WYOMING 1/1/00

## **OPTIONAL STATE SUPPLEMENTATION**

STATUTORY BASIS

FOR PAYMENT

Wyoming Statute 42-2-103.

**EFFECTIVE DATE** July 1, 1977.

**ADMINISTRATION** Department of Family Services, Programs and Policy Division.

**PASSALONG** In compliance by the method of maintaining all payment levels.

**SCOPE OF** A State supplement is provided to aged, blind, and disabled

**COVERAGE** persons who receive SSI as the sole source of their income, living

independently or in household of another. Blind and disabled

children may be eligible for supplementation.

RECOVERIES,

LIENS, AND ASSIGNMENTS None

RELATIVE

RESPONSIBILITY

None.

**INCOME** 

DISREGARDS

No disregards in addition to Federal income disregards.

RESOURCE

**LIMITATIONS** 

Federal SSI resource limitations apply.

PLACE OF

APPLICATION

No application required. State uses computerized information

from the Social Security Administration to identify eligible

recipients.

**FUNDING** 

Assistance: State funds.

Administration: State funds.

INTERIM

**ASSISTANCE** 

State does not participate.

Mandatory minimum supplementation is administered by the same agency as optional supplementation. 118

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| PAYMENT LEVELS |  |  |
|----------------|--|--|
|----------------|--|--|

|             |                                    | Combined Federal/State |               | State supplementation |               |
|-------------|------------------------------------|------------------------|---------------|-----------------------|---------------|
| <u>Code</u> | Living arrangements                | <u>Individual</u>      | <u>Couple</u> | <u>Individual</u>     | <u>Couple</u> |
|             | Living independently               | \$521.90               | \$794.12      | \$9.90                | \$25.12       |
|             | Living in the household of another | 354.75                 | 543.03        | 13.41                 | 30.36         |

## **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** 

No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES

 $The \ Social \ Security \ Administration \ obtains \ this \ information.$ 

<sup>&</sup>lt;sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other income are allowed to keep \$30 per month as a personal need allowance.