

**PAYMENT LEVELS<sup>2</sup>**

Code	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Receiving personal care in a private home or a personal care home: <sup>3</sup>				
	Level of independence A	\$446.00	\$699.00	\$60.00	\$120.00
	Level of independence B	442.00	691.00	56.00	112.00
	Receiving personal care and support and maintenance in a private home or personal care home: <sup>3</sup>				
	Level of independence A	317.34	506.00	60.00	120.00
	Level of independence B	313.34	498.00	56.00	112.00
	Receiving nursing care in a private home or personal care home <sup>3</sup>	446.00	699.00	60.00	120.00
	Receiving nursing care and support and maintenance in a private home or personal care home <sup>3</sup>	317.34	506.00	60.00	120.00
	Living in foster home with personal care or nursing care <sup>3 4</sup>	496.00	799.00	110.00	220.00
	Living in cerebral palsy treatment center:				
	Disabled	582.00	971.00	196.00	392.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Personal care or nursing care must be recommended by a licensed physician and someone must actually provide and receive payment for the care.

<sup>4</sup> Foster homes must be licensed or approved by the Department of Human Resources.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$717.00	\$1,063.00	\$331.00	\$484.00
	Living independently with ineligible spouse	862.00	N/A	476.00	N/A
	Living in household of another	594.34	883.00	337.00	497.00
	Living in household of another with ineligible spouse	681.34	N/A	424.00	N/A
	Medicaid facility	75.00	150.00	45.00 <sup>3</sup>	90.00 <sup>3</sup>

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Personal needs allowance either as a direct supplement to SSI or a deduction from other income that is applied to the cost of care.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Requires housekeeping services <sup>3</sup>	\$456.00	N/A	\$70.00	N/A
	Licensed private nursing homes: <sup>4</sup> Aged	466.00	739.00	80.00	160.00
	Licensed county operated nursing homes: <sup>5</sup> Aged	174.00	348.00	174.00	348.00
	Licensed supervisory care homes, adult foster care homes, or 24-hour treatment facilities <sup>3</sup>	436.00	679.00	50.00	100.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Economic Security.

**SPECIAL NEED  
CIRCUMSTANCES:**

<b>VISITING NURSE SERVICES</b>	Up to \$160 per month to any aged SSI recipient when medical findings substantiate need. <sup>6</sup>
<b>HOME HEALTH SERVICES</b>	Up to \$160 per month to any aged SSI recipient when medical findings substantiate need. <sup>6</sup>

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>3</sup> Only SSI recipients eligible for supplement.<sup>4</sup> Payment level varies for those ineligible for SSI.<sup>5</sup> Ineligible for SSI.<sup>6</sup> Vendor payments.

**OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>**

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Independent living with cooking facilities:				
	Aged and disabled	\$630.00	\$1,167.00	\$244.00	\$588.00
	Blind <sup>3</sup>	704.00	1,372.00 <sup>4</sup>	318.00	793.00 <sup>4</sup>
B	Nonmedical out-of-home care	709.00	1,418.00	323.00	839.00
C	Independent living without cooking facilities <sup>3</sup>				
	Aged and disabled	698.00	1,303.00	312.00	724.00
D	Living in household of another:				
	Aged and disabled	501.34	974.00	244.00	588.00
	Blind	575.34	1,179.00 <sup>4</sup>	318.00	793.00 <sup>4</sup>
E	Disabled minor in home of parent, guardian, or relative	499.00	N/A	113.00	N/A
F	Nonmedical out-of-home care, living in household of another	580.34	1,225.00	323.00	839.00
G	Disabled minor in the household of another	370.34	N/A	113.00	N/A
J	Medicaid facility	42.00	84.00	12.00	24.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals age 65 or over are entitled to the highest payment category for which they qualify.

<sup>3</sup> Blind recipients both with and without cooking facilities are included under code A because both have the same payment level.

<sup>4</sup> Payment level when both members of couple are blind; when one member is blind, the payment is reduced by \$77.

**RESOURCE  
LIMITATIONS  
(CON.)**

eligible recipient is \$2,000. Major property exclusions are real estate of any value owned and occupied as a residence, one automobile used for essential transportation, furniture, household equipment, clothing, prepaid burial contracts (irrevocable contracts of any amount, revocable contracts of up to \$1,500), certain business or farm implements with specified value limitations, and cash surrender value of life insurance policy up to \$5,000.

**PLACE OF  
APPLICATION**

County social services offices.

**FUNDING**

Assistance: 100 percent State funds for the aged; 80 percent State funds, 20 percent local funds for the blind and disabled.

Administration: 80 percent State funds, 20 percent local funds.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <u>Individual</u>	Federal/State <u>Couple</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
	Living independently: <sup>3</sup>				
	Aged	\$444.00	\$888.00	\$54.00	\$309.00
	Blind and disabled	390.00	770.00	4.00	191.00
	Adult foster care	581.00	N/A	195.00	N/A
	Home care: <sup>4</sup>				
	Aged	763.00	N/A	377.00	N/A
	Blind and disabled	709.00	N/A	323.00	N/A
	Individual with essential spouse	514.00	N/A	128.00	N/A

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other sources of income are allowed to keep \$29.00 per month as a personal needs allowance.

