.00	556.00	1,259.00
Adult residential care facility ³	1,068.00	2,028.00	556.00	1,259.00
Adult residential facility	968.00	1,828.00	456.00	1,059.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Includes a personal needs allowance of \$50 per individual, \$100 per couple.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Article XXV of the Constitution of the State of Oklahoma.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional supplement provided to needy aged, blind, and disabled persons living independently. Blind and disabled children are eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregarded.
RESOURCE LIMITATIONS	In addition to Federal income disregards are the value of original Indian allotments, land purchased from allotment proceeds, and land purchased from funds granted the Indian in lieu of original allotment, provided the land is held in trust for the Indian and is held by the original allottee and a prepaid funeral contract when recipient has signed an irrevocable contract up to \$7,500.
PLACE OF APPLICATION	County offices of the Department of Human Services or physician's offices.
FUNDING	Assistance: State funds. Administration: State funds.

¹ State supplementation program known as aid to the aged, blind, and totally and permanently disabled (State AABD). Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State does not participate.

PAYMENT LEVELS ¹

<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>
Living independently	\$565.00	\$875.00	\$53.00	\$106.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:****CRITERION** State guidelines.**DETERMINED BY** State.**MEDICALLY NEEDY
PROGRAM** Program for the aged, blind, and disabled medically needy.**UNPAID MEDICAL
EXPENSES** The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Oregon Revised Statutes 411.120.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Human Resources, Adult and Family Services Division (State-administered in local offices).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI recipient in the living the arrangements listed under "Payment Levels." Blind children are eligible and disabled children are ineligible for State supplementation.
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. Senior and Disabled Services Division may compromise claim by accepting other security or may waive payment when enforcement would be inequitable and would tend to defeat purpose of public assistance law.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregards.
RESOURCE LIMITATIONS	Federal SSI limitations apply except that the transfer of a home may render a person ineligible for a State supplement for up to 30 months, based on the amount of uncompensated value.
PLACE OF APPLICATION	Local offices of Adult and Family Services Division or Senior and Disabled Services Division.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS ¹

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State Individual</u>	<u>Couple</u>	<u>State supplementation Individual</u>	<u>Couple</u>
	Living independently:				
	Aged and disabled	\$513.70	\$769.00	\$1.70	----
	Blind	538.70	794.60	26.70	\$25.60
	Living with an ineligible spouse:				
	Aged and disabled	513.70	N/A	1.70	N/A
	Blind	538.70	N/A	26.70	N/A
	Living with essential person:				
	Blind	794.60	N/A	25.60	N/A
	Living in household of another:				
	Aged and disabled	343.04	512.67	1.70	--
	Blind	368.04	538.27	26.70	25.60
	Adult foster/residential care: ^{2 3}				
	Aged and disabled	513.70	965.40	1.70	196.40
	Blind	538.70	1,015.40	26.70	246.40
	Room and board: ³				
	Aged and disabled	513.70	965.40	1.70	196.40
	Blind	538.70	1,015.40	26.70	246.40

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**Department of Human Resources, Adult and Family Services
Division or Senior and Disabled Services Division.**SPECIAL NEED
CIRCUMSTANCES:**¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Additional costs covered by special service funds.³ Persons with other sources of income are allowed to keep \$70 as a personal needs allowance.

SPECIAL NEED CIRCUMSTANCES (CON.)

CLOTHING FOR EMPLOYMENT

Essential clothing may be provided for a recipient to begin employment if the recipient has been accepted for a job.

CORRECTIVE SHOES

Necessary corrective, orthopedic, or extra sturdy shoes recommended by the recipient's physician.

SPECIAL DIET

Payment for a special diet will be allowed if need has been established by a physician and the recipient maintains housekeeping quarters and is receiving a standard food allowance.

RESTAURANT MEALS

Restaurant meals are allowed in addition to the standard supplemental payments when recipient is unable to prepare meals because of physical or mental disability.

LAUNDRY ALLOWANCES

Laundry allowances are provided when the recipient has no available laundry facilities of any kind or when the recipient is so disabled that he or she cannot do his or her own laundry and there is no other person living in the home who can do it.

TELEPHONE ALLOWANCES

Telephone allowances may be provided when the recipient either:

- 1) lives alone and is housebound,
- 2) lives in a situation so remote that a telephone is essential, or
- 3) needs a telephone to maintain a job.

MAINTENANCE FOR GUIDE DOGS

Payment for food will be made for guide dogs provided to the recipient by the Oregon Commission for the Blind.

MOVING EXPENSES

Moving costs will be provided if it is essential to provide non-hazardous housing for the recipient or if the recipient has been evicted for reasons not attributable to his or her neglect or his or her failure to pay rent or house payments.

HOUSEHOLD EQUIPMENT COSTS

Certain items of household equipment may be purchased or repaired if the recipient is unable to obtain them without cost; a one-time payment of chattel mortgages or sales contracts may be made to prevent repossession if the cost of replacing an essential item exceeds the balance due on the contract.

**SPECIAL NEED
CIRCUMSTANCES (CON.)**

**SHELTER
EXCEPTIONS**

Additional payment for shelter expenses may be made in situations where the recipient has special needs that make it impractical or impossible to rent or continue to purchase adequate housing with current benefit payment.

**TRANSPORTATION
EXPENSES**

Certain transportation expenses may be provided to meet specific needs of recipients.

MEDICAID

ELIGIBILITY:

CRITERION

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Article IV, Section 432(2), and Pennsylvania Public Welfare Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and State Department of Public Welfare.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided to aged, blind, and disabled persons who receive SSI payments or would receive them but for excess income. 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 for domiciliary care and personal care homes where they must be age 18 or older.
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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.

¹ State determines eligibility for domiciliary care and personal care home supplement; Social Security Administration administers all State supplementary payments including mandatory minimum supplementation.

INTERIM ASSISTANCE

State participates.

PAYMENT LEVELS ¹

<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	\$539.40	\$812.70	\$27.40	\$43.70
B	Living in household of another	368.74	556.37	27.40	43.70
C	Living with an essential person ²	812.70	1,094.05	43.70	68.05
D	Living with an essential person in household of another ³	556.37	752.05	43.70	68.05
G	Domiciliary care facility for adults	841.30	1,506.40	329.30	737.40
H	Personal care home	846.30	1,516.40	334.30	747.40

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

State Department of Public Welfare.

SPECIAL NEED CIRCUMSTANCES:**BURIAL EXPENSES**

Up to \$350 in absence of other resources to meet cost.

MOVING EXPENSES

If moving required because of eviction or for health and welfare reasons, up to \$200 may be paid (once in a 12-month period).

MEDICAL TRANSPORTATION EXPENSES

Provides transportation expenses to and from medical appointments for those who need assistance.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Applies only to cases converted from former State assistance programs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (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.

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.
ADMINISTRATION	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients in the living 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

PAYMENT LEVELS ¹

Code	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$576.35	\$889.50	\$64.35	\$120.50
B	Living in household of another	415.94	649.17	74.60	136.50
D	Residential care/assisted living ²	1,094.00	---	582.00	---
E	Medicaid facility	50.00	100.00	20.00	40.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Human Services.

SPECIAL NEED 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 due to an acute or chronic illness.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Adult individuals only.

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.

OPTIONAL STATE SUPPLEMENTATION

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.
EFFECTIVE DATE	July 1, 2000.
ADMINISTRATION	Department of Health and Human Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and other low income individuals who meet the State's net income limitation and live in licensed community/residential-care facilities. Blind and disabled children are not eligible for optional 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	County offices of Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

PAYMENT LEVELS ¹

<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>
	Licensed Residential-Care facility ^{2 3}	\$860.00	----	\$348.00	----

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Represents maximum amount paid; lesser amounts may be paid based on need. Includes a \$39 personal needs allowance.

