

States some or all monthly payments are subject to specific maximums or are otherwise limited, below the amount determined as needed under State standards. There were 38 States that reported some cases with unmet need in the 1961 study; in 27 of these States half or more of the AFDC families had unmet need. Twelve percent of the total financial need of the Nation's AFDC families as recognized in State standards was not being met from any source. Unmet need was reported for 46 percent of all AFDC families; the average amount of unmet need for these families was nearly \$40. Unmet need amounted to \$50 or more per month for 112,000 families.

On the other hand, some of the States that reported no families with unmet need in the 1961 study have relatively low assistance standards. In such States the average level of living actually provided to AFDC families may be lower than in some States which recognize a higher level of need but do not fully meet that need through assistance.

#### MEDICAL ASSISTANCE FOR THE AGED

1. Number of recipients, December 1964: 227,000.
2. Total assistance payments, December 1964: \$44.1 million.
3. Average payment per recipient, December 1964: \$194.69.
4. The program of medical assistance for the aged: Federal legislation establishing the program of medical assistance for the aged became effective October 1, 1960. The purpose of the legislation is to encourage States to establish programs for providing medical care for persons aged 65 or over who, in general, have sufficient resources to meet their needs except for medical care.

In establishing a program of medical assistance for the aged, a State has considerable latitude in deciding the scope of the program with respect to both the definitions of persons eligible and the kind and extent of medical services to be provided. Such services, however, must include both institutional and noninstitutional types of care. An age requirement higher than 65 may not be imposed, and no resident of the State and no citizen of the United States may be excluded. Legislation establishing the program of medical assistance for the aged provides that the Federal Government's share in the total amounts expended by States for such medical assistance will range from 50 to 80 percent, under a formula based primarily on State per capita income.

In fiscal year 1964, vendor payments for medical care in the MAA program totaled \$381.7 million. Of the 37 States and other areas with programs in operation, all provided inpatient hospital care and 24 provided nursing home care. Payments for these two types of medical services were roughly the same, and together they accounted for 90 percent of all medical payments under the program.

#### OLD-AGE ASSISTANCE

1. Estimated population aged 65 and over, January 1, 1965: 18,176,000. The population of the United States aged 65 and over has been increasing at a rapid rate. As of January 1, 1965, there were 18.2 million persons aged 65 and over compared with 16.6 million in 1960, 12.4 million in 1950, and 9 million in 1940.
  2. Number of recipients, December 1964: 2,159,000.
  3. Number aided per 1,000 population aged 65 and over, December 1964: 119. Rates are highest in the Southeast and Southwest, lowest in the Northeast.
  4. Caseload trend: During World War II the caseload declined, reaching a low of 2,033,000 in mid-1945. Thereafter, the number aided increased until an alltime high was reached in the latter part of 1950, when 2,810,000 aged persons received assistance. Despite the steady increase in the aged population, the number of recipients has declined gradually since 1950. The proportion of the population aged 65 and over receiving old-age assistance decreased from 224 per 1,000 aged persons in June 1950 to 119 per 1,000 in December 1964. The decline in caseload since 1950 is attributable mainly to the extension of coverage and rapid growth in the number of beneficiaries under the program for old-age, survivors, and disability insurance. Among OASDI beneficiaries aged 65 and over only 68 per 1,000 received old-age assistance in June 1964, compared with an OAA rate of 269 per 1,000 aged persons not receiving OASDI.
- About two-thirds of the cases closed in calendar year 1964 were closed because of death.