

Connecticut

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: State Department of Social Services.

Effective date: January 1, 1974.

Statutory basis for payment: Connecticut General Statutes, section 17b-600.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Regional offices of state agency.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled SSI or Title II recipients living alone or with others. No provision is made for essential persons. Only blind children are eligible for supplementation. Blind and disabled recipients are reclassified as aged upon reaching age 65.

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

Income exclusions

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.

Earned income: The first \$65 and one-half of the remainder for aged and disabled; the first \$85 and one-

half of 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, are excluded. 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.

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 be released upon payment of claim or amount equal to beneficiary's interest. If applicant or recipient owns other nonhome property, he or she must be making a bona fide effort to sell it. During that time, he or she gives the state a security mortgage.

Financial 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

State Department of Social Services.

Special Needs Circumstances

Recurring

Emergency housing: One occurrence per calendar year; no more than 60 days per occurrence.

Refuse collection: Standard community rate.

Therapeutic diet: \$36.20 a month.

Meals on Wheels: \$4.43 for one meal a day; \$8.09 for 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 heating service: Actual cost up to a limit of \$200 for equipment only.

Storage charges: Up to 3 months.

Moving expenses: Market charge.

Essential household furnishings: Lower of actual cost or department standard for particular item.

Connecticut

Telephone installation: Standard residential line charge for service connections plus \$23.00 for labor and \$4.00 maximum for phone jack.

Essential clothing: Department standard for particular item.

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.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

Table 1.
Optional state supplementation payment levels, January 2005 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Independent community living ^a	747.00	1,096.00	168.00	227.00
Licensed room and board facility	579.00	869.00	b	b
Medicaid facility ^c	57.00	114.00	27.00	54.00

- a. The budget process is used to establish payment 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 exclusions"). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.
- b. Committee sets state payments for recipients in boarding homes in accordance with individual cost data for the operations of the facility.
- c. Recipients residing in a Medicaid facility receive a supplement that varies depending on the facility.

DEFINITIONS:

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

Licensed room and board facility. Community group home, training home, family care home, private boarding home, or other residential facility that is licensed by the Connecticut Department of Mental Retardation, Department of Children and Families, Department of Mental Health and Addiction Services, Department of Public Health Services, or other state agency and that at a minimum provides lodging and meals to various groups of elderly, blind, or disabled individuals.

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

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	--	--	--	--
Independent community living	11,988	3,792	39	8,157
Licensed room and board facility	4,833	1,338	55	3,440
Medicaid facility	--	--	--	--

NOTES: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

-- = not available.

a. Includes blind children.

Maine

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: July 1, 1974.

Statutory basis for payment: Maine Revised Statutes, title 22, subtitle 3, part 1-A, chapter 855-A.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled SSI recipients, including children. In addition, a small number of persons not eligible for SSI are eligible for a state supplement.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply for all living arrangements. In addition, for those living alone, with others, or in the household of another, the state disregards an additional \$55 for individuals and \$80 for couples.

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.

State Assistance for Special Needs

Administration

State Department of Health and Human Services.

Special Needs 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

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 state Department of Human Services obtains this information.

Table 1.
Optional state supplementation payment levels, January 2005 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living alone or with others	589.00	884.00	10.00	15.00
Living in the household of another	394.00	591.34	8.00	12.00
Foster home	628.00	1,142.00	49.00	273.00
Flat-rate boarding home	796.00	1,459.00	217.00	590.00
Cost-reimbursement boarding home	813.00	1,505.00	234.00	636.00
Medicaid facility	40.00	80.00	10.00	20.00

DEFINITIONS:

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

- Individual living in his or her own household with no other person except an ineligible spouse;
- Couples living in their own household;
- Persons in a medical facility where Medicaid does not pay more than 50 percent of the cost of their care;
- Person in an institution (excluding inmates of public institutions) on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act for all or part of a month provided that Medicaid does not pay more than 50 percent of the cost of their care;
- Persons in a private-pay facility or private-pay portion of a licensed boarding home; or
- Individuals or couples living with other persons but not considered to be living in the household of another.

Living in the household of another. Includes eligible persons who:

- 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; and
- Receive food and shelter from within that household.

Foster home. Includes recipients residing in an adult foster home.

Flat-rate boarding home. Includes recipients residing in a boarding home that is licensed by and has a provider agreement with the state for reimbursement at a flat rate.

Cost-reimbursement boarding home. Includes recipients residing in a boarding home that is licensed by and has a provider agreement with the state for reimbursement based on cost.

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

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	Total	Aged	Blind	Disabled
All recipients	34,296	--	--	--
Living alone or with others	32,597	--	--	--
Living in the household of another	62	--	--	--
Foster home	272	--	--	--
Flat-rate boarding home	19	--	--	--
Cost-reimbursement boarding home	33	--	--	--
Medicaid facility	1,313	--	--	--

NOTE: -- = not available.