<sup>3</sup> Combined Federal/State payment level also applies to persons living in the home of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

<sup>4</sup> Represents maximum allowance. Lesser amounts may be paid according to the amount of home care needed.

**RESOURCE  
LIMITATIONS**

No limit on real property occupied as a home. Equity in real property other than a home must be liquidated. Value of personal property (excluding household and personal effects, car if needed, and tools and equipment or livestock essential to production of income) limited to \$1,600 for an individual and \$2,400 for a couple. In addition, up to \$1,200 for burial contract reduced by the value of irrevocable burial arrangements and the face value of life insurance policies of \$1,500 or less.

**PLACE OF  
APPLICATION**

Local offices of State agency.

**FUNDING**

Assistance: State funds.

Administration: State funds.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Independent community living <sup>3</sup>	\$752.00	\$1,104.00	\$366.00	\$525.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Boarding home rate is set by Committee on State payments in accordance with individual cost data for the operations of the facility.

<sup>3</sup> Budget process used to establish payments amounts. This supplement consists of a housing allowance (maximum of \$400 for living alone; \$200 for living with others), basic needs items, minus countable income (see income disregards). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living in adult residential care facility	\$526.00	\$1,027.00	\$140.00	448.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

State Department of Health and Social Services, Division of Social Services.

**SPECIAL NEED CIRCUMSTANCES**

State provides cash assistance for specific emergencies on a one-time basis.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**FUNDING**

**Assistance:** District of Columbia funds.  
**Administration:** Federal funds.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Adult foster-care home (50 beds or less)	\$533.20	\$1,066.40	\$147.20	\$487.40
B	Adult foster-care home (over 50 beds)	643.20	1,286.40	257.20	707.40
C	Living independently	401.00	609.00	15.00	30.00
D	Living in household of another	272.34	416.00	15.00	30.00
E	Living independently with an essential person <sup>3</sup>	594.00	802.00	15.00	30.00
F	Living in household of another with an essential person <sup>3</sup>	401.00	544.67	15.00	30.00
G	Medicaid facility	60.00	120.00	30.00	60.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Applies only to recipients converted from former State assistance programs.

<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.			
<b>PLACE OF APPLICATION</b>	Community care program: Local offices of State Department of Health and Rehabilitative Services. Long-term residential care program: Local Development Service Program offices, Department of Health and Rehabilitative Services.			
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.			
<b>INTERIM ASSISTANCE</b>	State participates.			
<b>PAYMENT LEVELS<sup>2</sup></b>				
<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <u>Individual</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
<b>Community care program:<sup>3</sup></b>				
Adult foster care:				
Normal/Minimal level	\$583.00	N/A	\$197.00	N/A
Moderate level	583.00	N/A	197.00	N/A
Adult congregate living facilities	583.00	N/A	197.00	N/A
Foster home:				
Minimal	458.00	N/A	72.00	N/A
Moderate	477.00	N/A	91.00	N/A
Intensive	494.00	N/A	108.00	N/A
<b>Long-term residential care program for the disabled:</b>				
Small group home:				
Minimal	641.00	N/A	255.00	N/A
Moderate	659.00	N/A	273.00	N/A
Intensive	683.00	N/A	297.00	N/A

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Payment includes up to \$43 for personal needs allowance. Recipients who lose SSI eligibility because of title II increases may continue to be eligible if they qualify for these living arrangements.

**PAYMENT LEVELS (CON.)<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
<b>Large group home/Residential habilitation center:</b>					
A. Mild/moderate disability	\$556.00	N/A	\$170.00	N/A	N/A
B. Severe, profound, or disruptive behavior	577.00	N/A	191.00	N/A	N/A
C. Deaf, blind, nonambulatory	589.00	N/A	203.00	N/A	N/A
D. Combination of B and C	600.00	N/A	214.00	N/A	N/A
E. Any combination of above	612.00	N/A	226.00	N/A	N/A
Medicaid facility	35.00	70.00	5.00	10.00	

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**OPTIONAL STATE SUPPLEMENTATION**<sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	A program for the aged, blind, and disabled medically needy will become effective 4/1/90.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently	\$390.90	\$587.80	\$4.90	\$8.80
F	Domiciliary Care I <sup>3</sup>	650.90	1,301.80	264.90	722.80
G	Domiciliary Care II <sup>3</sup>	735.90	1,471.80	349.90	892.80
H	Domiciliary Care III <sup>3</sup>	837.90	1,675.80	451.90	1,096.80

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Human Services

**SPECIAL NEED CIRCUMSTANCES:**

Shelter allowance based on household size.<sup>4</sup>  
Housing and utility deposit (one-time only).<sup>4</sup>  
Repair or replacement of stove or refrigerator.<sup>4</sup>  
Emergency assistance due to natural disaster.<sup>4</sup>

Special care 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 either be wheelchair bound, incontinent, or in need of non-oral medication.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State certified domiciliary care units. SSI recipients in care homes with 6 or more residents receive additional monthly payments from the State. These additional payments are \$54 for those in level I care and \$108 for those in level II and III care. The payments are turned over to the home operator to pay for higher salaries and building modifications, e.g., ramps, grab bars, etc. There is no such payment for those in care homes for five or less residents.

<sup>4</sup> Payments made to SSI recipients if their total income is less than \$357 monthly.

