
Iowa

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care, and persons who are eligible for the supplement for Medicare and Medicaid eligible. Social Security Administration administers all other supplemental payments.

Effective date: January 1, 1974 (blind); May 1, 1974 (aged and disabled); October 1, 2003 (eligible for supplement for Medicare and Medicaid eligible).

Statutory basis for payment: Code of Iowa, chapter 249.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices for federally administered payments; local offices of state Department of Human Services for state-administered payments.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled persons residing in the specified living arrangements. Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementation if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.

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: 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 \$11,911,056 for calendar year 2009 in state-administered payments and \$5,170,000 in federally 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 obtains this information.

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

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently (blind)	A	696.00	^a 1,055.00	22.00	^a 44.00
Living in the household of another (blind)	B	471.34	^a 718.00	22.00	^a 44.00
Living with a dependent person	C				
Aged and disabled		1,018.00	1,355.00	344.00	344.00
Blind		1,040.00	1,399.00	366.00	388.00
Family life or boarding home	D				
Aged and disabled		816.00	1,652.00	142.00	641.00
Blind		838.00	1,696.00	164.00	685.00
Living with a dependent person in the household of another	H				
Aged and disabled		793.34	1,018.00	344.00	344.00
Blind		815.34	1,062.00	366.00	388.00
Family life or boarding home (one-third reduction in federal benefit rate applies)	I				
Aged and disabled		591.34	1,315.00	142.00	641.00
Blind		613.34	1,359.00	164.00	685.00
Residential care	...	965.34	...	^b 291.34	...
In-home health care	...	1,154.55	^c 1,927.10	^d 480.55	^c 961.10

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

NOTE: ... = not applicable.

- Payment level when both members of a couple are blind; when only one member is blind, payment is reduced by \$22.
- Amount based on allowable costs of residential care (\$17.86 to \$28.14 per day), plus a personal needs allowance of \$93 per month, minus the federal SSI payment. State administers payments.
- Payment is based on both members of a couple needing in-home health-related care. When one member needs care, payment is reduced by \$480.55. State administers payments.
- Payment is based on actual cost of in-home health-related care up to a maximum of \$480.55, plus basic federal benefit. State administers payments.

DEFINITIONS:

A: Living independently (blind). Includes all blind recipients who are not included under another arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

B: Living in the household of another (blind). Includes all blind recipients who are residing in a federal Code B living arrangement, are not included under another state arrangement, do not have an essential person, and are not otherwise ineligible for supplementation.

C and H: Living with a dependent person. Includes a recipient residing in a federal Code A, B, or C living arrangement. The recipient has an ineligible spouse, parent, child, or adult child living in the home who is financially dependent on him or her as defined by the Iowa Department of Human Services.

D and I: Family life or boarding home. Includes recipients residing in a federal Code A living arrangement who reside in a family life home or boarding home licensed by the Iowa Department of Health or certified by the Iowa Department of Human Services.

Residential care. Includes recipients who require custodial care (but not nursing care) on a 24-hour basis. The purpose of these facilities is to provide care for recipients who because of age, blindness, or disability are unable to adequately care for themselves in an independent living arrangement. Recipients must have the written recommendation of a physician to be admitted to these facilities.

In-home health care. Includes recipients who require personal services, nursing care, or both in their own home. The primary purpose of the program is to enable recipients to remain in their own home for as long as possible. Care must be recommended in writing by a physician and must be provided under the supervision of a registered nurse.

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

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		5,307	807	477	3,976	47
Living independently (blind)	A	553	77	476	0	0
Living in the household of another (blind)	B	0	0	0	0	0
Living with a dependent person	C	1,395	223	1	1,171	0
Family life or boarding home	D and I	6	2	0	4	0
Living with a dependent person in the household of another	H	0	0	0	0	0
Residential care	...	1,783	332	0	1,433	18
In-home health care	...	1,570	173	0	1,368	29
Medicaid facility	...	0	0	0	0	0

SOURCES: Social Security Administration, Supplemental Security Record, 100 percent data; state information.

NOTE: ... = not applicable.

Kansas

The state did not respond to our request for 2010 data. Tables reflect 2009 reporting.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Kansas Health Public Authority.

Effective date: July 1, 2006.

Statutory basis for payment: Kansas Statutes Annotated (K.S.A.) 39-972.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Applications generated from Social Security and Medicaid eligibles.

Scope of coverage: Optional state supplement provided to adults residing in Medicaid facilities receiving a reduced SSI payment.

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: Not available.

State Assistance for Special Needs

State does not provide assistance for special needs.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

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.

Table 1.

Optional state supplementation payment levels, January 2010 (in dollars) ^a

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Medicaid facility	62.00	124.00	32.00	64.00

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

a. Data reflect 2009 reporting.

DEFINITION:

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

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

Living arrangement	Total	Aged	Blind	Disabled
Medicaid facility	520	--	--	--

SOURCE: State information.

NOTE: -- = not available.

a. Data reflect 2009 reporting.

Missouri

The state has not submitted data since 2008. Table 1 reflects 2008 reporting.

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Social Services, Division of Family Services.

Optional State Supplementation

Administration: State Department of Social Services, Division of Family Services.

Effective date: January 1, 1974.

Statutory basis for payment

Supplemental aid to the blind: Missouri Revised Statutes, section 209.

All other supplementation: Missouri Revised Statutes, section 208.030, subchapter 5.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: State offices of the Division of Family Services.

