

**OPTIONAL STATE SUPPLEMENTATION** <sup>1</sup>

State does not provide optional supplementation.

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration obtains this information.

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<sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Senate Concurrent Resolution #133, 1980.
<b>EFFECTIVE DATE</b> <sup>1</sup>	March 1, 1982.
<b>ADMINISTRATION</b> <sup>2</sup>	Department of Health and Hospitals, Bureau of Health Services Financing
<b>PASSALONG</b>	In compliance by the method maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to every aged, blind, and disabled person residing in a non-psychiatric Medicaid, Long Term Care facility whose countable income is less than \$38.00. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Local parish offices of Office of Family Support, Bureau of Health Services Financing and/or certified application centers.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State does not participate.

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<sup>1</sup> Program has been suspended and reinstated at various times.

<sup>2</sup> Mandatory minimum supplementation is administered by the Social Security Administration.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Medicaid facility <sup>2</sup>	\$38.00	\$76.00	\$8.00	\$16.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for the aged, blind, and disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> Up to \$38 may be retained per month as a personal needs allowance.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Chapter 51, Laws of 1976.
<b>EFFECTIVE DATE</b>	July 1, 1976.
<b>ADMINISTRATION <sup>1</sup></b>	County offices of the Department Human Services (State-administered).
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to SSI recipients who reside in a licensed adult residential care home.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	County offices of the Human Services Department.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State provides assistance only to individuals who have SSI applications pending.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed adult residential care home	\$612.00	\$969.00	\$100.00	\$200.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

<b>ADMINISTRATION</b>	County offices of Human Services Department (State-administered).
<b>SPECIAL NEED CIRCUMSTANCES</b>	Burial expenses provided for deceased SSI recipients including disabled recipients who received special monthly benefits under Section 1619(a) of the Social Security Act. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

**MEDICAID**

**ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	No program for the aged, blind, or disabled medically needy.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration does not obtain this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other sources of income are allowed to keep \$30 a month as a personal needs allowance. Persons in intermediate care facilities for mental retardation (ICFMR) working in sheltered workshops can keep up to \$100 a month of their earnings in addition to the \$30 per month.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Article XXV of the Constitution of the State of Oklahoma.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Department of Human Services.
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided to needy aged, blind, and disabled persons living independently. Blind and disabled children are eligible for supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregarded.
<b>RESOURCE LIMITATIONS</b>	In addition to Federal income disregards are the value of original Indian allotments, land purchased from allotment proceeds, and land purchased from funds granted the Indian in lieu of original allotment, provided the land is held in trust for the Indian and is held by the original allottee and a prepaid funeral contract when recipient has signed an irrevocable contract up to \$7,500.
<b>PLACE OF APPLICATION</b>	County offices of the Department of Human Services or physician's offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.

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<sup>1</sup> State supplementation program known as aid to the aged, blind, and totally and permanently disabled (State AABD). Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM  
ASSISTANCE**

State does not participate.

**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$565.00	\$875.00	\$53.00	\$106.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID****ELIGIBILITY:****CRITERION** State guidelines.**DETERMINED BY** State.**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.**UNPAID MEDICAL EXPENSES** The Social Security Administration does not obtain this information.

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<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	76 <sup>th</sup> Texas Legislature, HB143
<b>EFFECTIVE DATE</b>	September 1, 1999.
<b>ADMINISTRATION</b>	Department of Human Services.
<b>PASSALONG</b>	In compliance by the method maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to SSI recipients residing in a nursing and ICF/MR Medicaid, or Long Term Care facility whose countable income is less than \$45.00.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices <sup>1</sup>
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State does not participate.

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<sup>1</sup> Automatic entitlement based on SSI payments and residence in a nursing and ICF/MR facility.



**PAYMENT LEVELS <sup>1</sup>**

<u>Living arrangements</u>	Combined Federal/State		State supplementation	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Medicaid facility <sup>2</sup>	\$45.00	N/A	\$15.00	N/A

**STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

**MEDICAID**

**ELIGIBILITY:**

<b>CRITERION</b>	SSI program guidelines (title XVI).
<b>DETERMINED BY</b>	Social Security Administration.
<b>MEDICALLY NEEDY PROGRAM</b>	Program for families and children.
<b>UNPAID MEDICAL EXPENSES</b>	The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> Up to \$45.00 may be retained monthly as a personal needs allowance.