

## Guide to Reading the State Summaries

This guide explains the program features detailed in the summaries for the 50 states and the District of Columbia. Although each state does not feature all of the assistive programs listed below, the three major state assistance programs are:

- State supplementation (mandatory and optional) of federal Supplemental Security Income payments,
- State assistance for special needs, and
- Medicaid.

To facilitate comparisons across states, a separate section includes four tables that summarize:

- The number of persons receiving optional supplementation,
- Selected features of state supplementation programs,
- Selected features of medical programs affecting SSI recipients and the needy, and
- State threshold amounts for blind and disabled individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act.

With the exception of Arizona, Nebraska, Rhode Island, and the District of Columbia, all states have provided current data for this publication. The state summaries contain information on the program features discussed below.

### **State Supplementation**

#### **Mandatory Minimum Supplementation**

The states provide mandatory minimum supplementation only to recipients who were converted to the Supplemental Security Income (SSI) program from the former state assistance programs when the SSI program began in 1974. Mandatory minimum state supplementary payments are required by Public Law 93-66 to maintain the December 1973 payment levels that these recipients received under the former state assistance programs. States are required to provide this supplementation to maintain their eligibility for Title XIX (Medicaid) federal matching funds.

#### **Optional State Supplementation**

Some states provide optional monthly supplements to help persons meet needs not fully covered by federal SSI payments. The state determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular monthly basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily and special necessities. Some states provide optional supplementary payments to all persons eligible for SSI benefits. Others limit payments to certain SSI recipients such as the blind or residents of domiciliary care facilities, or extend payments to persons who are ineligible for SSI because their income is too high. In most cases a separate count for these individuals is not possible.

**Administration.** The governmental unit responsible for administering these payments is a state or local agency or the Social Security Administration (SSA). Under state administration, the state must absorb both program benefits and administrative costs. Under federal administration, the state must reimburse SSA for the cost of the program benefits and, as of October 1, 2010, must pay \$10.56 in administrative costs for each benefit paid. The Commissioner may select a different rate for a state, taking into account the complexity of administering the state's supplementary payment program.

**Effective date.** The date when the state instituted or revised its optional supplementation program.

**Statutory basis for payment.** The state law(s) authorizing the supplementary payments.

**Funding.** The source of funds for supplementary payments and administrative costs. In states requiring financial participation from local governments, the portions contributed by the state and the locality are indicated.

**Passalong method.** To maintain eligibility for Medicaid reimbursement, any state making supplementary payments after June 30, 1977, must continue making payments and must pass along the cost-of-living increase to the federal benefit rate (FBR). Two methods are available to ensure that cost-of-living increases are passed on to the recipients: the payment levels method and the total expenditure method.

Under the payment levels method, the State must maintain the March 1983 payment level for each living

---

arrangement category. However, in July 1983, the expected cost-of-living adjustment was delayed until January 1984, so instead there was a general increase in the FBR. Thus, to determine the required supplementary payment levels, the March 1983 payment levels are reduced by the amounts the FBR general increase exceeded the expected July 1983 cost-of-living increase, which are \$10.30 for an individual, \$15.40 for an eligible couple, and \$5.50 for an essential person.

Under the total expenditure method, state expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures fall short in the current year, the state must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

**Place of application.** The office(s) accepting applications for supplementary payments.

**Scope of coverage.** The categories of persons the state has elected to supplement. States with state-administered programs establish their own eligibility conditions and payment categories. States with federally administered programs must adhere to SSI eligibility criteria but are allowed to establish additional income exclusions and payment categories.

**Resource limitations.** The resource limitations and exclusions for federally administered state supplementation are the same as for federal SSI payments: countable resources must be worth \$2,000 or less for an individual, or \$3,000 or less for a couple. Countable resources are properties—real or personal—that count toward the resource limits. Recognizing that not everything an individual owns is available for his or her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI. Excluded resources include (but are not limited to):

- The house an individual lives in;
- A car, if it is used to provide necessary transportation;
- Household goods (if needed for maintenance, use, and occupancy of the home) and personal effects;
- Life insurance policies with a total face value of \$1,500 or less per person;
- Burial plots or spaces for the individual or his or her immediate family;

- A burial fund of up to \$1,500 each for the burial expenses of the individual and his or her spouse; and
- Property essential to self-support, including property used in a trade or business or on the job if the individual works for someone else.

