

## Ohio

### State Supplementation

#### Mandatory Minimum Supplementation

**Administration:** Social Security Administration.

#### Optional State Supplementation

**Administration:** State Department of Aging and Department of Jobs and Family Services (state-administered through local area agencies on aging).

**Effective date:** July 15, 1982.

**Statutory basis for payment:** Ohio Revised Code 173.35.

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** Passport agencies.

**Scope of coverage:** Optional state supplement provided to all aged, blind, and disabled recipients residing in the specified living arrangements. Eligibility is also extended to persons who are not SSI recipients. Children under age 18 are not eligible for supplementation.

**Resource limitations:** Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. Household goods and personal effects are excluded. One automobile may also be excluded if it meets the following conditions:

- Specially equipped for a disabled person,
- Used for employment,
- Used for medical transportation, or
- Has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource).

Additional exclusions include one burial plot, irrevocable burial contracts (revocable burial contracts are not excluded), and life insurance policies with a total

face value of \$1,500 or less (if more, the cash surrender value is a countable resource).

**Income exclusions:** Cost-of-living increases for SSI recipients after July 15, 1982, are disregarded. Earned income exclusions apply. Effective January 1, 2008, the disregard is \$344 for an individual and \$516 for a couple.

**Recoveries, liens, and assignments:** None.

**Financial responsibility of relatives:** None.

**Interim assistance:** State participates.

**Payment calculation method:** A standard applies that is established by the state for the total SSI payment. The federal SSI payment and any countable income are deducted from the state standard. The remainder is the state supplementation.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Total expenditures:** The state reported expenditures of \$10,100,000 for calendar year 2007 in state-administered payments to SSI recipients.

### State Assistance for Special Needs

State does not provide assistance for special needs unless the recipient is eligible for Medicaid.

### Medicaid

#### Eligibility

**Criteria:** State guidelines.

**Determined by:** State.

#### Medically Needy Program

State does not provide a program for the medically needy.

#### Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

**Table 1.**  
**Optional state supplementation payment levels, January 2008 (in dollars)**

| Living arrangement                    | Combined federal and state |          | State supplementation |          |
|---------------------------------------|----------------------------|----------|-----------------------|----------|
|                                       | Individual                 | Couple   | Individual            | Couple   |
| Adult family or foster home           | 1,143.00                   | 2,115.00 | 506.00                | 1,159.00 |
| Adult community mental health housing | 943.00                     | 1,715.00 | 306.00                | 759.00   |
| Adult community alternative home      | 1,143.00                   | 2,115.00 | 506.00                | 1,159.00 |
| Adult group home                      | 1,243.00                   | 2,315.00 | 606.00                | 1,359.00 |
| Residential care facility             | 1,243.00                   | 2,315.00 | 606.00                | 1,359.00 |
| Adult residential care facility       | 1,143.00                   | 2,115.00 | 506.00                | 1,159.00 |

SOURCES: Social Security Administration, Office of Income Security Programs; state information.

NOTE: Includes a personal needs allowance of \$50 per individual, \$100 per couple.

DEFINITIONS:

**Adult family or foster home.** Includes recipients living in a residence for one or two adults that is not certified or licensed by the Department of Mental Health but is certified by the Department of Human Services or by the Department of Aging or its designee.

**Adult family home.** Includes recipients living in a residence or facility that is licensed by the Department of Health and provides accommodations for three to five adults and supervision or personal care services for at least three of those adults.

**Adult community alternative home (under adult community mental health housing).** Includes recipients who have acquired immunodeficiency syndrome (AIDS) or a condition related to AIDS. The home is for three to five unrelated adults and is licensed by the Department of Health.

**Adult group home.** Includes recipients residing in an adult foster care facility licensed by the Department of Health that provides room and board for six to sixteen adults and also provides supervision and personal care services to at least three of those adults.

**Adult residential care facility.** Includes recipients residing in a home licensed by the Department of Health that provides accommodations for sixteen or more adults and also provides supervision and personal care services to three or more individuals who require such services because of age or physical or mental impairment.

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2008**

| Living arrangement                             | Total | Aged | Blind | Disabled |
|--|-------|------|-------|----------|
| All recipients                                 | 1,864 | 544  | --    | --       |
| Adult family home                              | 320   | 74   | --    | --       |
| Adult foster home                              | 67    | 34   | --    | --       |
| Adult community mental health housing          | 0     | 0    | 0     | 0        |
| Adult community alternative home               | 0     | 0    | 0     | 0        |
| Adult group home                               | 932   | 251  | --    | --       |
| Residential or adult residential care facility | 534   | 180  | --    | --       |
| Other  | 11    | 5    | --    | --       |

SOURCE: State information.

NOTE: -- = not available.