Subject: Policy Clarification on Adult Day Care Provisions - Title VI Meal Funding

To: STATE AGENCY DIRECTORS (Special Nutrition Programs) - Colorado DH, Iowa, Kansas, Missouri DH, Montana DHES, Nebraska ED, North Dakota, South Dakota, Utah and Wyoming ED

The following provides guidance on the use of funds provided under Title VI of the Older Americans Act (OAA) of 1965, as amended, in adult day care centers participating in the Child Care Food Program (CCFP).

Title VI provides supportive services, including nutrition services, to American Indians, Alaskan Natives and Native Hawaiians that are comparable to services provided under Title III. Section 614 of the OAA requires applicants for grants under Section VI to assure that nutrition services will be delivered to older Native Americans "...substantially in compliance with the provisions of Part C of Title III..." The question has been raised, therefore, whether Title VI is subject to the "duplication of funds" provision found in the adult day care component of the CCFP, which prohibits the use of Title III-C benefits in meals reimbursed by CCFP.

Title VI benefits are not prohibited from being used to subsidize meals reimbursed by CCFP. CCFP legislation prohibits only the use of Title III-C funds in CCFP meals. While the nutrition services provided under Title VI are required to be "comparable" to those provided under Title III and are required to be "...substantially in compliance with the provisions of Part C of Title III...", Title VI services have been provided their own appropriations and are, for all purposes, a program totally separate from the Title III nutrition program.

Mary Nielsen
ANN C. HECTOR
Regional Director
Special Nutrition Programs
SUPPLEMENTAL SECURITY INCOME (SSI) FACT SHEET*

WHAT IS SSI?

- SSI is an assistance program which provides a monthly income supplement to the economically disadvantaged who are aged, disabled or blind.

WHO RUNS SSI?

- SSI was established by Congress in 1972 under Title XVI of the Social Security Act and is run by the Social Security Administration.
- Most States choose to provide a supplement to SSI.
- States are given the option of running their own supplement program or leaving it to be federally administered.
- The governmental unit responsible for administering these payments varies from State to State. The unit may be either a State or local agency or the Social Security Administration.
- Under State administration, the State must absorb both program benefit and administrative costs.
- Under Federal administration, the State is responsible for the program benefit costs only; the Federal government assumes responsibility for the administrative costs.

WHERE DOES FUNDING COME FROM?

- Funding for SSI comes from income taxes.
- Benefits paid in 1987 totaled $13.0 billion
- States have the option to supplement the Supplemental Security Income floor for all selected categories of persons, regardless of previous State program eligibility.

WHO IS ELIGIBLE FOR SSI?

- States with State-administered programs establish their own eligibility conditions. States with federally administered programs must adhere to SSI eligibility criteria in all aspects except that they may establish additional income disregards.
- Applicants must be U.S. citizens, or from a foreign country and lawfully admitted to the U.S. or from a foreign country but living in the U.S. and the Immigration and Naturalization Service (INS) plans to let them stay.
- Applicants must live in the United States or the Northern Mariana Islands.

*Information excerpted from various DHHS materials by the Child Nutrition Division, USDA for the information and use of State agencies which administer the CCFP. It is not intended as a comprehensive listing of SSI requirements or benefits.
Persons 18 years or older may receive SSI if a physical or mental disability is expected to keep him/her from working for at least 12 months or is expected to result in death.

A disabled child under 18 may receive SSI if the disability is as severe as one that would keep an adult from working and is expected to last at least 12 months or result in death.

An adult or child who is blind.

- Blind means that a person can see no better than 20/200 or has a limited visual field of 20 degrees or less in the better eye with the use of eyeglasses.
- If a person's sight is not poor enough to be considered blindness, he or she may still be able to receive SSI as a disabled person.
- Social Security usually works with a state agency in order to determine disability or blindness. The State reviews evidence from doctor's reports, clinics or institutions where one has been treated in order to determine eligibility.
- If additional tests are needed, Social Security will pay for them.

