

Alabama

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: County Departments of Human Resources.

Effective date: January 1, 1974.

Statutory basis for payment: Code of Alabama 1975 as amended, title 38.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Departments of Human Resources.

Scope of coverage: Optional state supplement provided to SSI recipients, including children, residing in the specified living arrangements (see Table 1).

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: In January 2002, 672 people received optional state supplementation. Of those, 265 were aged, 10 were blind, and 397 were disabled. These data include certain grandfathered aged, blind, and disabled persons, who would receive SSI except for income.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

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
Receiving IHC in a private home or a personal care home				
Level of independence A	605.00	937.00	60.00	120.00
Level of independence B	601.00	929.00	56.00	112.00
Receiving IHC and support and maintenance in a private home or personal care home				
Level of independence A	423.34	664.67	60.00	120.00
Level of independence B	419.34	656.67	56.00	112.00
Receiving specialized IHC in a private home or personal care home	605.00	937.00	60.00	120.00
Receiving specialized IHC and support and maintenance in a private home or personal care home	423.34	664.67	60.00	120.00
Foster home with IHC or specialized IHC ^a	655.00	1,037.00	110.00	220.00
Cerebral palsy treatment center (disabled)	741.00	1,209.00	196.00	392.00

NOTES: IHC = independent home-life care.

A licensed physician must recommend IHC or specialized IHC, and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified home health agency.

a. Foster homes must be licensed or approved by the Alabama Department of Human Resources.

DEFINITIONS:

Personal care home. A domiciliary facility that provides care for four or more unrelated persons and is licensed by the Alabama Department of Health.

Foster home. A domiciliary facility licensed or approved by the Alabama Department of Human Resources in accordance with state foster home provisions.

Cerebral palsy treatment center (disabled). A domiciliary care facility for the treatment of cerebral palsy that is licensed by the Alabama Department of Health.

Florida

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Children and Families.

Effective date: January 1, 1974.

Statutory basis for payment: Florida Statutes, chapter 409.212.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels at the March 1983 level.

Place of application: Local offices of the Department of Children and Families.

Scope of coverage: Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or meet all SSI criteria except for income and whose income does not exceed \$623.40.

Resource limitations: Same as federal.

Income exclusions: Community care program has a personal needs allowance of \$54 per month and earned income exclusions of \$65 plus one-half of remaining income, and any other federal income exclusions.

Recoveries, liens, and assignments: Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient, and the state can file a claim after death. Homestead exempt during life of spouse or dependent children if occupied as a homestead. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday.

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 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Community care programs				
Adult family care home ^a	623.40	...	78.40	...
Assisted living facility	623.40	b	78.40	b
Living in a Medicaid facility ^c	35.00	70.00	5.00	10.00

NOTE: ... = not applicable.

a. Payments include \$54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.

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

c. Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

DEFINITIONS:

Adult family care home. Serves up to five persons aged 18 or older, providing housing, food, and personal services.

Assisted living facility. Serves four or more persons aged 18 or older, providing housing, food, and personal services.

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

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

Living arrangement	Total	Aged	Blind	Disabled
All recipients	15,169	6,843	9	8,317
Community care programs				
Adult family care home	463	171	0	292
Assisted living facility	9,685	4,257	8	5,420
Living in a Medicaid facility	5,021	2,415	1	2,605

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

State Assistance for Special Needs

State does not provide assistance for special 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.

Georgia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State participates.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

State does not provide assistance for special 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.

Kentucky

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Cabinet for Families and Children, Department for Community Based Services.

Effective date: January 1, 1974.

Statutory basis for payment: Kentucky Revised Statutes 205.245 and budget approval by state legislature.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Cabinet for Families and Children, Department for Community Based Services.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for child under age 18 if living together. Relatives financially responsible for the month of admission in personal care home or family care home.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 4,739 people received optional state supplementation. Of those, 1,991 were aged, 33 were blind, and 2,715 were disabled. For their living arrangements, 3,702 were in a personal care facility, 273 were in a family care home, and 764 had a caretaker in home. (The living arrangements are defined in Table 1.)

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living in a personal care facility	985.00	a	440.00	a
Living in a family care home	717.00	a	172.00	a
Caretaker in home	607.00	932.00	62.00	115.00

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

DEFINITIONS:

Living in a personal care facility. Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health-related services, personal care, and social or recreational activities.

Living in a family care home. Includes recipients in residential accommodations limited to two or three persons who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home. Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.

