

## Alabama

### State Supplementation

#### Mandatory Minimum Supplementation

No recipients.

#### Optional State Supplementation

**Administration:** County Departments of Human Resources.

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

**Statutory basis for payment:** Code of Alabama 1975 as amended, title 38.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** County Departments of Human Resources. Applications are initiated through the county Departments of Public Health and the Department of Senior Services.

**Scope of coverage:** Optional state supplement provided to SSI recipients (including children) and some non-SSI recipients who reside in the specified living arrangements and who meet state criteria, but do not meet federal SSI income eligibility guidelines.

**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 child under 18.

**Interim assistance:** State does not participate.

**Payment calculation method:** SSI recipients receive the full benefit based on living arrangement. Non-SSI recipients receive the difference in their countable income and the living arrangement benefit level. Countable income equals income minus \$20 general exclusion and the applicable Federal Benefit Rate.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures<sup>1</sup>:** The state reported expenditures of \$147,884 for calendar year 2009 in state-administered payments to SSI recipients.

### State Assistance for Special Needs

State does not provide assistance for special needs.

### Medicaid

#### Eligibility

**Criteria:** SSI program guidelines (Title XVI).

**Determined by:** Social Security Administration.

#### Medically Needy Program

State does not provide a program for the medically needy.

#### Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI income eligibility guidelines.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Receiving IHC in a private home or a personal care home				
Level of independence A	734.00	1,131.00	60.00	120.00
Level of independence B	730.00	1,123.00	56.00	112.00
Receiving IHC and support and maintenance in a private home or personal care home				
Level of independence A	509.34	794.00	60.00	120.00
Level of independence B	505.34	786.00	56.00	112.00
Receiving specialized IHC in a private home or personal care home	734.00	1,131.00	60.00	120.00
Receiving specialized IHC and support and maintenance in a private home or personal care home	509.34	794.00	60.00	120.00
Foster home with IHC or specialized IHC	784.00	1,231.00	110.00	220.00
Cerebral palsy treatment center (disabled)	870.00	1,403.00	196.00	392.00

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: A licensed physician must recommend independent home-life care (IHC) or specialized IHC, and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified home health agency.

DEFINITIONS:

**Personal care home.** A domiciliary facility that provides care for four or more unrelated persons and is licensed by the Alabama Department of Health.

**Foster home.** A domiciliary facility licensed or approved by the Alabama Department of Human Resources in accordance with state foster home provisions.

**Cerebral palsy treatment center (disabled).** A domiciliary care facility for the treatment of cerebral palsy that is licensed by the Alabama Department of Health.

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
All recipients	199	60	4	135
Receiving IHC in a private home or a personal care home	--	--	--	--
Receiving IHC and support and maintenance in a private home or personal care home	--	--	--	--
Receiving specialized IHC in a private home or personal care home	--	--	--	--
Receiving specialized IHC and support and maintenance in a private home or personal care home	--	--	--	--
Foster home with IHC or specialized IHC	--	--	--	--
Cerebral palsy treatment center (disabled)	--	--	--	--

SOURCE: State information.

NOTES: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

IHC = independent home-life care; -- = not available.

## Florida

### State Supplementation

#### Mandatory Minimum Supplementation

No recipients.

#### Optional State Supplementation

**Administration:** State Department of Children and Families.

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

**Statutory basis for payment:** Florida Statutes, chapter 409.212.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** Local offices of the state Department of Children and Families.

**Scope of coverage:** Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or have been grandfathered because they meet all SSI criteria except for income. Income may not exceed \$752.40.

**Resource limitations:** Federal SSI regulations apply.

**Income exclusions:** Federal SSI regulations apply.

**Recoveries, liens, and assignments:** Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient. The state can file a claim after death. Homestead is exempt if it passes to a qualified heir. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday. Florida does not seek recovery if there is a surviving spouse, minor child, or blind or disabled child.

**Financial responsibility of relatives:** None.

**Interim assistance:** State participates.

**Payment calculation method:** The recipient's gross monthly countable income is subtracted from the sum of the standard provider rate and the personal needs allowance. The difference, up to \$78.40, is the state optional payment amount.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures<sup>1</sup>:** The state reported expenditures of \$7,630,951.17 for calendar year 2009 in state-administered payments to SSI recipients.

