..E OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-2309

February 21, 1995

DMH LETTER NO.: 95-03

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. 94-02

This letter transmits community residential care facility rates established by the Department of Social Services for nonmedical board and care. 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 Jack E. Herrera, Ph.D. at (916) 654-3248.

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

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

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BUREAU
November 1994
October 27, 1994

ACTUAL SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 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 9/94 2.3% reduction to the total 6/94 SSI/SSP Standard). 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	473.80	305.34	168.46	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	539.40	305.34	234.06	614.34	305.34	309.00	760.00	458.00	302.00
DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	521.40	458.00	63.40	372.17	305.34	66.83	614.34	305.34	309.00	760.00	458.00	302.00
COUPLE:												
AGED OR DISABLED - per couple	1,101.71	687.00	414.71	910.02	458.00	452.02	1,276.33	458.00	818.33	1,520.00	687.00	833.00
- without cooking facilities (RMA) 3/	1,237.71	687.00	550.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND - per couple	1,285.18	687.00	598.18	1,093.49	458.00	635.49	1,276.33	458.00	818.33	1,520.00	687.00	833.00
BLIND/AGED OR DISABLED - per couple	1,216.73	687.00	529.73	1,025.05	458.00	567.05	1,276.33	458.00	818.33	1,520.00	687.00	833.00

1/ Categories exempted from the 9/94 reduction were NMOHC, Restaurant Meals Allowance 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
Care & Supervision Min.:	279	Max.:	347
Board & Room	324		329

3/ RMA - Restaurant Meals Allowance

STATE DEPARTMENT OF MENTAL HEALTH
CALENDAR YEAR 1995
SSI/SSP RATES
NON-MEDICAL BOARD AND CARE
SCHEDULE OF CUMMULATIVE DAILY PAYMENTS

MONTHLY RATE: **$671.00

CLIENT DAYS IN FACILITY	LENGTH OF MONTH		
	28 DAYS	30 DAYS	31 DAYS
1	$23.96	$22.37	$21.65
2	47.93	44.73	43.29
3	71.89	67.10	64.94
4	95.86	89.47	86.58
5	119.82	111.83	108.23
6	143.79	134.20	129.87
7	167.75	156.57	151.52
8	191.71	178.93	173.16
9	215.68	201.30	194.81
10	239.64	223.67	216.45
11	263.61	246.03	238.10
12	287.57	268.40	259.74
13	311.54	290.77	281.39
14	335.50	313.13	303.03
15	359.46	335.50	324.68
16	383.43	357.87	346.32
17	407.39	380.23	367.97
18	431.36	402.60	389.61
19	455.32	424.97	411.26
20	479.29	447.33	432.90
21	503.25	469.70	454.55
22	527.21	492.07	476.19
23	551.18	514.43	497.84
24	575.14	536.80	519.48
25	599.11	559.17	541.13
26	623.07	581.53	562.77
27	647.04	603.90	584.42
28	671.00	626.27	606.06
29		648.63	627.71
30		671.00	649.35
31			671.00

* Total payment = $760.00 - $89.00 minimum (personal and incidental needs) = $671.00 monthly rate