

New Jersey

NOTE: This information is for 2005. The state did not provide information for 2006. The data in the tables are for 2006 and were provided by the Social Security Administration.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: New Jersey Statutes Annotated, 44:7-86.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients, including children, except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: Not provided by state.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

State Department of Human Services, Division of Family Development.

Special Needs 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.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Table 1.
Optional state supplementation payment levels, January 2006 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Congregate care facility ^a	A	753.05	1,487.36	150.05	583.36
Living alone or with others	B	634.25	929.36	31.25	25.36
Living alone with an ineligible spouse	C	929.36	...	326.36	...
Living with an essential person	C	929.36	...	24.36	...
Living in the household of another	D	446.31	695.76	44.31	93.09
Medicaid facility	G	40.00	80.00	10.00	20.00
Residential health care facility	I	813.05	1,607.36	210.05	703.36

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: ... = not applicable.

a. State supplement includes a \$67.50 personal needs allowance per person per month.

DEFINITIONS:

A: Congregate care facility. Includes recipients in:

- Residential health care facilities, assisted living residences, or comprehensive personal care homes licensed by the Department of Health.
- Recipients in residential facilities for children and adults under the supervision of or placement by the Division of Developmental Disabilities or the Division of Youth and Family Services and approved by the Department of Human Services.

B: Living alone or with others. Includes recipients residing in a federal Code A or C living arrangement 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,
- Room and board facilities licensed by the Department of Community Affairs, and
- Persons in medical facilities who reside in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

C: Living alone or with an ineligible spouse.

- Applies to recipients who live with their ineligible spouse only or with their ineligible spouse and foster children only.
- 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 that covered the needs of an essential person.

D: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

G: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

I: Residential health care facility. The state did not provide a definition.

Table 2.
Number of persons receiving optional state supplementation, January 2006

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		148,581	32,752	850	86,061	28,918
Congregate care facility	A	5,049	498	33	4,034	484
Living alone or with others	B	114,448	21,623	637	66,782	25,406
Living alone with an ineligible spouse or essential person	C	5,446	2,509	27	2,908	2
Living in the household of another	D	18,453	7,204	136	8,631	2,482
Medicaid facility	G	3,891	834	15	2,506	536
Residential health care facility	I	1,294	84	2	1,200	8

SOURCE: Social Security Administration, Supplemental Security Record, 100 percent data.

New York

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

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

Effective date: January 1, 1974.

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

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

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

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse; parent or stepparent for minor child.

Interim assistance: State participates.

Payment calculation method: The state supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

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

Special Needs Circumstances

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

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

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

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

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

Table 1.
Optional state supplementation payment levels, January 2006 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	690.00	1,008.00	87.00	104.00
Living with others	B	626.00	950.00	23.00	46.00
Congregate care facility, Level 1 ^a	C				
Areas A and B		869.48	1,738.96	266.48	834.96
Area C		831.48	1,662.96	228.48	758.96
Congregate care facility, Level 2 ^b	D				
Areas A and B		1,038.00	2,076.00	435.00	1,172.00
Area C		1,008.00	2,016.00	405.00	1,112.00
Congregate care facility, Level 3 ^c	E				
Area A		1,128.00	2,243.00	525.00	1,339.00
Areas B and C		1,113.00	2,213.00	510.00	1,309.00
Living in the household of another	F	425.00	648.67	23.00	46.00
Medical facility, publicly operated residential facility, and public emergency shelter	Z	603.00	904.00	d	d

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: Payment levels differ by geographic area until 2007. Area A is New York City; Area B is Nassau, Rockland, Suffolk, and Westchester counties; and Area C is all other counties.

- The minimum personal needs allowance is \$116.
- The minimum personal needs allowance is \$135.
- The minimum personal needs allowance is \$150.
- Recipients living in a nursing home licensed by the Department of Health receive a State Supplemental Personal Needs Allowance (SS/PNA) of \$25, and recipients in all other medical facilities receive an SS/PNA of \$5. The payments are issued by the Office of Temporary and Disability Assistance.

DEFINITIONS:

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

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

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

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

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

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

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

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

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

Table 2.
Number of persons receiving optional state supplementation, January 2006

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		637,704	134,602	3,056	400,187	99,859
Living alone	A	330,510	100,834	1,540	223,614	4,522
Living with others	B	221,538	17,860	1,027	116,553	86,098
Congregate care facility, Level 1	C	4,512	164	23	3,706	619
Congregate care facility, Level 2	D	26,451	955	157	23,263	2,076
Congregate care facility, Level 3	E	10,656	2,906	38	7,679	33
Living in the household of another	F	23,981	8,962	150	11,465	3,404
Medical facility, publicly operated residential facility, and public emergency shelter	Z	20,056	2,921	121	13,907	3,107

SOURCE: State information.

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

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.