

## **APPENDIX D**

### **DEFINITIONS OF FEDERAL PAYMENT CODES AND STATE LIVING ARRANGEMENTS<sup>1</sup>**

#### **FEDERAL PAYMENT CODES**

<b><u>Code</u></b>	<b><u>Description</u></b>
A	Includes eligible persons who: 1) live in their own household whether or not receiving in-kind support and maintenance (ISM); 2) live in a foster or family care situation; 3) have no permanent living arrangement such as a transient; 4) live in an institution (excludes 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 5) live alone or with a child, spouse, or persons whose income may be deemed to them. Also includes eligible persons for whom codes B, C, and D do not apply.
B	Includes eligible persons who: 1) 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 2) receive food and shelter from within that household. Code A payment standard is reduced by one-third.
C	Includes eligible children under age 18 who live in the same household as their parents (i.e., deeming applies). Payment standard is the same as in code A.
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.

#### **STATE LIVING ARRANGEMENTS**

<b><u>Code</u></b>	<b><u>Description</u></b>
<b>ALABAMA</b>	
	<u>Personal care home</u> --A domiciliary facility that provides care for four or more unrelated persons and is licensed by the State Health Department.
	<u>Foster home</u> --A domiciliary facility licensed or approved by the State Department of Human Resources in accordance with State foster home provisions.
	<u>Cerebral palsy treatment center</u> --A domiciliary facility for the treatment of cerebral palsy which is licensed by the State Health Department.

<sup>1</sup> States which are not included in this appendix either do not have optional supplementation programs or did not provide definitions of their living arrangement.

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#### **ALASKA**

Living independently--Includes eligible persons who: 1) live alone in their own household, whether or not receiving in-kind support and maintenance; 2) live alone or with a minor child, spouse, or anyone else whose income is deemed available to them; 3) live in an adult residential care facility, a medical institution, or adult foster care home; 4) live in a household in which all members receive Federal or State public assistance; 5) live in a household of another and pay at least a prorata share of the household expenses; or 6) live in a household of another where the eligible person or deemor has an ownership interest in the home or is liable to the landlord for any part of the rent.

In the household of another--Includes eligible persons who: 1) live in another's household for a full calendar month, except for temporary absences; and 2) receive both food and shelter from that person.

Medicaid facility--Includes eligible persons who reside for a full calendar month in a skilled nursing facility or an intermediate care facility which is certified and licensed by the Alaska Department of Health and Social Services to provide long term care.

#### **ARIZONA**

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 private nursing homes--Health care institutions licensed by the State Department of Health Services which provide nursing services to persons who need care on a continuing basis but do not require hospital care or direct daily care from a physician.

Licensed county operated nursing homes--Health care institutions licensed by the State Department of Health Services which are administered by a county and provide nursing services on a continuing basis.

Licensed supervisory care homes--Provide accommodations, board and general supervision including assistance in the self-administration of prescribed medication.

Adult foster care--Homes are certified on a county basis and provide supervisory care services to four or fewer people.

Twenty-four-hour treatment facility--Residential care facilities, licensed by the State Department of Health Services, which provide 24-hour treatment to the chronically mentally ill.

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#### **CALIFORNIA**

- A      Independent living with cooking facilities--Includes recipients who: 1) live in their own household and have cooking and food storage facilities, or are provided meals as part of the living arrangement; 2) are patients in certified private medical facilities where title XIX does not pay more than 50 percent of the cost of care; 3) are patients in private medical facilities licensed by the State but not certified under title XIX; 4) are blind children under age 18 who live with parents; or 5) are blind and live independently with or without cooking and food storage facilities.
- B      Nonmedical out-of-home care (NMOHC)--Includes children who are: 1) blind or disabled and reside in a State licensed NMOHC facility; 2) blind or disabled and reside in "certified family" homes approved by licensed home-finding agencies; 3) blind or disabled and reside in a licensed foster care home; 4) blind and reside in the home of a relative who is neither a parent or legal guardian; or 5) disabled and reside in the home of a relative who is not a parent or in the home of a legal guardian who is not a relative. Includes adult recipients who are in Federal code A and reside either in the home of a relative, legal guardian, or conservator or in a State licensed NMOHC facility.
- C      Independent living without cooking facilities--Includes recipients who are neither provided meals nor given access to adequate cooking/food storage facilities as part of their living arrangement.
- D      Living in the household of another--Includes recipients in Federal code B who do not qualify for any other State arrangement.
- E      Disabled minor in home of parent--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 Federal code B.
- G      Disabled minor in the household of another--Includes disabled children under age 18 who reside with a parent and are in Federal code B.
- J      Medicaid facility--Includes recipients in Federal code D. Also includes recipients in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).

