

MITT ROMNEY GOVERNOR

KERRY HEALEY LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY SECRETARY

PAUL J. COTE, JR. COMMISSIONER

The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

MEMORANDUM

TO:Bureau of Family and Community Health Staff and Interested PartiesFROM:Gail Havelick, Division for Perinatal, Early Childhood and SpecialHealth NeedsNovember 7, 2006RE:SSI INCOME AND BENEFITS CHANGE FOR 2007

IMPORTANT UPDATE!

Effective January 1, 2007 the Supplemental Security Income Federal Benefit Rate (FBR) is increased according to the 3.3% Cost of Living Adjustment (COLA). The federal change will affect the monthly SSI benefit as well as the maximum income limits for families with disabled or blind children in Massachusetts.

Enclosed are the revised charts reflecting those changes. Any family who may have been slightly over the SSI income limits in 2006 should be notified of the January increase. They may now be eligible for benefits under the SSI Program. If found eligible, the child will also qualify for MassHealth (Medicaid).

A disabled or blind child in a family whose income still exceeds the SSI limits may be eligible for CommonHealth for disabled children. To apply for CommonHealth, an MBR (Medical Benefit Request) form must be completed along with the Children's Disability Supplement.

To obtain these forms from a MassHealth Enrollment Center, call 1-888-665-9993, or 1-800-841-2900.

If you have any questions, please do not hesitate to call the DPH Division for Perinatal, Early Childhood and Special Health Needs Community Support Line at 1-800-882-1435 and ask to speak to a Resource Specialist.

SSI ELIGIBILITY

ANNUAL EARNED INCOME CONVERSIONS (Effective January 1, 2007)

One Parent Household

Number of Non-SSI Children	Monthly	Annual
0	\$2,843.78	\$34,125.36
1	\$3,154.78	\$37,857.36
2	\$3,465.78	\$41,589.36
3	\$3,776.78	\$45,321.36

Two Parent Household

Number of Non-SSI Children	Monthly	Annual
0	\$3,465.78	\$41,589.36
1	\$3,776.78	\$45,321.36
2	\$4,087.78	\$49,053.36
3	\$4,398.78	\$52,785.36

Bureau of Family and Community Health

SSI ELIGIBILITY

Effective 1/1/07

PARENT TO CHILD DEEMING

(Allocations for Deeming Worksheet)

Child Allocation (Half Federal Benefit Rate) [*]		\$311.00
1 Parent	(Individual; Full FBR)	\$623.00
2 Parents	(Couple FBR)	\$934.00
2X Individua	1 FBR	\$1,246.00
2X Couple FBR		\$1,868.00

^{*} For Deeming calculation, multiply the child Allocation by the number of NON-SSI children in the household.

Bureau of Family and Community Health

2007 SSI RESOURCE ELIGIBILITY IN MASSACHUSETTS

As part of the Deficit Reduction Act of 1984 (P.L. 98-369), the resource limits for SSI eligibility had been undergoing an increase each year for a period of five years. Therefore, 1989 was the fifth and final phase of the annual increase.

The maximum resource limits regarding children are still the following:

Disabled Individual: (includes child not living with parents)	\$2,000.00
Disabled child living with 1 parent (\$2,000.00 each)	\$4,000.00
Disabled child living with both parents (\$2,000.00 child, \$3,000 parents)	\$5,000.00

Bureau of Family and Community Health

INCOME ELIGIBILITY FOR SSI IN MASSACHUSETTS

(Effective January 1, 2007)

The following charts can be used as a guide for families with a disabled child who may be eligible for SSI. Income eligibility is based on household size. The earned income maximum is Gross Monthly wages, or net earnings from self-employment. Unearned income is the monthly payment from such sources as pensions, unemployment or workers compensation, rental income, interest on savings, support, alimony, and/or Social Security.

MAXIMUM MONTHLY GROSS INCOME

EARNED INCOME

NUMBER OF NON SSI	ONE PARENT	TWO PARENT
<u>CHILDREN</u>	<u>HOUSEHOLD</u>	<u>HOUSEHOLD</u>
0	\$2,843.78	\$3,465.78
1	\$3,154.78	\$3,776.78
2	\$3,465.78	\$4,087.78
3	\$3,776.78	\$4,398.78
	UNEARNED INCOME	
NUMBER OF NON SSI	ONE PARENT	TWO PARENT
<u>CHILDREN</u>	<u>HOUSEHOLD</u>	<u>HOUSEHOLD</u>

0	\$1,399.39	\$1,710.39
1	\$1,710.39	\$2,021.39
2	\$2,021.39	\$2,332.39
3	\$2,332.39	\$2,643.39

-- Add \$311.00 for each additional child

-- If applicant is a <u>Blind Child</u> add \$70.70 to Maximum Earned Income, add \$35.35 to Maximum Unearned Income.

