

State of California—Health and Human Services Agency Department of Health Care Services



April 3, 2008

To: ALL COUNTY WELFARE DIRECTORS LETTER NO: 08-13

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY HEALTH EXECUTIVES

ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY PICKLE COORDINATORS

Subject: ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER 07-26

Enclosure 2 (Ref: All County Welfare Directors Letter 07-26 dated

November 14, 2007).

This Errata letter transmits revisions to the effective date for 2008 Supplemental Security Income/State Supplementary Payment (SSI/SSP) cash grant levels.

Assembly Bill (AB) X 3 6 (Chapter 4, Statutes of 2008) resulted in delays for the implementation of the SSP Cost of Living Adjustment (COLA) increases originally scheduled for June 1, 2008, to October 1, 2008. Enclosed is the revised SSI/SSP Payment Standards Chart for the combined federal/State payment levels to be used from January 1, 2008, to September 30, 2008, and from October 1, 2008, until December 31, 2008.

If you have any questions regarding the revised SSI/SSP Payment Standards Chart, please contact Ms. Cecilia Kelley at (916)552-9485.

Original Signed By: Richard Brantingham for

Vivian Auble, Chief Medi-Cal Eligibility Division

Enclosures

PICKLE HANDBOOK

SSI/SSP

SECTION 16--PAYMENT STANDARDS JANUARY 1, THROUGH SEPTEMBER 30, 2008

,												
	Independent Living		Household of Another with In-Kind Room and Board		Independent Living Arrangement Without Cooking Facilities (RMA)1/		ut Lice	Nonmedical Board and Care Licensed Facility/Househol of Relative Without In-Kine Room & Board		nold		
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
INDIVIDUAL:					•							
Aged or Disabled Blind Disabled Minor* NMOHC <u>2/</u>	870.00 935.00 756.00		233.00 298.00 119.00	739.67	424.67 424.67	315.00 108.00)	637.00	317.00	1,049.00 1,049.00 1,049.00	637.00	412.00
COUPLE: Both are: Aged or Disabled Per Couple	1 524 00	956 00	568 00	1,233.00	637 34	595 66	1 692 00	956 00	736 00	2098.00	956 OO 1	142 00
BLIND:	1,024.00	330.00	300.00	1,200.00	007.04	000.00	1,002.00	330.00	700.00	2000.00	330.00	,142.00
Couple-Both Are Blind Per couple 1	,751.00	956.00	795.00	1,460.00	637.34	822.66				2098.00	956.00 1	1,142.00
BLIND/AGED OR DISABLED:				•								
Couple One is Blind, the other is Aged or disabled Per couple 1	,666.00	956.00	710.00	1,374.00	637.34	736.66				2098.00	956.00 1	I,14200

NMOHC2/

Per Couple 1,683.00 637.34 1045.66

NONMEDICAL BOARD AND CA	ARE	FEDERAL BENEFIT RATE (FBR)			
	<u>Minimum</u>	<u>Maximum</u>			
TOTAL:	\$1,049.00	\$1,049.00	INDIVIDUAL:	\$637.00	
Board and Room	\$ 450.00	\$ 450.00	Aged, Blind, or Disable	ed	
Care and Supervision	\$ 386.00	\$ 478.00	-		
Personal and Incidental Needs	\$ 213.00max	\$ 121.00min	COUPLE:	\$956.00	
			Aged, Blind, or Disabled		
Title XIX Medical Facility - Individ	dual \$50.00 Coupl	e \$100.00	-		

- * Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.
 - 1/ RMA Restaurant Meals Allowance \$84 Individual; \$168 Couple
 - NMOCH_{2/} Nonmedical out-of-home care living in household of relative or guarding with In-Kind Room and Board.

HANDBOOK LETTER NO.: 16-1a

PICKLE HANDBOOK

SSI/SSP

SECTION 16--PAYMENT STANDARDS OCTOBER 1, THROUGH DECEMBER 31, 2008

-												
	Independent Living		Househole	Household of Another with Independent						al Board and Care		
				In-Kind F	Room and I	Board	Arrangeme			ensed Facilit		
							Cooking I	Facilities	of R	Relative Wit	hout In-K	Cind
							(RMA	<u>)1</u> /		Room &	Board	
	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP
		(FBR)			(FBR)			(FBR)		1	(FBR)	
INDIVIDUAL:												
Aged or Disabled	888.00		251.00		424.67	248.33	975.00	637.00	338.00	1,073.00	637.00	436.00
Blind	955.00		318.00	757.00	424.67	332.33	3			1,073.00		
Disabled Minor*	769.00	637.00	132.00	543.00	424.67	118.33	}			1,073.00	637.00	436.00
NMOHC <u>2/</u>				853.00	424.67	428.33	3					
COUPLE:												
Both are:												
Aged or Disabled												
Per Couple 1	1,558.00	956.00	602.00	1,263.00	637.34	625.66	1,732.00	956.00	776.00	2146.00 9	956.00 1	.190.00
BLIND:	,			,			,					,
Couple-Both												
Are Blind												
	.793.00	956.00	837.00	1,499.00	637.34	861.66				2146.00 9	956.00 1	1.190.00
BLIND/AGED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OR DISABLED:												
Couple One is												
Blind, the other is												
Aged or disabled												
	,705.00	956.00	749.00	1,410.00	637.34	772.66				2146.00 9	956.00 1	1,19000

NMOHC2/

Per Couple 1,730.00 637.34 1092.66

NONMEDICAL BOARD AND CA	RE	FEDERAL BENEFIT RATE (FBR)		
	<u>Minimum</u>	<u>Maximum</u>		
TOTAL:	\$1,073.00	\$1,073.00	INDIVIDUAL:	\$637.00
Board and Room	\$ 460.00	\$ 460.00	Aged, Blind, or Disabled	
Care and Supervision	\$ 395.00	\$ 489.00	-	
Personal and Incidental Needs	\$ 218.00max	\$ 124.00min	COUPLE:	\$956.00
			Aged, Blind, or Disabled	
Title XIX Medical Facility - Individ	dual \$52.00 Coupl	e \$104.00		

- Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.
 - 1/ RMA Restaurant Meals Allowance \$87 Individual; \$174 Couple
 - 2/ NMOCH2/ Nonmedical out-of-home care living in household of relative or guarding with In-Kind Room and Board.

HANDBOOK LETTER NO.: 16-1a