Scope of coverage: Optional state supplement provided to any person who:

- Is aged, blind, or disabled and over age 18;
- Resides in a licensed residential care facility or a licensed intermediate care or skilled nursing home that is not a Medicaid facility; and
- Has insufficient cash income to cover costs of care in the facility.

Blind persons over age 18 living on their own are also provided with a supplement. Children under age 18 are not eligible for optional supplementation.

Resource limitations

Aged and disabled: \$999.99 individual; \$2,000 couple.

Blind: \$2,000 individual; \$4,000 couple.

Income exclusions: There are no income exclusions for the aged or disabled unless they are employed at a sheltered workshop. Disregards for the blind include the first \$65 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

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: Not available.

Total expenditures: Not available.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Licensed residential care facility, Level I	830.00	1,323.00	156.00	312.00
Licensed residential care facility, Level II	966.00	1,595.00	292.00	584.00
Licensed intermediate care or skilled nursing home ^b	1,064.00	1,791.00	390.00	780.00
Aid to the blind	c	c	c	c

SOURCES: Social Security Administration, Office of Income Security Programs; estimates based on Federal Benefit Rate.

a. Data reflect 2008 reporting.

b. Recipients in licensed nursing homes are entitled to an additional \$52 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 the Division of Family Services.

c. Recipients receive a maximum combined federal and state payment of \$510 for an individual and \$1,020 for a couple.

DEFINITIONS:

Licensed residential care facility, Level I. Residents must meet state income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential care facility, Level II. Residents must meet state income and resource guidelines. Custodial-type care is provided.

Licensed intermediate care or skilled nursing home. Custodial care and medical care are provided.

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 does not provide a program for the medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Nebraska

The state did not respond to our request for 2010 data. Tables reflect 2009 reporting.

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: January 1, 1974.

Statutory basis for payment: Revised Statutes of Nebraska, section 68-1005.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

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

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients who meet state guidelines, including children, except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same state supplement as those living independently.

Resource limitations: Federal SSI regulations apply.

Income exclusions

Aged and disabled: Federal SSI regulations apply.

Blind: Income exclusions include the first \$20 per month of unearned income, not including SSI, and the first \$85 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

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: Not available.

State Assistance for Special Needs

Administration

State Department of Health and Human Services.

Special Needs Circumstances

Transportation costs: Fifty-eight cents per mile for obtaining medical services if recipient uses his or her own car.

Repair or purchase of furniture and appliances: Repair or purchase of furniture and appliances over \$750 total cost may be included (with state office approval) if the unit lacks essential items.

Moving expenses: Costs of moving may be included if the recipient is forced to move for reasons beyond his or her control or if the recipient can obtain lower-cost shelter.

Taxes: Back taxes may be included if the individual would soon lose his or her home and the plan to remain in the home is preferred by the individual and recommended by the case worker.

Home repairs: Payments for home repairs, up to \$1,000, if essential for the recipient's health or safety.

Meals and lodging: The cost of meals (up to \$12 per day) and lodging, if verified as related to obtaining approved health services, may be granted if the individual is away from home for more than 12 hours.

Maintenance for guide dog: The medical and maintenance costs of a seeing-eye dog may be allowed.

Guardian or conservator: An allowance not to exceed \$10 a month may be allowed if the client has a court-appointed guardian or conservator.

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	679.00	1,011.00	5.00	0.00
Room and board facility ^b	674.00	1,348.00	0.00	337.00
Adult family home ^b	802.00	1,604.00	128.00	593.00
Licensed center for developmentally disabled	674.00	1,348.00	0.00	337.00
Licensed group home for children or child-caring agency (disabled) ^b	738.00	. . .	64.00	. . .
Assisted living facility	1,112.00	2,224.00	438.00	1,213.00
Medicaid facility	50.00	100.00	20.00	40.00

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

NOTE: . . . = not applicable.

a. Data reflect 2009 reporting.

b. Includes a minimum of \$60 for personal needs allowance. Couples are treated as two individuals starting with the month after leaving an independent living arrangement.

DEFINITIONS:

Living independently. Includes recipients residing in a federal Code A living arrangement.

Room and board facility. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Adult family home. A residential living unit that provides full-time residence with minimal supervision and guidance to not more than three individuals aged 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but need supervision. These homes are certified by the social services unit in the local offices of the Department of Social Services.

Licensed center for developmentally disabled. These facilities provide accommodations and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to four or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health and Human Services.

Licensed group home for children or child-caring agency (disabled). These facilities provide 24-hour accommodations for two or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Department of Social Services.

Assisted living facility. A residential facility unit that provides accommodations and board and care for four or more individuals not related to the owner, operator, manager, or administrator. These individuals may be unable to manage their own affairs because of illness, disease, injury, deformity, or physical or mental infirmity. These individuals do not require the daily services of a licensed nurse; however, staff may assist with the taking of oral or external medication.

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

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

Living arrangement	Total	Aged	Blind	Disabled
All recipients	5,437	1,031	54	4,352
Living independently	3,638	698	38	2,902
Room and board facility	9	2	0	7
Adult family home	103	8	1	94
Licensed center for developmentally disabled	42	5	0	37
Licensed group home for children or child-caring agency (disabled)	1	0	0	1
Assisted living facility	962	186	7	769
Medicaid facility	645	131	8	506
Other	37	1	0	36

SOURCE: State information.

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

a. Data reflect 2009 reporting.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

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.