

Delaware

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration administers payments for living in an adult residential care facility; the Delaware Department of Health and Social Services, Division of Social Services, administers payments to recipients living independently. Delaware Department of Health and Social Services, Division of Social Services, determines eligibility for special adult residential care supplement.

Effective date: January 1, 1974.

Statutory basis for payment: Delaware Code, title 31, section 505.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the state agency for placement eligibility; Social Security Administration field offices for payment eligibility.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled adults who are SSI recipients, or would be except for income, and are certified by the Delaware Department of Health and Social Services as living in an approved adult residential care facility. Payments are also made to individuals who become ineligible for SSI because they receive Social Security disability payments and are not yet eligible for Medicaid. Children under age 18 are not eligible for supplementation but may receive benefits and services under the child welfare program.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State does not participate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living in an adult residential care facility	A	685.00	1,265.00	140.00	448.00
Living independently ^a	...	550.00	...	5.00	...

NOTE: ... = not applicable.

a. State administers payments.

DEFINITIONS:

A: Living in an adult residential care facility. Includes recipients who are certified by the Delaware Department of Health and Social Services as residents of an adult residential care home.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		590	30	10	490	60
Living in an adult residential care facility	A	580	30	10	480	60
Living independently	...	10	0	0	10	0

NOTE: ... = not applicable.

State Assistance for Special Needs

Administration

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

Special Needs Circumstances

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

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 obtains this information.

District of Columbia

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration and District of Columbia Department of Human Services, Income Maintenance Administration.

Effective date: January 1, 1974.

Statutory basis for payment: District of Columbia Laws 2-35, as amended, and 3-23.

Funding

Administration: District of Columbia funds.

Assistance: District of Columbia funds.

Passalong method: Maintaining total expenditures.

Place of application: District of Columbia Department of Human Services, individual service providers for adult foster care home eligibility; Social Security Administration field offices for payment eligibility.

Scope of coverage: Optional state supplement provided to persons residing in adult foster care homes who are eligible for SSI payments or would be eligible except for income. No statutory minimum age requirements for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: Only in cases in which liens were assigned prior to the establishment of the SSI program.

Responsibility of relatives: None.

Interim assistance: District does not participate.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living in an adult foster care home (50 beds or less)	A	852.00	1,704.00	307.00	887.00
Living in an adult foster care home (over 50 beds)	B	962.00	1,924.00	417.00	1,107.00
Living in a Medicaid facility	G	70.00	140.00	40.00	80.00

DEFINITIONS:

A and B: Living in an adult foster care home. Includes recipients who are certified by the District of Columbia Department of Health or the Commission on Mental Health Services as residents of an adult foster care home.

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

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		1,680	170	20	1,420	70
Living in an adult foster care home (50 beds or less)	A	690	60	0	630	0
Living in an adult foster care home (over 50 beds)	B	30	0	10	20	0
Living in a Medicaid facility	G	960	110	10	770	70

State Assistance for Special Needs

District does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Maryland

State Supplementation

Mandatory Minimum supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Department of Human Resources, Family Investment Administration, and in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.

Effective date: July 1, 1974.

Statutory basis for payment: Annotated Code of Maryland, article 88A, section 3(a), 5, effective January 1, 1974, and Code of Maryland Annotated Regulations .07.03.07.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local county social services agencies.

Scope of coverage: Optional state supplement provided to aged, blind, and disabled individuals living in a care home or in an assisted living facility and who are eligible for payments under the SSI program or who would be eligible except for income. Children are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Disregards \$20 of any unearned income, including SSI.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Husband for wife.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 3,016 people received optional state supplementation. Of those, 2,846 lived in a care home (612 with minimal supervision and 2,234 with moderate supervision), and 170 lived in an assisted living facility.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living in a care home				
Minimal supervision	611.00	a	66.00	a
Moderate supervision ^b	720.00	a	175.00	a
Extensive supervision ^b	1,008.00	a	463.00	a
Specialized and intensive supervision ^b	1,211.00	a	666.00	a
Living in an assisted living facility ^b	729.00	a	184.00	a

a. The state supplementation rate for individuals applies to each member of a couple.

b. Includes an \$82 personal needs allowance.

DEFINITIONS:

Living in a care home with minimal supervision. Includes individuals who are certified by one of the administering state agencies as requiring minimal supervision in an approved care home.

Living in a care home with moderate supervision. Includes individuals who are certified by one of the administering state agencies as requiring moderate supervision in an approved care home.

Living in a care home with extensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring extensive supervision in an approved care home.

Living in a care home with specialized and intensive supervision. Includes individuals who are certified by one of the administering state agencies as requiring specialized and intensive services in an approved care home.

Living in an assisted living facility. Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

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 obtains this information.

Pennsylvania

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Public Welfare determines eligibility for domiciliary care and personal care home supplement. Social Security Administration administers all state supplementary payments.

Effective date: January 1, 1974.

Statutory basis for payment: Article IV, section 432(2), and Pennsylvania Public Welfare Code.

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 every aged, blind, and disabled person who receives SSI payments or would receive them except for excess income. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except for domiciliary care and personal care homes where they must be aged 18 or older.

Resource limitations: Federal SSI resource limitations apply.