States with state-administered supplementation can establish their own resource limitations and exclusions for optional state supplementary payments.

**Income exclusions.** An exclusion is the amount of a recipient's income that is not counted against the state supplementary payment.

In general, an SSI recipient's income from sources other than SSI is counted against the SSI payment amount. Some income, however, is excluded from being counted. The federal program excludes \$20 per month of earned or unearned income; in addition, \$65 per month of earned income plus one-half of the remaining earnings is excluded. Some types of income are entirely excluded, such as certain home energy and support and maintenance assistance, food stamps, most federally funded housing assistance, state assistance based on need, one-third of child support payments, and income received infrequently or irregularly.

States that choose federal administration must exclude at least the amounts excluded by the federal program and may exclude more. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment is reduced to zero is deducted from the state supplementary payment.

States with state-administered programs can establish their own income exclusions of any amount and type.

**Recoveries, liens, and assignments.** Provisions of state supplementation plans governing recovery of assistance payments and assumption of a recipient's property by the agency. As a condition of providing assistance, a state may require that a lien be placed on a recipient's property. Such a requirement does not affect a person's eligibility or payment status for federal SSI benefits or federally administered state supplementary payments.

**Financial responsibility of relatives.** State supplementation provisions that govern the responsibility of relatives (other than parent for child and spouse for spouse) for providing economic support and returning overpayments.

**Interim assistance reimbursement (IAR).** The Social Security Administration may reimburse a state that has provided basic needs assistance to an individual during the period in which either the

person's application for SSI was pending or his or her SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the state as reimbursement if:

- The state has an agreement with SSA to participate in the IAR program;
- The individual has given SSA written authorization to have his or her retroactive payment sent to the state as reimbursement; and
- The individual is found eligible for SSI payments or has had his or her benefits reinstated for the same period of suspension or termination.

**Payment calculation method.** States with state administration determine the method by which payments are calculated and what, if anything, will affect the payment. States with federal administration follow federal guidelines.

**Payment levels.** The maximum state supplementary payments and the combined maximum federal and state payments that can be awarded to recipients without countable income are presented, by state-designated living arrangements, in Table 1 in each state summary. Unless otherwise stated, payment levels apply equally to aged, blind, and disabled recipients. The federal benefit rates that are included in the combined payment levels became effective January 2011 (unless otherwise stated) and are given in the table below.

In states where the SSI payments are federally administered, each living arrangement is described according to the following federal living arrangements. The state may also have other living arrangements. States that administer the SSI payment

have the option to supplement and determine their own definitions of living arrangements.

**Federal Code A.** Includes eligible persons who:

- Live in their own household whether or not they are receiving in-kind support and maintenance;
- Live in a foster or family care situation;
- Have no permanent living arrangement (for example, a transient);
- Live in an institution (except inmates of public institutions) for all or part of a month, provided that Medicaid does not pay more than 50 percent of the cost of their care; or
- Live alone with a child, spouse, or persons whose income may be deemed to the eligible person.

It also includes eligible persons for whom Codes B, C, and D do not apply.

**Federal Code B.** Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

The Code A payment standard is reduced by one-third for people in federal Code B living arrangements.

**Federal Code C.** Includes eligible children under age 18 who live in the same household as their parents (that is, deeming applies). The payment standard is the same as in Code A.

**Federal benefit rates, January 2011 (in dollars)**

Living arrangements	Individual	Couple	Essential person <sup>a</sup>
Living independently	674.00	1,011.00	338.00
Living in the household of another <sup>b</sup>	449.34	674.00	225.33
Living in a Medicaid facility <sup>c</sup>	30.00	60.00	...

NOTE: ... = not applicable.

