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## EVALUATOR MANUAL TRANSMITTAL SHEET

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<p><b><u>Distribution:</u></b></p> <p><input type="checkbox"/> All Child Care Evaluator Manual Holders</p> <p><input type="checkbox"/> All Residential Care Evaluator Manual Holders</p> <p><input checked="" type="checkbox"/> All Evaluator Manual Holders</p>	<p style="text-align: center;"><b><u>Transmittal No.</u></b> <b>09APX-10</b></p> <hr/> <p style="text-align: center;"><b><u>Date Issued</u></b>  August 2009</p>
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**Subject:**

Appendix C

Estimated SSI/SSP Payment Standards effective November 1, 2009

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**Reason for Change:**

To incorporate the new SSI/SSP Payment Standards into the Appendix Section (APX C)

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**Filing Instructions:**

REMOVE – Estimated SSI/SSP Payment Standards effective January 1, 2009

INSERT – New Estimated SSI/SSP Payment Standards effective November 1, 2009

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**Approved:**

*Original signed by Thomas Stahl*

*9/2/2009*

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**THOMAS STAHL Chief**  
Policy Development Bureau  
Community Care Licensing Division

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Date

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Contact Person: Debbie Fox

Phone Number: 916-322-3178

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ESTIMATED SSI/SSP PAYMENT STANDARDS

**EFFECTIVE NOVEMBER 1, 2009**

Includes no pass-through of the CPI COLA, suspension of the CNI COLA, and 2.3% reduction to SSI/SSP grant  
SSI/SSP Grant 0.6% Reduction - Individuals Only and SSP MOE Floor- Couples Only 3/

CNI: 3.70% (a)  
CPI: 5.80% (e)

	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
<b><u>INDIVIDUAL:</u></b>												
AGED OR DISABLED	<b>845.00</b>	674.00	171.00	<b>639.66</b>	449.34	190.32	<b>856.34</b>	449.34	407.00	<b>1,086.00</b>	674.00	412.00
- without cooking facilities (RMA) 2/	<b>929.00</b>	674.00	255.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	<b>908.00</b>	674.00	234.00	<b>718.32</b>	449.34	268.98	<b>856.34</b>	449.34	407.00	<b>1,086.00</b>	674.00	412.00
DISABLED MINOR												
- living with parents(s)	<b>737.40</b>	674.00	63.40	<b>517.30</b>	449.34	67.96	<b>856.34</b>	449.34	407.00	<b>1,086.00</b>	674.00	412.00
- living with non-parent relative or non-relative guardian												
<b><u>COUPLE:</u></b>												
AGED OR DISABLED												
- per couple	<b>1,407.20</b>	1,011.00	396.20	<b>1,075.33</b>	674.00	401.33	<b>1,719.66</b>	674.00	1,045.66	<b>2,172.00</b>	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	<b>1,575.20</b>	1,011.00	564.20	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A
BLIND												
- per couple	<b>1,554.20</b>	1,011.00	543.20	<b>1,222.33</b>	674.00	548.33	<b>1,719.66</b>	674.00	1,045.66	<b>2,172.00</b>	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	<b>1,498.20</b>	1,011.00	487.20	<b>1,166.33</b>	674.00	492.33	<b>1,719.66</b>	674.00	1,045.66	<b>2,172.00</b>	1,011.00	1,161.00

TITLE XIX MEDICAL FACILITY

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

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$220	Minimum:	\$125
Care and Supervision Minimum:	\$400	Maximum:	\$495
Board and Room:	\$466		\$466

2/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple  
3/ NMOHC, RMA, Title XIX, and individuals are exempt from these reductions.