³ Couples, if any, residing in these facilities are considered 2 individuals.

OPTIONAL STATE SUPPLEMENTATION¹

STATUTORY BASIS FOR PAYMENT	South Dakota Common Law 28-5A-1.
EFFECTIVE DATE	February 1, 1975.
ADMINISTRATION ²	Department of Social Services. State-administered in local offices for assisted living and foster-care home arrangements; State-administered in State office for independent arrangements.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who: 1) live independently and have no other source of income; or 2) have net incomes less than the supplementation levels and live in assisted living facilities or in adult foster-care homes. 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.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	State disregards \$30 of the Federal SSI payment to recipients in assisted living facilities or foster-care homes.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of 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 with no other income.
FUNDING	Assistance: State funds. Administration: State funds.

¹ The Social Security Administration was unable to receive verification from the state for the information included on pages 98 and 99.

² Mandatory minimum supplementation is administered by the Social Security Administration.

**INTERIM
ASSISTANCE**

State does not participate.

PAYMENT LEVELS ¹

<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>
	Living independently	\$527.00	\$784.00	² \$15.00	³ \$15.00
	Assisted living facility ^{3 4}	946.00	----	434.00	----
	Adult foster care ^{4 5}	742.00	----	230.00	----

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Limited to SSI recipients with no other source of income.³ Lesser amounts may be paid depending on cost of care in the facility. State provides an income disregard of \$30 per month of the Federal SSI payment.⁴ Couples residing in these living arrangements are treated as individuals one month after leaving an independent living arrangement.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (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.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory minimum supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	76 th Texas Legislature, HB143
EFFECTIVE DATE	September 1, 1999.
ADMINISTRATION	Department of Human Services.
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients residing in a nursing and ICF/MR Medicaid, or Long Term Care facility whose countable income is less than \$45.00.
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 field offices ¹
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Automatic entitlement based on SSI payments and residence in a nursing and ICF/MR facility.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Medicaid facility ²	\$45.00	N/A	\$15.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for families and children.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Up to \$45.00 may be retained monthly as a personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Appropriation Act for the Department of Social Services, 1978/79.
EFFECTIVE DATE	July 1, 1978.
ADMINISTRATION	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who are living alone or with others. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

PAYMENT LEVELS ¹

<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 or with others	\$512.00	\$773.60	---	\$4.60
B	Living in the household of another	344.47	522.40	\$3.13	9.73

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	V S. A. Title 33, chapter 13, "Aid to Aged, Blind, and Disabled."
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the Agency of Human Services, Department of Social Welfare.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI eligible aged, blind, and disabled individual. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ State Department of Social Welfare administers the State funded program for essential persons. All other optional State supplements are administered by the Social Security Administration.

PAYMENT LEVELS ¹

<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/B	Living independently	\$569.66	\$877.28	\$57.66	\$ 108.28
C	Level III Assistive Community Care services	559.50	863.50	47.25	94.50
E	Living in the household of another	379.72	559.85	38.38	47.18
G	Level IV-Residential Care Home	730.69	1,317.89	218.69	548.89
H	Custodial-Care, Family Home	608.38	1,094.02	96.38	325.02
I	Medicaid facility	47.25	94.50	17.25	34.50
	Living independently with an Essential Person	877.28	1,059.71	365.28	290.71
	Living in the household of another with an ineligible spouse who is Essential Person	569.66	----	228.32	----

EFFECTIVE SEPTEMBER 1, 2000

A/B	Living independently	\$571.04	\$879.88	\$59.04	\$ 110.88
C	Level III Assistive Community Care services	560.38	865.77	48.38	96.77
E	Living in the household of another	380.64	560.98	39.30	48.31
G	Level IV-Residential Care Home	735.94	1,331.06	223.94	562.06
H	Custodial-Care, Family Home	610.69	1,101.82	98.69	332.82
I	Medicaid facility	47.66	95.33	17.66	35.33

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Agency of Human Services, Department of Social Welfare.
SPECIAL NEED CIRCUMSTANCES	Emergency assistance is provided under certain conditions for the following: court-ordered eviction or natural disaster, e.g., fire, flood, or hurricane; emergency medical care; funeral costs; and emergency fuel needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (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 does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Code of Virginia 63.1-106, 63.1-124, 63.1-25.1 ¹
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION ²	Department of Social Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to needy aged, blind, and disabled persons who live in an adult care residence (domiciliary institution) or in approved adult family care homes and who are eligible for SSI benefits or who would be eligible except for excess income. Blind and disabled children are ineligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	When applicable, a disregard for income allotted to the support of children and/or spouse at home is allowed in addition to Federal SSI income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local Departments of Social Services.
FUNDING	Assistance: 80 percent State funds; 20 percent local funds. Administration: 80 percent State funds; 20 percent local funds.
INTERIM ASSISTANCE	State participates.

¹ State supplementation program known as Auxiliary Grants program.

² Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
Adult care residence ²				
Planning district 8 ³	\$960.00	\$1,920.00	\$448.00	\$1,151.00
All other areas	842.00	1,602.00	330.00	833.00
Adult family care: ⁴				
Planning district 8 ⁵	650.00	1,294.00	138.00	525.00
All other areas	574.00	1,142.00	62.00	373.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility. Includes a personal needs allowance of \$57, and a 15% differential in Planning District 8.

³ Planning district 8 includes the counties of Arlington, Loudon, Prince Williams, Fairfax and the city of Alexandria.

⁴ Administered in selected counties, effective August 1982; includes a personal needs allowance which is now \$57.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	State law (Revised Code) of Washington (RCW) 74.04.600 - 74.04.620 and State policy in Washington Administrative Code (WAC) 388-275.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the Department of Social and Health Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	State supplement provided to needy aged, blind, and disabled persons except for: 1) individuals converted from former State assistance programs who have more than one essential person; 2) eligible couples with one or more essential persons; and 3) residents of public emergency shelters for the homeless. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ The State administers payments to SSI recipients in Medicaid facilities. All other State supplements, including mandatory minimum supplementation are administered by the Social Security Administration.

PAYMENT LEVELS ¹

<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 independently: ^{2 3}				
	Area 1	\$539.00	\$790.00	\$27.00	\$21.00
	Area 2	518.55	769.00	6.55	0.00
B	Living with ineligible spouse: ⁴				
	Area 1	679.20	N/A	167.20	N/A
	Area 2	649.25	N/A	137.25	N/A
C	Living in household of another	346.15	517.97	4.81	5.30
F	Living in household of another with ineligible spouse	444.10	N/A	102.76	N/A
G	Living with one essential person: ⁴				
	Area 1	790.00	N/A	21.00	N/A
	Area 2	769.00	N/A	0.00	N/A
H	Living in household of another with one essential person ⁵	517.30	N/A	5.30	N/A
	Medicaid facility ⁵	41.62	83.24	11.62	23.24

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Includes persons in congregate-care group facilities.

³ Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

⁴ Applies only to cases converted from former State assistance programs.

⁵ The State administers payments to SSI recipients in Medicaid facilities.

STATE ASSISTANCE FOR SPECIAL NEEDS

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

**SPECIAL NEED
CIRCUMSTANCES:**

GUIDE DOG Food for seeing eye dog 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.