**INTERIM  
ASSISTANCE**
**State does not participate.**
**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <sup>3</sup>		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living Independently <sup>4</sup>	\$459.00	\$624.00	\$73.00	\$45.00
	Living with essential person	624.00	N/A	45.00	N/A
	Room and board facility	511.00	1,022.00	125.00	443.00
	Hotel-rented room	459.00	624.00	73.00	45.00
	Licensed shelter home	638.00	1,276.00	252.00	697.00
	Unlicensed shelter home	403.00	806.00	17.00	227.00
	Adult foster care home	569.00	1,038.00	183.00	459.00
	Specialized shelter home	751.00	1,512.00	365.00	933.00
	Semi-independent group residential facility	565.00	1,130.00	179.00	551.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State provides an additional income disregard of \$20 per month of any income including SSI.

<sup>4</sup> Combined Federal/State payment level also applies to persons living in the household of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

**INCOME  
DISREGARDS**

All recipients: First \$25 per month of any income, except income received from a spouse or other person.

Aged and disabled: \$20 plus one-half of next \$60 per month of earned income.

Blind: \$85 plus one-half of remainder of earned income per month.

Blind and disabled: Certain work expenses deducted from earnings. Income and resources needed for 12 months to fulfill a plan for self-support can be exempted.

**RESOURCE  
LIMITATIONS**

Ownership of real property used as a home does not disqualify. Other real and personal property is limited to \$2,000 per year per individual and \$3,000 per couple. Exempted from this property are clothing, household furnishings, income-producing business or farming equipment, motor vehicles, as well as life insurance, prepaid burial plans, and burial merchandise which do not exceed defined value limits.

**PLACE OF  
APPLICATION**

County Department of Public Aid, except in Cook County where application is made at district offices of the Department of Public Aid.

**FUNDING**

Assistance: State funds.  
Administration: State funds.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS**

Optional supplement amount is equal to the difference between monthly SSI benefit plus other income and the income-maintenance needs based on State standards. The income-maintenance needs of each case are determined individually regardless of living arrangement. Utility allowance varies by geographical area.

<b>PLACE OF APPLICATION</b>	County welfare departments.			
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.			
<b>INTERIM ASSISTANCE</b>	State participates.			
<b>PAYMENT LEVELS<sup>2</sup></b>				
<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <u>Individual</u>	<u>Couple</u>	State supplementation <u>Individual</u> <u>Couple</u>
	Licensed residential facility <sup>3</sup>	\$789.00	N/A	\$403.00 <sup>4</sup> N/A

### STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

### MEDICAID

#### **ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Care in a licensed residential facility consists only of room, board, and laundry together with minimal administrative direction. The facility must be 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. A residential facility can be publicly or privately owned; for profit or not-for-profit.

<sup>4</sup> Represents maximum amount paid; lesser amounts may be paid depending on cost of facility and income of recipient. Includes a personal allowance payment of up to \$30 per month.

**INTERIM  
ASSISTANCE**
**State participates.**
**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: Blind	\$408.00	\$623.00 <sup>3</sup>	\$22.00	\$44.00 <sup>3</sup>
B	Living in household of another: Blind	279.34	430.00 <sup>3</sup>	22.00	44.00 <sup>3</sup>
C	Living with dependent person: Aged and disabled Blind	579.00 601.00	772.00 816.00 <sup>3</sup>	193.00 215.00	193.00 237.00 <sup>3</sup>
D	Family life or boarding home	448.20	916.40	62.20	337.40
H	Living with dependent person in household of another: Aged and disabled Blind	450.34 472.34	579.00 623.00 <sup>3</sup>	193.00 215.00	193.00 237.00 <sup>3</sup>
I	Family life or boarding home (one-third reduction in Federal benefit rate applies)	319.54	723.40	62.20	337.40
	Residential-care	623.81	N/A	237.81 <sup>4</sup>	N/A
	In-home health care	754.07	1,315.14 <sup>5</sup>	368.07 <sup>6</sup>	736.14 <sup>5</sup>

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Payment level when both members of couple are blind; when one member blind, payment is reduced by \$22.

<sup>4</sup> Represents maximum amount paid. Amount of State supplement is based on allowable costs of residential care (\$13.23 to \$18.51 per day) plus a personal needs allowance of \$50 per month minus the Federal SSI payment. Payment is State-administered.

<sup>5</sup> Payment based on both members of a couple needing in-home health-related care. When only one member needs care, payment is reduced by \$368.07. Supplement is State-administered.

<sup>6</sup> Payment based on actual cost of in-home health-related care up to a maximum of \$368.07 plus basic Federal benefit. Payment is State-administered.

**OPTIONAL STATE SUPPLEMENTATION** <sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

**PLACE OF APPLICATION** Local offices of State Cabinet for Human Resources, Department of Social Insurance.

**FUNDING** Assistance: State funds.  
Administration: State funds.

**INTERIM ASSISTANCE** State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Personal-care facility <sup>3</sup>	\$595.00	N/A	\$209.00	N/A
	Family care home <sup>4</sup>	484.00	N/A	98.00	N/A
	Caretaker in home	417.00	647.00	31.00	68.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Represents the maximum paid. Lesser amounts may be paid depending on need.

<sup>4</sup> Mini-homes are State licensed residence for 3 or fewer persons.

**PAYMENT LEVELS<sup>3</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Medicaid facility <sup>4</sup>	\$38.00	\$76.00	\$8.00	\$16.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>3</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>4</sup> Up to \$33 may be retained monthly as a personal needs allowance.

