

DEPARTMENT OF MENTAL HEALTH1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-2396



December 15, 1995

DMH LETTER NO.: 95- 10

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH ADMINISTRATORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL
PAYMENT RATES; OUT OF HOME CARE/NON-MEDICAL BOARD
AND CARE

REFERENCE: Supersedes DMH Letter No. 95-03

This letter transmits community residential care facility rates established by the Department of Social Services for nonmedical board and care for calendar year 1996. Counties making placements in these facilities are required to adhere to the established rates. Effective dates are indicated on the enclosed schedules.

If you have questions regarding this letter or its enclosures, please contact Simmie P. Holland, Ph.D. at (916) 653-0766.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Mayberg", written over the typed name and title.

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

STATE DEPARTMENT OF MENTAL HEALTH
 CALENDAR YEAR 1996
 SSI/SSP RATES
 NON-MEDICAL BOARD AND CARE
 SCHEDULE OF CUMMULATIVE DAILY PAYMENTS

Monthly Rate: ** \$ 682.00

LENGTH OF STAY IN FACILITY

NUMBER OF DAYS IN MONTH

	28 DAYS	29 DAYS	30 DAYS	31 DAYS
1	\$ 24.36	\$ 23.52	\$ 22.73	\$ 22.00
2	\$ 48.71	\$ 47.03	\$ 45.47	\$ 44.00
3	\$ 73.07	\$ 70.55	\$ 68.20	\$ 66.00
4	\$ 97.43	\$ 94.07	\$ 90.93	\$ 88.00
5	\$ 121.79	\$ 117.59	\$ 113.67	\$ 110.00
6	\$ 146.14	\$ 141.10	\$ 136.40	\$ 132.00
7	\$ 170.50	\$ 164.62	\$ 159.13	\$ 154.00
8	\$ 194.86	\$ 188.14	\$ 181.87	\$ 176.00
9	\$ 219.21	\$ 211.66	\$ 204.60	\$ 198.00
10	\$ 243.57	\$ 235.17	\$ 227.33	\$ 220.00
11	\$ 267.93	\$ 258.69	\$ 250.07	\$ 242.00
12	\$ 292.29	\$ 282.21	\$ 272.80	\$ 264.00
13	\$ 316.64	\$ 305.72	\$ 295.53	\$ 286.00
14	\$ 341.00	\$ 329.24	\$ 318.27	\$ 308.00
15	\$ 365.36	\$ 352.76	\$ 341.00	\$ 330.00
16	\$ 389.71	\$ 376.28	\$ 363.73	\$ 352.00
17	\$ 414.07	\$ 399.79	\$ 386.47	\$ 374.00
18	\$ 438.43	\$ 423.31	\$ 409.20	\$ 396.00
19	\$ 462.79	\$ 446.83	\$ 431.93	\$ 418.00
20	\$ 487.14	\$ 470.34	\$ 454.67	\$ 440.00
21	\$ 511.50	\$ 493.86	\$ 477.40	\$ 462.00
22	\$ 535.86	\$ 517.38	\$ 500.13	\$ 484.00
23	\$ 560.21	\$ 540.90	\$ 522.87	\$ 506.00
24	\$ 584.57	\$ 564.41	\$ 545.60	\$ 528.00
25	\$ 608.93	\$ 587.93	\$ 568.33	\$ 550.00
26	\$ 633.29	\$ 611.45	\$ 591.07	\$ 572.00
27	\$ 657.64	\$ 634.97	\$ 613.80	\$ 594.00
28	\$ 682.00	\$ 658.48	\$ 636.53	\$ 616.00
29		\$ 682.00	\$ 659.27	\$ 638.00
30			\$ 682.00	\$ 660.00
31				\$ 682.00

* Total payment = \$772.00 - \$90.00 minimum (personal and incidental needs) = \$682.00 monthly rate.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 1996

CN1 - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Includes the pass-through of the 1/96 SSI COLA.

ESTIMATES BUREAU
November 1995
October 19, 1995

CN1: 1.48% (a)
CPI: 2.60% (a)

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE 1/		NON-MEDICAL OUT-OF-HOME CARE 1/ (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	
	SSI	SSP	SSI	SSP	SSI	SSP	SSI	SSP
INDIVIDUAL:								
AGED OR DISABLED - without cooking facilities (RMA) 2/	626.40	156.40	473.17	159.83	622.34	309.00	772.00	302.00
BLIND	694.40	224.40	N/A	N/A	N/A	N/A	N/A	N/A
DISABLED MINOR - living with parent(s) or non-relative guardian	681.40	211.40	528.17	214.83	622.34	309.00	772.00	302.00
	533.40	63.40	380.17	66.83	622.34	309.00	772.00	302.00
	470.00		313.34		313.34		470.00	
COUPLE:								
AGED OR DISABLED - per couple	1,101.20	396.20	877.43	407.43	1,288.33	818.33	1,544.00	839.00
BLIND - without cooking facilities (RMA) 2/	1,237.20	532.20	N/A	N/A	N/A	N/A	N/A	N/A
	1,248.20	543.20	1,051.91	581.91	1,288.33	818.33	1,544.00	839.00
	705.00		470.00		470.00		705.00	
BLIND/AGED OR DISABLED - per couple	1,192.20	487.20	906.82	516.82	1,288.33	818.33	1,544.00	839.00
	705.00		470.00		470.00		705.00	

TITLE XIX MEDICAL FACILITY

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

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum: \$159 Minimum: \$90
 Care & Supervision Min: \$283 Max: \$352
 Board & Room

2/ RMA - Restaurant Meals Allowance