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#### COLORADO

Living independently--Includes recipients who are in Federal code A or B, meet the State eligibility requirements, and do not qualify for other State arrangements.

Adult foster care--Includes recipients who are in Federal code A and are residing in an approved supervised living facility known as an adult foster home.

Home care--Includes recipients who receive care in their own homes from qualified personnel and who would otherwise be in nursing homes if this care were unavailable.

Individual with essential spouse--Includes recipients who are living with a spouse who is rendering services which if these recipients were living alone would have to be provided for them.

#### CONNECTICUT

Independent community living--Any type of living arrangement which is not a licensed room and board facility or a medical or penal institution.

#### DELAWARE

A      Adult residential-care facility--Includes those recipients who are certified by the Delaware Department of Health and Social Services, Division of Economic Services, as residents of an adult residential care home.

#### DISTRICT OF COLUMBIA

A      Adult foster-care home (50 beds or less)--Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care-home with 50 or fewer residents.

B      Adult foster-care home (over 50 beds)--Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster-care home with more than 50 residents.

C      Living independently--Includes all recipients in Federal codes A and C who are eligible for State supplementation and are not included under another arrangement. Includes residents of publicly operated emergency shelters throughout a month. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).

D      Living in the household of another--Includes recipients in Federal code B.

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#### **DISTRICT OF COLUMBIA (Con.)**

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| E | <u>Living independently with an essential person (EP)</u> --Includes recipients who meet the definition of State living arrangement C but have an EP. |
| F | <u>Living in the household of another with an EP</u> --Includes recipients who meet the definition of State living arrangement D but have an EP.      |
| G | <u>Medicaid facility</u> --Includes recipients in Federal code D.   |

#### **FLORIDA**

Adult foster-care home--Serves 1 to 3 people, ages 18 and up.

Adult congregate living facility--Serves 4 or more people providing housing, food, and personal services.

Foster home--Serves 1 to 3 people, from new born babies to adults.

Small group home--Serves 4 to 7 people.

Large group home--Serves 8 to 16 people.

Residential habilitation center--Serves 17 or more people.

Medicaid facility--Includes recipients in Federal code D.

#### **HAWAII**

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|---|---|
| A | <u>Living independently</u> --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 title XIX but where title XIX does not pay more than 50 percent of the cost of care. Includes recipients in medical facilities who are in Federal code A 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. |
| F | <u>Domiciliary Care I</u> --Includes recipients (including children) living in a private, non-medical facility (established and maintained for the purpose of providing personal care and services to aged, infirm, or handicapped persons) and certified by the State to receive level I care as defined by the State. Domiciliary care level I involves minimal care to an ambulatory resident.   |

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#### HAWAII (Con.)

G      Domiciliary Care II--Same as F except level II care which involves moderate care and supervision is provided.

H      Domiciliary Care III--Same as F except level III care which requires extensive care and supervision is provided.

### IDAHO

Living independently--Includes recipients living in their own household (i.e., house, apartment, hotel, rooming house) or in the household of another. Also includes blind or disabled children living with their parents.

Living with an essential person--Includes recipients living in their own household or in the household of another with a person of their choice whose presence in the household is essential to the recipients' well-being and who renders specific services of a kind which would have to be provided for the recipients if they lived alone.

Room and board facility--A living arrangement in which a person purchases food, shelter, and household maintenance requirements from 1 vendor in a facility not required to be licensed as a shelter home.

Licensed shelter home--A facility providing a home with continuous protective oversight and 24-hour supervision and facilities for 3 or more persons not related to the owner who are unable to care for themselves. A shelter home is required to be licensed under state law.

Unlicensed shelter home--A shelter home which is not licensed and is operating in violation of state law.

Adult foster care--A family home in which not more than two adults are placed. These adults are unable to reside in their own homes and require help in their daily living as well as protection, security, and encouragement toward independence.