1. Includes payments made to some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Community care programs				
Adult family care home <sup>a</sup>	752.40	b	78.40	b
Assisted living facility	752.40	b	78.40	b
Medicaid facility <sup>c</sup>	35.00	70.00	5.00	10.00

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

- a. Payments include \$54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.
- b. Couples are treated as two individuals the month after leaving an independent living arrangement.
- c. Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

**DEFINITIONS:**

**Adult family care home.** Serves up to five persons aged 18 or older, providing housing, food, and personal services.

**Assisted living facility.** Serves four or more persons aged 18 or older, providing housing, food, and personal services.

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

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
All recipients	13,348	5,296	13	8,039
Community care programs				
Adult family care home	262	52	0	210
Assisted living facility	7,871	2,970	5	4,896
Medicaid facility	5,215	2,274	8	2,933

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

***State Assistance for Special Needs***

State does not provide assistance for special needs.

***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.

## Georgia

### State Supplementation

#### Mandatory Minimum Supplementation

**Administration:** Social Security Administration.

#### Optional State Supplementation

**Administration:** Georgia Department of Human Resources.

**Effective date:** July 1, 2006.

**Statutory basis for payment:** Georgia House Bill 1027, line 2496.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** No application required. State uses computerized listing from Social Security Administration to identify eligible recipients.

**Scope of coverage:** Optional state supplement provided to all SSI recipients residing in nursing or hospice program in nursing home settings.

**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:** The state pays a supplement to individuals who reside in Medicaid facilities.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures:** The state reported expenditures of \$686,818 for calendar year 2009 in state-administered payments to SSI recipients.

### State Assistance for Special Needs

State does not provide assistance for special needs.

### 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.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	50.00	100.00	20.00	40.00

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

DEFINITION:

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

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	3,570	--	--	--

SOURCE: State information.

NOTE: -- = not available.

# Kentucky

## State Supplementation

### Mandatory Minimum Supplementation

No recipients.

### Optional State Supplementation

**Administration:** State Cabinet for Health and Family Services, Department for Community Based Services.

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

**Statutory basis for payment:** Kentucky Revised Statutes 205.245 and budget approval by state legislature.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** Local offices of the state Cabinet for Health and Family Services, Department for Community Based Services.

**Scope of coverage:** Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a

Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

**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 in the month of admission only.

**Interim assistance:** State participates.

**Payment calculation method:** A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures:** The state reported expenditures of \$18,650,690 for calendar year 2009 in state-administered payments to SSI recipients.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Personal care facility	1,194.00	a	520.00	a
Family care home	846.00	a	172.00	a
Caretaker in home	736.00	1,126.00	62.00	115.00

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

a. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

#### DEFINITIONS:

**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 or recreational activities.

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

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
All recipients	4,005	1,214	21	2,770
Personal care facility	3,073	--	--	--
Family care home	111	--	--	--
Caretaker in home	821	--	--	--

SOURCE: State information.

NOTE: -- = not available.

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

State provides assistance for special needs.

### ***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.



## Mississippi

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### ***State Supplementation***

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

**Administration:** Social Security Administration.

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

State does not provide optional supplementation.

**Interim assistance:** State does not participate.

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

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State does not provide assistance for special needs.

## ***Medicaid***

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### ***Eligibility***

**Criteria:** SSI program guidelines (Title XVI). State has more liberal guidelines for Medicaid-only (non-SSI) recipients.

**Determined by:** Social Security Administration for SSI recipients; Division of Medicaid for those with income above SSI state limits.

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

State does not provide a program for the medically needy.

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

The Social Security Administration does not obtain this information.

## North Carolina

### State Supplementation

#### Mandatory Minimum Supplementation

**Administration:** State Department of Health and Human Services, Division of Aging and Adult Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

#### Optional State Supplementation

**Administration:** State Department of Health and Human Services, Division of Aging and Adult Services and Division of Services for the Blind (state-supervised and county-administered). Payments are made under the State/County Special Assistance for Adults program.