**INTERIM  
ASSISTANCE**

State participates by providing assistance only to individuals who have been suspended or terminated from SSI.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone or with others	\$396.00	\$594.00	\$10.00	\$15.00
C	Living in the household of another	265.34	398.00	8.00	12.00
D	Foster home	450.00	875.00	64.00	296.00
E	Flat rate boarding home	570.00	1,104.00	184.00	525.00
G	Cost reimbursement boarding home	620.00	1,223.00	234.00	644.00
H	Medicaid facility	40.00	80.00	10.00	20.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**INTERIM  
ASSISTANCE**      State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple<sup>3</sup></u>	<u>Individual</u>	<u>Couple<sup>3</sup></u>
<b>Care Home:<sup>4</sup></b>					
	I. Minimal supervision	\$457.75	N/A	\$ 71.75	N/A
	II. General supervision	584.75	N/A	198.75	N/A
	III. Special services	1,063.75	N/A	677.75	N/A
	DOMCARE	604.75	N/A	218.75	N/A

**STATE ASSISTANCE FOR SPECIAL NEEDS<sup>5</sup>**

**ADMINISTRATION**      Department of Human Resources, Income Maintenance Administration.

**SPECIAL NEED  
CIRCUMSTANCES:****DISASTER  
ASSISTANCE**

When there has been a disaster defined as fire, flood, tornado, or civil disorder, allowance may be made for: 1) replacement of household furnishings; 2) replacement of clothing; 3) replacement of essential appliances; and 4) provision of temporary shelter, food, and fuel.

**EVICTION,  
FORECLOSURE**

When eviction or foreclosure is imminent, allowance may be made to stay eviction or prevent foreclosure; also when eviction or foreclosure has occurred or when individual must otherwise relocate, allowance may be made for: 1) moving and storage of possessions; and 2) provision of temporary shelter, food, and fuel when required.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> The State supplementation rate for individuals applies to each member of a couple.

<sup>4</sup> Includes a \$78.75 personal needs allowance.

<sup>5</sup> State considers this an "Emergency Assistance Program."

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple<sup>3</sup></u>	<u>Individual</u>	<u>Couple</u>
<b>A</b>	<b>Living independently:</b>				
	Aged	\$514.82	\$780.72	\$128.82	\$201.72
	Blind	535.74	1,071.48	149.74	492.48
	Disabled	500.39	759.06	114.39	180.06
<b>B</b>	<b>Shared living expenses:</b>				
	Aged	425.26	780.72	39.26	201.72
	Blind	535.74	1,071.48	149.74	492.48
	Disabled	416.40	759.06	30.40	180.06
<b>C</b>	<b>Living in household of another:</b>				
	Aged	361.70	601.80	104.36	215.80
	Blind	535.74	1,071.48	278.40	685.48
	Disabled	344.92	580.18	87.58	194.18
<b>E</b>	<b>Licensed rest home:</b>				
	Aged and disabled	557.58	1,084.16	171.58	505.16
	Blind	535.74	1,071.48	149.74	492.48
<b>F</b>	<b>Medicaid facility</b>	72.80	145.60	42.80	85.60

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals age 65 or over are entitled to the highest payment category for which they qualify.

<sup>3</sup> The amounts given apply only when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, determine each person's share of payment in his/her eligibility category and add to obtain the couple's amount.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently	\$416.20	\$624.30	\$30.20	\$45.30
B	Living in household of another	278.34	417.50	21.00	31.50
D	Domiciliary-care	473.00	946.00	87.00	367.00
E	Personal-care	543.50	1,087.00	157.50	508.00
F	Home for the aged	565.30	1,130.60	179.30	551.60
G	Living independently with essential person <sup>3</sup>	609.20	817.30	30.20	45.30
H	Living in household of another with essential person <sup>3</sup>	407.00	546.17	21.00	31.50
I	Medicaid facility	37.00	74.00	7.00	14.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Payment levels for essential person apply only to converted cases.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently <sup>3</sup>	\$461.00	\$667.00	\$75.00	\$88.00
	Living in household of another	316.67	544.66	59.33	158.66
	Nonmedical, group residential facility	4/	4/	4/	4/
	Medicaid facility	49.00	98.00	19.00	38.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED  
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

**RECURRING**

Diets - Specified modified diets when prescribed by a physician shall be allowed at designated rate.

Newspaper - Newspaper daily or weekly rate allowed when requested.

Transportation - Nonmedical transportation funded when requested by the recipient and the need is documented.

Laundry - Up to \$5 is allowed.

Telephone - Minimum rate for telephone allowed when requested and geographic location or medical necessity requires telephone.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>3</sup> Represents basic monthly need standards for shelter, food, clothing, personal needs, household supplies, and utilities for an individual or couple residing in Hennepin County (Minneapolis) only. Amounts can vary depending on specific needs.<sup>4</sup> Recipients allowed \$47 a month for clothing and personal needs. The rate for previously certified boarding care homes is set by DHS Rule 49. The payment rate for boarding care homes which have not been previously certified and for all other facilities is negotiated by county welfare departments.

