



Cornell University
ILR School

Raymond Cebula
Extension Associate Faculty
Employment and Disability
Institute
201 ILR Extension Building
Ithaca, New York 14853-3901
t. 617.312.3261
rac79@cornell.edu

April 9, 2007

to: EDI

from: Ray Cebula

**re: Technical Updates to Applicability of the
Supplemental Security Income (SSI) Reduced Benefit
Rate for Individuals Residing in Medical Treatment
Facilities**

The Commissioner of SSA has promulgated proposed regulations concerning the payment of SSI benefits to children residing in Medical Treatment Facilities and the amount of SSI eligibility during residency. The full text of the announcement can be found on the SSA website: www.socialsecurity.gov and/or www.gpoaccess.gov. Comments are due on May 25, 2007.

What is the purpose of this notice of proposed rulemaking?

The proposed rules will eliminate inequity that exists prior to the passage of the Balanced Budget Act of 1997, in the way that SSI was paid to children residing in treatment facilities as well as extend the availability of full SSI payments to children who are subject to a “temporary period of institutionalization”.

The proposals are fairly simple and are fully favorable to our client population. As a result I will not provide the usual side by side analysis of the proposal in favor of a simple textual explanation.

Individuals residing in institutional settings where public sources, such as Medicaid, are paying more than 50% of the costs involved have routinely received a reduced SSI payment of \$30 monthly. This \$30 payment may be supplemented by states providing a higher level of payment. It is intended that these funds be used as personal care funds and that the recipient have full access to these funds.

Adults who became “temporarily institutionalized” were allowed full SSI payments despite residing in a publicly funded institution if a physician certified that the length of the stay would be 3 months or less and that the SSI benefits were needed to preserve the recipient’s living arrangement outside the institution. The Personal Responsibility Act of 1996 failed to extend this provision to children.

The Balanced Budget Act of 1997 remedied this inequity and provided the same protection for children who become “temporarily institutionalized”. The same requirements apply to children as do adults.

The remaining portion of the proposal relates to a change in terminology used by SSA to describe the institutional situation. “Medical Treatment Facility” will now replace a list of obsolete terms previously used by SSA in order to allow for a more uniform application of the benefits payment provisions described above.

Aside from chastising the Administration for waiting 10 years to promulgate these rules there really isn't that much more to say.