Minnesota

State Supplementation

Mandatory Minimum Supplementation

Administration: No recipients.

Optional State Supplementation

Administration: County Welfare and Human Services Agencies (state-supervised). Payments are made under the Minnesota Supplemental Aid Program.

Effective date: April 1, 1974.

Statutory basis for payment: Minnesota Statutes Annotated, sections 256D.33-256D.54 and 256I.01-256I.06.

Funding

Administration: County funds; except state expenses, which are state-funded.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: County Welfare and Human Services Agencies.

Scope of coverage: Optional state supplement provided to SSI recipients and to persons who, except for excess income, would be receiving SSI. It is also provided to those who have maintenance needs based on the December 1973 state standards that exceed their income from federal SSI and other sources and who would otherwise have qualified for benefits under former state assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for blind child under age 18.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

County Welfare and Human Services Agencies (statesupervised).

Special Needs Circumstances

Amounts of assistance for items not covered by the mandatory state standards are determined on the basis of need in each case.

Diets: Specified modified diets, when prescribed by a physician, are allowed at designated rate.

Guardianship fees: Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

Representative payee services: Ten percent of gross monthly income, up to a maximum of \$25, for services provided by an agency that meets the requirements under SSI regulations to charge a fee for payee services.

Housing and major repairs: Nonrecurring payments for catastrophic situations for homeowners who live in their homes.

Furniture and appliances: Nonrecurring payment for necessary repairs and replacements.

Shelter needy provision: A supplemental payment, equal to the maximum Food Stamp allotment for an individual, for MSA participants relocating from an institution into the community if their shelter costs exceed 40 percent of their income. Recipients of the shelter needy special need must apply for subsidized housing.

Table 1.

Optional state supplementation payment levels (in dollars)

	Combined federal and state		State supplementation	
Living arrangement	Individual	Couple	Individual	Couple
Living independently				
Entitlement prior to January 1, 1994	626.00	943.00	81.00	126.00
Entitlement January 1, 1994, or later	626.00	928.00	81.00	111.00
Living in the household of another				
Entitlement prior to January 1, 1994	473.34	888.67	110.00	344.00
Entitlement January 1, 1994, or later	473.34	625.67	110.00	81.00
Living in a nonmedical, group residential facility ^a	1,246.89	b	701.89	b
Living in a Medicaid facility	69.00	138.00	39.00	78.00

a. Includes \$69 a month for clothing and personal needs.

DEFINITIONS

Living independently. Includes recipients who are solely responsible for paying costs connected with their home or apartment and persons who are eligible for Medicaid home and community-based service waivers or at risk of being placed in a group residential facility.

Living in the household of another. Includes recipients who live with another person, regardless of the relationship, in a house or an apartment.

Living in a nonmedical, group residential facility. Includes recipients who reside in a congregate care setting and have their shelter payments negotiated by the county agency. Nonmedical facilities include foster care, boarding care, and room and board arrangements.

Living in a Medicaid facility. Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

Table 2.

Number of persons receiving optional state supplementation, January 2002

				Disabled	
Living arrangement	Total	Aged	Blind	Adults	Children
All recipients	38,146	8,149	157	11,735	18,105
Living independently Living in the household of another	24,504 1,383	6,291 493	116 0	0 882	18,097 8
Living in a nonmedical, group residential facility Living in a Medicaid facility	10,795 1,464	955 410	20 21	9,820 1,033	0 0

Medicaid

Eligibility

Criteria: State guidelines.

Determined by: County Welfare and Human Services Agencies (state-supervised).

Medically Needy Program

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

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

b. Couples are treated as two individuals the month after leaving an independent living arrangement.