**WINTERIZING
HOMES** A maximum of \$500.00.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (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.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS²

ADMINISTRATION	Department of Health and Human Resources, Bureau for Children and Families.
SPECIAL NEED CIRCUMSTANCES:	
ADULT FAMILY-CARE HOME	Payment of \$511-\$581 monthly (depending on amount of care required for each recipient) provided on behalf of every aged, blind, or disabled person living in personal-care home who has been approved for SSI or persons not eligible for SSI but are eligible for a state supplement.
PERSONAL-CARE HOME	Payment of \$627 monthly provided on behalf of every aged, blind, and disabled persons living in a personal-care home who has been approved for SSI or is income eligible.
PERSONAL-CARE SERVICES	In August 1996, the Personal Care Services Program was transferred from the Office of Social Services to the Community Care Program in the Bureau for Senior Services. To qualify; aged, blind and disabled persons must be income eligible recipients of SSI, and have a physician certify that they are in need of 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.

¹ State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

² Vendor payments.

SPECIAL NEED CIRCUMSTANCES (CON.)

BURIAL EXPENSES

Up to \$750 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:

CRITERION

SSI program guidelines (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.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Wisconsin Statutes, 49. 77 and 49.775.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	State Department of Health and Family Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to all eligible persons living in the arrangements listed under "Payment Levels." 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. Blind and disabled children are eligible for optional 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 field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the State.

PAYMENT LEVELS ^{1 2}

<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>
	Living independently ³	\$595.78	\$901.05	\$83.78	\$132.05
	Living in household of another	425.12	644.72	83.78	132.05
	Living independently with an ineligible spouse	642.43	N/A	130.43	N/A
	Household of another with ineligible spouse	476.39	N/A	135.05	N/A
	Private nonmedical Group Home or natural residential settings	691.77	1,246.41	179.77	477.41
	Living independently with an Essential person (non-spouse) ⁴	852.78	1,158.05	83.78	132.05
	Household of another with an Essential person (non-spouse) ⁴	595.78	817.39	83.78	132.05
	Living independently with an ineligible spouse who is an Essential person ⁴	899.43	N/A	130.43	N/A
	Household of another with an ineligible spouse who is an Essential person ⁴	647.05	N/A	135.05	N/A

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² A Caretaker supplement is provided for children, 1st child-\$250.00; and \$150.00 for each additional child.

³ Includes individuals in private medical facilities who receive less than 50 percent of cost of care from Medicaid.

⁴ Applies only to cases converted from former State assistance programs.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Health and Family Services, Division of Support Living.

SPECIAL NEED CIRCUMSTANCES State administers special need 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:**

CRITERION SSI program guidelines (title XVI), Wisconsin Statutes Chapter 49.77.

DETERMINED BY Social Security Administration.

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

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Wyoming Statute 42-2-103.
EFFECTIVE DATE	July 1, 1977.
ADMINISTRATION ¹	Department of Family Services, Programs and Policy Division.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	A State supplement is provided to aged, blind, and disabled persons who receive SSI as the sole source of their income, living independently or in household of another. Blind and disabled children may be eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	No application required. State uses computerized information from the Social Security Administration to identify eligible recipients.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<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>
	Living independently	\$521.90	\$794.12	\$9.90	\$25.12
	Living in the household of another	354.75	543.03	13.41	30.36

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other income are allowed to keep \$30 per month as a personal need allowance.

APPENDIX A

Table 1.--Selected features of State supplementation: program administration, passalong, and participation in the Interim Assistance Reimbursement Program (IAR) by State, January 2000

F=Federal; S=State; NR=No recipients; L=Payment levels maintained; E=Total expenditures maintained; Y=Yes; N=No				
State	<u>Administration</u>		Method of Passalong	Participation in IAR program
	Mandatory	Optional		
Alabama	NR	S	L	N
Alaska	S	S	L	Y
Arizona	S	S	L	Y
Arkansas	F	---	L	N
California	F	F	L	Y
Colorado	S	S	E	Y
Connecticut	NR	S	L	Y
Delaware	F	F	L	N
District of Columbia	F	F	E	N
Florida	NR	S	L	Y
Georgia	F	---	L	Y
Hawaii	F	F	L	Y
Idaho	S	S	L	N
Illinois	S	S	L	Y
Indiana	S	S	L	Y
Iowa	F	F/S	E	Y
Kansas	F	---	L	Y
Kentucky	NR	S	L	Y
Louisiana	F	S	L	N
Maine	S	S	E	Y
Maryland	F	S	L	Y
Massachusetts	F	F	L	Y
Michigan	F	F/S	L	Y ¹
Minnesota	S	S	L	Y
Mississippi	F	---	L	N
Missouri	S	S	L	Y
Montana	F	F	L	Y
Nebraska	S	S	E	Y
Nevada	NR	F	L	Y
New Hampshire	S	S	L	Y ¹

APPENDIX A (Con.)

Table 1.--Selected features of State supplementation: administration, passalong, and participation in the Interim Assistance Reimbursement Program (IAR) by State, January 2000

State	<u>Administration</u>		Method of Passalong	Participation in IAR program
	Mandatory	Optional		
New Jersey	F	F	L	Y
New Mexico	S	S	L	Y ¹
New York	F	F/S	L	Y
North Carolina	S	S	L	Y
North Dakota	NR	S	L	N
Ohio	F	S	L	Y
Oklahoma	S	S	E	N
Oregon	S	S	E	Y
Pennsylvania	F	F	L	Y
Rhode Island	NR	F	L	Y ¹
South Carolina	NR	S	L	N
South Dakota	F	S	L	N
Tennessee	F	---	L	Y
Texas ²	NR	S	L	---
Utah	NR	F	L	Y
Vermont	NR	F/S	L	Y
Virginia	S	S	E	Y
Washington	F	F/S	E	Y
West Virginia	---	---	---	---
Wisconsin	S	S	E	Y
Wyoming	S	S	L	N

¹ State participates by providing assistance only to individuals who have SSI applications pending.

² State administered Payments to Title XIX residents effective 12/01/99 retroactive to 09/01/99.

APPENDIX A (Con.)

Table 2.--Selected features of medical programs affecting SSI recipients and the needy by State, January 2000

State	<u>Medicaid eligibility</u>		Medically needy program ³	SSA obtains information on unpaid medical expenses ³
	Criteria ¹	Determination ²		
Alabama	F	F	N	N
Alaska	F	S	N	N
Arizona	F	F	N	Y
Arkansas	F	F	Y	Y
California	F	F	Y	N
Colorado	F	F	N	Y
Connecticut	F/S	S	Y	N
Delaware	F	F	N	Y
District of Columbia	F	F	Y	Y
Florida	F	F	Y	N
Georgia	F	F	Y	N
Hawaii	S	S	Y	N
Idaho	F	S	N	N
Illinois	S	S	Y	N
Indiana	S	S	N	N
Iowa	F	F	Y	Y
Kansas	F	S	Y	N
Kentucky	F	F	Y	Y
Louisiana	F	F	Y	Y
Maine	F	F	Y	Y
Maryland	F	F	Y	Y
Massachusetts	F	F	Y	Y
Michigan	F	F	Y	N
Minnesota	S	C	Y	N
Mississippi	F	F	N	N
Missouri	S	S	N	N
Montana	F	F	Y	N
Nebraska	F	S	Y	N
Nevada	F	S	N	N
New Hampshire	S	S	Y	N

APPENDIX A (Con.)

