



STATE DEPARTMENT OF MENTAL HEALTH

Calendar Year 1998 SSI/SSP RATES

Non-Medical Board and Care

Schedule of Cumulative Daily Payments

*Monthly Rate: \$703.00

Number of Days in Facility	Number of Days in the Month		
	28	30	31
1	\$25.11	\$23.43	\$22.68
2	50.21	46.87	45.35
3	75.32	70.30	68.03
4	100.43	93.73	90.71
5	125.54	117.17	113.39
6	150.64	140.60	136.06
7	175.75	164.03	158.74
8	200.86	187.47	181.42
9	225.96	210.90	204.10
10	251.07	234.33	226.77
11	276.18	257.77	249.45
12	301.29	281.20	272.13
13	326.39	304.63	294.81
14	351.50	328.07	317.48
15	376.61	351.50	340.16
16	401.71	374.93	362.84
17	426.82	398.37	385.52
18	451.93	421.80	408.19
19	477.04	445.23	430.87
20	502.14	468.67	453.55
21	527.25	492.10	476.23
22	552.36	515.53	498.90
23	577.46	538.97	521.58
24	602.57	562.40	544.26
25	627.68	585.83	566.94
26	652.79	609.27	589.61
27	677.89	632.70	612.29
28	703.00	656.13	634.97
29		679.57	657.65
30		703.00	680.32
31			703.00

Total payment: \$796.00 - \$93.00 minimum (personal and incidental needs) = \$703.00