

Arizona

State Supplementation

Mandatory Minimum Supplementation

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

Optional State Supplementation

Administration: 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 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: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 677 people received optional state supplementation.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Requires housekeeping services ^a	615.00	887.00	70.00	70.00
Licensed supervisory care home, adult foster care home, or 24-hour treatment facility	595.00	917.00	50.00	100.00
Licensed private nursing home (aged)	625.00	977.00	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.

State Assistance for Special Needs

Administration

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 resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

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	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently with cooking facilities	A				
Aged and disabled		750.00	1,332.00	205.00	515.00
Blind		812.00	^a 1,544.00	267.00	727.00
Receiving nonmedical out-of-home care	B	918.00	1,836.00	373.00	1,019.00
Living independently without cooking facilities	C				
Aged and disabled		829.00	1,490.00	284.00	673.00
Blind		812.00	1,544.00	267.00	727.00
Living in the household of another	D				
Aged and disabled		574.00	1,091.00	210.66	546.33
Blind		650.00	^b 1,304.00	286.66	759.33
Disabled minor in home of parent, guardian, or relative by marriage	E	643.00	...	98.00	...
Receiving nonmedical out-of-home care, living in the household of another	F	736.00	1,513.00	372.66	968.33
Disabled minor in the household of another	G	456.00	...	92.66	...
Medicaid facility	J	47.00	94.00	17.00	34.00

(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 \$1,465.

b. Payment level for a couple in which only one member is blind is \$1,223.

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 SSI,
- 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 nor given 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 in a federal Code D living arrangement; also includes recipients in medical facilities who reside in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

State Assistance for Special Needs

Administration

Health and Welfare 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 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,093,680	333,230	19,430	629,970	111,050
Living independently with cooking facilities	A	837,880	280,160	17,520	517,400	22,800
Nonmedical out-of-home care	B	60,090	6,730	600	46,290	6,470
Living independently without cooking facilities	C	35,970	3,570	0	32,080	320
Living in the household of another	D	65,580	38,270	1,080	23,800	2,430
Disabled minor in home of parent, guardian, or relative by marriage	E	75,000	0	0	0	75,000
Nonmedical out-of-home care, living in the household of another	F	2,150	440	0	1,460	250
Disabled minor in the household of another	G	1,890	0	0	0	1,890
Medicaid facility	J	15,120	4,060	230	8,940	1,890

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 payment levels.

Place of application: Social Security Administration field offices.

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

- 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) receive state optional supplementation (code A payment level) for up to 2 months.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

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	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A	549.90	825.80	4.90	8.80
Living in a domiciliary care facility, Level I (1 to 5 residents)	H	1,066.90	2,133.80	521.90	1,316.80
Living in a domiciliary care facility, Level II (6 or more residents)	I	1,174.90	2,349.80	629.90	1,532.80

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). Also includes blind or disabled children under age 18 living in their parents' household.

H and I: Living in a 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 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		19,680	6,340	170	11,530	1,640
Living independently	A	17,590	5,880	160	9,930	1,620
Domiciliary care facility, Level I (1 to 5 residents)	H	1,980	390	10	1,560	20
Domiciliary care facility, Level II (6 or more residents)	I	110	70	0	40	0

State Assistance for Special Needs

Administration

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 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 resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

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	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A				
Aged		581.40	891.46	36.40	74.46
Blind		654.30	^a 1,191.60	109.30	^a 374.60
Living in the household of another	B				
Aged		387.61	594.31	24.27	49.64
Blind		577.30	^b 1,076.61	213.96	^b 531.94
Living in domiciliary care (aged and blind)	C	895.00	1,698.00	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 who are residing in a federal Code B living arrangement.

C: Living in 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 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		7,250	6,380	610	180	80
Living independently	A	6,200	5,370	580	180	70
Living in the household of another	B	620	580	30	0	10
Living in domiciliary care	C	430	430	0	0	0

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.