
EVALUATOR MANUAL TRANSMITTAL SHEET

Distribution:

- All Child Care Evaluator Manual Holders
 All Residential Care Evaluator Manual Holders
 All Evaluator Manual Holders

Transmittal No.

11 APX-10

Date Issued

November 2011

Subject:

Appendix C

Estimated SSI/SSP Payment Standards effective January 1, 2012

Reason for Change:

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

Filing Instructions:

REMOVE – Estimated SSI/SSP Payment Standards effective January 1, 2011

INSERT – New Estimated SSI/SSP Payment Standards effective January 1, 2012

Approved:

ORIGINAL DOCUMENT SIGNED BY
Thomas Stahl, Chief

November 29, 2011

THOMAS STAHL, Chief
 Policy Development Bureau
 Community Care Licensing Division

Date

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STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATED SSI/SSP PAYMENT STANDARDS

EFFECTIVE JANUARY 1, 2012
Includes Pass-Through of the CPI COLA
and Suspension of the CNI COLA

ESTIMATES BRANCH
NOVEMBER 2011

CPI: 3.6% (a)
CNI: N/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					
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED - without cooking facilities (RMA) 2/	854.40 938.40	698.00 698.00	156.40 240.40	625.17 680.17	465.34 465.34	159.83 214.83	872.34 872.34	465.34 465.34	407.00 407.00	1,110.00 1,110.00	698.00 698.00	412.00 412.00
BLIND	909.40	698.00	211.40	680.17	465.34	214.83	872.34	465.34	407.00	1,110.00	698.00	412.00
DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	761.40	698.00	63.40	532.17	465.34	66.83	872.34	465.34	407.00	1,110.00	698.00	412.00
COUPLE:												
AGED OR DISABLED - per couple	1,444.20	1,048.00	396.20	1,100.00	698.67	401.33	1,744.33	698.67	1,045.66	2,220.00	1,048.00	1,172.00
- without cooking facilities (RMA) 2/	1,612.20	1,048.00	564.20	1,247.00	698.67	548.33	1,744.33	698.67	1,045.66	2,220.00	1,048.00	1,172.00
BLIND - per couple	1,591.20	1,048.00	543.20	1,247.00	698.67	548.33	1,744.33	698.67	1,045.66	2,220.00	1,048.00	1,172.00
BLIND/AGED OR DISABLED - per couple	1,535.20	1,048.00	487.20	1,191.00	698.67	492.33	1,744.33	698.67	1,045.66	2,220.00	1,048.00	1,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$ 50.00	\$ 100.00
SSI	\$ 30.00	\$ 60.00
SSP	\$ 20.00	\$ 40.00

1/ NON-MEDICAL OUT-OF-HOME CARE

	Personal and Incidental Needs Maximum:	Minimum:
Care and Supervision Minimum:	\$225	\$128
Room and Board:	\$476	\$506

2/ RMA - Restaurant Meal Allowance - \$84 Individual; \$168 Couple