Specialized shelter home--A facility licensed by Idaho's Facility Standards Review Program to provide continuous protective oversight, 24 hour supervision, and individualized habilitation plans to not more than 15 developmentally disabled or mentally ill residents.

Semi-independent group residential facility--A facility having 1 or more living areas under a common management in which an opportunity to learn independent living skills is provided under individualized service plans to not less than 3 nor more than 8 developmentally disabled and/or mentally ill persons not requiring direct supervision.

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#### INDIANA

Licensed residential facility--Includes recipients who reside in facilities licensed by the Indiana Board of Health and approved for participation in the Room and Board Assistance program by the Indiana Department of Public Welfare. These residential facilities can be publicly or privately owned; for profit or not-for-profit.

#### IOWA

- A      Living independently (Blind only)--Includes all blind recipients who are not included under another arrangement, do not have an essential person (EP), and are not otherwise ineligible for supplementation.
- B      Living in the household of another (Blind only)--Includes all blind recipients who are in Federal code B, are not included under another State arrangement, do not have an EP, and are not otherwise ineligible for supplementation.
- C/H     Living with a dependent person--Includes a recipient in Federal code A, B, or C who has an ineligible spouse, parent, child, or adult child living in the home with him or her, and who is financially dependent upon the eligible individual as defined by the State Department of Human Services.
- D/I     Living in a family life or boarding home--Includes recipients in Federal code A or B who reside in family life homes or boarding homes licensed by the State Department of Health or certified by the State Department of Human Services.

Residential care--Includes recipients who require custodial care on a 24-hour basis. The purpose of these facilities is to provide care for recipients who because of age, blindness, or disability are unable to adequately care for themselves in an independent living arrangement. Recipients must have the written recommendation of a physician to be admitted to these facilities.

In-home health care--Includes recipients who require personal services and/or nursing care. The primary purpose of the program is to enable recipients to remain in their own home for as long as possible. Care must be recommended in writing by a physician and must be provided under the supervision of a registered nurse.

#### KENTUCKY

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/recreational activities.

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#### **KENTUCKY (Con.)**

**Family care home**--Includes recipients in residential accommodations limited to two or three people 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.

### **LOUISIANA**

**Medicaid facility**--Includes those recipients in Federal code D who reside in nonpsychiatric medicaid facilities.

### **MAINE**

- A      **Living alone or with others**--Includes the following types of recipients: 1) an individual living in his/her own household with no other person except an ineligible spouse; 2) a couple living in their own household; 3) a person in a medical facility where Medicaid does not pay more than 50 percent of the cost of care; 4) a person in a medical facility who is in Federal code A on the basis of his eligibility under Section 1611(e)(1)(E); 5) a person in a private-pay facility or private-pay portion of a licensed boarding home; or 6) an individual or couple living with other persons but not considered to be "living in the household of another."
- C      **Living in the household of another**--Includes all recipients in Federal code B.
- D      **Living in a foster home**--Includes recipients residing in an adult foster home or in a children's boarding home with foster parents as identified by the State.
- E      **Living in a flat rate boarding home**--Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement at a flat rate. Also included are recipients residing in a group 24-hour facility or a child caring institution, as identified by the State.
- G      **Living in a cost reimbursement boarding home**--Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement based on cost.
- H      **Medicaid facility**--Includes recipients in Federal code D.

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#### **MARYLAND**

Care home, minimal supervision--Includes individuals who are certified by one of the administering State agencies as requiring minimal supervision in an approved care home.

Care home, general supervision--Includes individuals who are certified by one of the administering State agencies as requiring general supervision in an approved care home.

Care home, special services--Includes individuals who are certified by one of the administering State agencies as requiring special services in an approved care home.