Table 2.--Selected features of medical programs affecting SSI recipients and the needy by State, January 2000

State	<u>Medicaid eligibility</u>		Medically needy program ³	SSA obtains information on unpaid medical expenses ³
	Criteria ¹	Determination ²		
New Jersey	F	F	Y	Y
New Mexico	F	F	N	N
New York	F	F	Y	N
North Carolina	F	F	Y	N
North Dakota	S	S	Y	N
Ohio	S	S	N	N
Oklahoma	S	S	Y	N
Oregon	F	S	Y	N
Pennsylvania	F	F	Y	Y
Rhode Island	F	F	Y	Y
South Carolina	F	F	N	N
South Dakota	F	F	N	Y
Tennessee	F	F	Y	Y
Texas	F	F	N	Y
Utah	F	S	Y	N
Vermont	F	F	Y	N
Virginia	S	S	Y	N
Washington	F	F	Y	Y
West Virginia	F	F	Y	Y
Wisconsin	F	F	Y	N
Wyoming	F	F	N	Y

¹ F = title XVI criteria; S = State guidelines.

² C = County; F = Federal; S = State.

³ Y = Yes; N = No.

APPENDIX B

Selected features of State supplementation, the Interim Assistance Reimbursement, and Medicaid programs, January 2000

Number of States ¹	Programs
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STATE SUPPLEMENTATION

Number of States providing mandatory/optional supplementation

34	Both mandatory and optional supplementation
5	Mandatory supplementation only
11	Optional supplementation only (no recipients in mandatory supplementation)
1	No supplementation

Mandatory

21	Federal administration
18	State administration
11	No recipients to supplement
1	No mandatory supplementation program

Optional

11	Federal administration
29	State administration
5	Federal/State administration
6	No optional supplementation program

INTERIM ASSISTANCE REIMBURSEMENT PROGRAM

37	Participate in program
12	Do not participate in program
2	Not applicable, no supplementation

MEDICAID PROGRAM

1	County determination of eligibility, State criteria
33	Federal determination of eligibility, Federal SSI criteria
17	State determination of eligibility
7	Federal SSI criteria
10	State criteria

¹ Includes the District of Columbia.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
ALABAMA ^{1 2 3}	959	455	19	485	0
ALASKA	13,262	4,596	99	8,567	0
Living independently	12,210	4,304	90	7,816	0
Living independently with an ineligible spouse	582	151	4	427	0
Living in household of another	399	113	5	281	0
Living in the household of another with an ineligible spouse	4	2	0	2	0
Medicaid facility	67	26	0	41	0
ARIZONA ⁴	2,513	---	---	---	---
Housekeeping	1,953				
Licensed supervisory care home	478				
Adult foster care home/24 hour treatment facility	82				
CALIFORNIA	1,055,690	328,390	19,570	605,760	101,970
A. Independent living with cooking facilities	806,790	274,330	17,680	494,680	20,100
B. Non-medical out-of-home care	61,310	8,250	600	46,230	6,230
C. Independent living without cooking facilities	36,150	4,100	0	31,790	260
D. Living in the household of another	62,910	37,320	1,100	22,700	1,790
E. Disabled minor in parents home	69,720	0	0	0	69,720
F. Non-medical out-of-home care in the household of another	2,350	420	0	1,650	280
G. Disabled minor in the household of another	1,770	0	0	0	1,770
J. Medical facility	14,690	3,970	190	8,710	1,820

¹ The state provides assistance to certain grandfathered, non-SSI recipients who meet state eligibility criteria.

² Data by living arrangement is not available.

³ Data by living arrangement and eligibility category is not available.

⁴ Data presented here is for 1999, SSA was unable to obtain data for 2000.

APENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
COLORADO	28,805	17,876	20	10,909	0
Living independently	21,773	14,568	8	7,197	0
Adult foster care	202	33	0	169	0
Home care	5,895	3,275	12	2,608	0
CONNECTICUT	25,129	7,072	140	17,917	0
Independent community living	20,557	5,695	92	14,770	0
Licensed room and board facility	4,588	1,393	48	3,147	0
DELAWARE	627	9	33	515	70
A. Living in an adult residential care facility					
DISTRICT OF COLUMBIA	1,740	190	20	1,470	60
A. Adult foster care home (50 beds or less)	790	60	0	73	0
B. Adult foster care home (over 50 beds)	30	10	10	10	0
G. Medicaid facility	920	120	10	730	60
FLORIDA ⁵	14,512	163	0	217	0
Community care programs					
Adult family care home	380	163	0	217	0
Assisted living facility	9,234	4,138	5	5,091	0
Medicaid facility	4,898	2,539	5	2,354	0
HAWAII	18,590	6,290	180	10,580	1,520
A. Living independently	16,520	5,860	160	8,980	1,520
H. Domiciliary care (1 to 5 beds)	1,950	360	20	1,550	20
I. Domiciliary care (6 or more beds)	120	70	0	50	0

¹ Data also includes other needy or grandfathered recipients deemed eligible for optional supplementation by the state.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
IDAHO	10,334	2,256	33	7,363	682
Living independently with others or with an essential person	8,892	1,941	29	6,334	588
Room and board facilities	367	80	1	262	24
Residential and assisted living facility	934	204	3	727	0
Certified family home	95	21	0	74	0
Semi-independent group residential facility	46	10	0	36	0
ILLINOIS	34,904	6,828	161	27,897	18
Living independently	34,369	6,771	149	27,428	18
Room and board	95	22	0	73	0
Residential facility	443	35	12	396	0
INDIANA ¹	1,460	716	4	740	0
Licensed residential facility					
IOWA	5,461	---	---	---	---
A. Living independently	760	0	690	0	70
B. Living in the household of another	10	0	0	0	10
C. Living with a dependent person	858	133	13	712	0
Residential care ²	3,135				
In-home health care ²	1,468				
KENTUCKY ²	5,028	2,265	41	2,722	0
Personal care facility	4,001				
Family care home	304				
Caretaker in home	723				
LOUISIANA	5,451	---	---	---	---
Medicaid facilities					

¹ Data also includes other needy or grandfathered recipients deemed eligible for optional supplementation by the state.

² Data by eligibility category is not available.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
MAINE ¹	33,523	7,066	150	26,307	0
Living alone or with others					
Living in the household of another					
Foster home					
Flat rate boarding home					
Cost reimbursement boarding home					
Medicaid facility					
MARYLAND ²	2,920	---	---	---	---
Care home					
Minimal supervision	641				
Moderate supervision	2,080				
DOMCARE	199				
MASSACHUSETTS	167,783	46,037	4,331	97,063	20,352
A. Living independently	80,981	28,388	1,652	45,597	5,344
B. Shared living expenses	70,354	11,351	1,997	43,378	13,628
C. Living in the household of another	10,624	2,787	513	6,187	1,137
E. Licensed rest home	2,223	1,517	14	692	0
F. Medicaid facility	3,041	1,472	144	1,181	244
G. Assisted living	560	522	11	27	0
MICHIGAN ³	211,042	---	---	---	---
Living independently or in the household of another	191,852				
D. Domiciliary care facility	30	0	0	10	20
E. Personal care home	15,090	760	80	13,390	860
F. Home for the aged	1,140	480	0	660	0
I. Medicaid facility	2,120	380	10	1,600	130

¹ Data by living arrangement is not available.

² Data by eligibility category is not available.

