
EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p>_____ All Child Care Evaluator Manual Holders</p> <p>_____ All Residential Care Evaluator Manual Holders</p> <p><u>X</u> All Evaluator Manual Holders</p>	<p><u>Transmittal No.</u></p> <p>15APX-12</p> <hr/> <p><u>Date Issued</u></p> <p>December 2015</p>
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Subject:

Appendix C

Estimated SSI/SSP Payment Standards effective January 2016

Reason for Change:

To incorporate the new SSI/SSP Payment Standards into Appendix C

Filing Instructions:

REMOVE: SSI/SSP Payment Standards effective January 2015

INSERT: SSI/SSP Payment Standards effective January 2016

Approved:

Signed by Lilit Tovmasian

12/23/2015

LILIT TOVMASIAN, Chief
 Policy Development Bureau
 Community Care Licensing Division

 Date

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**Non-Medical Out-of-Home Care (NMOHC)
Payment Standard
Effective January 1, 2016**

Supplemental Security Income (SSI)	\$ 733.00
State Supplementary Payment (SSP)	<u>\$ 412.00</u>
Total NMOHC Payment Standard	\$1145.00*

The NMOHC Payment Standard includes the following components:

Room and Board	\$ 492.00
Care and Supervision (maximum)	<u>\$ 522.00</u>
Amount Payable for Basic Services	<u>\$1014.00</u>¹
Personal and Incidental Needs Allowance (minimum)	<u>\$ 131.00</u>
(Must be provided to the recipient)	\$1145.00

*Amounts are double for SSI/SSP couples.

¹ NOTE: Recipients who have income in addition to their SSI/SSP check (for example, a pension, Social Security retirement, or disability benefits) can be charged the **\$1145.00** amount for basic services plus an additional \$20. Because federal rules do not count the first \$20 of a recipient's income against his/her SSI/SSP grant, an SSI/SSP recipient with other income has an extra \$20 that people who receive only an SSI/SSP check do not have. Neither federal nor state law restricts the recipient in how this additional \$20 amount is spent. Thus, if the recipient agrees in the admission agreement to pay the additional \$20 for basic services, the facility may charge the additional amount.

SSI/SSP Payment Standards*

Effective January 1, 2016

Includes Pass-Through of SSI COLA and Suspension of SSP COLA

CPI: 0%
CNI: N/A

	INDEPENDENT LIVING			REDUCED NEEDS		
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP
<u>INDIVIDUAL:</u>						
AGED OR DISABLED - without cooking facilities (RMA) ¹	889.40	\$733.00	\$156.40	\$648.50	\$488.67	\$159.83
BLIND	\$973.40	\$733.00	\$240.40	\$703.50	\$488.67	\$214.83
DISABLED MINOR - living with parent(s) - living with non-parent relative/guardian	\$796.40	\$733.00	\$63.40	\$555.50	\$488.67	\$66.83
<u>COUPLE:</u>						
AGED OR DISABLED - per couple - without cooking facilities (RMA) ¹	\$1,496.20	\$1,100.00	\$396.20	\$1,134.67	\$733.34	\$401.33
BLIND - per couple	\$1,664.20	\$1,100.00	\$564.20	\$1,281.67	\$733.34	\$548.33
BLIND/AGED OR DISABLED - per couple	\$1,643.20	\$1,100.00	\$543.20	\$1,281.67	\$733.34	\$548.33
BLIND/AGED OR DISABLED - per couple	\$1,587.20	\$1,100.00	\$487.20	\$1,225.67	\$733.34	\$492.33

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$50	\$100
SSI	\$30	\$60
SSP	\$20	\$40

¹RMA - \$84 Individual; \$168 Couple*Please refer to the first tab titled "Acronyms" for a full description of acronyms.

SSI/SSP Payment Standards*

Effective January 1, 2016

Includes Pass-Through of SSI COLA and Suspension of SSP COLA

CPI: 0%
CNI: N/A

	Non-Medical Out-Of-Home Care ²					
	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
<u>INDIVIDUAL:</u>						
AGED OR DISABLED - without cooking facilities (RMA) ¹	\$895.67	\$488.67	\$407.00	\$1,145.00	\$733.00	\$412.00
BLIND DISABLED MINOR - living with parent(s)	\$895.67	\$488.67	\$407.00	\$1,145.00	\$733.00	\$412.00
- living with non-parent relative/guardian	\$895.67	\$488.67	\$407.00	\$1,145.00	\$733.00	\$412.00
<u>COUPLE:</u>						
AGED OR DISABLED - per couple - without cooking facilities (RMA) ¹	\$1,779.00	\$733.34	\$1,045.66	\$2,290.00	\$1,100.00	\$1,190.00
BLIND - per couple	\$1,779.00	\$733.34	\$1,045.66	\$2,290.00	\$1,100.00	\$1,190.00
BLIND/AGED OR DISABLED - per couple	\$1,779.00	\$733.34	\$1,045.66	\$2,290.00	\$1,100.00	\$1,190.00

¹RMA - \$84 Individual; \$168 Couple²Non-Medical Out-Of-Home Care:

Personal and Incidental Needs Maximum:	\$231	Minimum:	\$131
Care and Supervision Maximum:	\$522	Minimum:	\$422
Room and Board:	\$492		

*Please refer to the first tab titled "Acronyms" for a full description of acronyms.