- This represents the additional amount included in a recipient's check to cover the needs of a household member who provides essential care and services to the recipient and whose needs were previously taken into account in determining the recipient's assistance payment under a state plan approved under titles I, X, XIV, or XVI of the Social Security Act.
- If the recipient lives in another person's household for a full calendar month and receives both food and shelter from that person, the federal benefit rate (amounts for living independently) is reduced by one-third.
- Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical institution throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

---

*Federal Code D.* Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care. It also includes eligible children under age 18 who live in a public or private medical institution throughout a month and Medicaid, or a combination of Medicaid and private insurance, is paying more than 50 percent of the cost of care.

**Number of recipients.** The number of recipients receiving optional payments from the state is displayed in Table 2 in each state summary. This number may also include persons who are ineligible for federal SSI payments but meet state eligibility criteria.

**Total expenditures.** The total amount of expenditures for SSI recipients reported by states who participate in the Optional Supplementation Program. The expenditures reflect previous year counts.

### ***State Assistance for Special Needs***

---

This assistance is for emergency or special conditions not covered by monthly SSI or optional state supplementary payments. Disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are included in this category.

**Administration.** The governmental unit responsible for administering these payments is indicated.

**Special needs circumstances.** The special needs circumstances (recurring and nonrecurring) for which assistance can be approved are defined. Where available, eligibility requirements and payment limitations are described.

### ***Medicaid***

---

All states have federally assisted medical assistance (Medicaid) programs.

#### ***Eligibility***

States may grant Medicaid eligibility to all SSI recipients or apply state guidelines in determining eligibility.

Either the SSI program guidelines or the state guidelines may be used to determine eligibility. State guidelines may not be more restrictive than the state's January 1972 medical assistance standards. The governmental unit responsible for determining eligibility is indicated.

#### ***Medically Needy Program***

The presence or absence of a medically needy program for SSI-related populations is indicated. States can choose among no medically needy program, a restricted program, Temporary Assistance for Needy Families (TANF), or a program for the TANF-related and one or more of the SSI-related categories (that is, aged, blind, or disabled). States determine eligibility for this program.

#### ***Unpaid Medical Expenses***

Medicaid law requires states to pay covered medical expenses for up to 3 months prior to the Medicaid application, if the individual would have been eligible at the time. In many states the SSI application serves as the Medicaid application, and this entry indicates whether SSA has a contractual agreement with the state to inquire about the unpaid medical expenses of SSI claimants.

## Summary Tables

**Summary Table 1.**

**Number of persons receiving optional state supplementation, by state and eligibility category, January 2011**

State	Total	Aged	Blind	Disabled	
				Adults	Children
Alabama <sup>a</sup>	166	48	3	115	--
Alaska <sup>a</sup>	17,630	5,096	75	12,459	b
Arizona <sup>c</sup>	...	...	...	...	...
Arkansas <sup>c</sup>	...	...	...	...	...
California	1,257,811	356,636	16,842	718,457	165,876
Colorado <sup>d</sup>	28,932	--	--	--	--
Connecticut	10,348	2,769	56	7,523	e
Delaware <sup>f</sup>	657	35	12	535	75
District of Columbia <sup>f</sup>	1,417	105	7	1,212	93
Florida <sup>a</sup>	13,160	5,239	14	7,907	--
Georgia <sup>d</sup>	2,929	--	--	--	--
Hawaii	2,736	840	32	1,758	106
Idaho	14,251	2,104	78	10,884	1,185
Illinois	26,864	5,321	91	21,452	--
Indiana	3,442	797	6	2,639	b
Iowa <sup>h</sup>	5,281	594	453	3,927	307
Kansas <sup>d</sup>	7,481	--	--	--	b
Kentucky	3,974	1,146	21	2,807	--
Louisiana	4,539	1,115	33	3,391	--
Maine <sup>d</sup>	36,889	--	--	--	--
Maryland <sup>d</sup>	3,439	--	--	--	b
Massachusetts	193,725	47,107	3,640	108,978	34,000
Michigan	234,935	15,621	1,488	177,563	40,263
Minnesota	42,311	12,508	260	29,543	--
Mississippi <sup>c</sup>	...	...	...	...	...
Missouri	--	--	--	--	b
Montana	968	32	11	616	309
Nebraska <sup>a, g</sup>	5,437	1,031	54	4,352	--
Nevada <sup>h, i</sup>	10,707	10,018	444	...	126
New Hampshire <sup>a</sup>	10,239	1,403	236	8,600	--
New Jersey	166,130	33,495	731	96,535	35,369
New Mexico	57	3	1	53	b
New York	659,606	127,835	2,439	413,097	116,235
North Carolina	23,671	11,687	...	11,984	e
North Dakota <sup>c</sup>	...	...	...	...	...
Ohio <sup>j</sup>	1,475	403	--	--	b
Oklahoma	88,966	15,603	364	58,407	14,592
Oregon <sup>d</sup>	1,848	--	--	--	--
Pennsylvania	310,703	60,736	675	210,192	39,100
Rhode Island	31,086	3,503	150	21,097	6,336
South Carolina	3,913	1,503	9	2,401	--
South Dakota <sup>d</sup>	3,870	--	--	--	--
Tennessee <sup>c</sup>	...	...	...	...	...
Texas	1,844	249	26	1,569	--

