## OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT

Regulations and Statutes Amended, 167:7, I, II, III, IV.

EFFECTIVE DATE

January 1, 1974.

ADMINISTRATION1

Department of Health and Human Services, Division of Family Assistance (State-administered in local offices in communities).

**PASSALONG** 

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE

Optional State supplement provided SSI recipients living in the arrangements listed under "Payment Levels." Persons living in the household of another receive the same State supplement as those living independently. Blind children are eligible for optional supplementation. Disabled children are eligible for optional supplementation only if they are 18 years old or over.

RECOVERIES, LIENS, AND ASSIGNMENTS Aged and disabled: All aid paid is by law a lien on the estate of the recipient (and spouse if living together). No recovery from real estate occupied by surviving spouse or blind or disabled child or from personal property of less than \$100. State may waive recovery. Blind: No lien provisions applicable.

RELATIVE RESPONSIBILITY Spouse for spouse; parents for child under age 18, children for parents.

INCOME DISREGARDS Standard disregards for any income including SSI:

	<u>Individual</u>	<u>Couple</u>
Living independently	\$13.00	\$20.00
Living with essential person	N/A	25.00
Residential care facility for		
adults	13.00	N/A
Community residences	13.00	N/A
Enhanced family care facilities	es 13.00	N/A

Earned income disregards:

Aged: \$18 or actual mandatory employment expenses if greater; \$20 of gross income plus one-half of the next \$60.

Disabled: No disregards in addition to the Federal earned income disregards.

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

# INCOME DISREGARDS (CON.)

Blind: \$18 or actual employment expenses if greater; \$85 of gross earnings plus one-half amount over \$85. Additional amounts may be disregarded if an approved plan exists for achieving self-support within a 12-month period.

#### Other disregards:

If recipient receives income from other persons in exchange for providing room only for such person(s), the following amounts are deducted from such income:

From one person....... \$50 From two persons...... 100 From three persons...... 150

From four or more persons, deduct an additional \$50 from such income for each additional person. Actual expenses if greater may be allowed, subject to verification.

If income is received in exchange for room and board, the food stamp coupon allotment for each boarder is deducted in addition to the amounts given above.

For adults being considered for nursing home care, SSI payments are disregarded in the determination of financial eligibility.

#### RESOURCE LIMITATIONS

No monetary or acreage limitation on property occupied as a home. Personal property limited to \$1,500 net cash value for an individual or a couple excluding clothing, household furnishings, tools, car, life insurance, and farm equipment/livestock used for food needs. Cash value of life insurance not counted unless face value exceeds \$1,500 per person; when it exceeds this, equity value counts toward the \$1,500 resource limits.

#### PLACE OF APPLICATION

Local offices of State Division of Family Assistance.

**FUNDING** 

Aged and Disabled Assistance: 50 percent State funds, 50 percent County funds; Blind Assistance: 100 percent State funds.

Administration: State funds.

INTERIM ASSISTANCE State participates by providing assistance only to individuals who have SSI applications pending.

# **NEW HAMPSHIRE**

PAYN	MENT LEVELS <sup>2</sup>				
		Combined Federal/State		State supplementation	
Code	<u>Living arrangements</u>	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently <sup>3</sup>	\$521.00	\$762.00	\$27.00	\$21.00
	Living with an essential person <sup>4</sup>	N/A	1,001.00	N/A	13.00
	Residential care facility for adults	701.00	5	207.00	<u>5</u> /
	Enhanced family care facilities	701.00	5	207.00	<u>5</u> /
	Community residences				
	Non-subsidized	643.00	5	149.00	<u>5</u> /
	Subsidized	583.00	5	89.00	<u>5</u> /
	Medicaid facility	40.00	5	10.00	<u>5</u> /

## 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.

<sup>&</sup>lt;sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>&</sup>lt;sup>3</sup> Persons living in the household of another receive the same State supplement as those living independently.

<sup>&</sup>lt;sup>4</sup> Applies only to SSI recipients converted from former State assistance programs.

<sup>&</sup>lt;sup>5</sup> The State supplementation rate for individuals applies to each member of a couple.