³ Includes 810 recipients not distributed by category.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
MINNESOTA	35,853	8,087	171	27,595	0
Living independently	24,513	6,809	123	17,581	0
Non-medical, group residential facility	9,545	765	27	8,753	0
Medicaid facility	1,795	513	21	1,261	0
MISSOURI	8,440	3,129	841	4,471	0
Licensed residential care facility I	2,129	781	0	1,328	0
Licensed residential care facility II	4,495	2,021	1	2,973	0
Licensed intermediate care/skilled nursing	477	327	0	150	0
Aid to the blind	840	0	840	0	0
MONTANA	866	27	6	739	114
G. Personal care facility	58	15	0	43	0
H. Group home for the mentally disabled	36	1	0	35	0
I. Community home for the physically or developmentally disabled	510	11	3	479	17
J. Child and adult foster care	219	0	2	120	97
K. Transitional living service for the developmentally disabled	63	0	1	62	0
NEBRASKA ¹	5,404	1,148	40	4,207	0
Living independently	3,316	612	27	2,677	0
Room and board	38	7	0	31	0
Licensed assisted living facility	848	211	5	632	0
Certified adult family home	130	22	1	107	0
Center for the developmentally disabled	430	35	4	391	0
Licensed group home for children/ caring agencies	9	0	0	0	9
Medicaid facility	622	261	3	358	0

¹ Data also includes other needy or grandfathered recipients deemed eligible for optional supplementation by the state.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
NEVADA	6,910	6,210	520	130	50
Living independently	5,830	5,190	480	130	30
Living in the household of another	650	590	40	0	20
Domiciliary care facility	430	430	0	0	0
NEW HAMPSHIRE	6,693	1,443	209	5,041	0
Living independently	5,253	1,102	145	4,006	0
Living with an essential person	1	0	0	1	0
Residential care facility for adults	178	123	5	50	0
Enhanced family care facility	620	77	32	511	0
Community residence:					
Non-subsidized	493	38	21	434	0
Subsidized	1	0	0	1	0
Medicaid facility	147	103	6	38	0
NEW JERSEY	142,690	33,460	970	83,690	24,570
A. Licensed residential facility	6,280	550	10	5,290	430
B. Living alone or with others	109,690	22,440	790	65,020	21,440
C. Living with an ineligible spouse or an essential person	5,110	2,260	20	2,830	0
D. Living in the household of another	17,310	7,160	140	7,940	2,070
G. Medicaid facility	4,300	1,050	10	2,610	630
NEW MEXICO ¹	191	---	---	---	---
Licensed adult residential care facility					
NEW YORK ²	595,250	138,220	2,780	371,370	82,880
A. Living alone	313,000	100,470	1,630	207,670	3,230
B. Living with others	202,500	18,240	790	109,910	73,560
C. Congregate care I	6,200	490	20	5,180	510
D. Congregate care II	34,310	5,380	100	27,720	1,100
E. Congregate care III	320	0	0	310	10
F. Living in the household of another	24,920	10,024	100	11,860	2,720
G. Medicaid facility	13,970	3,400	140	8,700	1,730

¹ Data not available by eligibility category.

² Includes 9,037 recipients who receive an additional \$20 supplement from the state.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
NORTH CAROLINA ¹	21,905	12,543	154	9,208	0
Basic:	21,863	12,510	154	9,199	0
Disenfranchised, ambulatory	10	6	0	4	0
Disenfranchised, semi-ambulatory	32	27	0	5	0
NORTH DAKOTA	435	356	0	107	0
Licensed basic care facility					
OHIO ²	2,635	---	---	---	---
Adult foster care	150				
Adult family home	466				
Apartment or room	1				
Community alternative home	10				
Group home	1,345				
Residential care facility	668				
OKLAHOMA	71,067	22,371	491	39,230	8,975
Living independently					
OREGON	22,826	2,877	2,190	19,379	0
Living independently	19,427	1,699	1,970	17,307	0
Living in the household of another Adult foster care/residential care home	1,232	549	150	623	0
	2,167	629	0	1,449	0
PENNSYLVANIA	269,090	35,920	2,190	180,840	50,140
A. Living alone	248,450	30,600	1,970	167,150	48,730
B. Living in the household of another	7,870	1,260	150	5,180	1,280
C. Living with an essential person	10	0	0	10	0
G. Domiciliary care facility for adults	1,420	170	10	1,190	50
H. Personal care boarding home	11,340	3,890	60	7,310	80

¹ Data also includes other needy or grandfathered recipients deemed eligible for optional supplementation by the state.

² Data not available by eligibility category.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
RHODE ISLAND	26,490	4,890	180	17,570	3,850
A. Living alone	24,720	4,170	160	16,670	3,720
B. Living in the household of another	820	280	10	450	80
D. Shelter care facility	480	320	0	160	0
E. Medicaid facility	470	120	10	290	50
SOUTH CAROLINA	3,872	2,166	19	1,687	0
Licensed residential care facility					
SOUTH DAKOTA ¹	3,605	---	---	---	---
Living independently	3,265				
Assisted living facility	299				
Adult foster care	41				
TEXAS ¹	11,263	---	---	---	---
Medicaid facility					
UTAH	1,550	320	0	1,030	200
A. Living alone or with others	640	260	0	380	0
B. Living in the household of another	910	60	0	650	20
VERMONT	12,710	1,560	200	9,360	1,590
A/B. Living independently	10,870	1,360	170	7,890	1,450
C. Living in the household of another	240	80	10	150	0
E. Level III residential care home	130	0	0	100	30
G. Level IV residential care home	350	60	0	280	10
H. Custodial care family home	950	20	20	810	100
I. Medicaid facility	170	40	0	130	0
Recipients with an essential person	453	---	---	---	---

¹ Data not available by eligibility category.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 2000 (Con)

State/Living arrangement	Number of persons receiving payments				
	Total	Aged	Blind	Disabled	
				Adults	Children
VIRGINIA	6,038	2,774	16	3,248	0
Adult care residence	5,949	2,737	14	3,198	0
Adult family home	89	37	2	50	0
WASHINGTON	96,581	---	---	---	---
A. Living independently	87,695	11,772	807	75,116	0
B. Living with an ineligible spouse	5,100	740	82	4,278	0
C. Living in the household of another Medicaid facility	1,328 2,458	417 ---	17 ---	874 ---	0 ---
WISCONSIN	98,739	13,252	917	61,806	20,217
Living independently	67,184	9,709	522	38,823	18,130
Living in the household of another	3,578	390	69	2,536	583
Living independently with an ineligible spouse	5,660	501	68	5,091	0
Living in the household of another with an ineligible spouse	50	10	0	40	0
Private non-medical group home or natural residential setting	19,719	2,642	258	15,318	1,501
Living independently with an essential person	1	0	0	1	0
WYOMING¹	2,635	---	---	---	---
Living independently	240				
Living in the household of another	130				

¹ Data by living arrangement and eligibility category is not available.

APPENDIX D

FEDERAL AND STATE LIVING ARRANGEMENTS¹

DEFINITIONS OF PAYMENT CODES

<u>Code²</u>	<u>Description</u>
A	<p>Includes eligible persons who:</p> <ol style="list-style-type: none">1) live in their own household whether or not receiving in-kind support and maintenance (ISM);2) live in a foster or family care situation;3) have no permanent living arrangement such as a transient;4) live in an institution (excludes 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; or5) live alone or with a child, spouse, or persons whose income may be deemed to them. <p>Also includes eligible persons for whom codes B, C, and D do not apply.</p>
B	<p>Includes eligible persons who:</p> <ol style="list-style-type: none">1) 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; and2) receive food and shelter from within that household. <p>Code A payment standard is reduced by one-third.</p>
C	<p>Includes eligible children under age 18 who live in the same household as their parents (i.e., deeming applies). Payment standard is the same as in code A.</p>
D	<p>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.</p>

¹ States which are not included in this appendix either do not have optional supplementation programs or did not provide definitions of their living arrangements.

² Definitions of living arrangements with payment codes are for federally administered States only.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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ALABAMA

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

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

Cerebral palsy treatment center--A domiciliary care facility for the treatment of cerebral palsy, which is licensed by the State Health Department.

