

Arizona

State Supplementation

Mandatory Minimum Supplementation

Administration: Arizona Department of Economic Security; Aging Adult Administration and Family Assistance Administration.

Optional State Supplementation

Administration: Arizona Department of Economic Security; Aging Adult Administration and Family Assistance Administration.

Effective date: May 9, 1974.

Statutory basis for payment: Arizona Revised Statutes 46:252.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Area Agencies on Aging, Catholic Social Services, other designated contracting agencies, and local offices of state Department of Economic Security. County Health Department Long-Term Care Unit and city Human Resources Departments arrange home interviews (if needed) or refer to appropriate agencies.

Scope of coverage: Optional state supplement provided to all SSI recipients, including children, residing in the specified living arrangements (see Table 1) as well as to needy persons not eligible for SSI. Nursing home supplements are provided only to aged persons. Funds from public or private nonprofit organizations are used to defray the cost of nursing home care.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.
Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Requires housekeeping services ^a	634.00	916.00	70.00	70.00
Licensed supervisory care home, adult foster care home, or 24-hour treatment facility	614.00	946.00	50.00	100.00
Licensed private nursing home (aged)	644.00	1,006.00	80.00	160.00

a. Services may be provided in lieu of cash grants. Services and cash benefits are the same for individuals and couples.

DEFINITIONS:

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.

24-hour treatment facility. Residential care facilities, licensed by the state Department of Health Services, that provide 24-hour treatment to the chronically mentally ill.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	Total	Aged	Blind	Disabled
All recipients	792	--	--	--
Requires housekeeping services	--	--	--	--
Licensed supervisory care home, adult foster care home, or 24-hour treatment facility	--	--	--	--
Licensed private nursing home (aged)	--	--	--	--

NOTE: -- = not available.

State Assistance for Special Needs

Administration

Arizona Department of Economic Security.

Special Needs Circumstances

Visiting nurse services: Up to \$160 in vendor payments per month for any aged SSI recipient who is 65 years or older when medical findings substantiate need.

Home health services: Up to \$160 in vendor payments per month for any aged SSI recipient who is 65 years or older when medical findings substantiate need.

Medicaid

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.

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

Arizona Department of Health Services provides funds for the medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

California

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Welfare and Institutions Code, section 12000ff.

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 every aged, blind, and disabled SSI recipient, including children.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.
Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		790.00	1,399.00	226.00	553.00
Blind		854.00	^a 1,619.00	290.00	773.00
Receiving nonmedical out-of-home care	B	964.00	1,928.00	400.00	1,082.00
Living independently without cooking facilities	C				
Aged and disabled		872.00	1,563.00	308.00	717.00
Blind					
Living in the household of another	D				
Aged and disabled		603.00	1,143.33	227.00	579.33
Blind		682.00	^b 1,364.33	306.00	800.33
Disabled minor in home of parent, guardian, or relative by marriage	E	679.00	...	115.00	...
Receiving nonmedical out-of-home care, living in the household of another	F	772.00	1,581.33	396.00	1,017.33
Disabled minor in the household of another	G	481.00	...	105.00	...
Medicaid facility	J	49.00	98.00	19.00	38.00

(Continued)

Table 1.
Continued

NOTES: Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

. . . = not applicable.

a. Payment level for a couple in which only one member is blind is \$1,537.00.

b. Payment level for a couple in which only one member is blind is \$1,280.33

DEFINITIONS:

A: Living independently with cooking facilities. Includes recipients who:

- Live in their own household and have cooking and food storage facilities or are provided with meals as part of the living arrangement,
- Are patients in private medical facilities licensed by the state but not certified under Title XIX,
- Are blind children under age 18 who live with parents, or
- Are blind and live independently with or without cooking and food storage facilities.

B: Receiving nonmedical out-of-home care (NMOHC). Includes adult recipients who reside in a federal Code A living arrangement 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:

- Blind and residing in a state-licensed NMOHC facility,
- Blind and residing in the home of a relative who is not his or her parent or legal guardian or conservator,
- Disabled and residing in a state-licensed NMOHC facility,
- Disabled and residing in the home of a legal guardian or conservator who is not his or her relative,
- Disabled and residing in the home of a relative who is not his or her parent, or
- Blind or disabled and residing in a "certified family home."

C: Living independently without cooking facilities (aged and disabled). Includes aged or disabled recipients or couples who are not provided with meals and do not have access to adequate cooking and food storage facilities as part of their living arrangement.

