

Illinois

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Human Services.

Optional State Supplementation

Administration: Department of Human Services.

Effective date: March 1, 1974.

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

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

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

Scope of coverage: Optional state supplement provided to all aged, blind, or disabled SSI recipients, including children, whose income-maintenance needs, based on state standards, exceed their monthly SSI benefit plus other income. Individuals who have been denied SSI because of their level of income may be eligible for an optional state supplement if there is a

deficit between all other income and the income-maintenance need based on state standards.

Resource limitations: Same as federal.

Income exclusions

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

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

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

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

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

Responsibility of relatives: 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 marital status, and is not living with the parent.

Interim assistance: State participates.

Payment levels: Optional supplement amount is equal to the difference between the 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 geographic area.

Number of recipients: See Table 1.

Table 1.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	38,388	8,375	182	29,831
Living independently	37,090	8,211	155	28,724
Room and board facility	125	17	1	107
Residential facility	1,173	147	26	1,000

NOTE: Definitions not available.

a. Includes blind children.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Indiana

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Family and Social Services Administration, Division of 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.

Michigan

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Family Independence Agency administers optional supplementation for recipients living independently or living in the household of another. All other supplementation is administered by the Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Michigan Compiled Laws, chapter 400, act 280, as amended, section 400-10.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, except those residing in medical facilities not certified under Medicaid.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Family Independence Agency.

Special Needs Circumstances

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

State emergency relief: Services provided for a number of needs arising from specific acceptable causes beyond the recipient's resources to control. Acceptable causes include:

- Fires, floods, and other physical disasters;
- Eviction or foreclosure;
- Mechanical failure of essential appliances;
- Home repairs necessary to protect health; and
- Utility shutoff.

State disability assistance: SSI recipients are eligible if state disability assistance standards indicate that their needs are greater than their SSI payment plus other income.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently ^a	...	559.00	845.00	14.00	28.00
Living in the household of another ^a	...	372.67	563.33	9.33	18.66
Living in domiciliary care	D	632.00	1,264.00	87.00	447.00
Living in a personal care facility	E	702.50	1,405.00	157.50	588.00
Living in a home for the aged	F	724.30	1,448.60	179.30	631.60
Living independently with an essential person ^b	G	832.00	1,111.00	14.00	21.00
Living in the household of another with an essential person ^b	H	554.67	740.67	9.33	14.00
Living in a Medicaid facility	I	37.00	74.00	7.00	14.00

NOTE: ... = not applicable.

a. State administers payments.

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

DEFINITIONS:

Living independently. Includes all eligible recipients who are not included in any other state living arrangement, recipients residing in facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

Living in the household of another. Includes recipients with no essential person who are residing in a federal Code B living arrangement.

D: Living in domiciliary care. Includes recipients residing in licensed nonmedical facilities that provide room, board, and supervision. The state certifies which recipients are residents requiring this level of care.

E: Living in a personal care facility. Includes recipients residing in licensed nonmedical facilities that provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The state certifies which recipients are residents requiring this level of care.

F: Living in a 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 residing in a federal Code B living arrangement. Children under age 18 are excluded.

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

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		210,340	a	a	a	a
Living independently or living in the household of another	...	192,320	a	a	a	a
Living in domiciliary care	D	10	0	0	10	0
Living in a personal care facility	E	14,940	540	110	13,470	820
Living in a home for the aged	F	910	370	0	540	0
Living independently with an essential person	G	10	0	0	10	0
Living in the household of another with an essential person	H	0	0	0	0	0
Living in a Medicaid facility	I	2,150	300	0	1,680	170

NOTE: ... = not applicable.

a. Data by eligibility category are not available.

Minnesota

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: County Welfare and Human Services Agencies (state-supervised). Payments are made under the Minnesota Supplemental Aid Program.

Effective date: April 1, 1974.

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

Funding

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

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Welfare and Human Services Agencies.

Scope of coverage: Optional state supplement provided to SSI recipients and to persons who, except for excess income, would be receiving SSI. It is also provided to those who have maintenance needs based on the December 1973 state standards that exceed their income from 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.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for blind child under age 18.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

County Welfare and Human Services Agencies (state-supervised).

Special Needs Circumstances

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

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

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

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

Housing and major repairs: Nonrecurring payments for catastrophic situations for homeowners who live in their homes.

