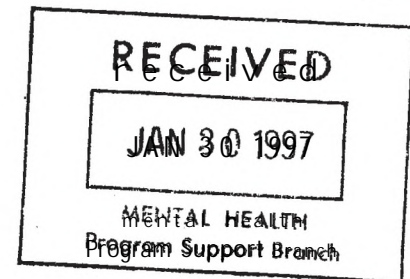


**DEPARTMENT OF MENTAL HEALTH**1600 - 9TH STREET  
SACRAMENTO, CA 95814

(916) 654-2309



January 13, 1997



DMH LETTER NO.: 97-01

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

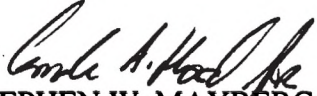
SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL  
PAYMENT RATES; OUT-OF-HOME CARE/NON-MEDICAL BOARD  
AND CARE

REFERENCE: ~~Supersedes DMH Letter No. 95-100~~

This letter transmits community residential care facility rates established by the Department of Social Services for non-medical board and care for calendar year 1997. 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 Simmie P. Holland, Ph.D., at (916) 653-0766.

Sincerely,

  
STEPHEN W. MAYBERG, Ph.D.  
Director

Enclosures

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

ESTIMATES BUREAU  
November 1996  
October 17, 1996

ESTIMATED SSI/SSP PAYMENT STANDARDS  
EFFECTIVE JANUARY 1, 1997  
CPI - Chapter 206 (SB 1780) suspended the SSP COLA.  
CPI - Includes the pass-through of the 1/97 SSI COLA.

CPI: 0.52% (a)  
CPI: 2.90% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			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
<b>INDIVIDUAL:</b>												
AGED OR DISABLED	648.40	484.00	156.40	482.50	322.67	159.83	631.67	322.67	309.00	786.00	484.00	302.00
- without cooking facilities (RMA) 2/	708.40	484.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	695.40	484.00	211.40	537.50	322.67	214.83	631.67	322.67	309.00	786.00	484.00	302.00
DISABLED MINOR												
- living with parent(s)	547.40	484.00	63.40	389.50	322.67	66.83						
- living with non-parent relative or non-relative guardian							631.67	322.67	309.00	786.00	484.00	302.00
<b>COUPLE:</b>												
AGED OR DISABLED												
- per couple	1,122.20	726.00	396.20	891.43	484.00	407.43	1,302.33	484.00	818.33	1,572.00	726.00	846.00
- without cooking facilities (RMA) 2/	1,258.20	726.00	532.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,269.20	726.00	543.20	1,065.91	484.00	581.91	1,302.33	484.00	818.33	1,572.00	726.00	846.00
BLIND/AGED OR DISABLED												
- per couple	1,213.20	726.00	487.20	1,000.82	484.00	516.82	1,302.33	484.00	818.33	1,572.00	726.00	846.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$42	\$84
SSI	30	60
SSP	12	24

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum: \$162 Minimum: \$97

2/ RMA - Restaurant Meals Allowance

STATE DEPARTMENT OF MENTAL HEALTH  
 CALENDAR YEAR 1997  
 SSI/SSP RATES  
 NON-MEDICAL BOARD AND CARE  
 SCHEDULE OF CUMULATIVE DAILY PAYMENTS

Monthly Rate: \*\* \$694.00

Length of Stay in Facility	NUMBER OF DAYS IN MONTH		
	28 DAYS	30 DAYS	31 DAYS
1	\$ 24.79	\$ 23.13	\$ 22.39
2	\$ 49.57	\$ 46.27	\$ 44.77
3	\$ 74.36	\$ 69.40	\$ 67.16
4	\$ 99.14	\$ 92.53	\$ 89.55
5	\$ 123.93	\$ 115.67	\$ 111.94
6	\$ 148.71	\$ 138.80	\$ 134.32
7	\$ 173.50	\$ 161.93	\$ 156.71
8	\$ 198.29	\$ 185.07	\$ 179.10
9	\$ 223.07	\$ 208.20	\$ 201.48
10	\$ 247.86	\$ 231.33	\$ 223.87
11	\$ 272.64	\$ 254.47	\$ 246.26
12	\$ 297.43	\$ 277.60	\$ 268.65
13	\$ 322.21	\$ 300.73	\$ 291.03
14	\$ 347.00	\$ 323.87	\$ 313.42
15	\$ 371.79	\$ 347.00	\$ 335.81
16	\$ 396.57	\$ 370.13	\$ 358.19
17	\$ 421.36	\$ 393.27	\$ 380.58
18	\$ 446.14	\$ 416.40	\$ 402.97
19	\$ 470.93	\$ 439.53	\$ 425.35
20	\$ 495.71	\$ 462.67	\$ 447.74
21	\$ 520.50	\$ 485.80	\$ 470.13
22	\$ 545.29	\$ 508.93	\$ 492.52
23	\$ 570.07	\$ 532.07	\$ 514.90
24	\$ 594.86	\$ 555.20	\$ 537.29
25	\$ 619.64	\$ 578.33	\$ 559.68
26	\$ 644.43	\$ 601.47	\$ 582.06
27	\$ 669.21	\$ 624.60	\$ 604.45
28	\$ 694.00	\$ 647.73	\$ 626.84
29		\$ 670.87	\$ 649.23
30		\$ 694.00	\$ 671.61
31			\$ 694.00

\* Total payment=\$786.00-\$92.00 minimum (personal and incidental needs)\*  
 \$694.00 monthly rate.