

Illinois

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Human Services.

Optional State Supplementation

Administration: State 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 offices of the state 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. Noncitizens living in the community who are eligible because the federal 7-year limit has expired are given a flat \$500 allowance. This program goes into effect July 15, 2004, and expires July 1, 2006.

Resource limitations: Federal SSI regulations apply.

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.

Financial responsibility of relatives: Parents are 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: See Table 1.

Number of recipients: See Table 2.

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	a	a	a	a
Room and board facility	a	a	a	a
Residential facility	a	a	a	a

a. State supplementation is based on state-approved allowances given for individual needs.

DEFINITIONS:

Living independently. Living in the community.

Room and board facility. Living in the community but paying for both lodging and meals. An allowance for room and board is given in lieu of separate allowances for food and shelter.

Residential facility. Living in a long-term care or sheltered care facility. For long-term care, a \$30 personal needs allowance is provided to a person who has no other income.

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

Living arrangement	Total	Aged	Blind	Disabled
All recipients	29,947	6,674	109	23,164
Living independently	29,326	6,573	100	22,653
Room and board facility	46	8	0	38
Residential facility	575	93	9	473

State Assistance for Special Needs

Illinois assists with funeral and burial costs of persons who were eligible for state-administered cash or medical assistance at the time of death.

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 Resources.

Scope of coverage: Optional state supplement provided to all 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 under age 18 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 \$10,000 and the beneficiary is the funeral director or the person's estate. The \$10,000 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.

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

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, January 2005 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential facility ^a	1,196.85	b	617.85	b
Medicaid facility	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 \$1,196.90 (state-supplemented portion is up to \$669.90)—including a personal allowance payment of up to \$52 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 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	3,892	1,229	22	2,641
Licensed residential facility	1,594	579	2	1,013
Medicaid facility	2,298	650	20	1,628

Michigan

State Assistance for Special Needs

Administration

Michigan Department of Human Services.

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;
- 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.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Michigan Department of Human Services 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 all SSI recipients, including children, except those residing in medical facilities not certified under Medicaid.

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	...	593.00	897.00	14.00	28.00
Living in the household of another	...	395.33	598.00	9.33	18.66
Domiciliary care	D	666.00	1,332.00	87.00	463.00
Personal care facility	E	736.50	1,473.00	157.50	604.00
Home for the aged	F	758.30	1,516.60	179.30	647.60
Living independently with an essential person	G	883.00	1,180.00	14.00	21.00
Medicaid facility	I	37.00	74.00	7.00	14.00

NOTE: ... = not applicable.

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: 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: 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: 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. Payment levels for essential person apply only to cases converted from the state rolls in 1974. There are no longer any recipients receiving payments for living in the household of another with an essential person.

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		218,941	--	--	--	--
Living independently or living in the household of another	...	203,217	--	--	--	--
Domiciliary care	D	36	0	0	32	4
Personal care facility	E	12,966	459	65	11,568	874
Home for the aged	F	649	264	1	384	0
Living independently with an essential person	G	3	0	0	3	0
Medicaid facility	I	2,070	261	18	1,597	194

NOTE: -- = not available; ... = not applicable.

Minnesota

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Local county offices of the state 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, including blind children under the age of 18 and disabled adult children, residing in the specified living arrangements.

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.

State Assistance for Special Needs

Administration

Local county offices of the state 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.

Emergency aid: Available once a year for specified needs.

Housing and major repairs: Catastrophic situations for homeowners who live in their homes, rent deposits, and moving expenses.

Furniture and appliances: Necessary repairs and replacements.

Utility shutoffs.

Shelter needy provision: A supplemental payment, equal to the maximum Food Stamp allotment for an individual, for participants in the Minnesota Supplemental Aid Program 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, January 2005 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently				
Entitlement prior to January 1, 1994	640.00	995.00	61.00	126.00
Entitlement January 1, 1994, or later	640.00	960.00	61.00	91.00
Living in the household of another				
Entitlement prior to January 1, 1994	477.00	905.00	91.00	325.66
Entitlement January 1, 1994, or later	477.00	642.00	91.00	62.66
Nonmedical, group residential facility ^a	1,153.36	b	574.36	b
Medicaid facility	76.00	152.00	46.00	92.00

NOTE: Minnesota Supplemental Aid Program excludes the first \$20 of the SSI payment.

a. Includes \$76 a month for clothing and personal needs.

b. Couples are treated as two individuals starting with 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.

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.

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	28,224	6,330	136	21,758
Living independently	--	--	--	--
Living in the household of another	--	--	--	--
Nonmedical, group residential facility	--	--	--	--
Medicaid facility	--	--	--	--

NOTE: -- = not available.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: Local county offices of the state 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

NOTE: This information is for 2004. The state did not provide information for 2005.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State 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 all 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 \$270 for an individual and \$405 for a couple.

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

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, January 2004 (in dollars)

Living arrangement	Combined federal and state ^a		State supplementation ^b	
	Individual	Couple	Individual	Couple
Adult family or foster home ^c	1,085.00	2,028.00	506.00	1,159.00
Adult community mental health housing	885.00	1,628.00	306.00	759.00
Adult community alternative home	1,085.00	2,028.00	506.00	1,159.00
Adult group home ^c	1,185.00	2,228.00	606.00	1,359.00
Residential care facility ^c	1,185.00	2,228.00	606.00	1,359.00
Adult residential care facility	1,085.00	2,028.00	506.00	1,159.00

- a. Payments are estimated on the basis of the 2005 federal benefit rate.
b. Payment amounts shown are based on the 2004 state supplement.
c. Includes a personal needs allowance of \$50 per individual, \$100 per couple.

DEFINITIONS:

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.

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.

Adult community alternative home (under adult community mental health housing). Includes recipients who have acquired immunodeficiency 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.

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.

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 2004

Living arrangement	Total	Aged	Blind	Disabled
All recipients	2,303	--	--	--
Adult family home	424	--	--	--
Adult foster home	100	--	--	--
Adult community mental health housing	6	--	--	--
Adult community alternative home	0	--	--	--
Adult group home	1,139	--	--	--
Residential or adult residential care facility	634	--	--	--

NOTES: Data are for 2004. The state did not provide data for 2005.
-- = not available.

Wisconsin

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: State Department of Health and Family Services and Division of Disability and Elder Services.

Effective date: January 1, 1974.

Statutory basis for payment: Wisconsin Statutes 49.77 and 49.775.

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 eligible persons, including children, 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.

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	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	662.78	1,001.05	83.78	132.05
Living in the household of another	469.78	711.39	83.78	132.05
Living independently with an ineligible spouse	709.43	...	130.43	...
Living in the household of another with an ineligible spouse	521.05	...	135.05	...
Private nonmedical group home or natural residential setting	758.77	1,346.41	179.77	477.41

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

... = not applicable.

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 Medicaid, or in nonmedical institutions. Also includes persons in medical facilities who are classified in a federal Code A living arrangement under section 1611(e)(1)(E) of the Social Security Act.

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.

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 2005

Living arrangement	Total	Aged	Blind	Disabled	
				Adults	Children
All recipients	98,934	9,931	1,012	66,131	21,860
Living independently	64,585	6,836	556	38,152	19,041
Living in the household of another	4,588	324	90	3,384	790
Living independently with an ineligible spouse	6,147	841	62	5,240	4
Living in the household of another with an ineligible spouse	70	13	0	57	0
Private nonmedical group home or natural residential setting	23,544	1,917	304	19,298	2,025

State Assistance for Special Needs

Administration

State Department of Health and Family Services,
 Division of Disability and Elder Services.

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.

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.