Persons lacking adequate resources or income:

- For married persons, resources and incomes of their spouses are considered.
- For those applicants under 18, resources and income of parents may also be considered.
- For sponsored aliens, eligibility may depend on sponsors' resources and income.
- If a disabled or blind child under 18 is unmarried and living at home, some of the parents' resources may be counted as belonging to the child.

RESOURCES

- Social Security does not count all possessions when determining amount of resources.
- The home one lives in and the land it is on do not count.
- Personal and household goods and insurance policies may not count, depending on their value.
- A car does not count if it is used for essential transportation or if it is worth $4,500 or less.
- Burial plots for applicant and members of his/her immediate family do not count.
- Up to $1,500 in burial funds for the applicant and $1,500 in burial funds for his/her spouse do not count.
- If the applicant is disabled or blind, some resources may not count if they are intended to be used to work or earn extra income.

INCOME

- Social Security does not count all income in determining eligibility.
- The first $20 a month of any income usually does not count.
- The first $65 a month earned from work does not count.
- Half of the amount over $65 earned per month does not count.
- Food stamps do not count.
- Home energy assistance from home energy suppliers may not count.
- Food, clothing, shelter, or home energy assistance received from private nonprofit organizations may not count.
- For students, some earnings or scholarships received may not count.
- Death benefits used to pay for a deceased person's last illness do not count.
- Social Security does not count any earnings used to pay for items or services needed for work because of disability.
- Social Security does not count any earnings a blind person uses to pay expenses that are caused by working (e.g., transportation).
- Income used for training or to buy items necessary to work or earn money may not count.

- Applicants who are eligible for Social Security or other money benefits must apply for them.
- Applicants may be able to receive SSI and Social Security checks if eligible for both.
- Disabled applicants must accept vocational rehabilitation services if they are offered.

PEOPLE WHO LIVE IN PUBLIC OR PRIVATE INSTITUTIONS

- People who live in city or county rest homes, halfway houses, or other public institutions usually cannot receive SSI. Yet there are some exceptions:
  - Those who live in a publicly operated community residence which serves no more than 16 people, may receive SSI.
  - Those who live in public institutions mainly to attend approved educational or job training in order to get a job may receive SSI.
  - Those living in public emergency shelters for the homeless may be eligible for SSI.
  - Those living in public or private institutions and receiving Medicaid to cover more than half the cost of medical expenses may qualify for SSI. Yet, in this case, SSI payments will be no more than $30, plus any additional money paid by the state.
  - Those living in private institutions may also qualify for SSI.

SSI OR AFDC?

- Applicants who receive Aid to Families with Dependent Children (AFDC) would not qualify for SSI. Those who qualify for both AFDC and SSI must choose between the two.
FOOD STAMPS

- If every person in a household is applying for SSI or receiving SSI, they may apply for food stamps at a Social Security office. Food stamps and SSI may be applied for simultaneously.
- If a household is not applying for or receiving SSI, food stamps will have to be applied for at the local food stamp office.

MEDICAID

- Usually, a person who is eligible for SSI can also receive Medicaid. Medicaid helps pay for health care bills.

SOCIAL SERVICES

- Those who receive SSI may also be able to get social services from the State or county. Social services might include housekeeping help, arrangements for meals, or transportation.

HELP FOR DISABLED OR BLIND PEOPLE

- Anyone who applies for SSI because of disability or blindness may get services offered by the State. These services may include counseling, work skills training, job placement, and training for independent living.

EMPLOYMENT

- It is possible in some cases to receive SSI while working. Yet, as pay earned from working increases, SSI checks will decrease in amount and gradually stop. Medicaid coverage may not be affected.
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MEDICAID

Current through 4/15/89

THE PROGRAM: The federal-state Medicaid program was created by Congress in 1965 to assist the states in providing health care for the poor. The program covers health-care expenses for recipients of Aid to Families With Dependent Children (AFDC) and Supplemental Security Income (SSI), which provides cash assistance to the needy elderly, blind, and disabled. States also cover other medically needy people and have considerable flexibility in structuring their programs.