Income exclusions: Federal SSI income exclusions apply.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

Department of Public Welfare.

Special Needs Circumstances

Burial expenses: Up to \$750 in absence of other resources to meet cost.

Moving expenses: Up to \$200 may be paid (once in a 12-month period) if moving is required because of eviction or for health and welfare reasons.

Medical transportation expenses: Provides transportation expenses to and from medical appointments for those who need assistance.

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 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	572.40	860.70	27.40	43.70
Living in the household of another	B	390.74	588.37	27.40	43.70
Living with an essential person ^a	C	861.70	1,158.05	43.70	68.05
Living with an essential person in the household of another ^a	D	588.37	794.72	43.70	68.05
Living in a domiciliary care facility for adults	G	934.30	1,674.40	389.30	857.40
Living in a personal care boarding home	H	939.30	1,684.40	394.30	867.40

a. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

A: Living alone. Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where SSI is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples residing in a federal Code A or C living arrangement not meeting the definitions of other state arrangements. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E).

B: Living in the household of another. Includes recipients who do not have an essential person and who reside in a in federal Code B living arrangement.

C: Living with an essential person. Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more essential persons.

D: Living with an essential person in the household of another. Includes recipients who live in the household of another and have one or more essential persons.

G: Living in a domiciliary care facility for adults. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities.

H: Living in a personal care boarding home. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		284,720	33,130	2,090	193,220	56,280
Living alone	A	264,140	28,250	1,900	179,420	54,570
Living in the household of another	B	8,320	1,310	130	5,280	1,600
Living with an essential person	C	10	0	0	10	0
Living with an essential person in the household of another	D	10	0	0	10	0
Living in a domiciliary care facility for adults	G	1,190	130	0	1,010	50
Living in a personal care boarding home	H	11,050	3,440	60	7,490	60

Virginia

NOTE: The Social Security Administration was not able to obtain current information from the state. Data shown are for 2001 with the exception of the federal benefit rate, which is for 2002.

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: Department of Social Services.

Effective date: July 1, 1974.

Statutory basis for payment: Code of Virginia Annotated 63.1-106, 63.1-124, and 63.1-25.1.

Funding

Administration: 80 percent state funds; 20 percent local funds.

Assistance: 80 percent state funds; 20 percent local funds.

Passalong method: Maintaining payment levels.

Place of application: Local Departments of Social Services.

Scope of coverage: Optional state supplement provided to needy aged, blind, and disabled persons who live in an assisted living facility (domiciliary institution) or in an approved adult family care home and who are eligible for SSI benefits or would be eligible except for excess income. Children are not eligible for optional supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal. In addition, when applicable, a disregard for income allotted to the support of children or spouse at home is allowed.

Recoveries, liens, and assignments: None.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Assisted living facility ^a				
Planning District 8	1,009.00	2,009.00	464.00	1,192.00
All other areas	886.00	1,765.00	341.00	948.00
Adult family care home ^b				
Planning District 8	655.00	1,303.00	110.00	486.00
All other areas	579.00	1,151.00	34.00	334.00

NOTE: Planning District 8 includes the counties of Arlington, Loudon, Prince William, Fairfax, and the city of Alexandria.

a. Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility. Includes a personal needs allowance of \$57 and a 15 percent differential in Planning District 8.

b. Administered in localities whose local boards have opted to provide this service, effective August 1982; includes a personal needs allowance that is now \$57.

DEFINITIONS:

Assisted living facility. Must be licensed. Four or more persons receive care.

Adult family care home. A foster care arrangement with no more than three persons but usually only one person. No license required, but approval by local department of social services is required.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled adults
All recipients	^a 6,705	2,908	18	3,739
Assisted living facility	6,677	2,899	15	3,723
Adult family care home	28	9	3	16

a. Data are for 2001.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: State.

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.

West Virginia

State Supplementation

Mandatory Minimum Supplementation

State does not provide mandatory minimum supplementation.

Optional State Supplementation

State does not provide optional supplementation.

State Assistance for Special Needs

Administration

Department of Health and Human Resources, Bureau for Children and Families.

Special Needs Circumstances

Adult family care home: Payment of \$536 to \$606 monthly (depending on amount of care required for each recipient) provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI and persons who are not eligible for SSI but are eligible for a state supplement.

Licensed personal care home: Payment of \$652 monthly provided on behalf of every aged or disabled person living in a personal care home who has been approved for SSI or is income eligible.

Residential board and care: Payment of \$536 to \$606 monthly (depending on amount of care required for each recipient) provided on behalf of every aged or disabled person living in a residential board and care home who has been approved for SSI or is income eligible.

Personal care services: In August 1996, the Personal Care Services Program was transferred from the Office of Social Services to the Community Care Program in the Bureau for Senior Services. To qualify, aged, blind, and disabled persons must be income-eligible recipients of SSI and have a physician certify that they need these services. The purpose of these services is to enable persons to stay in their current living situation. Personal services are provided through the county senior centers. The senior centers employ the personal care providers and pay them directly.

Emergency financial assistance: Amounts vary with need but cannot exceed various maximums. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12-month period.

Burial expenses: Up to \$1,250 is provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining the assistance amount for burial expenses.

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.