Letter No: 97-55

## **DEPARTMENT OF HEALTH SERVICES**

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941

December 1, 1997



TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All County Pickle Coordinators

NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM (SSI/SSP) PAYMENT STANDARDS FOR NOVEMBER AND DECEMBER 1997

The purpose of this All County Welfare Directors Letter is to provide the counties with the **new** SSI/SSP Payment Standard chart for use during November 1, 1997 through December 31, 1997. These new income levels are the result of the expiration (September 30, 1997) of a legislative program that previously had reduced the SSP income levels.

Please note that most of the November/December changes increased the allowable income for couples. The single rate for Blind individuals has also increased in "Household of Another with In-Kind Room and Board." Also, please correct the eligibility determinations for singles and couples who were previously ineligible and are now eligible for Pickle and any other program. However, where deeming is concerned, the income changes may effect those folks adversely.

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

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosure

## PICKLE HANDBOOK

SSI/SSP SECTION 16--PAYMENT STANDARDS NOVEMBER 1, 1997 TO DECEMBER 31, 1997

		Independent Living Arrangement			Household of Another with In-Kind Room and Board			Independent Living Arrangement Without Cooking Facilities (RMA) 1/			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	
INDIVIDUAL:													
Aged or Disabled	640.40	484.00	156.40	491.13	322.67	168.46	708.40	484.00	224.40	786.00	484.00	302.00	
Blind	695.40	484.00	211.40	556.73	322.67	234.06				786.00	484.00	302.00	
Disabled Minor*	547.40	484.00	63.40	389.50	322.67	66.83				786.00	484.00	302.00	
NMOHC <sup>2</sup> /				631.67	322.67	309.00			:		V s		
COUPLE:													
Both are:													
Aged or Disabled													
Per Couple	1,140.71	726.00	414.71	936.02	484.00	452.02	1,276.71	726.00	550.71	1,572.00	726.00	846.00	
BLIND:													
Couple-Both													
are blind			3										
Per couple	1,324.18	726.00	598.18	1,119.49	484.00	635.49				1,572.00	726.00	846.00	
BLIND/AGED OR DISABLED:													
Couple One is blind, the other is aged or disabled													
Per Couple	1,255.73	726.00	529.73	1,051.05	484.00	567.05				1,572.00	726.00	846.00	
NMOHC <sup>2</sup> /													
Per Couple	~~~~		****	1,302.33	484.00	818.33	·		<del> </del>				
NONMEDICAL BOARD AND CARE			FEDERAL BENEFIT RA				ate (fbr	3)					
		Minimum	<b>i</b> 1	<u>Maximum</u>	•								
TOTAL:		\$ 786.00	;	786.00		INI	DIVIDUAL:		\$ 484.0	00			
Board and Room		\$ 336.00		\$ 336.00		Aged, Blind, or Disabled							
Care and Supervision		\$ 288.00 Min.		\$ 358.00 Max.		COUPLE:		\$ 726.0	ю				
Personal and Incidental Needs		\$ 162.00 Max.		\$ 92.00 Min.		Age	Aged, Blind, or Disabled						
				bled minor m the househok					Household o	of another is	used if bo	th the	
1/	RMA - Re	-				•	- •	•					

NMOHC2 - Nonmedical out-of-home care living in household of relative with In-Kind Room and Board.

HANDBOOK LETTER NO.: 15

16-1a