State Assistance for Special Needs

State provides assistance for special 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 obtains this information.

Mississippi

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State does not participate.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI). State has more liberal guidelines for Medicaid-only (non-SSI) recipients.

Determined by: Social Security Administration for SSI recipients, and the Division of Medicaid for those with income above SSI state limits.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy whose income is below 135 percent the poverty level.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

North Carolina

State Supplementation

Mandatory Minimum Supplementation

Administration: Department of Health and Human Services, Division of Social Services and Division of Services for the Blind (state-supervised and county-administered).

Optional State Supplementation

Administration: Department of Health and Human Services, Division of Social Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

Effective date: January 1, 1974.

Statutory basis for payment: General Statutes of North Carolina 108A.40 through 108A.47 and chapter 111 and chapter 143B-139.5.

Funding

Administration: 100 percent county funds.

Assistance: 50 percent state funds; 50 percent county funds.

Passalong method: Maintaining payment levels.

Place of application: County Department of Social Services.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled persons living in adult care homes. Blind children are eligible for optional supplementation. Disabled children and adults in state institutions for developmental disabilities or mental disease are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions

All categories: A \$20 exemption applies to any income, including SSI, with the exception of income received as a Veterans Administration (VA) pension payment or a VA compensation payment to the surviving parent of a veteran.

Aged and disabled: For earned income, disregard the first \$65, subtract impairment-related work expenses (e.g., equipment and uniforms), and disregard one-half of the remainder.

Blind: For earned income, disregard the first \$85 plus one-half of the remainder.

Recoveries, liens, and assignments: None.

Responsibility of relatives: No income is deemed to the spouse at home.

Interim assistance: State participates (in counties that chose to do so).

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: 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	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult care home				
Basic (aged, blind, and disabled) ^a	1,091.00	b	546.00	b
Disenfranchised (aged and disabled) ^c	1,231.00	b	686.00	b
Blind, pending SSI eligibility ^d				
Not paying shelter and utilities ^e	97.00	194.00
Paying shelter and utilities ^f	146.00	243.00

NOTE: ... = not applicable.

- An additional \$20 income exclusion is allowed. In addition, a \$36 personal needs allowance is included in the optional supplementation.
- Couples residing in these living arrangements are treated as individuals one month after entering an adult care home.
- The special assistance rate for disenfranchised recipients is now the same for ambulatory and semi-ambulatory; effective July 1, 1999. Disenfranchised recipients are those who were grandfathered for continued coverage when the basic rate was reduced in August 1995.
- This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.
- If only one member of the couple is blind, payment level is \$146.
- If only one member of the couple is blind, payment level is \$219.

DEFINITION:

Living in an adult care home. Includes recipients residing in an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication may be administered by designated or trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. Adult care homes that provide care to seven or more unrelated residents are commonly called homes for the aged.

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

Living arrangement	Total	Aged	Blind	Disabled
All recipients	23,499	12,958	144	10,397
Adult care home				
Basic	23,497	12,956	144	10,397
Disenfranchised	2	2	0	0

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

South Carolina

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Health and Human Services.

Effective date: July 1, 2001.

Statutory basis for payment: Part 1-B Proviso applicable to the Department of Health and Human Services as included in the state appropriation act each year.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County offices of the Department of Social Services.

Scope of coverage: Optional state supplement provided to SSI recipients and other low-income individuals who meet the state's net income limitation and live in licensed community and residential care facilities. Blind 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 does not participate.

Payment levels: Individuals living in licensed residential care facilities receive a combined federal and state benefit of up to \$893 (state-supplement portion is up to \$348), including a personal needs allowance of \$43 per month.¹ Lesser amounts may be paid based on need. Couples residing in these facilities are treated as two individuals.

Number of recipients: In January 2002, 3,382 people received optional state supplementation. Of those, 1,747 were aged, 15 were blind, and 1,620 were disabled.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

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.

1. Living in a licensed residential care facility—Includes recipients who are ambulatory but are unable, either because of age or physical or mental disabilities, to care for themselves. However, their condition does not require the daily services of a registered or licensed practical nurse. The care facility must:
 - Be licensed by the Department of Health and Environmental Control;
 - Provide care to two or more adults for a period exceeding 24 consecutive hours; and
 - Provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.

Tennessee

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Passalong method: Maintaining payment levels.

Interim assistance: State participates.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

State does not provide assistance for special 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 obtains this information.