**Effective date:** Adult care homes, January 1, 1974.

**Statutory basis for payment:** General Statutes of North Carolina 108A.40 through 108A.47 and chapter 111 and chapter 143B-139.5.

#### Funding

**Administration:** 100 percent county funds.

**Assistance:** 50 percent state funds; 50 percent county funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** County Department of Social Services.

**Scope of coverage:** Optional state supplement provided to all aged, blind, and disabled adults living in adult care homes. Children under age 18 are not eligible for optional supplementation.

**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 (2 counties).

**Payment calculation method:** A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures:** The state reported expenditures of \$81,891,912 for calendar year 2009 in state-administered payments to SSI recipients.

### State Assistance for Special Needs

State does not provide assistance for special needs.

### 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.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Adult care home				
Basic (aged, blind, and disabled) <sup>a</sup>	1,228.00	b	554.00	b
Special care unit (aged, blind, and disabled)	1,561.00	b	887.00	b
Blind, pending SSI eligibility <sup>c</sup>				
Not paying shelter and utilities	...	...	97.00	<sup>d</sup> 194.00
Paying shelter and utilities	...	...	146.00	<sup>e</sup> 219.00

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: ... = not applicable.

- An additional \$20 income exclusion is allowed. In addition, a \$46 personal needs allowance is included in the optional supplementation.
- Couples residing in these living arrangements are treated as individuals.
- This is a temporary supplement paid until SSI eligibility is determined. This is for people who are currently in a private living arrangement.
- If only one member of the couple is blind, payment level is \$194.
- If only one member of the couple is blind, payment level is \$219.

**DEFINITION:**

**Adult care home.** Includes recipients residing in an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Recipients residing in a special care unit for Alzheimer's in an adult care home are eligible for a higher payment amount. Recipients residing in their own home may be eligible for some of these personal care services.

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
All recipients	23,418	11,575	74	11,769
Adult care home				
Basic	21,480	9,774	73	11,633
Special care unit	1,938	1,801	1	136

SOURCE: State information.

NOTE: Includes some non-SSI recipients who meet state eligibility criteria, but do not meet federal SSI eligibility guidelines.

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## South Carolina

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### ***State Supplementation***

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

No recipients.

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

**Administration:** State Department of Health and Human Services.

**Effective date:** July 1, 2001.

**Statutory basis for payment:** Part 1-B Proviso applicable to the Department of Health and Human Services as included in the state appropriation act each year.

#### **Funding**

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** Local county eligibility offices of the state Department of Health and Human Services.

**Scope of coverage:** Optional state supplement provided to all SSI recipients and other low-income individuals who meet the state's net income exclusion and live in licensed community residential care 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 does not participate.

**Payment calculation method:** A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures:** The state reported expenditures of \$17,033,129 for calendar year 2009 in state-administered payments to SSI recipients.

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

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State does not provide assistance for special needs.

### ***Medicaid***

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#### ***Eligibility***

**Criteria:** SSI program guidelines (Title XVI).

**Determined by:** Social Security Administration.

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

State does not provide a program for the medically needy.

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

The Social Security Administration does not obtain this information.

**Table 1.**  
**Optional state supplementation payment levels, January 2010 (in dollars)**

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed community residential care facility	1,157.00	...	483.00	...

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: ... = not applicable.

DEFINITION:

**Licensed community residential care facility.** 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 facility must be licensed by the state Department of Health and Environmental Control; provide care to two or more adults for a period exceeding 24 consecutive hours; and provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2010**

Living arrangement	Total	Aged	Blind	Disabled
Licensed community residential care facility	3,928	1,548	10	2,370

SOURCE: State information.

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## Tennessee

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### ***State Supplementation***

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

**Administration:** Social Security Administration.

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

State does not provide optional supplementation.

**Interim assistance:** State participates.

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

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State does not provide assistance for special needs.

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### ***Medicaid***

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#### ***Eligibility***

**Criteria:** SSI program guidelines (Title XVI).

**Determined by:** Social Security Administration.

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

State provides a waiver program for the aged, blind, and disabled medically needy. Applications are accepted only during open season.

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

The Social Security Administration obtains this information.