

Kentucky

State Supplementation

Mandatory Minimum Supplementation

No recipients.

Optional State Supplementation

Administration: Cabinet for Families and Children, Department for Community Based Services.

Effective date: January 1, 1974.

Statutory basis for payment: Kentucky Revised Statutes 205.245 and budget approval by state legislature.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Local offices of the Cabinet for Families and Children, Department for Community Based Services.

Scope of coverage: Optional state supplement provided to every aged, blind, and disabled person who needs care in a personal care facility other than a Medicaid facility or in a family care home licensed under the health licensure act or needs the services of a caretaker in the home and who has insufficient income to obtain this care. Children are eligible for the optional supplement of caretaker services in the home. The minimum age requirement is 16 for a personal care home and 18 for a family care home.

Resource limitations: Same as federal.

Income exclusions: Same as federal.

Recoveries, liens, and assignments: None.

Responsibility of relatives: Spouse for spouse; parent for child under age 18 if living together. Relatives financially responsible for the month of admission in personal care home or family care home.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: In January 2002, 4,739 people received optional state supplementation. Of those, 1,991 were aged, 33 were blind, and 2,715 were disabled. For their living arrangements, 3,702 were in a personal care facility, 273 were in a family care home, and 764 had a caretaker in home. (The living arrangements are defined in Table 1.)

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

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living in a personal care facility	985.00	a	440.00	a
Living in a family care home	717.00	a	172.00	a
Caretaker in home	607.00	932.00	62.00	115.00

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

DEFINITIONS:

Living in a personal care facility. Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health-related services, personal care, and social or recreational activities.

Living in a family care home. Includes recipients in residential accommodations limited to two or three persons who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home. Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.

State Assistance for Special Needs

State provides 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 obtains this information.