

District of Columbia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration and District of Columbia Department of Health.

Effective date: January 1, 1974.

Statutory basis for payment: District of Columbia Laws 2-35, as amended, and 3-23.

Funding

Administration: District of Columbia funds.

Assistance: District of Columbia funds.

Passalong method: Maintaining total expenditures.

Place of application: District of Columbia Department of Health and Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to persons residing in adult foster care homes who are eligible for SSI payments or would be eligible except for income. No statutory minimum age requirements for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: Only in cases in which liens were assigned before the establishment of the SSI program.

Financial responsibility of relatives: None.

Interim assistance: District participates.

Payment calculation method: The state supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.

Optional state supplementation payment levels, January 2007 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Adult foster care home (50 beds or less)	A	1,108.00	2,216.00	485.00	1,282.00
Adult foster care home (over 50 beds)	B	1,218.00	2,436.00	595.00	1,502.00
Medicaid facility	G	70.00	140.00	40.00	80.00

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

DEFINITIONS:

A and B: Adult foster care home. Includes recipients who are certified by the District of Columbia Department of Health or the Commission on Mental Health Services as residents of an adult foster care home.

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

Table 2.
Number of persons receiving optional state supplementation, January 2007

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children ^a
All recipients		^b 1,471	132	9	1,243	86
Adult foster care home (50 beds or less)	A	674	59	2	604	9
Adult foster care home (over 50 beds)	B	10	2	1	6	1
Medicaid facility	G	786	71	6	633	76

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

a. Benefits received under a child welfare program.

b. Includes a recipient whose type of living arrangement was not properly coded.

State Assistance for Special Needs

District does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration obtains this information.