(Continued)

**Summary Table 1.****Number of persons receiving optional state supplementation, by state and eligibility category,  
January 2011—Continued**

State	Total	Aged	Blind	Disabled	
				Adults	Children
Utah	2,414	541	16	1,519	338
Vermont	15,152	1,024	53	11,105	2,970
Virginia	5,104	1,966	28	3,110	b
Washington	33,308	15,923	856	16,529	--
West Virginia <sup>c</sup>	...	...	...	...	...
Wisconsin	112,439	7,863	915	73,101	30,560
Wyoming <sup>d</sup>	3,176	--	--	--	--

SOURCES: Social Security Administration, Supplemental Security Record, 100 percent data; information in the state summaries.

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

- a. Includes some grandfathered non-SSI recipients who meet state eligibility criteria, but do not meet federal eligibility guidelines.
- b. Children under 18 years old are not eligible for optional payment.
- c. The state does not have an optional supplementation program.
- d. Data not available by eligibility category.
- e. Only blind children under 18 are eligible; a separate count is not available.
- f. Benefits received under a child welfare program.
- g. Data reflect 2009 reporting.
- h. Only disabled children living with a dependent relative are eligible for payments.
- i. Includes 119 recipients not distributed by eligibility category.
- j. Includes 1,072 recipients not distributed by living arrangement and eligibility category.

**Summary Table 2.****Selected features of state supplementation, by state, January 2011**

State	Administration of—		Method of passalong	Participation in interim assistance reimbursement program
	Mandatory minimum supplementation	Optional state supplementation		
Alabama	No recipients	State	Payment levels	No
Alaska	No recipients	State	Total expenditures	Yes
Arizona	State	No program	No program	Yes
Arkansas	Federal	No program	No program	No
California	Federal	Federal	Payment levels	Yes
Colorado	State	State	Total expenditures	Yes
Connecticut	No recipients	State	Payment levels	Yes
Delaware	Federal	Federal/state	Payment levels	Yes
District of Columbia	Federal	Federal/state	Payment levels	Yes
Florida	No recipients	State	Payment levels	Yes
Georgia	Federal	State	Payment levels	Yes
Hawaii	No recipients	Federal	Payment levels	Yes
Idaho	State	State	Payment levels	No
Illinois	State	State	Payment levels	Yes
Indiana	No recipients	State	Payment levels	Yes
Iowa	Federal	Federal/state	Payment levels	Yes
Kansas	Federal	State	Payment levels	Yes
Kentucky	No recipients	State	Payment levels	Yes
Louisiana	Federal	State	Payment levels	No
Maine	State	State	Payment levels	Yes
Maryland	Federal	State	Payment levels	Yes
Massachusetts	Federal	Federal	Payment levels	Yes
Michigan	Federal	Federal/state	Payment levels	Yes
Minnesota	No recipients	State	Payment levels	Yes
Mississippi	Federal	No program	No program	No
Missouri	State	State	Payment levels	Yes
Montana	Federal	Federal	Payment levels	Yes
Nebraska	State	State	Total expenditures	Yes
Nevada	No recipients	Federal	Payment levels	Yes
New Hampshire	State	State	Payment levels	Yes
New Jersey	Federal	Federal	Payment levels	Yes
New Mexico	State	State	Payment levels	Yes
New York	Federal	Federal/state	Payment levels	Yes
North Carolina	State	State	Payment levels	Yes
North Dakota	No recipients	No program	No program	No
Ohio	Federal	State	Payment levels	Yes
Oklahoma	State	State	Total expenditures	No
Oregon	No recipients	State	Total expenditures	No
Pennsylvania	Federal	Federal/state	Payment levels	Yes
Rhode Island	No recipients	Federal/state	Payment levels	Yes
South Carolina	No recipients	State	Payment levels	No
South Dakota	Federal	State	Payment levels	No
Tennessee	Federal	No program	No program	Yes
Texas	No recipients	State	Payment levels	No
Utah	No recipients	Federal	Payment levels	Yes
Vermont	No recipients	Federal	Payment levels	Yes
Virginia	No recipients	State	Payment levels	Yes
Washington	State	State	Total expenditures	Yes
West Virginia	No program	No program	No program	No
Wisconsin	No recipients	State	Total expenditures	Yes
Wyoming	State	State	Payment levels	No