DOMCARE--Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

#### **MASSACHUSETTS**

- A      Living independently--Includes recipients who live: 1) alone; 2) only with an eligible spouse; 3) with an eligible spouse and with ineligible children who do not receive income maintenance payments; or 4) with an ineligible spouse and/or ineligible children none of whom receive income maintenance payments. Also includes recipients in Federal code C who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are in Federal code A or C and pay at least two-thirds of the household expenses. In addition, recipients living in public congregate housing developments are included.
- B      Shared living expenses--Includes recipients who are in Federal code A or C and do not meet the criteria for State living arrangement A or E. As such, it includes recipients who reside in group-care facilities such as halfway houses, private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or in other facilities which do not meet the criteria for State living arrangement A or E. It also includes: 1) recipients who reside in households where they do not pay at least two-thirds of the household expenses and one or more household members receive an income maintenance payment; and 2) transients, the homeless, and residents of public emergency shelters.
- C      Living in the household of another--Includes recipients in Federal code B.
- E      Licensed rest home--Includes recipients residing in a licensed rest home which has a provider agreement with the State.
- F      Medicaid facility--Includes recipients in Federal code D.

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#### **MICHIGAN**

- A Living independently--Includes all eligible recipients who are not included in any other State arrangement. Recipients residing in title XIX facilities where Medicaid is not paying more than 50 percent of the cost of care and recipients residing in publicly operated emergency shelters throughout a month are included in this arrangement.
- B Living in the household of another--Includes recipients with no essential person (EP) who are in Federal code B.
- D Domiciliary-care--Includes recipients residing in licensed nonmedical facilities which provide room, board, and supervision. The State certifies which recipients are residents requiring this level of care.
- E Personal-care--Includes recipients residing in licensed nonmedical facilities which provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The State certifies which recipients are residents requiring this level of care.
- F Home for the aged--Includes recipients residing in nonmedical facilities for the aged. The State certifies which recipients are residents requiring this level of care.
- G Living independently with an essential person--Includes recipients with an EP, who are not living in the household of another. Children under age 18 are excluded.
- H Living in the household of another with an EP--Includes recipients with an EP who are in Federal code B. Children under age 18 are excluded.
- I Medicaid facility--Includes recipients in Federal code D.

#### **MINNESOTA**

Living independently--Includes recipients who are solely responsible for paying costs connected with their home or apartment.

Living in the household of another--Includes recipients who live with another person, regardless of the relationship, in a house or an apartment.

Nonmedical, group residential facility--Includes recipients who reside in a congregate care setting and have their shelter payments negotiated by the county agency. Nonmedical facilities include foster care, boarding care, and room and board arrangements.

Medicaid facility--Includes recipients in Federal code D.

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#### MISSOURI

Licensed residential-care facility I--Residents must meet State income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential-care facility II--Residents must meet State income and resource guidelines. Custodial type care is provided.

Licensed intermediate care or skilled nursing home--Residents must meet State income and resource guidelines. Custodial plus medical care provided.

#### MONTANA

- G** Personal-care--Facilities that provide 24 hour personal care services to 5 or more persons who are not in need of skilled nursing care. Personal care services include help with eating, walking, dressing, bathing, etc.. It also includes supervision, local transportation, and protective oversight. These facilities must be licensed by the Department of Health and Environmental Sciences. Residents must: 1) be 18 years of age or older; 2) be ambulatory; 3) not be incontinent; and 4) not need chemical or physical restraints.
- H** Group home for mentally disabled (ill)--Provides residential services to mentally disabled persons in the community. Must have current license from Department of Health and Environment Sciences.
- I** Community home for physically or developmentally disabled--Homes for the developmentally disabled provide a family type residence and related residential services to persons with developmental disabilities. Children can be residents of these homes. Homes for the severely disabled provide a home-like residence to 2 to 8 severely disabled persons. Persons with a primary diagnosis of mental illness are not included in the latter homes.
- J** Child and adult foster care--A children's foster home is a licensed home that provides care to a child. An adult foster home is a licensed home which provides personal and/or custodial care to disabled adults or aged persons.
- K** Transitional living services for the developmentally disabled--This is a program that provides an intermediate step between the group home and independent living. It consists of persons living in congregate apartments with some staff supervision. Staff provides assistance in such areas of daily living as cooking, shopping, and cleaning.

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#### NEBRASKA

Living independently--Includes recipients in Federal codes A and B.

Living with an essential person--Applies to recipients who are living independently and were converted from the December 1973 State rolls with an EP who has continued to live in the household.

Room and board facility--Does not include care or supervision and may be with a relative.

Licensed domiciliary facility--provides accommodations and supervision to 4 or more persons who are essentially capable of managing their own affairs, but are in need of supervision. These people do not require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health.

