STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
1600 - 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,

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

ESTIMATES BUREAU
November 1995
October 19, 1995

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 1996

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

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

	INDEPENDENT LIVING			REDUCED NEEDS			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		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	626.40	470.00	156.40	473.17	313.34	159.83	622.34	313.34	309.00	772.00	470.00	302.00
- without cooking facilities (RMA) 2/	694.40	470.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	681.40	470.00	211.40	528.17	313.34	214.83	622.34	313.34	309.00	772.00	470.00	302.00
DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	533.40	470.00	63.40	380.17	313.34	66.83	622.34	313.34	309.00	772.00	470.00	302.00
COUPLE:												
AGED OR DISABLED	1,101.20	705.00	396.20	877.43	470.00	407.43	1,288.33	470.00	818.33	1,544.00	705.00	839.00
- per couple	1,237.20	705.00	532.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
- without cooking facilities (RMA) 2/												
BLIND - per couple	1,248.20	705.00	543.20	1,051.91	470.00	581.91	1,288.33	470.00	818.33	1,544.00	705.00	839.00
BLIND/AGED OR DISABLED - per couple	1,192.20	705.00	487.20	986.82	470.00	516.82	1,288.33	470.00	818.33	1,544.00	705.00	839.00

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 $ 330

2/ RMA - Restaurant Meals Allowance