

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Illinois Revised Statutes, Chapter 305; ILCS, Section 5/3-1 et seq.
EFFECTIVE DATE	March 1, 1974.
ADMINISTRATION ¹	Department of Human Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for all aged, blind or disabled SSI recipients whose income-maintenance needs based on State standards exceed their monthly SSI benefit plus other income. If the individual has been denied SSI due to level of income, eligibility for an optional State supplemental payment may exist if there is a deficit between all other income and the income-maintenance need based on State standards. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Estate claims are filed against real and personal property for all: <ul style="list-style-type: none"> 1) income maintenance paid out at any time after 1963, and 2) medical assistance paid out prior to October 1, 1993 and after January 1, 1966 for a person age 65 or older, and 3) medical assistance paid out after October 1, 1993 for a person age 55 or older.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18, except that a parent is not responsible for a child of any age who has married, regardless of current martial status, and is not living with the parent.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME
DISREGARDS**

All recipients: First \$25 per month of any income, except income received from a spouse or other person.

Aged and disabled: \$20 plus one-half of next \$60 per month of earned income.

Blind: \$85 plus one-half of remainder of earned income per month.

Blind and disabled: Certain work expenses deducted from earnings. Income and resources needed for 12 months to fulfill a plan for achieving self-support can be exempted.

**RESOURCE
LIMITATIONS**

No disregards in addition to the Federal income disregards.

**PLACE OF
APPLICATION**

County Department of Human Services, except in Cook County where application is made at district offices of the Department of Human Services.

FUNDING

Assistance: State funds.
Administration: State funds.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS

Optional supplement amount is equal to the difference between monthly SSI benefit plus other income and the income maintenance needs based on State standards. The income maintenance needs of each case are determined individually regardless of living arrangement. Utility allowance varies by geographical area.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provides assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERIA	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy, children and caretakers.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.