

DEPARTMENT OF MENTAL HEALTH

1600 - 9TH STREET
SACRAMENTO, CA 95814



((916) 654-2309

February 21, 1995

DMH LETTER NO.: 95-03

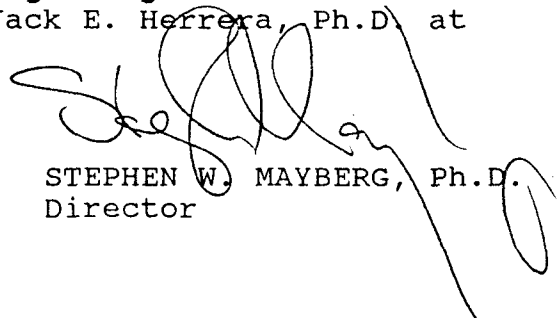
TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH ADMINISTRATORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS,, LOCAL MENTAL HEALTH BOARDS

SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL
PAYMENT RATES; OUT-OF-HOME CARE/NON-MEDICAL BOARD
AND CARE

REFERENCE: Supersedes DMH Letter No. 94-02

This letter transmits community residential care facility rates established by the Department of Social Services for nonmedical board and care. Counties making placements in these facilities are required to adhere to the established rates. Effective dates are indicated on the enclosed schedules.

If you have questions regarding this letter or its enclosures, please contact Jack E. Herrera, Ph.D. at (916) 654-3248.



STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

ACTUAL SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 1995
CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - includes the pass-through of the 1/95 SSI COLA.
(Reflects a 9/94 2.3% reduction to the total 8/94 SSI/SSP Standard). 1/

CNI: 1.69% (a)
CPI: 2.60% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 2/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD 1/			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED B L E E D	614.40	458.00	156.40	473.80	305.34	168.46	614.34	305.34	309.00	760.00	458.00	302.00
- without cooking facilities (RMA) 3/	682.40	458.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B L I N D	669.40	458.00	211.40	539.40	305.34	234.06	614.34	305.34	309.00	760.00	458.00	302.00
DISABLED MINOR												
- living with parent(s)	521.40	458.00	63.40	372.17	305.34	66.83	614.34	305.34	309.00	760.00	458.00	302.00
- living with non-parent relative or non-relative guardian												
COUPLE:												
AGED OR DISABLED b l e e d												
- per couple	1,101.71	687.00	414.71	910.02	458.00	452.02	1,276.33	458.00	818.33	1,520.00	687.00	833.00
- without cooking facilities (RMA) 3/	1,237.71	687.00	550.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B L I N D												
- per couple	1,285.10	687.00	598.10	1,093.49	458.00	635.49	1,276.33	458.00	818.33	1,520.00	687.00	833.00
B L I N D A G E D O R D I S A B L E D												
- per couple	1,216.73	687.00	529.73	1,025.05	458.00	567.05	1,276.33	458.00	818.33	1,520.00	687.00	833.00

1/ Categories exempted from the 9/94 reduction were NMOHC, Restaurant Meals Allowance and Title XIX Medical Facility.

	TITLE XIX MEDICAL FACILITY	
	Individual	Couple
Total	\$42	\$84
SSI	30	60
SSP	12	24

2/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$157	Minimum:	\$89
Care & Supervision Min.:	279	Max.:	347
Board & Room:	324		324

3/ RMA = Restaurant Meals Allowance

STATE DEPARTMENT OF MENTAL HEALTH
 CALENDAR YEAR 1995
 SSI/SSP RATES
 NON-MEDICAL BOARD AND CARE
 SCHEDULE OF CUMMULATIVE DAILY PAYMENTS

MONTHLY RATE: **\$671.00

CLIENT DAYS IN FACILITY	LENGTH OF MONTH		
	28 DAYS	30 DAYS	31 DAYS
1	\$23.96	\$22.37	\$21.65
2	47.93	44.73	43.29
3	71.89	67.10	64.94
4	95.86	89.47	86.58
5	119.82	111.83	108.23
6	143.79	134.20	129.87
7	167.75	156.57	151.52
8	191.71	178.93	173.16
9	215.68	201.30	194.81
10	239.64	223.67	216.45
11	263.61	246.03	238.10
12	287.57	268.40	259.74
13	311.54	290.77	281.39
14	335.50	313.13	303.03
15	359.46	335.50	324.68
16	383.43	357.87	346.32
17	407.39	380.23	367.97
18	431.36	402.60	389.61
19	455.32	424.97	411.26
20	479.29	447.33	432.90
21	503.25	469.70	454.55
22	527.21	492.07	476.19
23	551.18	514.43	497.84
24	575.14	536.80	519.48
25	599.11	559.17	541.13
26	623.07	581.53	562.77
27	647.04	603.90	584.42
28	671.00	626.27	606.06
29		648.63	627.71
30		671.00	649.35
31			671.00

* Total payment = \$760.00 - \$89.00 minimum (personal and incidental needs) = \$671.00 monthly rate