Florida

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Department of Children and Families.

Effective date: January 1, 1974.

Statutory basis for payment: Florida Statutes, chapter

409.212.

Funding

Administration: State funds. Assistance: State funds.

Passalong method: Maintaining payment levels at the

March 1983 level.

Place of application: Local offices of the Department

of Children and Families.

Scope of coverage: Under the community care programs, an optional state supplement is provided to all aged, blind, or disabled persons who either receive SSI payments or meet all SSI criteria except for income and whose income does not exceed \$623.40.

Resource limitations: Same as federal.

Income exclusions: Community care program has a personal needs allowance of \$54 per month and earned income exclusions of \$65 plus one-half of remaining income, and any other federal income exclusions.

Recoveries, liens, and assignments: Amount of public assistance received after August 31, 1967, creates a debt against the estate of the aged, blind, or disabled recipient, and the state can file a claim after death. Homestead exempt during life of spouse or dependent children if occupied as a homestead. Claims are filed against the estate of individuals who received Medicaid on or after their 55th birthday.

Responsibility of relatives: None.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.

Optional state supplementation payment levels (in dollars)

	Combined fede	eral and state	State supplementation		
Living arrangement	Individual	Couple	Individual	Couple	
Community care programs					
Adult family care home ^a	623.40		78.40		
Assisted living facility	623.40	b	78.40	b	
Living in a Medicaid facility ^c	35.00	70.00	5.00	10.00	

NOTE: ... = not applicable.

- a. Payments include \$54 personal needs allowance. Recipients who lose SSI eligibility because of Social Security (Title II) benefit increases may continue to be eligible for state supplementation if they reside in a specific living arrangement and have income below income limits.
- b. Couples are treated as two individuals the month after leaving an independent living arrangement.
- c. Community providers enrolled to provide assistive care services can receive an additional payment from Medicaid recipients residing in their facilities.

DEFINITIONS:

Adult family care home. Serves up to five persons aged 18 or older, providing housing, food, and personal services.

Assisted living facility. Serves four or more persons aged 18 or older, providing housing, food, and personal services.

Living in a Medicaid facility. Includes recipients who reside in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2002

Living arrangement	Total	Aged	Blind	Disabled
All recipients	15,169	6,843	9	8,317
Community care programs Adult family care home Assisted living facility	463 9,685	171 4,257	0 8	292 5,420
Living in a Medicaid facility	5,021	2,415	1	2,605

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.

State Assistance for Special Needs

State does not provide assistance for special needs.

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 does not obtain this information.