SOURCE: Based on information in the state summaries.

**Summary Table 3.****Selected features of medical programs affecting SSI recipients and the needy, by state, January 2011**

State	Medicaid eligibility		Medically needy program	SSA obtains information on unpaid medical expenses
	Criteria	Determined by—		
Alabama	Federal	Federal	No	No
Alaska	Federal	State	No	No
Arizona	Federal	Federal	Yes	No
Arkansas	Federal	Federal	Yes	Yes
California	Federal	Federal	Yes	No
Colorado	Federal	Federal	No	Yes
Connecticut	State	State	Yes	No
Delaware	Federal	Federal	No	Yes
District of Columbia	Federal	Federal	Yes	Yes
Florida	Federal	Federal	Yes	No
Georgia	Federal	Federal	Yes	No
Hawaii	State	State	Yes	No
Idaho	Federal	State	No	No
Illinois	State	State	Yes	No
Indiana	State	State	No	No
Iowa	Federal	Federal	Yes	Yes
Kansas	Federal	State	Yes	No
Kentucky	Federal	Federal	Yes	Yes
Louisiana	Federal	Federal	Yes	Yes
Maine	Federal	Federal	Yes	Yes
Maryland	Federal	Federal	Yes	Yes
Massachusetts	Federal	Federal	Yes	Yes
Michigan	Federal	Federal	Yes	No
Minnesota	State	County	Yes	No
Mississippi	Federal/State	Federal/State	No	No
Missouri	State	State	No	No
Montana	Federal	Federal	Yes	No
Nebraska	Federal	State	Yes	No
Nevada	Federal	State	No	No
New Hampshire	State	State	Yes	No
New Jersey	Federal	Federal	Yes	Yes
New Mexico	Federal	Federal	No	No
New York	Federal	Federal	Yes	No
North Carolina	Federal	Federal	Yes	No
North Dakota	State	State	Yes	No
Ohio	State	State	No	No
Oklahoma	State	State	No	No
Oregon	Federal	State	No	No
Pennsylvania	Federal	Federal	Yes	Yes
Rhode Island	Federal	Federal	Yes	Yes
South Carolina	Federal	Federal	No	No
South Dakota	Federal	Federal	No	Yes
Tennessee	Federal	Federal	Yes	Yes
Texas	Federal	Federal	Yes	Yes
Utah	Federal	State	Yes	No
Vermont	Federal	Federal	Yes	No
Virginia	State	State	Yes	No
Washington	Federal	Federal	Yes	Yes
West Virginia	Federal	Federal	Yes	Yes
Wisconsin	Federal	Federal	Yes	No
Wyoming	Federal	Federal	No	Yes

SOURCE: Based on information in the state summaries.