Certified adult family home--A residential living unit which provides full-time residence with minimal supervision and guidance to not more than 3 individuals age 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but are in need of supervision. These homes are certified by the social services unit in the local offices of the Nebraska Department of Social Services.

Licensed residential care facility--These facilities provide accommodation and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to 4 or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Nebraska Department of Health.

Licensed group home for children--These facilities provide 24-hour accommodations to 2 or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Nebraska Department of Social Services.

Center for the developmentally disabled--A facility, not licensed as a hospital, which provides accommodation, board, training, and other services for four or more developmentally disabled persons. Included in this category are group residences which house 4 to 15 persons and institutions (other than skilled nursing facilities or ICFs) which house 16 or more persons. These centers are licensed by the Nebraska Department of Health.

Medicaid facility--Includes recipients in Federal code D.

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### STATE LIVING ARRANGEMENTS

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#### NEVADA

- A Living independently--Includes aged and blind recipients who live in their own households or are in certified private medical facilities where title XIX does not pay more than 50 percent of the cost of care. Also includes blind children under age 18 living in their parents' households.
- B Living in the household of another--Includes aged and blind recipients who are in Federal code B.
- C Domiciliary care--Includes aged and blind recipients who live in private nonmedical facilities or in residential facilities serving 16 or fewer persons, which provide personal care and services to aged, infirm, or handicapped adults who are unrelated to the proprietor.

#### NEW HAMPSHIRE

Living independently--Includes all adult recipients in Federal codes A and B who are not included in any other State living arrangement. Also includes blind children in Federal codes A, B, and C.

Living with an essential person--Includes recipients living in a private household with a person who provides the essential care and personal services which enables them to remain within their household.

Shared home for adults--Facilities which provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone, yet do not require nursing home care.

Community residence--Facilities which provide housing on a 24 hour basis to mentally ill or developmentally impaired persons. Care provided is a combination of supervised social, personal, and mental health services.

Medicaid facility--Includes recipients in Federal code D.

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#### NEW JERSEY

- A Licensed residential facilities--Includes recipients at State approved facilities. Mentally retarded recipients must be supervised and/or placed by either the State Department of Youth and Family Services or the State Division of Developmental Disabilities.
- B Living alone or with others--Includes all recipients in Federal living arrangement A or C who do not meet the definitions of other State living arrangements. Includes persons in the Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).
- C Living alone with an ineligible spouse--Includes only recipients who live with their ineligible spouses and there are no other persons who are a part of the household.
- C Living with an essential person--Uses Federal criteria. Recipient currently has an essential person living in the household and in December 1973 was receiving assistance under an approved State plan which covered the needs of an essential person.
- D Living in the household of another--Includes recipients in Federal code B.
- G Medicaid facility--Includes all recipients in Federal code D.

#### NEW MEXICO

Licensed adult residential care home--Includes no more than 15 persons who reside in a home-like atmosphere and receive assistance with the activities of daily life.

#### NEW YORK

- A Living alone--Includes recipients living either alone, with foster children, with an authorized homemaker, or with family care recipients placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for room and board or having their meals prepared separately.
- B Living with others--Includes recipients who reside in a dwelling with others and either: 1) prepare food in common with at least one other person in the dwelling; 2) are members of a religious community; or 3) are children who have not been included in State living arrangement C or D.

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#### NEW YORK (Con.)

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|---|---|
| C | <p><u>Congregate care I</u>--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 the New York State DSS, 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 which provide care for mentally disabled persons. Eligibility for care in these homes is based on certification of placement by the Department of Social Services or Department of Mental Health.</p> |
| D | <p><u>Congregate care II</u>--Includes recipients in residential facilities who are aged or have mental disabilities. Facilities at this level are residential care centers for adults (and some children) and State certified, privately operated facilities for the mentally ill which provide long term residential care and secure services which enable residents to continue to live in the community.</p>  |
| E | <p><u>Congregate care III</u>--Includes recipients in privately operated, State certified, nonmedical, residential facilities which are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled individuals.</p>   |
| F | <p><u>Living in the household of another</u>--Includes all recipients in Federal code B.</p>  |
| G | <p><u>Medicaid facility</u>--Includes all recipients in Federal code D. An additional State-administered supplement is provided to those recipients in Federal code D who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (e.g., hospitals, nursing homes).</p>   |

### NORTH CAROLINA

Domiciliary care, ambulatory--Includes recipients who are fully mobile and do not need the continuing help of staff members, wheelchairs, etc., to move about.