**OPTIONAL STATE SUPPLEMENTATION**<sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory minimum supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

**INTERIM  
ASSISTANCE** State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <sup>3</sup>		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed residential-care facility I	\$532.00	\$871.00	\$146.00	\$292.00
	Licensed residential-care facility II	659.00	1,125.00	273.00	546.00
	Licensed intermediate care or skilled nursing home	750.00	1,307.00	364.00	728.00
	Aid to the blind	4/	4/	297.00	594.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State has elected not to provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Recipients in licensed nursing homes are entitled to an additional \$20 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another State or Federal agency, this payment will not be made by DFS.

<sup>4</sup> Only those recipients who receive less than \$297 monthly in SSI payments and less than \$414 monthly from other sources qualify for this supplement. The State supplement is reduced dollar-for-dollar by the SSI payment.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
G	Personal-care facilities	\$480.00	\$772.00	\$94.00	\$193.00
H	Group home for mentally disabled (ill)	480.00	772.00	94.00	193.00
I	Community home for physically or developmentally disabled	480.00	772.00	94.00	193.00
J	Child and adult foster care	438.75	689.50	52.75	110.50
K	Transitional living services for developmentally disabled	412.00	636.00	26.00	57.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind and disabled. All care facilities must be State certified. Developmentally disabled persons in transitional living facilities are allowed to retain at least \$40 as a personal needs allowance. All other persons eligible for a State supplement in State certified facilities are allowed to retain up to \$40 as a personal needs allowance.

<b>RESOURCE LIMITATIONS (CON.)</b>	exceed \$2,000 for one; \$3,000 for two; and an additional \$25 for each additional individual.				
<b>PLACE OF APPLICATION</b>	Local offices of the Department of Social Services.				
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.				
<b>INTERIM ASSISTANCE</b>	State participates.				
<b>PAYMENT LEVELS<sup>2</sup></b>					
<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <u>Individual</u>	Combined Federal/State <u>Couple</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
	Living independently <sup>3</sup>	\$423.50	\$644.00	\$37.50	\$65.00
	Living with an essential person	644.00	N/A	65.00	N/A
	Room and board facility <sup>4</sup>	389.50	770.00	3.50	191.00
	Licensed domiciliary facility <sup>4</sup>	471.50	934.00	85.50	355.00
	Certified adult family home <sup>4</sup>	466.50	924.00	80.50	345.00
	Licensed residential-care facility <sup>4</sup>	496.50	984.00	110.50	405.00
	Licensed group home for children or child caring agency:				
	Disabled	466.50	N/A	80.50	N/A
	Center for developmentally disabled	444.50	N/A	58.50	N/A
	Medicaid facility	35.00	70.00	5.00	10.00

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Persons living in the household of another receive the same State supplement as those living independently.

<sup>4</sup> Includes a minimum of \$30 for personal needs allowance.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State <u>Individual</u>	Federal/State <u>Couple</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
A	Living independently:				
	Aged	\$422.40	\$653.46	\$36.40	\$74.46
	Blind	495.30	953.60 <sup>3</sup>	109.30	374.60 <sup>3</sup>
B	Living in household of another:				
	Aged	281.61	435.64	24.27	49.64
	Blind	471.30	917.94 <sup>4</sup>	213.96	531.94 <sup>4</sup>
C	Domiciliary care:				
	Aged and blind	662.40	1,287.80	276.40	708.80

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI)
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Blind individuals aged 65 and over are entitled to the highest payment category for which they qualify. A supplement is not paid to an SSI recipient whose eligibility is based on disability.

<sup>3</sup> Payment level when both members are blind; when one member aged, payment level is reduced by \$150.07.

<sup>4</sup> Payment level when both members are blind; when one member aged, payment level is reduced by \$241.15.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined <u>Individual</u>	Federal/State <u>Couple</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
	Living Independently <sup>3</sup>	\$413.00	\$600.00	\$27.00	\$21.00
	Living with an essential person <sup>4</sup>	N/A	785.00	N/A	13.00
	Shared home for adults	653.00	5/	267.00	5/
	Community residences	595.00	5/	196.00	5/
	Medicaid facility	40.00	5/	10.00	5/

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Persons living in the household of another receive the same State supplement as those living independently.

<sup>4</sup> Applies only to SSI recipients converted from former State assistance programs.

<sup>5</sup> The State supplementation rate for individuals applies to each member of a couple.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Licensed residential facility <sup>3</sup>	\$536.05	\$1,053.36	\$150.05	\$474.36
B	Living alone or with others	417.25	604.36	31.25	25.36
C	Living alone with an ineligible spouse <sup>4</sup>	604.36	N/A	218.36	N/A
C	Living with essential person <sup>5</sup>	604.36	N/A	25.36	N/A
D	Living in household of another	301.65	479.09	44.31	93.09
G	Medicaid facility	40.00	80.00	10.00	20.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Human Services, Division of Economic Assistance.

**SPECIAL NEED  
CIRCUMSTANCES**

Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional State supplementary payments.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State supplement includes a \$55 personal needs allowance per person per month. Effective March 1, 1990 the personal needs allowance will be increased to \$59.

<sup>4</sup> Federal criteria is used in determining an ineligible spouse. Only applies when an individual lives with an ineligible spouse and no other persons are part of the household.

