

CALIFORNIA DEPARTMENT OF  
**Mental Health**

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

January 8, 1998

DMH LETTER NO: 9901

TO: LOCAL MENTAL HEALTH DIRECTORS  
LOCAL MENTAL HEALTH ADMINISTRATORS  
LOCAL MENTAL HEALTH PROGRAM CHIEFS  
COUNTY ADMINISTRATIVE OFFICERS  
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

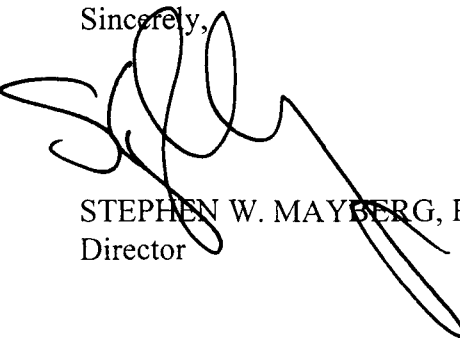
SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL  
PAYMENT RATES; OUT OF HOME CARE/NON-MEDICAL BOARD  
AND CARE

REFERENCE: Supplements DMH Letter 9801

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 Lagman, RN, Associate Mental Health Specialist, at the above number.

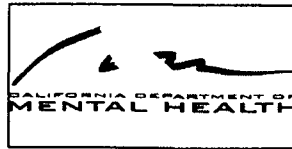
Sincerely,



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

PICKLER HANDBOOK

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) <sup>1/</sup>			Nonmedical Board and Care Licensed Facility with 50% of Relative without In-Kind Room & Board		
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
<b>INDIVIDUAL:</b>												
Age/er 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	535.00	333.34	251.66				827.00	500.00	327.00
Disabled Minor <sup>2/</sup>	579.00	500.00	79.00	411.00	333.34	77.66				827.00	500.00	327.00
NMOHC <sup>2/</sup>				663.00	333.34	329.66						
<b>COUPLE:</b>												
Both are												
Age/er Disabled												
Per Couple	1,261.00	751.00	450.00	983.00	500.67	483.33	1,343.00	751.00	592.00	1,654.00	751.00	903.00
<b>BLIND:</b>												
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
<b>BLIND/AGED OR DISABLED:</b>												
Couple One is blind the other is age/er disabled												
Per Couple	1,320.00	751.00	569.00	1,102.00	500.67	601.33				1,654.00	751.00	903.00
<b>NMOHC<sup>2/</sup></b>												
Per Couple				1,364.00	500.67	863.33						
<b>NONMEDICAL BOARD AND CARE</b>						<b>FEDERAL BENEFIT RATE (FBR)</b>						
	Minimum		Minimum									
TOTAL:	\$827.00		\$827.00		INDIVIDUAL:	\$500.00						
Board and Room	\$354.00		\$354.00		Age/er Blind or Disabled							
Care and Supervision	\$333.00 Min		\$577.00 Max		COUPLE:	\$751.00						
Personal and Incidenta Needs	\$170.00 Max		\$96.00 Min		Age/er Blind or Disabled							
* Independent living arrangement for a disabled minor means living in the home of his or her parents. Household of another is used if both the disabled minor and his or her parents live in the household of someone else, i.e., grandparents, etc.												
<sup>1/</sup> RMA - Reduced Meals Allowance												
<sup>2/</sup> NMOHC <sup>2/</sup> - Nonmedical out-of-home care living in household of relative or guardian with In-Kind Room and Board.												