

Indiana

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

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

Effective date: July 1, 1976.

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

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

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

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 home and need care in a residential facility. Children are not eligible for optional supplementation.

Resource limitations: An individual may have a reserve of nonexempt real and personal property (including cash, stocks, bonds, cash surrender value of life insurance, etc.) of no more than \$1,500; a couple may have no more than \$2,250. If spouse resides in the same facility, the resources of both, subject to the \$2,250 limit, are considered in establishing eligibility. Ownership of personal property essential for an adequate living arrangement, production of produce for home consumption, and personal effects do not affect an

individual's eligibility. Cash surrender value of life insurance is disregarded if the face value does not exceed \$1,400 and the beneficiary is the funeral director or the person's 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.

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

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse when residing with spouse in the same facility.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 1,383 people received optional state supplementation. Of those, 622 were aged, 2 were blind, and 759 were disabled.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential facility ^a	1,411.64	b	886.64	b
Medicaid facility (effective July 1, 2002)	52.00	104.00	22.00	44.00

- a. Individuals living in licensed residential facilities receive a combined federal and state benefit of up to \$1,411.64 (state-supplemented portion is up to \$886.64)—including a personal allowance payment of up to \$50 per month. Lesser amounts may be paid depending on the cost of facility and income of recipients.
- b. Federal and state agencies consider couples residing in these living arrangements as individuals one month after leaving an independent living arrangement.

DEFINITIONS:

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

Medicaid facility. Includes eligible persons who reside in a federal Code D living arrangement.