ALASKA

Living independently--Includes eligible persons who:

- 1) live alone in their own household, whether or not receiving in-kind support and maintenance;
 - 2) live alone or with a minor child, spouse, or anyone else whose income is deemed available to them;
 - 3) live in an adult residential care facility, a medical institution, or adult foster care home;
 - 4) live in a household in which all members receive Federal or State public assistance;
 - 5) live in a household of another and pay at least a prorata share of the household expenses;
- or
- 6) live in a household of another where the eligible person or deemor has an ownership interest in the home or is liable to the landlord for any part of the rent.

In the household of another--Includes eligible persons who:

- 1) live in another's household for a full calendar month, except for temporary absences; and
- 2) receive both food and shelter from that person.

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

ARIZONA

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.

Licensed supervisory care home--Provides accommodations, board and general supervision including assistance in the self-administration of prescribed medication.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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ARIZONA (Con.)

Adult foster care--Homes are certified on a county basis in Maricopa and Pima counties and by the Department of Human Services elsewhere. These homes provide supervisory care and assistance with daily living services to four or fewer people.

Twenty-four-hour treatment facility--Residential care facilities, licensed by the State Department of Health Services, which provide 24-hour treatment to the chronically mentally ill.

CALIFORNIA

- | | |
|---|---|
| A | <p><u>Independent living with cooking facilities</u>--Includes recipients who:</p> <ol style="list-style-type: none">1) live in their own household and have cooking and food storage facilities, or are provided meals as part of the living arrangement;2) are patients in private medical facilities licensed by the State but not certified under SSI;3) are blind children under age 18 who live with parents; or4) are blind and live independently with or without cooking and food storage facilities. |
| B | <p><u>Nonmedical out-of-home care (NMOHC)</u>--Includes adult recipients who are in Federal code A 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:</p> <ol style="list-style-type: none">1) blind and residing in a State licensed NMOHC facility;2) blind and residing in the home of a relative who is not his/her parent or legal guardian/conservator;3) disabled and residing in a state licensed NMOHC facility;4) disabled and residing in the home of a legal guardian/conservator who is not his/her relative;5) disabled and residing in the home of a relative who is not his/her parent;6) blind or disabled and residing in a "certified family home." |
| C | <p><u>Independent living without cooking facilities</u>--Includes aged or disabled recipients or couples who are not provided meals nor given access to adequate cooking/food storage facilities as part of their living arrangements.</p> |
| D | <p><u>Living in the household of another</u>--Includes recipients in Federal code B who do not qualify for any other State arrangement.</p> |
| E | <p><u>Disabled minor in home of parent</u>--Includes disabled children under age 18 who reside with a parent.</p> |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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CALIFORNIA (Con.)

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|---|---|
| F | <u>Nonmedical out-of-home care, living in the household of another</u> --Includes recipients who meet the State criteria for nonmedical out-of-home care payments and are in Federal code B. |
| G | <u>Disabled minor in the household of another</u> --Includes disabled children under age 18 who reside with a parent and are in Federal code B. |
| J | <u>Medicaid facility</u> --Includes recipients in Federal code D. Also includes recipients in medical facilities who are in Federal code A based on their eligibility under Section 1611 (e)(1)(E). |

COLORADO

Living independently--Includes recipients who are in Federal code A or B, meet the State eligibility requirements, and do not qualify for other State arrangements.

Adult foster care--Includes recipients who are in Federal code A and are residing in an approved supervised living facility known as an adult foster home.

Home care--Includes recipients who receive care in their own homes from qualified personnel and who would otherwise be in nursing homes if this care were unavailable.

Individual with essential spouse--Includes recipients who are living with a spouse who is rendering services which would have to be provided if these recipients were living alone.

CONNECTICUT

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

DELAWARE

- | | |
|---|--|
| A | <u>Adult residential care facility</u> --Includes those recipients who are certified by the Delaware Department of Health and Social Services, as residents of an adult residential care home. |
|---|--|

DISTRICT OF COLUMBIA

- | | |
|---|---|
| A | <u>Adult foster care home (50 beds or less)</u> --Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with 50 or fewer residents. |
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APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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DISTRICT OF COLUMBIA (Con.)

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|---|---|
| B | <u>Adult foster care home (over 50 beds)</u> --Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care home with more than 50 residents. |
| G | <u>Medicaid facility</u> --Includes recipients in Federal code D. |

FLORIDA

Adult family care home--Serves one to three persons, aged 18 or older.

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

Medicaid facility--Includes recipients in Federal code D.

HAWAII

- | | |
|---|---|
| A | <u>Living independently</u> --Includes recipients living in their own households, in halfway houses (i.e., private nonmedical facilities with which the State has purchase or services agreements for the short-term care of certain needy individuals), or in private medical facilities certified under SSI but where SSI does not pay more than 50 percent of the cost of care. Includes recipients in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). Also includes blind or disabled children under age 18 living in their parents' household. |
| H | <u>Domiciliary care I</u> --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. Domiciliary Care I recipients reside in a facility licensed by the State for less than six residents. |
| I | <u>Domiciliary care II</u> --Same as H except level II recipients reside in a facility licensed by the State for six or more residents. |

IDAHO

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

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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IDAHO (Con.)

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 which would have to be provided for the recipients if they lived alone.

Licensed adult residential care home--A facility providing a home with continuous protective oversight and 24-hour supervision and facilities for three or more persons not related to the owner who need personal care, assistance, or supervision either for sustaining activities of daily living or for self-protection. An adult residential care home is required to be licensed under State law.

Adult foster care--A family home in which not more than two adults are placed. These adults are unable to reside in their own homes and require help in their daily living as well as protection, security, and encouragement toward independence.

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 3 nor more than 8 developmentally disabled and/or mentally ill persons not requiring direct supervision.

INDIANA

Licensed residential facility--Includes recipients who reside in facilities licensed by the Indiana State Department of Health and approved for participation in the Room and Board Assistance program by the Indiana Family and Social Services Administration. These residential facilities can be publicly or privately owned; for profit or not-for-profit.

IOWA

- | | |
|-----|--|
| A | <u>Living independently (blind only)</u> --Includes all blind recipients who are not included under another arrangement, do not have an essential person (EP), and are not otherwise ineligible for supplementation. |
| B | <u>Living in the household of another (blind only)</u> --Includes all blind recipients who are in Federal code B, are not included under another State arrangement, do not have an essential person, and are not otherwise ineligible for supplementation. |
| C/H | <u>Living with a dependent person</u> --Includes a recipient in Federal code A, B, or C who has an ineligible spouse, parent, child, or adult child living in the home with him or her, and who is |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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IOWA (Con.)

financially dependent upon the eligible individual as defined by the State Department of Human Services.

D/I	<u>Living in a family life or boarding home</u> —Includes recipients in Federal Code A who reside in a family life home or boarding home licensed by the State Department of Health or certified by the State Department of Human Services.
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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 and/or nursing care 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.

KENTUCKY

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/recreational activities.

Family care home--Includes recipients in residential accommodations limited to two or three people 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.

LOUISIANA

Medicaid facility--Includes those recipients in Federal code D who reside in nonpsychiatric medicaid facilities.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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MAINE

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

- 1) an individual living in his/her own household with no other person except an ineligible spouse;
- 2) a couple living in their own household;
- 3) a person in a medical facility where Medicaid does not pay more than 50 percent of the cost of care;
- 4) a person in a medical facility who is in Federal code A on the basis of his eligibility under Section 611(e)(1)(E);
- 5) a person in a private-pay facility or private-pay portion of a licensed boarding home; or
- 6) an individual or couple living with other persons but not considered to be living in the household of another.

Living in the household of another--Includes all recipients in Federal code B.

Living in a foster home--Includes recipients residing in an adult foster home.

