

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 68-1005, Code of Nebraska, Legislative Bill 311.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Health and Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipients who meet State guidelines; 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. Blind and disabled children are eligible for optional supplementation payments.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18 who is part of household.
INCOME DISREGARDS	Aged and disabled: No disregards in addition to Federal income disregards. Blind: First \$20.00 per month of unearned income not including SSI. First \$85 plus one-half of the remainder of earned income. For a period not to exceed 12-months, additional amounts may be disregarded for those with a self-support plan; State approval is required.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of the Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

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

PAYMENT LEVELS²

<u>Code</u>	<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	\$502.00	\$839.00	\$8.00	\$98.00
	Living with an essential person	839.00	N/A	98.00	N/A
	Room and board facility ³	429.67	856.00	100.33	362.00
	Certified adult family home ⁴	625.00	1,245.00	131.00	504.00
	Licensed assisted living facility	740.00	1,480.00	246.00	739.00
	Licensed group home for children or child caring agency:				
	Disabled	585.00	N/A	91.00	N/A
	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Human Services.

**SPECIAL NEED
CIRCUMSTANCES:****TRANSPORTATION
COSTS**

Twenty-one cents per mile for: 1) school attendance outside of school district; and 2) obtaining medical services if recipient used own car.

**REPAIR OR
PURCHASE OF
FURNITURE/
APPLIANCES**

Repair or purchase of furniture or appliances over \$75 total cost may be included (with State office approval) if the unit lacks essential items.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Applies only to persons living in the household of another.⁴ Includes a minimum of \$40 for personal needs allowance.

SPECIAL NEED CIRCUMSTANCES (CON.)

MOVING EXPENSES

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

TAXES

Back taxes may be included if the individual would soon lose the home, and the plan to remain in the home is preferred by the individual and recommended by the worker.

HOME REPAIRS

Payment for home repairs (to \$500) made if necessary for the recipient's health or safety or if condemnation of the property is imminent.

MEALS AND LODGING

The cost of meals (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/ CONSERVATOR

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

MEDICAID

ELIGIBILITY:

CRITERION

SSI program guidelines (title XVI).

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.