CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2396

January 8, 1998

DMH LETTER NO.: 99-01

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 98-01

This letter transmits community residential care facility rates established by the Department of Social Services for non-medical board and care for calendar year 1999. 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 Melourd Lagdamen, RN, Associate Mental Health Specialist, at the above number.

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 1999 SSI/SSP RATES

Non-Medical Board and Care

Schedule of Cumulative Daily Payments

*Monthly Rate: $731.00

Number of Days in Facility	Number of Days in the Month		
	28	30	31
1	$26.11	$24.37	$23.58
2	$52.21	$48.73	$47.16
3	$78.32	$73.10	$70.74
4	$104.43	$97.47	$94.32
5	$130.54	$121.83	$117.90
6	$156.64	$146.20	$141.48
7	$182.75	$170.57	$165.06
8	$208.86	$194.93	$188.65
9	$234.96	$219.30	$212.23
10	$261.07	$243.67	$235.81
11	$287.18	$268.03	$259.39
12	$313.29	$292.40	$282.97
13	$339.39	$316.77	$306.55
14	$365.50	$341.13	$330.13
15	$391.61	$365.50	$353.71
16	$417.71	$389.87	$377.29
17	$443.82	$414.23	$400.87
18	$469.93	$438.60	$424.45
19	$496.04	$462.97	$448.03
20	$522.14	$487.33	$471.61
21	$548.25	$511.70	$495.19
22	$574.36	$536.07	$518.77
23	$600.46	$560.43	$542.35
24	$626.57	$584.80	$565.94
25	$652.68	$609.17	$589.52
26	$678.79	$633.53	$613.10
27	$704.89	$657.90	$636.68
28	$731.00	$682.27	$660.26
29		$706.63	$683.84
30		$731.00	$707.42
31			$731.00

*Total payment: $827.00 - $96.00 minimum (personal and incidental needs) = $731.00

SSI/SSP
SECTION 16--PAYMENT STANDARDS
JANUARY 1, THROUGH DECEMBER 31, 1999

	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	676.00	500.00	176.00	517.00	333.34	183.66	747.00	500.00	247.00	827.00	500.00	327.00
Blind	732.00	500.00	232.00	585.00	333.34	251.66				827.00	500.00	327.00
Disabled Minor*	579.00	500.00	79.00	411.00	333.34	77.66				827.00	500.00	327.00
NMOHC 2/				663.00	333.34	329.66						
COUPLE:												
Both are:												
Aged or Disabled												
Per Couple	1,201.00	751.00	450.00	983.00	500.67	482.33	1,343.00	751.00	592.00	1,654.00	751.00	903.00
BLIND:												
Couple--Both												
are blind												
Per couple	1,391.00	751.00	640.00	1,174.00	500.67	673.33				1,654.00	751.00	903.00
BLIND/AGED OR DISABLED:												
Couple One is blind, the other is aged or disabled												
Per Couple	1,320.00	751.00	569.00	1,102.00	500.67	601.33				1,654.00	751.00	903.00
NMOHC 2/												
Per Couple				1,364.00	500.67	863.33						

NONMEDICAL BOARD AND CARE	Minimum	Maximum
TOTAL:	$ 827.00	$ 827.00
Board and Room	$ 354.00	$ 354.00
Care and Supervision	$ 303.00 Min.	$ 377.00 Max.
Personal and Incidental Needs	$ 170.00 Max.	$ 96.00 Min.

FEDERAL BENEFIT RATE (FBR)	
INDIVIDUAL:	$ 500.00
Aged, Blind, or Disabled	
COUPLE:	$ 751.00
Aged, Blind, or Disabled	

* Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.

1/ RMA - Restaurant Meals Allowance

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