D: Living in the household of another. Includes recipients residing in a federal Code B living arrangement who do not qualify for any other state arrangement.

E: Disabled minor in home of parent, guardian, or relative by marriage. Includes disabled children under age 18 who reside with a parent.

F: Nonmedical out-of-home care, living in the household of another. Includes recipients who meet the state criteria for nonmedical out-of-home care payments and are in a federal Code B living arrangement.

G: Disabled minor in the household of another. Includes disabled children under age 18 who reside with a parent but are in a federal Code B living arrangement.

J: Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

State Assistance for Special Needs

Administration

Health and Human Services Agency, Department of Social Services.

Special Needs 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 home unless such services are provided.

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 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,144,960	339,500	19,650	661,720	124,090
Living independently with cooking facilities	A	876,550	287,120	17,650	544,110	27,670
Nonmedical out-of-home care	B	59,220	6,230	540	45,520	6,930
Living independently without cooking facilities	C	37,470	3,300	10	33,840	320
Living in the household of another	D	69,610	38,390	1,200	27,770	2,250
Disabled minor in home of parent, guardian, or relative by marriage	E	82,430	0	0	0	82,430
Nonmedical out-of-home care, living in the household of another	F	2,080	410	0	1,500	170
Disabled minor in the household of another	G	2,170	0	0	0	2,170
Medicaid facility	J	15,430	4,050	250	8,980	2,150

Hawaii

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Hawaii Revised Statutes, section 346-53(C)(1) and (2).

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all SSI recipients, including children, except those who are:

- Living independently,
- Living in the household of another,
- Patients in medical facilities where Medicaid pays more than 50 percent of the cost of care, or
- Patients in private medical facilities not certified under Medicaid.

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) of the Social Security Act receive state optional supplementation (Code A payment level) for up to 2 months.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.

Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A	a	a	a	a
Foster care home	B	1,085.90	2,171.80	521.90	1,325.80
Domiciliary care facility, Level I	H	1,085.90	2,171.80	521.90	1,325.80
Domiciliary care facility, Level II	I	1,193.90	2,387.80	629.90	1,541.80

a. Supplementation in this living arrangement has been discontinued.

DEFINITIONS:

A: Living independently. 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 a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act. Also includes blind or disabled children under age 18 living in their parents' household.

B: Foster care home. Includes recipients who are certified by the state as residents of a foster care home.

H and I: Domiciliary care facility. 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. Level I is licensed by the state for fewer than six residents, and Level II is licensed for six or more residents.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		2,390	610	20	1,710	50
Living independently	A	a	a	a	a	a
Foster care home	B	430	240	10	180	0
Domiciliary care facility, Level I	H	1,900	340	10	1,500	50
Domiciliary care facility, Level II	I	60	30	0	30	0

a. Supplementation in this living arrangement has been discontinued.

State Assistance for Special Needs

Administration

State Department of Human Services.

Special Needs Circumstances

Housing and utility deposit: One-time payment made to SSI recipients with total monthly income under \$418.

Repair or replacement of stove or refrigerator: Payments made to SSI recipients with total monthly income under \$418.

Emergency assistance due to natural disaster: Payments made to SSI recipients with total monthly income under \$418.

Special care payments: 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 be wheelchair bound, incontinent, or in need of non-oral medication.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

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.

Nevada

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Nevada Revised Statutes, title 38, Public Welfare.

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 all aged and blind recipients, including children, 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.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.
Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A				
Aged		600.40	920.46	36.40	74.46
Blind		673.30	^a 1,220.60	109.30	^a 374.60
Living in the household of another	B				
Aged		400.27	613.64	24.27	49.64
Blind		589.96	^b 1,095.94	213.96	^b 531.94
Domiciliary care (aged and blind)	C	914.00	1,727.00	350.00	881.00

NOTE: Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

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

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

DEFINITIONS:

A: Living independently. Includes aged and blind recipients who live in their own household 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' household.

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

C: Domiciliary care. Includes aged and blind recipients who live in private nonmedical facilities or in residential facilities serving 16 or fewer persons that provide personal care and services to aged, infirm, or handicapped adults who are unrelated to the proprietor.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	State code	Total	Aged	Blind	Disabled
All recipients		^a 8140	7,360	490	...
Living independently	A	^a 7140	6,390	470	...
Living in the household of another	B	^a 610	590	10	...
Domiciliary care	C	390	380	10	...

NOTE: ... = not applicable.

a. Includes recipients not distributed by eligibility category.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

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.