Living in a flat rate boarding home--Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement at a flat rate..

Living in a cost reimbursement Boarding Home--Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement based on cost.

Medicaid facility--Includes recipients in Federal code D.

MARYLAND

Care home, 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, 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, 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, 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.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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MARYLAND (Con.)

DomCare--Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

MASSACHUSETTS

- A Living independently--Includes recipients who live:
- 1) alone;
 - 2) only with an eligible spouse;
 - 3) with an eligible spouse and with ineligible children who do not receive income maintenance payments; or
 - 4) with an ineligible spouse and/or ineligible children none of whom receive income maintenance payments.
- Also includes recipients in Federal code C who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are in Federal code A or C and pay at least two-thirds of the household expenses. In addition, recipients living in public congregate housing developments are included.
- B Shared living expenses--Includes recipients who are in Federal code A or C and do not meet the criteria for State living arrangement A or E. As such, it 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 in other facilities which do not meet the criteria for State living arrangement A or E. It also includes: 1) 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 2) transients, the homeless, and residents of public emergency shelters.
- C Living in the household of another--Includes recipients in Federal code B.
- E Licensed rest home--Includes recipients residing in a licensed rest home which has a provider agreement with the State.
- F Medicaid facility--Includes recipients in Federal code D.
- G Assisted living--Includes recipients residing in nonpublic subsidized assisted living facilities, which have been registered with the State.

MICHIGAN

Living independently--Includes all eligible recipients who are not included in any other State

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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MICHIGAN (Con)

arrangement. Recipients residing in SSI 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 are included in this arrangement.

Living in the household of another--Includes recipients with no essential person who are in Federal code B.

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

E Personal care--Includes recipients residing in licensed nonmedical facilities which 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.

H Living in the household of another with an essential person--Includes recipients with an essential person who are in Federal code B. Children under age 18 are excluded.

I Medicaid facility--Includes recipients in Federal code D.

MINNESOTA

Living independently--Includes recipients who are solely responsible for paying costs connected with their home or apartment, and persons eligible for Medicaid home and community based service waivers, or at risk of placement 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 in Federal code D.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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MISSOURI

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

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

Licensed intermediate care or skilled nursing home--Residents must meet State income and resource guidelines. Custodial plus medical care provided.

MONTANA

- | | |
|---|--|
| G | <p><u>Personal care</u>--Facilities that provide 24 hour personal care services to 5 or more persons who are not in need of skilled nursing care. Personal care services include help with eating, walking, dressing, bathing, etc. It also includes supervision, local transportation, and protective oversight. These facilities must be licensed by the Department of Public Health and Human Services. Residents must:</p> <ol style="list-style-type: none">1) be 18 years of age or older;2) be ambulatory;3) not be incontinent; and4) not need chemical or physical restraints. |
| H | <p><u>Group home for mentally disabled (ill)</u>--Provides residential services to mentally disabled persons in the community. Must have current license from Department of Public Health and Human Services.</p> |
| I | <p><u>Community home for physically or developmentally disabled</u>--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.</p> |
| J | <p><u>Child and adult foster care</u>--A children's foster home is a licensed home that provides care to a child. An adult foster home is a licensed home which provides personal and/or custodial care to disabled adults or aged persons.</p> |
| K | <p><u>Transitional living services for the developmentally disabled</u>--This is a program that provides an intermediate step between the group home and independent living. It consists of persons living in congregate apartments with some staff supervision. Staff provides assistance in such areas of daily living as cooking, shopping, and cleaning.</p> |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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NEBRASKA

Living independently--Includes recipients in Federal code A.

Living with an essential person--Applies to recipients who are living independently and were converted from the December 1973 State rolls with an essential person who has continued to live in the household.

Room and board facility--Includes only recipients in Federal code B.

Certified adult family home--A residential living unit, which 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 are in need of supervision. These homes are certified by the social services unit in the local offices of the Department of Social Services.

Licensed assisted living facility--These facilities provide accommodation and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to 4 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.

Licensed group home for children--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.

Medicaid facility--Includes recipients in Federal code D.

NEVADA

- | | |
|---|---|
| A | <u>Living independently</u> --Includes aged and blind recipients who live in their own households 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' households. |
| B | <u>Living in the household of another</u> --Includes aged and blind recipients who are in Federal code B. |
| C | <u>Domiciliary care</u> --Includes aged and blind recipients who live in private nonmedical facilities |

APPENDIX D (Con.)
LIVING ARRANGEMENTS BY STATE

Code **Description**

NEVADA (Con)

or in residential facilities serving 16 or fewer persons, which provide personal care and services to aged, infirm, or handicapped adults who are unrelated to the proprietor.

NEW HAMPSHIRE

Living independently--Includes all adult recipients in Federal codes A and B who are not included in any other State living arrangement. Also includes blind children in Federal codes A, B, and C.

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

Residential care facility for adults--Facilities which provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone, yet 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 the primary daily support is provided by members of the host family.

Community residences--Facilities which provide 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 Developmental Services.

Medicaid facility--Includes recipients in Federal code D.

NEW JERSEY

- A Congregate care--Includes recipients in; Residential Health Care Facilities, Assisted Living Residences, and/or Comprehensive Personal Care Homes licensed by the Department of Health. It also includes recipients in Residential Facilities for children and adults under the supervision of and/or placement by the Division of Developmental Disabilities or the Division of Youth and Family Services and approved by the Department of Human Services.
- B Living alone or with others--Includes all recipients in Federal living arrangement A or C who do not meet the definitions of other State living arrangements. Includes persons

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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NEW JERSEY (Con)

in the Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services; as well as Room and Board Facilities licensed by the Department of Community Affairs. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).

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|---|---|
| C | <u>Living alone with an ineligible spouse</u> --Applies to recipients who live with their ineligible spouses only or with ineligible spouses and foster children only. |
| C | <u>Living with an essential person</u> --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 | <u>Living in the household of another</u> --Includes all recipients in Federal code B. |
| G | <u>Medicaid facility</u> --Includes all recipients in Federal code D. |

NEW MEXICO

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

NEW YORK

- | | |
|---|--|
| A | <u>Living alone</u> --Includes recipients living either alone, with foster children, with an authorized homemaker, or with a family care home placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for room and board or preparing their meals separately. |
| B | <u>Living with others</u> --Includes recipients who reside in a dwelling with others and either:
1) prepare food in common with at least one other person in the dwelling;
2) are members of a religious community; or
3) are children who have not been included in State living arrangement C or D. |
| C | <u>Congregate care I</u> --Includes recipients in non-medical 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 the State Department of Health, 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 |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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NEW YORK (Con.)

certification of placement by a local office of the Department of Social Services or an office of the State Department of Mental Hygiene.

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|---|--|
| D | <u>Congregate care II</u> --Includes recipients in residential facilities who are aged or have mental disabilities. Facilities at this level are certified adult care facilities and certified, privately operated facilities for the mentally ill or developmentally disabled which provide care and services that enable residents to continue to live in the community. |
| E | <u>Congregate care III</u> --Includes recipients in non-medical privately operated, State certified, nonmedical, residential facilities which are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled individuals. |
| F | <u>Living in the household of another</u> --Includes all recipients in Federal code B. and for New York State purposes is considered part of the living with others living arrangement. |
| G | <u>Medicaid facility</u> --Includes all recipients in Federal code D. An additional State-administered supplement is provided to those recipients in Federal code D who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (e.g., nursing homes). |

NORTH CAROLINA

Adult care home--Includes recipients who are fully mobile and do not need the continuing help of staff members as well as recipients who need and use the assistance of wheelchairs, walkers, or staff members to walk on a regular basis.

