



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

April 23, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No. : 09-18  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY PICKLE COORDINATORS

SUBJECT: MAY 1, 2009 SUPPLEMENTAL SECURITY INCOME/STATE  
SUPPLEMENTARY PAYMENT (SSI/SSP) CASH GRANTS LEVELS

Due to SSP reductions beginning May 1, 2009, cash grants levels have changed.  
(Enclosure)

These new SSI/SSP payment levels, effective May 1, 2009, are provided on the enclosed chart (Enclosure – page 16-1a to be added to your Pickle Manual). The counties shall use these figures in allocating income to or from SSI/SSP recipients and the Medi-Cal Family Budget Unit effective May 1, 2009.

If you have other questions regarding our letter, please call Ms. Cecilia Kelley at (916) 552-9485, or Mr. Craig Yagi of my staff at (916) 552-9522.

Original Signed By

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Enclosure

## PICKLE HANDBOOK

SSI/SSP  
SECTION 16--PAYMENT STANDARDS  
EFFECTIVE MAY 1, 2009

	Independent Living			Household of Another with In-Kind Room and Board			Independent Living Arrangement Without Cooking Facilities (RMA) <sup>1/</sup>			Nonmedical Board and Care 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
<b>INDIVIDUAL:</b>												
Aged or Disabled	870.00	674.00	196.00	658.67	449.34	209.33	856.34	449.34	407.00	1,086.00	674.00	412.00
Blind	935.00	674.00	261.00	739.67	449.34	290.33				1,086.00	674.00	412.00
Disabled Minor*	756.00	674.00	82.00	532.67	449.34	83.33				1,086.00	674.00	412.00
NMOHC <sup>2/</sup>				856.34	449.34	407.00						
<b>COUPLE:</b>												
Both are: Aged or Disabled												
Per Couple	1,524.00	1,011.00	513.00	1,233.33	674.00	559.00	1,719.66	674.00	1,045.66	2,172.00	1,011.00	1,161.00
<b>BLIND:</b>												
Couple-Both Are Blind												
Per couple	1,751.00	1,011.00	740.00	1,460.00	674.00	786.00				2,172.00	1,011.00	1,161.00
<b>BLIND/AGED OR DISABLED:</b>												
Couple One is Blind, the other is Aged or disabled												
Per couple	1,666.00	1,011.00	655.00	1,374.00	674.00	700.00				2,172.00	1,011.00	1,161.00
<b>NMOHC<sup>2/</sup></b>												
Per Couple				1,719.66	674.00	1,045.66						
<b>NONMEDICAL BOARD AND CARE</b>						<b>FEDERAL BENEFIT RATE (FBR)</b>						
		Minimum			Maximum							
<b>TOTAL:</b>		\$1,086.00			\$1,086.00		<b>INDIVIDUAL:</b>			\$674.00		
Board and Room		\$ 466.00			\$ 466.00		Aged, Blind, or Disabled					
Care and Supervision		\$ 400.00			\$ 495.00							
Personal and Incidental Needs		\$ 220.00max			\$ 125.00min		<b>COUPLE:</b>			\$1,011.00		
							Aged, Blind, or Disabled					
Title XIX Medical Facility - Individual \$50.00 Couple \$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.												
<sup>1/</sup>	RMA – Restaurant Meals Allowance - \$84 Individual; \$168 Couple											
<sup>2/</sup>	NMOHC <sup>2/</sup> – Nonmedical out-of-home care living in household of relative or guarding with In-Kind Room and Board.											

4/21/09

HANDBOOK LETTER NO.:

16-1a