<sup>5</sup> Payment levels for essential person apply only to cases converted from former State assistance programs.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed adult residential care home <sup>3</sup>	\$472.00	\$751.00	\$86.00	\$172.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

<b>ADMINISTRATION</b>	County offices of Human Services Department (State-administered).
<b>SPECIAL NEED CIRCUMSTANCES</b>	Burial expenses provided for deceased SSI recipients including disabled recipients who received special monthly benefits under Section 1619(a) of the Social Security Act. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in medicaid facilities who have other sources of income are allowed to keep \$30 a month as a personal needs allowance. Also persons in intermediate care facilities for mental retardation (ICFMR) working in sheltered workshops can keep up to \$100 a month of their earnings in addition to the \$30 per month.

<sup>3</sup> Children may reside in such facilities.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS<sup>3</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$472.00	\$681.50	\$86.00	\$102.50
B	Living with others	409.00	624.00	23.00	45.00
C	Congregate care I: <sup>4</sup> <sup>5</sup>				
	Areas A and B	634.96	1,269.92	248.96	690.92
	Area C	596.96	1,193.92	210.96	614.92
D	Congregate care II: <sup>5</sup> <sup>6</sup>				
	Areas A and B	821.00	1,642.00	435.00	1,063.00
	Area C	791.00	1,582.00	405.00	1,003.00
E	Congregate care III: <sup>5</sup> <sup>7</sup>				
	Area A	868.96	1,737.92	482.96	1,158.92
	Areas B and C	844.96	1,689.92	458.96	1,110.92
F	Living in household of another	280.34	431.00	23.00	45.00
G	Medicaid facility <sup>8</sup>	35.00	70.00	5.00	10.00

<sup>3</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>4</sup> The minimum personal needs allowance is \$75.

<sup>5</sup> Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Suffolk, and Westchester counties; and Area C is all other counties.

<sup>6</sup> The minimum personal needs allowance is \$85.

<sup>7</sup> The minimum personal needs allowance is \$57.

<sup>8</sup> State administers an additional payment (\$20 per individual, \$40 per couple) to SSI recipients who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (i.e., hospitals, nursing homes).

**RESOURCE LIMITATIONS (CON.)** from consideration are irrevocable burial contracts and household and personal effects (tools, equipment, and livestock).

**PLACE OF APPLICATION** County departments of social services.

**FUNDING** Assistance: 50 percent State funds; 50 percent county funds.  
Administration: County funds.

**INTERIM ASSISTANCE** State participates.

**PAYMENT LEVELS<sup>3</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Domiciliary care (Ambulatory) <sup>4</sup>	\$724.00	\$1,135.00	\$338.00	\$556.00
	Domiciliary care (Semi-ambulatory) <sup>4</sup>	760.00	1,171.00	374.00	592.00
	Blind ineligible for SSI:				
	Not paying shelter and utilities	N/A	N/A	97.00	194.00 <sup>5</sup>
	Paying shelter and utilities	N/A	N/A	146.00	243.00 <sup>6</sup>

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

<sup>3</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>4</sup> The personal needs allowance is \$34: \$9 of which is obtained through an income exemption and \$25 of which is included in the optional supplementation.

<sup>5</sup> If only one member of the couple is blind, payment level is \$146.

<sup>6</sup> If only one member of the couple is blind, payment level is \$219.

**OPTIONAL STATE SUPPLEMENTATION**<sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

<b>ADMINISTRATION</b>	County social service boards
<b>SPECIAL NEED CIRCUMSTANCES</b>	Most counties provide optional supplementation to aged, blind, and disabled SSI recipients but limit it to persons in licensed rest homes and licensed foster homes. <sup>2</sup>

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the county social service boards. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

<sup>2</sup> Persons in these facilities and in Medicaid facilities are allowed to keep \$45 as a personal needs allowance.

**PLACE OF APPLICATION** County departments of human services.

**FUNDING** Assistance: State funds.  
Administration: State funds.

**INTERIM ASSISTANCE** State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Adult family home <sup>3</sup>	\$450.00	\$900.00	\$64.00	\$321.00
	Group home <sup>3</sup>	550.00	1,100.00	164.00	521.00
	Rest home <sup>3</sup>	550.00	1,100.00	164.00	521.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

**CRITERION** State guidelines.

**DETERMINED BY** State.

**MEDICALLY NEEDY PROGRAM** No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Includes a \$50 personal needs allowance.

<b>RESOURCE LIMITATIONS (CON.)</b>	When a client holds total resources which exceed the allowance reserve, the client is not considered to be in need.				
<b>PLACE OF APPLICATION</b>	County offices of the Department of Human Services or physician's offices.				
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.				
<b>INTERIM ASSISTANCE</b>	State does not participate.				
<b>PAYMENT LEVELS<sup>2</sup></b>					
<b>Code</b>	<b>Living arrangements</b>	Combined Federal/State <u>Individual</u>	<u>Couple</u>	State supplementation <u>Individual</u>	<u>Couple</u>
	Living independently	\$450.00	\$707.00	\$64.00	\$128.00

#### STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

#### MEDICAID

##### **ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
<b>Living independently:</b>					
Aged and disabled		\$387.70	\$579.00	\$1.70	--
Blind		412.70	604.60	26.70	\$25.60
<b>Living with an ineligible spouse:</b>					
Aged and disabled		387.70	N/A	1.70	N/A
Blind		412.70	N/A	26.70	N/A
<b>Living with essential person:</b>					
Blind		604.60	N/A	25.60	N/A
<b>Living in household of another:</b>					
Aged and disabled		259.04	386.00	1.70	--
Blind		281.04	411.60	26.70	25.60
<b>Adult foster/residential care:<sup>2</sup> <sup>3</sup></b>					
Aged and disabled		387.70	775.40	1.70	196.40
Blind		412.70	825.40	26.70	246.40
<b>Room and board:</b> <sup>2</sup>					
Aged and disabled		387.70	775.40	1.70	196.40
Blind		412.70	825.40	26.70	246.40

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Human Resources, Adult and Family Services Division or Senior and Disabled Services Division.