**Summary Table 4.****State threshold amounts for disabled and blind individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act, calendar year 2011**

State	Twice state supplementation <sup>a</sup> (dollars)	Base amount <sup>b</sup> (dollars)	State per capita Medicaid expenditure <sup>c</sup> (dollars)	Threshold <sup>d</sup>	
				Amount (dollars)	Rank
<i>Disabled individuals</i>					
Alabama	0	17,196	7,242	24,438	51
Alaska	8,688	25,884	25,641	51,525	2
Arizona	0	17,196	13,674	30,870	31
Arkansas	0	17,196	11,534	28,730	35
California	4,104	21,300	13,723	35,023	17
Colorado	600	17,796	14,194	31,990	27
Connecticut	4,032	21,228	35,274	56,502	1
Delaware	0	17,196	21,472	38,668	7
District of Columbia	0	17,196	25,841	43,037	5
Florida	0	17,196	11,557	28,753	34
Georgia	0	17,196	10,313	27,509	45
Hawaii	0	17,196	19,781	36,977	11
Idaho	1,272	18,468	20,027	38,495	9
Illinois	0	17,196	8,945	26,141	49
Indiana	0	17,196	17,517	34,713	18
Iowa	0	17,196	13,615	30,811	32
Kansas	0	17,196	16,875	34,071	19
Kentucky	0	17,196	10,149	27,345	46
Louisiana	0	17,196	12,567	29,763	39
Maine	240	17,436	14,967	32,403	26
Maryland	0	17,196	21,464	38,660	8
Massachusetts	2,745	19,941	16,450	36,391	13
Michigan	336	17,532	11,504	29,036	44
Minnesota	1,944	19,140	30,410	49,550	2
Mississippi	0	17,196	8,727	25,923	50
Missouri	0	17,196	13,984	31,180	30
Montana	0	17,196	12,233	29,429	40
Nebraska	120	17,316	18,982	36,298	15
Nevada	0	17,196	12,939	30,135	33
New Hampshire	984	18,180	22,540	40,720	6
New Jersey	750	17,946	15,541	33,487	23
New Mexico	0	17,196	19,225	36,421	12
New York	2,088	19,284	26,170	45,454	4
North Carolina	0	17,196	16,372	33,568	22
North Dakota	0	17,196	20,853	38,049	10
Ohio	0	17,196	16,817	34,013	20
Oklahoma	1,008	18,204	8,276	26,480	48
Oregon	0	17,196	14,266	31,462	29
Pennsylvania	658	17,854	11,556	29,410	41
Rhode Island	958	18,154	18,170	36,324	14
South Carolina	0	17,196	10,945	28,141	38
South Dakota	360	17,556	15,435	32,991	24
Tennessee	0	17,196	9,449	26,645	47
Texas	0	17,196	12,133	29,329	42
Utah	0	17,196	11,980	29,176	43

(Continued)

**Summary Table 4.**

**State threshold amounts for disabled and blind individuals to maintain Medicaid eligibility under section 1619(b) of the Social Security Act, calendar year 2011—Continued**

State	Twice state supplementation <sup>a</sup>	Base amount <sup>b</sup>	State per capita Medicaid expenditure <sup>c</sup>	Threshold <sup>d</sup>	
				Amount	Rank
<b>Disabled individuals (cont.)</b>					
Vermont	1,249	18,445	17,109	35,554	16
Virginia	0	17,196	15,349	32,545	25
Washington	1,104	18,300	9,860	28,160	37
West Virginia	0	17,196	11,087	28,283	36
Wisconsin	2,011	19,207	12,261	31,468	28
Wyoming	600	17,796	16,059	33,855	21
<b>Blind individuals</b>					
California	5,616	22,812	12,904	35,716	2
Iowa	528	17,724	13,615	31,339	5
Massachusetts	3,594	20,790	16,450	37,240	1
Nevada	2,623	19,819	12,940	32,759	3
Oregon	0	17,196	14,266	31,462	4

SOURCE: Social Security Administration, Program Operations Manual System (POMS), SI 02302.200, Charted Threshold Amounts.

- a. Twice the annual state supplementation rate, if any, for an individual living independently.
- b. The base amount is the annual amount of earned income it takes to reduce the annual SSI federal plus state benefit to zero. It is calculated as the sum of twice the state individual supplementation rate plus \$17,196; \$17,196 is the amount of earned income it takes in calendar year 2011 to reduce the annual federal benefit to zero, based on the monthly calculation (\$85 plus twice the monthly federal benefit rate of \$674) multiplied by 12.
- c. Based on data from 2010.
- d. The threshold is the sum of the base amount and the state per capita Medicaid expenditure.