

## New York

### ***State Supplementation***

#### ***Mandatory Minimum Supplementation***

**Administration:** Social Security Administration.

#### ***Optional State Supplementation***

**Administration:** Social Security Administration. State Office of Temporary and Disability Assistance administers an additional \$25 payment to some SSI recipients in nursing homes and \$5 to recipients in all other medical facilities. The payment is called a State Supplemental Personal Needs Allowance.

**Effective date:** January 1, 1974.

**Statutory basis for payment:** New York State Social Services Law, section 207-212.

#### **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 living in publicly operated residences having more than 16 residents, in publicly operated emergency shelters, or in medical facilities where Medicaid pays less than 50 percent of the cost of care. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographic area. Children are eligible for optional state supplementation at the congregate care Level 1 and Level 2 rates and the living-with-others rate. Children must be placed in facilities certified by the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, or the Office of Alcoholism and Substance Abuse Services.

**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***

State Office of Temporary and Disability Assistance (only in cases of emergency).

#### ***Special Needs Circumstances***

**Energy assistance:** An emergency assistance grant can be provided to eligible SSI recipients to safeguard health, safety, and welfare.

**Shelter-related expenses:** Moving expenses, brokers' fees, security deposits, storage fees, maintenance of home during hospitalization, establishment of a home when deinstitutionalized.

**Replacement of basic needs items:** Replacement of furniture, clothing, food, fuel, etc., lost as a result of fire, flood, or other catastrophe.

**Repair or replacement of major appliances:** Repair or replacement of essential household equipment, including heating and plumbing equipment, and major appliances.

**Food for guide dog:** A recurring assistance grant is provided to unemployed blind or deaf SSI recipients for the purchase of food for a guide dog.

**Other circumstances:** Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of SSI checks that are lost, stolen, or not received (subject to recoupment).

**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	666.00	973.00	87.00	104.00
Living with others	B	602.00	915.00	23.00	46.00
Congregate care facility, Level 1 <sup>a</sup>	C				
Areas A and B		845.48	1,690.96	266.48	821.96
Area C		807.48	1,614.96	228.48	745.96
Congregate care facility, Level 2 <sup>b</sup>	D				
Areas A and B		1,014.00	2,028.00	435.00	1,159.00
Area C		984.00	1,968.00	405.00	1,099.00
Congregate care facility, Level 3 <sup>c</sup>	E				
Area A		1,061.96	2,123.92	482.96	1,254.92
Areas B and C		1,037.96	2,075.92	458.96	1,206.92
Living in the household of another	F	409.00	625.34	23.00	46.00
Medical facility, publicly operated residential facility, and public emergency shelter	Z	579.00	869.00	d	d

NOTE: Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Rockland, Suffolk, and Westchester counties; and Area C is all other counties.

- The minimum personal needs allowance is \$111.
- The minimum personal needs allowance is \$130.
- The minimum personal needs allowance is \$89.
- Recipients living in a nursing home licensed by the Department of Health receive a State Supplemental Personal Needs Allowance (SS/PNA) of \$25, and recipients in all other medical facilities receive an SS/PNA of \$5. The payments are issued by the Office of Temporary and Disability Assistance.

**DEFINITIONS:**

**A: Living alone.** Includes recipients living either alone, with foster children, with an authorized homemaker, or in a family care home placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for both room and board or preparing their meals separately.

**B: Living with others.** Includes recipients who reside in a dwelling with others and:

- Prepare food in common with at least one other person in the dwelling,
- Are members of a religious community, or
- Are children who have not been included in state living arrangement C or D.

**C: Congregate care facility, Level 1.** Includes recipients in family-type homes and family care homes. These homes serve persons who are unable to function completely independently. Family-type homes are facilities certified by New York State, supervised by local departments of social services, and operated for the purpose of providing long-term residential care for adults. Family care homes are private households that provide care for mentally disabled persons. Eligibility for care in these homes is based on certification of placement by the local Department of Social Services or an office of the state Department of Mental Hygiene.

**D: Congregate care facility, Level 2.** Includes recipients in residential facilities who are aged or have mental or physical disabilities. Facilities at this level provide residential care for adults (and some children) and are certified, by the New York State Department of Health.

**E: Congregate care facility, Level 3.** Includes recipients in nonmedical privately operated, state-certified, residential facilities that are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled individuals.

**F: Living in the household of another.** Includes recipients residing in a federal Code B living arrangement and for New York State purposes is considered part of the living-with-others living arrangement.

**Z: Medical facility, publicly operated residential facility, and public emergency shelter.** Includes recipients in publicly operated residential facilities and public emergency shelters. This arrangement applies:

- When an SSI recipient is residing in a medical facility and is not expected to return home with 90 days and Medicaid is paying for at least 50 percent of the cost of care;
- When an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50 percent of the cost of care;
- When a recipient resides in a publicly operated residential facility serving 76 or fewer residents; or
- While a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

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

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		617,219	--	--	--	--
Living alone	A	321,851	97,256	1,493	218,835	4,267
Living with others	B	211,716	16,856	748	113,406	80,706
Congregate care facility, Level 1	C	4,808	182	23	3,968	635
Congregate care facility, Level 2	D	36,070	3,865	172	30,124	1,909
Congregate care facility, Level 3	E	134	3	0	108	23
Living in the household of another	F	22,420	8,586	133	10,635	3,066
Medical facility, publicly operated residential facility, and public emergency shelter	Z	20,220	--	--	--	--

NOTE: -- = not available.

### ***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.