§416.412 Amount of benefits; eligible couple.

The benefit under this part for an eligible couple (including couples where one or both members of the couple are receiving benefits payable under the §416.212 provisions), neither of whom is subject to suspension of benefits based on §416.1325 or reduction of benefits based on §416.414 nor is a qualified individual (as defined in §416.221) shall be payable at the rate of $5,640 per year ($470 per month) effective for the period beginning January 1, 1996. This rate is the result of a 2.6 percent cost-of-living adjustment (see §416.405) to the December 1995 rate. For the period January 1, through December 31, 1995, the rate payable, as increased by the 2.8 percent cost-of-living adjustment, was $5,496 per year ($458 per month). For the period January 1, through December 31, 1994, the rate payable, as increased by the 2.6 percent cost-of-living adjustment, was $5,352 per year ($446 per month). The monthly rate is reduced by the amount of the individual’s income which is not excluded pursuant to subpart K of this part.

§416.413 Amount of benefits; qualified individual.

The benefit under this part for a qualified individual (defined in §416.221) is payable at the rate for an eligible individual or eligible couple plus an increment for each essential person (defined in §416.222) living in the household of a qualified individual. (See §416.532.) For the period January 1, through December 31, 1996, the rate payable, as increased by the 2.8 percent cost-of-living adjustment, was $2,820 per year ($235 per month). For the period January 1, through December 31, 1995, the rate payable, as increased by the 2.8 percent cost-of-living adjustment, was $2,748 per year ($229 per month). For the period January 1, through December 31, 1994, the rate payable, as increased by the 2.6 percent cost-of-living adjustment, was $2,676 per year ($223 per month). The total benefit rate, including the increment, is reduced by the amount of the individual’s or couple’s income that is not excluded pursuant to subpart K of this part.

§416.414 Amount of benefits; eligible individual or eligible couple in a medical treatment facility.

(a) General rule. Except where the §416.212 provisions provide for payment of benefits at the rates specified under §§416.410 and 416.412, reduced SSI benefits are payable to persons and couples who are in medical treatment facilities where a substantial part (more than 50 percent) of the cost of their care is paid by a State plan under title XIX of the Social Security Act (Medicaid). This reduced SSI benefit rate also applies to children under age 18 who are in medical treatment facilities where a substantial part (more than 50 percent) of the cost of their care is paid by a State plan under title XIX of the Social Security Act due to a transfer of assets for less than fair market value. This reduced SSI benefit rate applies to persons who are in medical treatment facilities where a substantial part (more than 50 percent) of the cost would have been paid by an approved Medicaid State plan but for the application of section 1917(c) of the Social Security Act due to a transfer of assets for less than fair market value. This reduced SSI benefit rate applies to children under age 18 who are in medical treatment facilities where a substantial part (more than 50 percent) of the cost would have been paid by an approved Medicaid State plan but for the application of section 1917(c) of the Social Security Act due to a transfer of assets for less than fair market value.
cost of their care is paid by a health insurance policy issued by a private provider of such insurance, or where a substantial part (more than 50 percent) of the cost of their care is paid for by a combination of Medicaid payments and payments made under a health insurance policy issued by a private provider of such insurance. Persons and couples to whom these reduced benefits apply are—

(1) Those who are otherwise eligible and who are in the medical treatment facility throughout a month. (By throughout a month we mean that you are in the medical treatment facility as of the beginning of the month and stay the entire month. If you are in a medical treatment facility you will be considered to have continuously been staying there if you are transferred from one medical treatment facility to another or if you are temporarily absent for a period of not more than 14 consecutive days.; and

(2) Those who reside for part of a month in a public institution and for the rest of the month are in a public or private medical treatment facility where Medicaid pays or would have paid (but for the application of section 1917(c) of the Act) a substantial part (more than 50 percent) of the cost of their care; and

(3) Children under age 18 who reside for part of a month in a public institution and for the rest of the month are in a public or private medical treatment facility where a substantial part (more than 50 percent) of the cost of their care is being paid under a health insurance policy issued by a private provider or by a combination of Medicaid and payments under a health insurance policy issued by a private provider.

(b) The benefit rates are—(1) Eligible individual. For months after June 1988, the benefit rate for an eligible individual with no eligible spouse is $30 per month. The benefit payment is figured by subtracting the individual’s countable income (see subpart K) from the benefit rate as explained in §416.420.

(2) Eligible couple both of whom are temporarily absent from home as described in §416.1149(c)(1). For months after June 1988, the benefit rate for a couple is $60 a month. The benefit payment is figured by subtracting the couple’s countable income (see subpart K) from the benefit rate as explained in §416.420.

(3) Eligible couple with one spouse who is temporarily absent from home as described in §416.1149(c)(1). The couple’s benefit rate equals:

(i) For months after June 1988, $30 per month for the spouse in the medical treatment facility; plus

(ii) The benefit rate for an eligible individual (see §416.410) for the spouse who is not in the medical treatment facility. The benefit payment for each spouse is figured by subtracting each individual’s own countable income in the appropriate month (see §416.420) from his or her portion of the benefit rate shown in paragraphs (b)(3)(i) and (ii).

(c) Definition. For purposes of this section, a medical treatment facility means an institution or that part of an institution that is licensed or otherwise approved by a Federal, State, or local government to provide inpatient medical care and services.

§416.415 Amount of benefits; eligible individual is disabled child under age 18.

(a) If you are a disabled child under age 18 and meet the conditions in §416.1165(i) for waiver of deeming, your parents’ income will not be deemed to you and your benefit rate will be $30 a month.

(b) If you are a disabled child under age 18 and do not meet the conditions in §416.1165(i) only because your parents’ income is not high enough to make you ineligible for SSI but deeming of your parents’ income would result in an SSI benefit less than the amount payable if you received benefits as a child under §416.1165(i), your benefit will be the amount payable if you received benefits as a child under §416.1165(i).

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