STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
O. BOX 942732
CRAMENTO, CA 94234-7320

(916) 657-2941

November 3, 1995

To: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle Coordinators

Letter No.: 95-66

PICKLE PROGRAM ADJUSTMENTS DUE TO THE STATE SUPPLEMENTARY PAYMENT (SSP) BENEFIT LEVEL REDUCTION (ASSEMBLY BILL 908, BRULTE)

Chapter 307 of the Statutes of 1995 (Assembly Bill 908, Brulte) reduced the SSP benefit levels to the minimum amounts allowed by federal law up to a maximum of 4.9 percent of the total Supplemental Security Income/State Supplementary Payment (SSI/SSP) payment standard, effective December 1, 1995. It also stipulated that these reductions shall not result in a change in the share of cost (SOC) or eligibility for any individual receiving benefits prior to the enactment of the SSP reduction.

Therefore, the purpose of this letter is to advise the counties that there will be a reduction in some categories of the SSI/SSP Payment Standards (e.g., see the Payment Standard for a couple listed on the December 1995 SSI/SSP Payment Standard Chart). However, counties may delay redetermining Pickle eligibility until January 1996 for those Pickle individuals affected by the new payment standard (December 1995). In January 1996, Pickle couples who would have lost Pickle eligibility by the December 1995 reduction should be grandfathered into Aid Codes 14, 24, and 64; they will continue to have zero SOC Medi-Cal. Pickle individuals and couples who meet the new, January 1996 SSI/SSP Payment Standards will continue in the Pickle program in Aid Codes 16, 26 and 66; they will also have zero SOC Medi-Cal.

The December 1, 1995 SSI/SSP Payment Standard is enclosed for your convenience; the January 1996 Payment Standard will be disseminated as soon as it is available.

If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BUREAU
May 1995
August 7, 1995

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE DECEMBER 1, 1995
CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Includes the pass-through of the 1/95 SSI COLA.
(Reflects a 12/95 reduction of the higher of 4.9% of SSI/SSP or SSP federal minum). 1/

CNI: 1.69% (a)
CPI: 2.80% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 2/ (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
INDIVIDUAL:												
AGED OR DISABLED	**614.40**	458.00	156.40	**465.17**	305.34	159.83	**614.34**	305.34	309.00	**760.00**	458.00	302.00
- without cooking facilities (RMA) 3/	**682.40**	458.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	**669.40**	458.00	211.40	**520.17**	305.34	214.83	**614.34**	305.34	309.00	**760.00**	458.00	302.00
DISABLED MINOR												
- living with parent(s)	**521.40**	458.00	63.40	**372.17**	305.34	66.83						
- living with non-parent relative or non-relative guardian							**614.34**	305.34	309.00	**760.00**	458.00	302.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,083.20**	687.00	396.20	**865.43**	458.00	407.43	**1,276.33**	458.00	818.33	**1,520.00**	687.00	833.00
- without cooking facilities (RMA) 3/	**1,219.20**	687.00	532.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,230.20**	687.00	543.20	**1,039.91**	458.00	581.91	**1,276.33**	458.00	818.33	**1,520.00**	687.00	833.00
BLIND/AGED OR DISABLED												
- per couple	**1,174.20**	687.00	487.20	**974.82**	458.00	516.82	**1,276.33**	458.00	818.33	**1,520.00**	687.00	833.00

1/ Categories exempted from the 12/95 reduction were NMOHC, RMA and Title XIX Medical Facility.

TITLE XIX MEDICAL FACILITY

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

2/ NON-MEDICAL OUT-OF-HOME CARE
Personal and Incidental Needs Maximum: $157 Minimum: $89

3/ RMA - Restaurant Meals Allowance