

Pennsylvania

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration; State Department of Public Welfare.

Effective date: January 1, 1974.

Statutory basis for payment: Article IV, section 432(2), and Pennsylvania Public Welfare Code.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who is eligible for SSI payments (or would receive them except for excess income) and who reside in the specified living arrangements. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except those living in domiciliary care and personal care homes where they must be aged 18 or older.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The state supplementation is added to the federal payment.

Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Total expenditures: The state reported expenditures of \$117,904,959.58 for calendar year 2010 in state-administered payments. The Social Security Administration reported \$39,713,000 in federally administered payments to SSI recipients for calendar year 2010.

State Assistance for Special Needs

Administration

State Department of Public Welfare.

Special Needs Circumstances

Burial expenses: Up to \$750 in absence of other resources to meet cost.

Moving expenses: Up to \$200 may be paid (once in a 12-month period) if moving is required because of eviction or for health and welfare reasons.

Medical transportation expenses: Provides transportation expenses to and from medical appointments for those who need assistance.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Table 1.
Optional state supplementation payment levels, January 2011 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living alone ^a	...	696.10	1,044.30	22.10	33.30
Living in the household of another ^b	...	474.87	712.44	25.53	38.44
Living with an essential person ^b	C	1,055.70	1,417.05	43.70	68.05
Living with an essential person in the household of another ^a	D	718.37	967.38	43.70	68.05
Domiciliary care facility for adults	G	1,108.30	1,958.40	434.30	947.40
Personal care boarding home	H	1,113.30	1,968.40	439.30	957.40

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: ... = not applicable.

- a. State now administers payment for this living arrangement.
- b. Applies only to cases converted from former state assistance programs.

DEFINITIONS:

Living alone. Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where Medicaid is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples residing in a federal Code A or C living arrangement not meeting the definitions of other state arrangements. Includes persons in medical facilities who are residing in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

Living in the household of another. Includes recipients who do not have an essential person and who reside in a federal Code B living arrangement.

C: Living with an essential person. Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more essential persons.

D: Living with an essential person in the household of another. Includes recipients who live in the household of another and have one or more essential persons.

G: Domiciliary care facility for adults. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities.

H: Personal care boarding home. Includes adult recipients (aged 18 or older) certified by the state to be residing in nonmedical residential care facilities licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility.

Table 2.
Number of persons receiving optional state supplementation, January 2011

Living arrangement	State code	Total	Aged ^a	Blind	Disabled	
					Adults	Children
All recipients		310,703	60,736	675	210,192	39,100
Living alone or in the household of another	...	290,462	55,204	611	196,830	37,817
Living with an essential person ^b	C	19	14	1	3	1
Living with an essential person in the household of another ^b	D	11,155	1,582	49	8,242	1,282
Domiciliary care facility for adults	G	900	238	2	660	0
Personal care boarding home	H	8,167	3,698	12	4,457	0

SOURCE: State information.

NOTE: ... = not applicable.

- a. Aged category increased due to the state's reclassification of some aging disabled recipients.
- b. Essential persons category increased due to the state's new definition of their couples category.