
New Jersey

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 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 2004 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Congregate care facility ^a	A	714.05	1,409.36	150.05	563.36
Living alone or with others	B	595.25	871.36	31.25	25.36
Living alone or with an ineligible spouse ^b	C	871.36	...	307.36	...
Living with an essential person ^c	C	871.36	...	25.36	...
Living in the household of another	D	420.31	657.09	44.31	93.09
Medicaid facility	G	40.00	80.00	10.00	20.00

NOTE: ... = not applicable.

- a. State supplement includes a \$67.50 personal needs allowance per person per month.
- b. Federal criteria are used in determining an ineligible spouse. Applies to recipients who live with either their ineligible spouse only, or with only their ineligible spouse and foster child(ren).
- c. Payment levels for essential person apply only to cases converted from former state assistance programs.

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.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		147,463	32,983	909	87,073	26,498
Congregate care facility	A	6,445	448	10	5,539	448
Living alone or with others	B	113,904	22,349	686	67,663	23,206
Living alone or with an ineligible spouse	C	5,599	2,567	53	2,968	11
Living in the household of another	D	17,673	6,829	150	8,371	2,323
Medicaid facility	G	3,842	790	10	2,532	510

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 \$20 payment to some SSI recipients in nursing homes and \$5 to recipients in all other Medicaid facilities.

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 Medicaid 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 I and Level II 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 for child.

Interim assistance: State participates using an automated Interim Assistance Reimbursement matching system.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

State Office of Temporary and Disability Assistance.

Special Needs Circumstances

Energy assistance: An emergency assistance grant can be provided to any SSI recipient 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 persons for the purchase of food for a guide dog.

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).

Table 1.
Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone	A	651.00	950.00	87.00	104.00
Living with others	B	587.00	892.00	23.00	46.00
Congregate care facility, Level I ^a	C				
Areas A and B		830.48	1,660.96	266.48	814.96
Area C		792.48	1,584.96	228.48	738.96
Congregate care facility, Level II ^b	D				
Areas A and B		999.00	1,998.00	435.00	1,152.00
Area C		969.00	1,938.00	405.00	1,092.00
Congregate care facility, Level III ^c	E				
Area A		1,046.96	2,093.92	482.96	1,247.92
Areas B and C		1,022.96	2,045.92	458.96	1,199.92
Living in the household of another	F	399.00	610.00	23.00	46.00
Medicaid facility	Z	30.00	60.00	d	d

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

- a. The minimum personal needs allowance is \$108.
- b. The minimum personal needs allowance is \$127.
- c. The minimum personal needs allowance is \$87.
- d. The state supplement to recipients living in a Medicaid facility has been discontinued.

DEFINITIONS:

A: Living alone. Includes recipients living either 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 I. 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 II. 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 III. 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: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		597,160	129,640	2,370	377,470	87,680
Living alone	A	323,100	98,750	1,380	219,290	3,680
Living with others	B	210,720	17,320	710	113,950	78,740
Congregate care facility, Level I	C	5,040	270	10	4,130	630
Congregate care facility, Level II	D	35,880	4,060	140	29,920	1,760
Congregate care facility, Level III	E	150	0	0	150	0
Living in the household of another	F	22,270	9,240	130	10,030	2,870
Medicaid facility	Z	a	a	a	a	a

a. The state supplement to recipients living in a Medicaid facility has been discontinued.

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.