PLEASE NOTE* These charts cannot be used to determine eligibility for families with both earned and unearned income, with more than one eligible child, with SSI eligible parents, or when children in the family have their own income.

Bureau of Family and Community Health

SUPPLEMENTAL SECURITY INCOME FOR CHILDREN MAXIMUM BENEFIT RATES IN MASSACHUSETTS (Effective January 1, 2007)¹

STATE LIVING ARRANGEMENT	SUMMARY OF CHILDREN INCLUDED IN THIS CATEGORY	MAXIMUM DISABLED BENEFIT	MAXIMUM BLIND BENEFIT
FULL COST OF LIVING	(1) Children living with parent/s where TAFDC, EDC or SSI payment <u>are not</u> being received	\$737.39	\$772.74
SHARED LIVING	 Children living with parent/s where TAFDC, EDC, or SSI payments are being received Children living in FOSTER CARE, or a COMMUNITY RESIDENCE (16 or fewer persons) Children living in a private medical facility (not a licensed Rest Home) where Medicaid pays less than 50% of the cost of care² 	\$653.40	\$772.74
LIVING IN HOUSEHOLD OF ANOTHER	 (1) Individuals determined under Federal rules to be "living in the household of another," receiving support and maintenance, and paying less than pro-rata share of household expenses. (Children living with relatives are usually included in this category) 	\$502.92	\$772.74

BENEFIT LEVELS IN INSTITUTIONS

		PUBLIC INST.	PRIVATE INST.
CHILDREN IN INSTITUTIONS	MedicaidUnder 50% of cost pCertifiedby MA	aid Ineligible	\$65.00
INSTITUTIONS	Facility Over 50% of cost p by MA	aid \$65.00	\$65.00
	Non Medicaid Facility	Ineligible	\$653.40

1 The benefit figures are due to change on $1\!/\!1/\!08$

2 Sometimes called TITLE XIX FACILITY OR MEDICAL TREATMENT FACILITY

Bureau of Family and Community Health

SSI ELIGIBILITY

- A) Must have LOW INCOME
- B) Must have LOW RESOURCES
- C) Must be a U. S. citizen or qualify under certain categories of alien status
- D) Must meet SSA DISABILITY OR BLINDNESS requirements

SOCIAL SECURITY ADMINISTRATION DEFINITION OF "PARENT"

A natural or adoptive parent, or a step-parent living with a natural or adoptive parent, who lives in the same household as the SSI applicant.

WHEN A PARENT'S INCOME DOES NOT COUNT

When a child applies for SSI, the parent's income does NOT count in determining eligibility:

- A) When the child's household is on TAFDC
- B) When the child lives "permanently" away from home
- C) After the child reaches age 18

MAXIMUM MONTHLY GROSS INCOME (Effective January 1, 2007)

EARNED INCOME

# OF NON SSI CHILDREN	1 PARENT HOUSEHOLD	2 PARENT HOUSEHOLD
0	\$2,843.78	\$3,465.78
1	\$3,154.78	\$3,776.78
2	\$3,465.78	\$4,087.78
3	\$3,776.78	\$4,398.78

UNEARNED INCOME

# OF NON SSI CHILDREN	1 PARENT HOUSEHOLD	2 PARENT HOUSEHOLD
0	\$1,399.39	\$1,710.39
1	\$1,710.39	\$2,021.39
2	\$2,021.39	\$2,332.39
3	\$2,332.39	\$2,643.39

- Add \$311.00 for each additional child

- If applicant is a Blind Child, add \$70.70 to Maximum Earned Income,

add \$35.35 to Maximum Unearned Income.

PLEASE NOTE* These charts cannot be used to determine eligibility for families with both earned and unearned income, with more than one eligible child, with SSI eligible parents, or when children in the family have their own income.

SSI STUDENT EARNED INCOME EXCLUSION

(Effective January 1, 2007)*		
Monthly Exclusion Limit: \$1,510.00		
Annual Exclusion Limit:	\$6,100.00	

*An automatic adjustment is now made on the exclusion limits based on the cost-of-living rate on an annual basis. The annual adjustment accounts for price inflation, recognizes that students with disabilities incur special expenses to go to school, and encourages them to work.

SGA (Substantial Gainful Activity)

The SGA monthly earnings guideline is now indexed according to the national average wage index each year. The national wage index, which is a measure of wage growth, provides a logical basis for adjusting the earnings guidelines used to indicate an individual's ability to work.

SGA effective January 1, 2007:

Non-Blind: \$900/mo. Blind: \$1,500/mo.

Bureau of Family and Community Health