Domiciliary care, semiambulatory--Includes recipients who in order to walk about need and use on a regular basis the assistance of wheelchairs, walkers, crutches, other appliances, or staff members.

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#### **OHIO**

Adult family home--Includes recipients residing in personal residences or family homes which have been approved by the county human services departments according to standards set by the State. These homes provide room, board, and personal assistance to no more than five adults. Individuals who require skilled nursing care or who are unable to manage or administer their own medication are not admitted to these homes.

Group home--Includes recipients residing in adult foster care facilities licensed by the Ohio Department of Human Services which provide room and board for 6 to 16 adults. These homes provide meals and laundry services but do not provide personal assistance or supervision. Residents must be able to manage or administer their own medications.

Rest home--Includes recipients residing in homes licensed by the Ohio Department of Health which provide personal assistance to six or more individuals who require personal services because of age or physical or mental impairment, but do not require skilled nursing care. A rest home is licensed to provide only room, board, and personal assistance and may not admit individuals requiring skilled nursing care.

#### **OKLAHOMA**

Living independently--Includes recipients in Federal codes A and B.

#### **OREGON**

Living independently--Includes recipients living alone in their own household.

Living with an ineligible spouse--Includes a recipient living with his/her ineligible spouse.

Living with an essential person--Includes a recipient living in his/her own household with an essential person.

Living in the household of another--Includes all recipients who live in the household of another.

Adult foster care--Homes or other facilities that include board and room and 24-hour care and service for 5 or fewer elderly or disabled persons who are age 18 or older.

Residential care--Facilities of 1 or more buildings on contiguous property that provide 24-hour care and service to 6 or more persons age 16 or older.

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	<b>OREGON (Con.)</b>
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Room and board--Facilities that provide meals and housing in exchange for financial or other compensation.

### PENNSYLVANIA

- A Living alone--Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where title XIX is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples in Federal codes A and C not meeting the definitions of other State arrangements. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).
- B Living in the household of another--Includes recipients who do not have an essential person (EP) and are in Federal code B.
- C Living with an EP--Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more EP's.
- D Living in the household of another with an EP--Includes recipients who live in the household of another and have one or more EP's.
- G Living in a domiciliary care facility or personal care boarding home--Includes adult recipients (age 18 and over) certified by the State to be residing in nonmedical residential care facilities.

### RHODE ISLAND

- A Living alone--Includes recipients who are in Federal codes A and C. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).
- B Living in the household of another--Includes recipients who are in Federal code B.  
Medicaid facility--Includes all recipients in Federal code D.

## APPENDIX D (Con.)

### STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>	<u>Cod</u>
	<b>SOUTH CAROLINA</b>	G
A	<u>Licensed residential care facility</u> --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: 1) be licensed by the Department of Health and Environmental Control; 2) provide care to 2 or more adults for a period exceeding 24 consecutive hours; and 3) provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.	I
	<b>SOUTH DAKOTA</b>	
A	<u>Living independently</u> --Includes all recipients in Federal codes A and C who are eligible for State supplementation and are not included under another State living arrangement.	
	<u>Supervised personal-care facility/adult foster-care home</u> --Includes recipients residing in facilities or homes which meet State licensing or certification requirements and provide personal care environments. A personal care environment provides personal care and services in addition to food, shelter, and laundry to recipients who are not in need of skilled nursing care. Residents in personal care environments must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance.	
	<b>UTAH</b>	
A	<u>Living alone or with others</u> --Includes recipients in Federal codes A, B, and C.	
	<b>VERMONT</b>	
A/B	<u>Living independently</u> --Includes eligible recipients who are not in any other State living arrangement. Includes children who are living with parents, recipients residing in private title XIX facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.	
E	<u>Living in the household of another</u> --Includes recipients in Federal code B who are not otherwise exempted from State supplementation.	
F	<u>Custodial-care: Licensed home with limited nursing care</u> --Includes recipients living in Level III Community Homes identified by the State. Custodial-care: Licensed community care home--Includes recipients living in Level IV Community Homes identified by the State.	