Approximately 25 million persons receive health care in the Medicaid program, which is administered by the states and financed jointly with the federal government. Federal law requires the states to provide a minimum benefit package that includes hospital inpatient and outpatient services, physician services, skilled nursing home care, laboratory and x-ray services, health screening and followup services for children under 21, nurse midwife services, family planning services, rural health clinic services, and transportation services.

Payment for services is made by the states or their fiscal agents to health-care providers. Under a formula established by Congress, the federal government assumes a larger share of Medicaid costs in states with the lowest per-capita incomes. This year's federal share of payments to Medicaid health-care providers will range from 50 to 80 percent, with federal payments to the states covering about 56 percent of the total cost. Administrative costs are generally reimbursed at a 50-50 matching rate.

PROGRAM FOR CHILDREN: By law, Medicaid must provide periodic screening, diagnosis, and treatment for needy children in all the states. This is known as the EPSDT program. Children must be screened and treated for vision, hearing, and dental problems; their growth and development must be checked, and they must be immunized against infectious diseases.

STRESSING QUALITY: New survey and certification requirements are being implemented to improve the quality of long-term care in nursing homes, mental hospitals, and other institutions.

AIDS: Medicaid spending by the Federal and state governments on AIDS care and treatment in FY 1989 is estimated at $940 million. Medicaid now serves about 40 percent of all patients with AIDS.

- More -
NEW LEGISLATION: The Medicare Catastrophic Coverage Act of 1988 made the following significant changes in Medicaid:

For The Needy in Medicare -- The act requires state Medicaid programs to pay the Medicare premiums, deductibles, and copayments to cover impoverished elderly and disabled people in the Medicare Part A hospitalization and Part B medical insurance programs. This provision helps persons with incomes below 85 percent of the federal poverty line this year, 90 percent of the poverty line in the 1990 calendar year, 95 percent of the poverty line in 1991, and 100 percent of the poverty line in 1992.

For Pregnant Women and Infants -- Effective July 1, 1989, the new law requires Medicaid coverage for pregnant women and children up to age 1 if family income is below 75 percent of the poverty line. Effective July 1, 1990, they must be covered if they are below the poverty line.

For Spouses of Nursing Home Residents -- Beginning September 30 this year, Medicaid coverage of nursing home care will not require taking so much of a couple's income and assets that the spouse living in the community is reduced to impoverished circumstances. Effective September 30, 1989, the spouse living in the community can retain enough income to stay above 122 percent of the federal poverty line. That floor will be raised to 133 percent of the poverty level on July 1, 1991, and 150 percent of the poverty line on July 1, 1992.

(The Federal poverty level is defined this year as income of $5,980 for one person, $8,020 for a family of two, $10,060 for a family of three, and $12,100 for a family of four. The figures are slightly higher for Alaska and Hawaii.)

For More Information, write to:

Office of Public Affairs
Health Care Financing Administration
200 Independence Avenue S.W., Room 435-H
Washington, D.C. 20201
or call (202) 245-6161
MEDICAID STATISTICS

Federal Medicaid program expenditures in FY 1987 were $26.2 billion, of which about 40 percent was spent in four states: New York, California, Ohio, and Pennsylvania.

MEDICAID MEDICAL VENDOR PAYMENTS
(in billions, Federal fiscal years)

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FEDERAL MEDICAID PAYMENTS TO STATES
(in billions)

| TOTAL           | 13.4  | 15.9  | 16.8  | 18.4  | 19.6  | 21.5  | 23.4  | 26.2  | 29.0  |

UNDUPLICATED ANNUAL MEDICAID RECIPIENTS
(in millions)

| TOTAL           | 21.6  | 22.0  | 21.6  | 21.6  | 21.8  | 22.5  | 23.2  | 23.8  |
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