Massachusetts

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: General Laws of the Commonwealth of Massachusetts, chapter 118A, section 1.

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, and recipients in private medical facilities where the Medicaid program provides 50 percent or less of the cost of 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 2005 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple ^a	Individual	Couple ^a
Living independently	A				
Aged		707.82	1,070.72	128.82	201.72
Blind		728.74	1,457.48	149.74	588.48
Disabled		693.39	1,049.06	114.39	180.06
Shared living expenses	B				
Aged		618.26	1,070.72	39.26	201.72
Blind		728.74	1,457.48	149.74	588.48
Disabled		609.40	1,049.06	30.40	180.06
Living in the household of another	C				
Aged		490.36	795.14	104.36	215.80
Blind		728.74	1,457.48	342.74	878.14
Disabled		473.58	773.52	87.58	194.18
Licensed rest home	E				
Aged and disabled		872.00	1,744.00	293.00	875.00
Blind		728.74	1,457.48	149.74	588.48
Medicaid facility	F and Z	65.00	130.00	35.00	70.00
Assisted living facility	G	1,033.00	1,550.00	454.00	681.00

(Continued)

Table 1.
Continued

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

a. The amounts given apply when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, the two respective individual benefits are added to obtain the couple's benefit.

DEFINITIONS:

A: Living independently. Includes recipients who live:

- Alone;
- Only with an eligible spouse;
- With an eligible spouse and with ineligible children who do not receive income maintenance payments; or
- With an ineligible spouse or ineligible children none of whom receive income maintenance payments. Also includes recipients residing in a federal Code C living arrangement who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are residing in a federal Code A or C living arrangement and pay at least two-thirds of the household expenses. Recipients living in public congregate housing developments are also included.

B: Shared living expenses. Includes recipients who reside in a federal Code A or C living arrangement and do not meet the criteria for state living arrangement A or E. It therefore 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 other facilities that do not meet the criteria for state living arrangement A or E. It also includes:

- 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
- Transients, the homeless, and residents of public emergency shelters.

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

E: Licensed rest home. Includes recipients residing in a licensed rest home that has a provider agreement with the state.

F and Z: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

G: Assisted living facility. Includes recipients residing in nonpublic subsidized assisted living facilities that have been registered with the

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		169,908	44,243	3,960	97,968	23,737
Living independently	A	77,471	25,952	1,426	43,856	6,237
Shared living expenses	B	74,690	11,954	1,845	45,200	15,691
Living in the household of another	C	11,620	2,991	515	6,661	1,453
Licensed rest home	E	1,837	1,076	18	743	0
Medicaid facility	F and Z	3,051	1,187	140	1,368	356
Assisted living facility	G	1,239	1,083	16	140	0

State Assistance for Special Needs

Administration

State Department of Transitional Assistance and Commission for the Blind.

Special Needs Circumstances

Vendor payments in lieu of cash payments.

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.)

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:

- Present living quarters have been certified as substandard,
- Moving to new quarters is necessary because of health problems or lack of safety in old neighborhood,
- Recipient is moving into federal or state subsidized housing, or
- Recipient is forced to move for other reasons.

Total payment not to exceed \$150.

Homemaker and housekeeper services: The Department of Elder Affairs performs homemaker and housekeeping services for recipients aged 60 or older. The Massachusetts Rehabilitation Commission provides these services for recipients under age 60.

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 obtains this information.

New Hampshire

\$1,500 per person; when it exceeds that, equity value counts toward the \$1,500 resource limits.

Income exclusions

Standard exclusions for any income, including SSI (in dollars; . . . = not applicable)

<u>Living arrangement</u>	<u>Individual</u>	<u>Couple</u>
Living independently	13.00	20.00
Living with an essential person	25.00	25.00
Residential care facility for adults	13.00	...
Enhanced family care facility	13.00	...
Community residence	13.00	...

Earned income exclusions

- Aged and disabled—Same as federal.
- Blind—\$85 of gross earnings plus one-half of amount over \$85.

Other exclusions: If recipient receives income from other persons in exchange for providing only room for such persons, \$50 per person is deducted from such income. 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.

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.

Financial 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: State Department of Health and Human Services, Division of Family Assistance.

Optional State Supplementation

Administration: Local offices of the state Department of Health and Human Services, Division of Family Assistance.

Effective date: January 1, 1974.

Statutory basis for payment: New Hampshire Revised Statutes, as amended, section 167:7, I, II, III, IV.

Funding

Administration: State funds.

Aged and disabled assistance: 50 percent state funds, 50 percent county funds.

Blind assistance: 100 percent state funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Division of Family Assistance.