A      Living alone or with others--Includes recipients in Federal codes A, B, and C.

A/B     Living independently--Includes eligible recipients who are not in any other State living arrangement. Includes children who are living with parents, recipients residing in private title XIX facilities where Medicaid is not paying more than 50 percent of the cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

E      Living in the household of another--Includes recipients in Federal code B who are not otherwise exempted from State supplementation.

F      Custodial-care: Licensed home with limited nursing care--Includes recipients living in Level III Community Homes identified by the State. Custodial-care: Licensed community care home--Includes recipients living in Level IV Community Homes identified by the State.

## APPENDIX D (Con.)

### STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
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#### VERMONT (Con.)

- G      Custodial-care: Family home--Includes recipients who are in Federal code A, live in another's home, pay room and board, and receive one or more custodial services. Custodial care includes providing basic room and board, plus such services as: help with feeding, dressing, bathing, moving under normal circumstances, occasional tray service and/or supervision for the recipients' protection. To qualify as a home under this arrangement, these services must be provided by a resident of the home and cannot be provided to more than two persons in the home. Custodial care or supervision provided by a spouse is not included under this arrangement.
- I      Medicaid facility--Includes recipients in Federal code D.
- Living independently with an essential person--Includes eligible individuals living in their own homes with an ineligible spouse, parent, or other caretaker who meets the State's definition of providing essential care and maintenance.
- Living in the household of another with an ineligible spouse who is an essential person--Includes eligible individuals in Federal code B who live with an ineligible spouse who is an essential person.

### VIRGINIA

Licensed home for adults (domiciliary institution)--Must be licensed. Four or more people receive care.

Adult family care--A foster care type arrangement. No more than three people; usually only 1 person. No license required, but approval by local department of social services is required.

### WASHINGTON

- A      Living independently--Includes most recipients in Federal code A or C. Excluded are recipients meeting the qualifications of other State arrangements, individuals with more than one essential person (EP), couples with one essential person, and residents of public emergency shelters for the homeless.
- B      Living with an ineligible spouse--Applies to recipients who are living independently, are the head of their household, and are living with an ineligible spouse.
- C      Living in the household of another--Includes most recipients in Federal code B. Exceptions are the same as noted above in State arrangement A.

## APPENDIX D (Con.)

### STATE LIVING ARRANGEMENTS

#### Code    Description

#### WASHINGTON (Con.)

- F Living in the household of another with an ineligible spouse--Includes recipients in Federal code B who have an ineligible spouse.
- G Living with one essential person--Includes recipients who live alone, are the head of their household, and were converted from the December 1973 State welfare rolls with an EP who has continued to live in the household.
- H Living in the household of another with one EP--Includes recipients who are living in the household of another with an EP.
- Medicaid facility--Includes recipients in Federal code D.

#### WISCONSIN

- A Living independently--Includes recipients living in their own households, in private medical treatment facilities and receiving 50 percent or less of the cost of care from title XIX, or in nonmedical institutions. Also includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).
- B Living in the household of another--Includes recipients in Federal code B.
- C Living independently with an ineligible spouse--Includes recipients living in their own households with an ineligible spouse.
- D Living in the household of another with an ineligible spouse--Includes recipients in Federal code B who have an ineligible spouse.
- E In private nonmedical group home or supported living arrangement--Restricted to recipients who require a supportive living arrangement and reside in private nonmedical group homes or in a natural residential setting with support. Eligibility is based on certification, on an individual basis, by the State.
- F Living independently with an EP--Includes recipients living in their own households with an EP who is not a spouse.
- G Living in the household of another with an EP--Includes recipients in Federal code B who have an EP who is not a spouse.

## APPENDIX D (Con.)

### STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
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#### WISCONSIN (Con.)

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|---|--|
| H | <u>Living independently with an ineligible spouse who is an EP</u> --Includes recipients living in their own households with an EP who is an ineligible spouse.      |
| I | <u>Living in the household of another with an ineligible spouse who is an EP</u> --Includes recipients in Federal code B who have an EP who is an ineligible spouse. |

#### WYOMING

Living independently--Includes only those SSI recipients in Federal code A who have no Federal countable income.

Living in the household of another--Includes only those SSI recipients in Federal code B who have no Federal countable income.