

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



September 12, 2008

To: ALL COUNTY WELFARE DIRECTORS Letter No: 08-40

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

AND 08-13 ENCLOSURE 1 (Ref: All County Welfare Directors

Letter 07-26 dated November 14, 2007, All County Welfare Directors

Letter 08-13 dated April 3, 2008).

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. A COLA will not be implemented on October 1, 2008. Counties are to continue using the Payment Standards for the combined federal/State payment levels effective January 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 until December 31, 2008.

If you have any questions regarding the revised SSI/SSP Payment Standards Chart, please contact Ms. Cindy Borg at (916) 552-9517.

Original Signed By

Vivian Auble, Chief Medi-Cal Eligibility Division

Enclosure

PICKLE HANDBOOK

SSI/SSP

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

	Inde	Independent Living			Household of Another with			Independent Living		Nonmedical Board and Care		
				In-Kind Room and Board		Arrangement Without Cooking Facilities (RMA)1/		ut Lice	Licensed Facility/Household of Relative Without In-Kind Room & Board			
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
INDIVIDUAL:											`	
Aged or Disabled Blind Disabled Minor* NMOHC2/	870.00 935.00 756.00	637.00	233.00 298.00 119.00	739.67	424.67 424.67)	637.00	317.00	1,049.00 1,049.00 1,049.00	637.00	412.00
COUPLE:												
Both are: Aged or Disabled												
	1,524.00	956.00	568.00	1,233.00	637.34	595.66	1,692.00	956.00	736.00	2098.00	<u>356.00 1</u>	,142.00
BLIND: Couple-Both Are Blind Per couple 1 BLIND/AGED OR DISABLED:	1,751.00 <u>1</u>	956.00	795.00	1,460.00	637.34	822.66				2098.00	956.00 <u>1</u>	,142.00
Couple One is Blind, the other is Aged or disabled Per couple 1		956.00	710.00	1,374.00	637.34	736.66	,			2098.00 9	956.00 1	,1420(

NMOHC2/

Per Couple 1,683.00 637.34 1045.66

NONMEDICAL BOARD AND CA	RE	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 Disabled		
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
 - 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