DEPARTMENT OF HEALTH SERVICES 714/744 P STREET SACRAMENTO, CA 95814



September 16, 1983

To: All County Welfare Directors

Letter No. 83-59

JULY-DECEMBER 1983 SSI GRANT AMOUNTS

This letter provides you with a chart showing SSI/SSP grant levels which reflect the federal SSI cost of living adjustment (COLA) increase effective July 1, 1983. This increase in the SSI payment level reflects only the federal COLA. Any increase in the state-funded SSP is anticipated to occur in January 1984. The Title II (OASDI) COLA and the Medicare Part B premium increase are also anticipated to occur at that time.

The attached chart is to be used in share-of-cost determinations effective with the July 1983 month of eligibility. July share-of-cost reductions are to be made in accordance with Title 22, CAC, Section 50653.3.

As a result of the SSI increase, some persons who have been identified as entitled to receive Title II (Pickle) Disregard consideration will once again be eligible to receive SSI/SSP. They should be referred to the local Social Security Administration (SSA) office to apply for SSI/SSP. Please note that they may again be eligible for the Pickle Disregard when the Title II cost-of-living increase is granted in January 1984.

Questions regarding this letter should be directed to Kristi Banion at (916) 324-4953.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabias, Chief Eligibility Branch

Attachment

cc: Medi-Cal Liaisons Medi-Cal Program Consultants

CALIFORNIA PAYMENT LEVEL FOR SSI/SSP JULY 1, 1983 THROUGH DECEMBER 31, 1983

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Category	Living Arrangements			
	Independent	Household of Another	Independent (No Cooking Facilities)	Non-Medical Board & Care
Individuals				
Aged	461.00	359.57	509.00	520 . 00
Disabled	461.00	359.57	509,00	520.00
Blind	516.00	414.57	N/A	520.00
Disabled Minor	*368.00	266,57	N/A	520.00
Couples	t 1 1			
Aged/Aged	853.00	700.87	950.00	1035.00
Disabled/Aged	853.00	700,87	950.00	1035.00
Disabled/ Disabled	853.00	700.87	950.00	1035.00
Blind/Blind	1000.00	847,87	N/A	1035.00
Aged/Blind	944.00	791.87	N/A	1035.00
Disabled/Blind	944.00	791.87	N/A	1035.00
*This payment amous relative.	nt should be use	 ed if the disat	led minor resides in the h	I I ome of a

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