**SPECIAL NEED  
CIRCUMSTANCES:****CLOTHING FOR  
EMPLOYMENT**

Essential clothing may be provided for a recipient to begin employment--the recipient must have been accepted for a job.

**CORRECTIVE  
SHOES**

Necessary corrective, orthopedic, or extra-sturdy shoes recommended by the recipient's physician.

<sup>2</sup> Additional costs covered by special service funds.<sup>3</sup> Persons with other sources of income are allowed to keep \$70 as a personal needs allowance.

**INTERIM  
ASSISTANCE**      State participates.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$418.40	\$627.70	\$32.40	\$48.70
B	Living in household of another	289.74	434.70	32.40	48.70
C	Living with an essential person <sup>3</sup>	627.70	845.05	48.70	73.05
D	Living with an essential person in household of another <sup>3</sup>	434.70	587.72	48.70	73.05
G	Living in domiciliary-care facility or personal-care boarding home	533.30	952.40	147.30	373.40

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION**      State Department of Public Welfare.

**SPECIAL NEED  
CIRCUMSTANCES:**

**BURIAL  
EXPENSES**      Up to \$350 in absence of other resources to meet cost.

**MOVING  
EXPENSES**      If moving required because of eviction or for health and welfare reasons, actual moving costs paid.

**MEDICAL  
TRANSPORTATION  
EXPENSES**      Provides transportation to and from medical appointments for those who need assistance.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Applies only to cases converted from former State assistance programs.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$450.35	\$699.50	\$64.35	\$120.50
B	Living in household of another	331.94	522.50	74.60	136.50
	Medicaid facility <sup>3</sup>	40.00	80.00	10.00	20.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Human Services.

**SPECIAL NEED  
CIRCUMSTANCES:****MOVING**

The cost of moving within cost guidelines is provided for recipients of SSI when move is determined to be socially desirable and when moving cannot be provided by city, town, or other community resources.

**CATASTROPHIC  
CONDITIONS**

In the event of a catastrophe by fire, flood, lightning, or severe wind, the State will provide shelter, clothing, food, and essential household equipment and furnishings.

**BURIAL**

The cost of burial expenses can be provided for any person who dies leaving insufficient resources to meet this expense.

**HOMEMAKER  
SERVICES**

Services provided under specified criteria to prevent institutionalization of a recipient who is unable to perform homemaker duties due to an acute or chronic illness.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> The State administers payment to SSI recipients in Medicaid facilities.

**PAYMENT LEVELS<sup>2</sup>**

<b>Code</b>	<b><u>Living arrangements</u></b>	<b>Combined Federal/State</b>		<b>State supplementation</b>	
		<b><u>Individual</u></b>	<b><u>Couple</u></b>	<b><u>Individual</u></b>	<b><u>Couple</u></b>
	Licensed residential-care facility <sup>3</sup>	\$612.00	\$1,224.00	\$226.00	\$645.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Represents maximum amount paid; lesser amounts may be paid based on need. Includes a \$25 personal needs allowance.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$401.00	\$594.00	\$15.00 <sup>3</sup>	\$15.00 <sup>3</sup>
	Supervised personal-care facility <sup>4</sup>	559.00	N/A	173.00	N/A
	Adult foster-care <sup>4</sup>	494.00	N/A	108.00	N/A

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Limited to SSI recipients with no other source of income.

<sup>4</sup> Lesser amounts may be paid depending on cost of care in the facility. State provides an income disregard of \$25 per month of the Federal SSI payment.

**OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>**

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory minimum supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

**OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>**

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

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<sup>1</sup> State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone or with others	\$392.00	\$591.00	\$6.00	\$12.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined <u>Individual</u>	Federal/State <u>Couple</u>	State supplementation <u>Individual</u>	State supplementation <u>Couple</u>
A/B	Living independently	\$449.10	\$693.80	\$63.10	\$114.80
E	Living in the household of another	299.34	439.40	42.00	53.40
F	Custodial-care, licensed home with limited nursing care	637.00	1,138.80	251.00	559.80
G	Custodial-care, licensed community care home	598.00	1,101.20	212.00	522.20
H	Custodial-care, family home	484.90	894.20	98.90	315.20
I	Medicaid facility	45.00	90.00	15.00	30.00
	Living independently with an essential person <sup>3</sup>	693.80	871.64	307.80	292.64
	Living in the household of another with ineligible spouse who is an essential person <sup>3</sup>	449.10	N/A	191.76	N/A

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Agency of Human Services, Department of Social Welfare.

