## **OPTIONAL STATE SUPPLEMENTATION**

STATUTORY BASIS FOR PAYMENT	Title 40, Chapter 6, Section 27, General Laws of Rhode Island, 1956, as amended.	
EFFECTIVE DATE	January 1, 1974.	
ADMINISTRATION	Social Security Administration.	
PASSALONG	In compliance by the method of maintaining all payment levels.	
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients in the living arrangements listed under "Payment Levels." Blind and disabled children are eligible for State supplementation.	
RECOVERIES, LIENS, AND ASSIGNMENTS	None.	
RELATIVE RESPONSIBILITY	None.	
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.	
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.	
PLACE OF APPLICATION	Social Security Administration field offices.	
FUNDING	Assistance: State funds. Administration: State funds.	
INTERIM ASSISTANCE	State participates.	

# **RHODE ISLAND**

## PAYMENT LEVELS 1

		Combined Federal/State		State supplementation	
<u>Code</u>	Living arrangements	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
А	Living alone	\$576.35	\$889.50	\$64.35	\$120.50
В	Living in household of another	415.94	649.17	74.60	136.50
D	Residential care/assisted living <sup>2</sup>	1,094.00		582.00	
E	Medicaid facility	50.00	100.00	20.00	40.00

#### STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Department of Human Services.	
SPECIAL NEED CIRCUMSTANCES:		
MOVING EXPENSES	Within cost guidelines, moving costs are covered for SSI recipients when the move is determined to be socially desirable and moving services cannot be provided by city, town, or other community resources.	
CATASTROPHIC CONDITIONS	In the event of a catastrophe by fire, flood, lightning, or severe wind, the State will provide shelter, clothing, food, and essential household equipment and furnishings.	
BURIAL EXPENSES	The cost of burial expenses can be provided for any person who dies leaving insufficient resources to meet this expense.	
HOMEMAKER SERVICES	Services provided under specified criteria to prevent institutionalization of a recipient who is unable to perform homemaker duties due to an acute or chronic illness.	

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.
<sup>2</sup> Adult individuals only.

# **MEDICAID**

#### **ELIGIBILITY:**

CRITERION	SSI program standards (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.	