Scope of coverage: Optional state supplement provided to SSI recipients, including blind children under the age of 18 and disabled adult children, residing in the specified living arrangements. Persons living in the household of another receive the same state supplement as those living independently.

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 or livestock used for food needs. Cash value of life insurance not counted unless face value exceeds

Table 1.
Optional state supplementation payment levels, January 2005 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently or in the household of another	606.00	890.00	27.00	21.00
Living with an essential person ^a	...	1,172.00	...	13.00
Residential care facility for adults	786.00	b	207.00	b
Enhanced family care facility	786.00	b	207.00	b
Community residence				
Nonsubsidized	728.00	...	149.00	...
Subsidized	668.00	...	89.00	...
Medicaid facility	50.00	...	20.00	...

NOTE: ... = not applicable.

a. Applies only to SSI recipients converted from former state assistance programs.

b. The state supplementation rate for individuals applies to each member of a couple.

DEFINITIONS:

Living independently or in the household of another. Includes all adult recipients residing in a federal Code A or B living arrangement who are not included in any other state living arrangement. Also includes blind children residing in a federal Code A, B, or C living arrangement.

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

Residential care facility for adults. Facilities that provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone but 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 members of the host family provide the primary daily support.

Community residence. A facility that provides 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 and Developmental Services.

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

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.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	Total	Aged	Blind ^a	Disabled
All recipients	7,365	1,353	253	5,759
Living independently or in the household of another	6,179	1,113	202	4,864
Living with an essential person	8	0	1	7
Residential care facility for adults	129	81	1	47
Enhanced family care facility	701	111	38	552
Community residence				
Nonsubsidized	35	6	0	29
Subsidized	303	35	11	257
Medicaid facility	10	7	0	3

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

a. Only blind children are eligible for optional supplementation; they are included in counts for the blind.

Rhode Island

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: General Laws of Rhode Island, 1956, as amended, title 40, chapter 6, section 27.

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 SSI recipients, including children, residing in the specified living arrangements (see Table 1).

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 2005 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	636.35	977.50	57.35	108.50
Living in the household of another	B	455.94	707.84	69.94	128.50
Adult residential care or assisted living facility	D	1,154.00	...	575.00	...
Medicaid facility	E	50.00	100.00	20.00	40.00

NOTE: ... = not applicable.

DEFINITIONS:

A: Living alone. Includes recipients residing in a federal Code A or C living arrangement. 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) of the Social Security Act.

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

D: Adult residential care or assisted living facility. Includes adult recipients who reside in a federal Code A living arrangement and live in a licensed shelter care facility.

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

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		29,269	3,933	185	19,965	5,186
Living alone	A	27,110	3,288	160	18,686	4,976
Living in the household of another	B	1,010	203	20	636	151
Adult residential care or assisted living facility	D	741	372	3	363	3
Medicaid facility	E	408	70	2	280	56

State Assistance for Special Needs

Administration

State Department of Human Services.

Special Needs 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 because of an acute or chronic illness.

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 obtains this information.

Vermont

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: Vermont Statutes Annotated, title 33, chapter 13, Aid to Aged, Blind, and Disabled.

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 SSI-eligible aged, blind, and disabled individuals, 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 2005 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A and B	631.04	967.88	52.04	98.88
Assistive community care, Level III	C	627.38	965.77	48.38	96.77
Living in the household of another	E	425.30	627.65	39.30	48.31
Residential care home, Level IV	G	802.94	1,431.06	223.94	562.06
Custodial care family home	H	677.69	1,201.82	98.69	332.82
Medicaid facility	I	47.66	95.33	17.66	35.33

DEFINITIONS:

A and B: Living independently. 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: Assistive community care, Level III. Includes any individual who resides in a Level III residential care home that is certified by the Department of Aging and Independent Living to provide assistive community care services.

E: Living in the household of another. Includes recipients residing in a federal Code B living arrangement who are not otherwise exempted from state supplementation.

G: Residential care home, Level IV. Includes recipients living in Level IV community homes identified by the state.

H: Custodial care family home. Includes recipients who reside in a federal Code A living arrangement, 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, and occasional tray service and 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: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2005

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		12,625	1,192	84	9,232	2,117
Living independently	A and B	11,123	1,088	66	8,048	1,921
Assistive community care, Level III	C	240	49	4	185	2
Living in the household of another	E	199	14	1	141	43
Residential care home, Level IV	G	137	18	1	114	4
Custodial care family home	H	840	12	12	674	142
Medicaid facility	I	86	11	0	70	5

State Assistance for Special Needs

Administration

Agency of Human Services, Department of Prevention, Assistance, and Transition and Department for Children and Families.

Special Needs Circumstances

Emergency assistance is provided, under certain conditions, for court-ordered evictions, natural disasters (e.g., fire, flood, or hurricane), emergency medical care, funeral costs, and emergency fuel needs.

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.