**SPECIAL NEED CIRCUMSTANCES**

Emergency assistance is provided under certain conditions for the following: court-ordered eviction or natural disaster, e.g., fire, flood, or hurricane; emergency medical care; funeral costs; and emergency fuel needs.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> State-administered payments. Maximum paid when the recipient does not qualify for the essential person increment. When the recipient is eligible for that increment, the maximum State supplement is:

1) \$114.80 for an individual and \$99.63 for a couple living independently; and 2) \$63.09 for an individual in the household of another.

**PAYMENT LEVELS<sup>3</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed home for adults (domiciliary institution): <sup>4</sup>					
Planning district 8 <sup>5</sup>	\$703.00	\$1,406.00	\$317.00	827.00	
All other areas	616.00	1,232.00	230.00	653.00	
Adult family care: <sup>6</sup>					
Planning district 8 <sup>5</sup>	530.00	1,060.00	144.00	481.00	
All other areas	465.00	930.00	79.00	351.00	

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	State guidelines.
<b>DETERMINED BY</b>	State.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>3</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>4</sup> Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility.  
Includes a personal needs allowance of \$35.

<sup>5</sup> Planning district 8 includes the counties of Loudon, Prince Williams, and Fairfax.

<sup>6</sup> Administered in certain counties, effective August 1982; includes a personal needs allowance of \$35.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	<b>Living independently:<sup>3</sup> <sup>4</sup></b>				
	Area 1	\$414.00	\$601.00	\$28.00	\$22.00
	Area 2	393.55	579.00	7.55	--
B	<b>Living with ineligible spouse:<sup>4</sup></b>				
	Area 1	578.00	N/A	192.00	N/A
	Area 2	546.15	N/A	160.15	N/A
C	<b>Living in household of another</b>	263.15	392.30	5.81	6.30
F	<b>Living in household of another with ineligible spouse</b>	376.97	N/A	119.63	N/A
G	<b>Living with one essential person:<sup>4</sup> <sup>5</sup></b>				
	Area 1	601.00	N/A	22.00	N/A
	Area 2	579.00	N/A	--	N/A
H	<b>Living in household of another with one essential person<sup>5</sup></b>	392.30	N/A	6.30	N/A
	Medicaid facility <sup>6</sup>	41.62	83.24	11.62	23.24

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Includes persons in congregate-care group living facilities.

<sup>4</sup> Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

<sup>5</sup> Applies only to cases transferred from former State assistance programs.

<sup>6</sup> The State administers payments to SSI recipients in Medicaid facilities.

**OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>**

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS<sup>2</sup>****ADMINISTRATION**

Department of Human Services.

**SPECIAL NEED  
CIRCUMSTANCES:****ADULT FAMILY-  
CARE HOME**

Payment of \$353-\$423 monthly (depending on amount of care required for each recipient) provided on behalf of every aged, blind, or disabled person living in adult family-care home who has been approved for SSI.

**PERSONAL-CARE  
HOME**

Payment of \$458 monthly (depending on amount of care required for each resident) provided on behalf of every aged, blind, and disabled person living in a personal-care home who has been approved for SSI.

**CHORE SERVICES**

Payment of \$5-\$110 monthly provided to aged, blind, and disabled persons who live in their own homes, or in some cases, in homes of others. The recipient must be one who: 1) is unable to perform certain household tasks; 2) would be unable to remain in his own home without chore service; and 3) has been approved for SSI.

**EMERGENCY  
FINANCIAL  
ASSISTANCE**

Amounts vary with need. Provided on behalf of aged, blind, and disabled persons who have emergency needs for the items covered by the program. Emergency assistance not limited to those approved for SSI payment and may include payment of emergency needs such as shelter, food, clothing, etc. Payments may be made to individuals or families for up to 30 consecutive days in any 12-month period.

<sup>1</sup> State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

<sup>2</sup> Vendor payments.

**PAYMENT LEVELS<sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	Combined Federal/State		State supplementation	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently <sup>3</sup>	\$488.72	\$744.86	\$102.72	\$165.86
B	Living in household of another	360.06	551.86	102.72	165.86
C	Living independently with an ineligible spouse	540.08	N/A	154.08	N/A
D	Household of another with ineligible spouse	411.42	N/A	154.08	N/A
E	Private nonmedical group home or supported living arrangements	589.16	1,098.02	203.16	519.02
F	Living independently with an essential person (nonspouse) <sup>4</sup>	681.72	937.86	102.72	165.86
G	Household of another with an essential person (nonspouse) <sup>4</sup>	488.72	680.53	102.72	165.86
H	Living independently with an ineligible spouse who is an essential person <sup>4</sup>	733.08	N/A	154.08	N/A
I	Household of another with an ineligible spouse who is an essential person <sup>4</sup>	540.08	N/A	154.08	N/A

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Includes individuals in private medical facilities who receive less than 50 percent of cost of care from Medicaid.

<sup>4</sup> Applies only to cases converted from former State assistance programs.

**PAYMENT LEVELS<sup>2</sup>**

Code	Living arrangements	Combined Federal/State		State supplementation	
		Individual	Couple	Individual	Couple
	Living independently	\$406.00	\$619.00	\$20.00 <sup>3</sup>	\$40.00 <sup>3</sup>
	Living in the household of another	277.34	426.00	20.00 <sup>3</sup>	40.00 <sup>3</sup>

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other income are allowed to keep \$30 per month as a personal needs allowance.

<sup>3</sup> For individuals and couples with no Federal SSI countable income.