



DEPARTMENT OF HEALTH SERVICES

14/744 P STREET
ALBANY, CA 95814
(916) 445-1912

August 27, 1982

To: All County Welfare Directors

Letter No. 82-48

SSI/SSP COST OF LIVING INCREASE FOR USE IN DETERMINING THE SPECIAL INCOME
DEDUCTION FOR AGED, BLIND AND DISABLED MEDICALLY NEEDY (ABD-MN) PERSONS

Attached is a corrected chart containing the SSI/SSP payment levels for use in computing the special income deduction for ABD-MN persons beginning July 1, 1982.

Due to an unfortunate sequence of events, the payment level chart previously distributed to the counties in CWD Letter No. 82-38 was in error. The level set for a Disabled Minor Residing in the Home of a Relative is \$358.000 rather than the \$263.24 shown on the original chart. Please correct any case computations this might affect.

We regret the inconvenience this may cause the counties.

Should you have any questions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants.

STATE OF CALIFORNIA

SCHEDULE OF STATE SUPPLEMENTARY PAYMENTS

AS OF JULY 1, 1982

Category	Living Arrangements				
	Independent	Household of Another	Independent Without Cooking Facilities	Nonmedical Board and Care	Disabled Minor Residing in the Home of a Relative
Individuals					
Aged	\$451.00	\$356.24	\$499.00	\$510.00	n/a
Disabled	451.00	356.24	499.00	510.00	\$353.00
Blind	506.00	411.24	n/a	510.00	n/a
Couples					
Aged or Disabled	\$838.00	\$695.87	\$935.00	\$1020.00	n/a
Sind	985.00	842.87	n/a	1020.00	n/a
Blind/aged or Disabled	929.00	786.87	n/a	1020.00	n/a