STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BUREAU
May 1995
August 7, 1995

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE DECEMBER 1, 1995
CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Includes the pass-through of the 1/95 SSI COLA.
(Reflects a 12/95 reduction of the higher of 4.9% of SSI/SSP or SSP federal minum ). 1/

CNI: 1.69% (a)
CPI: 2.80% (a)

| | INDEPENDENT LIVING | | | REDUCED NEEDS | | | NON-MEDICAL OUT-OF-HOME CARE 2/ (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 |
| **INDIVIDUAL:** | | | | | | | | | | | | |
| AGED OR DISABLED | **614.40** | 458.00 | 156.40 | **465.17** | 305.34 | 159.83 | **614.34** | 305.34 | 309.00 | **760.00** | 458.00 | 302.00 |
| - without cooking facilities (RMA) 3/ | **682.40** | 458.00 | 224.40 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| BLIND | **669.40** | 458.00 | 211.40 | **520.17** | 305.34 | 214.83 | **614.34** | 305.34 | 309.00 | **760.00** | 458.00 | 302.00 |
| DISABLED MINOR<br>- living with parent(s)<br>- living with non-parent relative or non-relative guardian | **521.40** | 458.00 | 63.40 | **372.17** | 305.34 | 66.83 | **614.34** | 305.34 | 309.00 | **760.00** | 458.00 | 302.00 |
| **COUPLE:** | | | | | | | | | | | | |
| AGED OR DISABLED<br>- per couple | **1,083.20** | 687.00 | 396.20 | **865.43** | 458.00 | 407.43 | **1,276.33** | 458.00 | 818.33 | **1,520.00** | 687.00 | 833.00 |
| - without cooking facilities (RMA) 3/ | **1,219.20** | 687.00 | 532.20 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| BLIND<br>- per couple | **1,230.20** | 687.00 | 543.20 | **1,039.91** | 458.00 | 581.91 | **1,276.33** | 458.00 | 818.33 | **1,520.00** | 687.00 | 833.00 |
| BLIND/AGED OR DISABLED<br>- per couple | **1,174.20** | 687.00 | 487.20 | **974.82** | 458.00 | 516.82 | **1,276.33** | 458.00 | 818.33 | **1,520.00** | 687.00 | 833.00 |

1/ Categories exempted from the 12/95 reduction were NMOHC, RMA and Title XIX Medical Facility.

TITLE XIX MEDICAL FACILITY

| | Individual | Couple |
|---|---|---|
| Total | $42 | $84 |
| SSI | 30 | 60 |
| SSP | 12 | 24 |

2/ NON-MEDICAL OUT-OF-HOME CARE
Personal and Incidental Needs Maximum: $157 Minimum: $89

3/ RMA - Restaurant Meals Allowance