Furniture and appliances: Nonrecurring payment for necessary repairs and replacements.

Shelter needy provision: A supplemental payment, equal to the maximum Food Stamp allotment for an individual, for MSA participants relocating from an institution into the community if their shelter costs exceed 40 percent of their income. Recipients of the shelter needy special need must apply for subsidized housing.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Entitlement prior to January 1, 1994	626.00	943.00	81.00	126.00
Entitlement January 1, 1994, or later	626.00	928.00	81.00	111.00
Living in the household of another				
Entitlement prior to January 1, 1994	473.34	888.67	110.00	344.00
Entitlement January 1, 1994, or later	473.34	625.67	110.00	81.00
Living in a nonmedical, group residential facility ^a	1,246.89	b	701.89	b
Living in a Medicaid facility	69.00	138.00	39.00	78.00

a. Includes \$69 a month for clothing and personal needs.

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

DEFINITIONS:

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

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

Living in a 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.

Living in a Medicaid facility. 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.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	38,146	8,149	157	11,735	18,105
Living independently	24,504	6,291	116	0	18,097
Living in the household of another	1,383	493	0	882	8
Living in a nonmedical, group residential facility	10,795	955	20	9,820	0
Living in a Medicaid facility	1,464	410	21	1,033	0

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: County Welfare and Human Services Agencies (state-supervised).

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Ohio

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

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

Effective date: July 15, 1982.

Statutory basis for payment: House Bill 694.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Passport agencies.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled recipients residing in the specified living arrangements (see Table 1). Eligibility is also extended to persons who are not SSI recipients. Children under age 18 are not eligible for supplementation.

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

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

Additional exclusions include one burial plot, irrevocable burial contracts (revocable burial contracts are not excluded), and life insurance policies with a total face value of \$1,500 or less (if more, the cash surrender value is a countable resource).

Income exclusions: Cost-of-living increases for SSI recipients after July 15, 1982, are disregarded. Earned income exclusions apply. Effective January 1, 2001, the disregard is \$236 for an individual and \$355 for a couple.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

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

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Medically Needy Program

State does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult family or foster home ^a	1,051.00	1,976.00	506.00	1,159.00
Adult community mental health housing	851.00	1,576.00	306.00	759.00
Adult community alternative home	1,051.00	1,976.00	506.00	1,159.00
Adult group home ^a	1,151.00	2,176.00	606.00	1,359.00
Residential care facility ^a	1,151.00	2,176.00	606.00	1,359.00
Adult residential facility	1,051.00	1,976.00	506.00	1,159.00

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

DEFINITIONS:

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

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

Living in an adult community alternative home (under adult community mental health housing). Includes recipients who have acquired immuno-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.

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

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

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Disabled
All recipients	2,546	903	1,643
Adult family home	484	122	362
Adult foster home	115	57	58
Adult community mental health housing	0	0	0
Adult community alternative home	2	1	1
Adult group home	1,246	408	838
Adult residential care facility	699	315	384

Wisconsin

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all eligible persons residing in the specified living arrangements (see Table 1). 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.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Family Services.

Optional State Supplementation

Administration: Department of Health and Family Services.

Effective date: January 1, 1974.

Statutory basis for payment: Wisconsin Statutes 49.77 and 49.775.

Funding

Administration: State funds.

Assistance: State funds.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	628.78	949.05	83.78	132.05
Living in the household of another	447.12	676.72	83.78	132.05
Living independently with an ineligible spouse	675.43	...	130.43	...
Living in the household of another with an ineligible spouse	498.39	...	135.05	...
Living in a private nonmedical group home or natural residential setting	724.77	1,294.41	179.77	477.41

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

... = not applicable.

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

DEFINITIONS:

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

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

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

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

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

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	90,299 ^a	11,418	847	59,058	18,850
Living independently	61,842	8,188	442	36,619	16,593
Living in the household of another	3,846	361	64	2,798	623
Living independently with an ineligible spouse	5,102	635	62	4,401	4
Living in the household of another with an ineligible spouse	65	12	0	53	0
Living in a private nonmedical group home or natural residential setting	19,318	2,222	279	15,187	1,630

a. Includes 126 blind children.

State Assistance for Special Needs

Administration

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

Special Needs Circumstances

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

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI), Wisconsin Statute 49.77.

Determined by: Social Security Administration.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.