
Washington

State Supplementation

Mandatory Minimum Supplementation

Administration: State administration.

Optional State Supplementation

Administration: State Department of Social and Health Services.

Effective date: January 1, 1974.

Statutory basis for payment: State law in Revised Code of Washington 74.04.600-74.04.630 and state policy in Washington Administrative Code 388-474.

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 needy aged and blind persons with an ineligible spouse, 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 calculation method: The state supplementation is added to the federal payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$28,935,161.87 for calendar year 2007 in state-administered payments to SSI recipients.

State Assistance for Special Needs

Administration

State Department of Social and Health Services, Economic Services Administration, Division of Employment and Assistance Programs.

Special Needs Circumstances

Guide dog: Food for service animal at the rate of \$33.66 per month.

Other utility charges

Telephone: Amount varies according to need and location.

Laundry: \$11.13 per month.

Meals

Restaurant meals: \$187.09 per month; \$6.04 per day.

Home-delivered meals: The amount charged by the agency delivering the service.

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.

Table 1.
Optional state supplementation payment levels, January 2008 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently ^a	683.00	1,048.00	46.00	92.00
Living with an ineligible spouse ^b	683.00	...	46.00	...
Living in the household of another	470.67	729.34	46.00	92.00
Living in the household of another with an ineligible spouse	470.67	...	46.00	...
Medicaid facility ^c	53.68	107.36	23.68	47.36

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: ... = not applicable.

a. Includes persons in congregate care group facilities.

b. Applies only to cases converted from former state assistance programs.

c. Effective July 1, 2008, the state supplementation for Medicaid facility will increase from \$25.45 to \$27.28 to meet the requirements for the state budget.

DEFINITIONS:

Living independently. Applies to recipients residing in a federal Code A or C living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

Living with an ineligible spouse. Applies to recipients who are living independently with a spouse who does not qualify for SSI payments.

Living in the household of another. Applies to recipients residing in a federal Code B living arrangement unless they are living with an ineligible spouse or temporarily residing in a medical institution.

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.

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

Table 2.
Number of persons receiving optional state supplementation, January 2008

Living arrangement	Total	Aged	Blind	Disabled
All recipients	--	--	--	--
Living independently	--	--	--	--
Living with an ineligible spouse	--	--	--	--
Living in the household of another	--	--	--	--
Living in the household of another with an ineligible spouse	--	--	--	--
Medicaid facility	--	--	--	--

SOURCE: State information.

NOTE: -- = not available.