NORTH DAKOTA

Licensed basic care facility—Includes recipients in room and board facilities with five or more individuals who because of impaired capacity for independent living require health, social, or personal care services, but do not require regular 24-hour medical or nursing services.

Adult family foster care—Includes recipients who reside in licensed adult family foster homes providing care to less than five persons. These adults are unable to reside in their own homes and require help in their daily living as well as protection, security, and encouragement toward independence.

In home services—Include recipients who receive care in their own homes from qualified personnel and who would otherwise be in nursing homes if this care was unavailable.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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OHIO

Adult 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/personal care services for at least three of these adults.

Apartment or room--Includes recipients who are being provided community mental health housing services and is certified by the Department of Mental Health and approved by a board of alcohol and drug addiction, mental health services.

Adult community alternative home--(Under Adult Community Mental Health Housing) Includes recipients who have Acquired Immune Deficiency 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 which provides room and board for six to sixteen adults and also provides supervision and personal care services to at least three of these adults.

Adult residential care facility--Includes recipients residing in homes licensed by the Department of Health which 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.

OKLAHOMA

Living independently--Includes recipients in Federal codes A, B and C, except those in nursing homes or hospitals

OREGON

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

Living with an ineligible spouse--Includes a recipient living with his/her ineligible spouse.

Living with an essential person--Includes a recipient living in his/her own household with an essential person.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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OREGON (Con)

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

Adult foster care--Homes or other facilities that include board and room and 24-hour care and service for five or fewer elderly or disabled persons who are aged 18 or older.

Residential care--Facilities of one or more buildings on contiguous property that provide 24-hour care and service to six or more persons age 16 or older.

Room and board--Facilities that provide meals and housing in exchange for financial or other compensation.

PENNSYLVANIA

- | | |
|---|---|
| A | <u>Living alone</u> --Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where SSI 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 in Federal codes A and C not meeting the definitions of other State arrangements. Includes persons in medical facilities who are in Federal code A based on their eligibility under Section 1611(e)(1)(E). |
| B | <u>Living in the household of another</u> --Includes recipients who do not have an essential person (EP) and are in Federal code B. |
| C | <u>Living with an essential person</u> --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 EP's. |
| D | <u>Living in the household of another with an essential person</u> --Includes recipients who live in the household of another and have one or more essential person's. |
| G | <u>Domiciliary care facility for adults</u> --Includes adult recipients (aged 18 or older) certified by the State to be residing in nonmedical residential care facilities. |
| H | <u>Personal care boarding home</u> --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. |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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RHODE ISLAND

- | | |
|---|---|
| A | <u>Living alone</u> --Includes recipients who are in Federal codes A and C. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). |
| B | <u>Living in the household of another</u> --Includes recipients who are in Federal code B. |
| D | <u>Adult residential care/assisted living</u> --Includes adult recipients who are in Federal code A and reside in a licensed shelter care facility. |
| E | <u>Medicaid facility</u> --Includes all recipients in Federal code D. |

SOUTH CAROLINA

Licensed 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 care facility must:

- 1) be licensed by the Department of Health and Environmental Control;
- 2) provide care to two or more adults for a period exceeding 24 consecutive hours; and
- 3) provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.

SOUTH DAKOTA

Living independently--Includes all recipients in Federal codes A and C who are eligible for State supplementation and are not included under another State living arrangement.

Assisted Living/adult Foster-Care Home--Includes recipients residing in facilities or homes which meet State licensing or certification requirements and provide personal care environments. A personal care environment provides personal care and services in addition to food, shelter, and laundry to recipients who are not in need of 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.

TEXAS

Medicaid facility--Includes those recipients in Federal code D who reside in long term Medicaid nursing and ICF/MR facilities.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

<u>Code</u>	<u>Description</u>
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UTAH

- | | |
|---|--|
| A | <u>Living alone or with others</u> --Includes couples in Federal codes A. |
| B | <u>Living in the household of another</u> --Includes recipients in Federal code B. |

VERMONT

- | | |
|-----|---|
| A/B | <u>Living independently</u> --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 | <u>Assistive community care/licensed community home with Assistive Community Care (Level III)--(Effective July 1, 1999)</u> Any individual who resides in a Level III Residential Care Home that is certified by the Department of Disabilities and Aging (DAD) to provide Assisted Community Care Services. |
| E | <u>Living in the household of another</u> --Includes recipients in Federal code B who are not otherwise exempted from State supplementation. |
| G | <u>Level IV-residential care home</u> --Includes recipients living in Level IV Community Homes identified by the State. |
| H | <u>Custodial-Care: Family Home</u> --Includes recipients who are in Federal code A, 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, occasional tray service and/or 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 | <u>Medicaid facility</u> --Includes recipients in Federal code D.

<u>Living independently with an essential person</u> --Includes eligible individuals living in their own homes with an ineligible spouse, parent, or other caretaker who meets the State's definition of providing essential care and maintenance.

<u>Living in the household of another with an ineligible spouse who is an essential</u> |

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

Code **Description**

VERMONT (Con)

person--Includes eligible individuals in Federal code B who live with an ineligible spouse who is an essential person.

Level III residential care home--(State-administered effective July 1, 1999) Includes recipients living in Level III Community Homes identified by the State.

VIRGINIA

Adult care residence--Must be licensed. Four or more person receive care.

Adult family care--A foster care type arrangement. No more than three person; usually only one person. No license required, but approval by local department of social services is required.

WASHINGTON

- A Living independently--Applies to recipients in Federal living arrangement codes A or C, unless they are living with an ineligible spouse or temporarily residing in a medical institution.
- B Living with an ineligible spouse--Applies to recipients who are living independently with a spouse who does not qualify for SSI payments.
- C Living in the household of another--Applies to recipients in Federal living arrangement code B unless they are living with an ineligible spouse or temporarily residing in a medical institution.
- F Living in the household of another with an ineligible spouse--Includes recipients in Federal living arrangement code B who have an ineligible spouse.
- G Living with one essential person--Includes recipients who live alone, are the head of their household, and were converted from the December 1973 State welfare rolls with an essential person who has continued to live in the household.
- H Living in the household of another with one essential person--Includes recipients, converted from the December 1973 State welfare rolls, who are living in the household of another with an Essential Person who has continued to live in the household.

Medicaid facility--Includes recipients in Federal living arrangement code D.

APPENDIX D (Con.)

LIVING ARRANGEMENTS BY STATE

Code **Description**

WISCONSIN

Living independently--Includes recipients living in their own households, in private medical treatment facilities and receiving 50 percent or less of the cost of care from SSI, or in nonmedical institutions. Also includes persons in medical facilities who are in Federal living arrangement code A on the basis of their eligibility under Section 1611(e)(1)(E).

Living in the household of another--Includes recipients in Federal living arrangement code B.

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

Living in the household of another with an ineligible spouse--Includes recipients in Federal living arrangement code B who have an ineligible spouse.

In private nonmedical group home or natural residential settings--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.

Living independently with an essential person--Includes recipients living in their own households with an essential person who is not a spouse.

Living in the household of another with an essential person--Includes recipients in Federal code B who have an essential person who is not a spouse.

Living independently with an ineligible spouse who is an essential person--Includes recipients living in their own households with an essential person who is an ineligible spouse.

Living in the household of another with an ineligible spouse who is an essential person--Includes recipients in Federal living arrangement code B who have an essential person who is an ineligible spouse.

WYOMING

Living independently--Includes only those SSI recipients in Federal living arrangement code A that has no Federal countable income.

Living in the household of another--Includes only those SSI recipients in Federal living arrangement code B who has no Federal countable income.