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PUBLIC ASSISTANCE PROGRAMS
COMPARISON OF AVERAGE MONTHLY GRANTS
2008-09 AND 2009-10

Programs		May 2009 Estimates		Budget Bill of Feb 2009	Appropriation	Differences		
		2009-10	2008-09	2009-10	2008-09	May 2009 Estimate for 2009-10 less 2008-09	May 2009 Estimate for 2009-10 less Budget Bill	May 2009 Estimate for 2008-09 less Appropriation
TANF- AF & TP	per Case	$522.66	$542.60	$512.75	$536.80	-$19.94	$9.91	$5.80
	per Person	$207.07	$218.96	$205.99	$215.69	-$11.89	$1.08	$3.27
Foster Care	per Child[1]	$1,900.01	$1,981.21	$2,121.54	$1,857.73	-$81.20	-$221.53	$123.48
AAP	per Child	$780.14	$775.76	$793.18	$777.85	$4.38	-$13.04	-$2.09
Kin-GAP	per Child	$690.19	$625.95	$749.71	$737.73	$64.24	-$59.52	-$111.78
SSI/SSP[2,3]	Aged	$488.62	$530.93	$536.83	$533.31	-$42.31	-$48.21	-$2.38
	Blind	$618.72	$667.40	$674.33	$663.68	-$48.68	-$55.61	$3.72
	Disabled	$601.40	$640.81	$650.05	$642.68	-$39.41	-$48.65	-$1.87
CAPI	per Person	$728.41	$772.33	$811.00	$783.28	-$43.92	-$82.59	-$10.95
Assistance Dog Allowance		$50.00	$50.00	$50.00	$50.00	$0.00	$0.00	$0.00
Refugees	per Person	$273.21	$303.57	$306.79	$304.28	-$30.36	-$33.58	-$0.71
FOOD STAMP COUPON VALUE								
	Total Value	$5,312,182,595	$3,892,726,587	$3,531,401,268	$2,930,271,925	$1,419,456,008	$1,780,781,327	$962,454,663
	per Household	$348.14	$310.48	$292.96	$270.76	$37.66	$55.18	$39.72
	per Person	$144.26	$128.56	$120.47	$110.28	$15.70	$23.79	$18.28
IHSS[4]								
Personal Care Services Program		$683.08	$989.61	$953.86	$963.98	-$306.53	-$270.78	$25.63
IHSS Residual Program		$728.10	$1,071.38	$1,021.60	$959.68	-$343.28	-$293.50	$111.70

[1] Per child grant represents the FFH/GH/FFA combined average grant.

[2] The total average SSI/SSP grant for FY 08/09 is $609.04, and $568.64 for FY 09/10.

3 Without taking into account the SSP reduction due to the SSP MOE Floor, the SSI/SSP standards are as follows:

FY 09/10 Aged 508.81
Blind 641.65
Disabled 615.65

The total average SSI/SSP grant for FY 09/10 would be $584.53.

[4] Without taking into account the IHSS reductions from reducing the State participation to Minimum Wage, Limiting D&R to recipients with FI rank 4.0 and above, IHSS Anti-Fraud Initiative and the IHSS Cost Containment-Tiered FI Rank, the IHSS standards are as follows:

FY 09/10 Presonal Care Services Program 985.98
IHSS Residual Program 1,062.88

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2009
Includes pass-through of the CPI COLA and suspension of the CNI COLA

CNI: 3.70% (a)
CPI: 5.80% (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			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	**907.00**	674.00	233.00	**683.34**	449.34	234.00	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**991.00**	674.00	317.00									
BLIND	**972.00**	674.00	298.00	**764.34**	449.34	315.00	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**793.00**	674.00	119.00	**557.34**	449.34	108.00						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,579.00**	1,011.00	568.00	**1,269.66**	674.00	595.66	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,747.00**	1,011.00	736.00									
BLIND												
- per couple	**1,806.00**	1,011.00	795.00	**1,496.66**	674.00	822.66	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,721.00**	1,011.00	710.00	**1,410.66**	674.00	736.66	**1,719.66**	674.00	1,045.66	**2,172.00**	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

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE MAY 1, 2009
Includes no pass-through of the CPI COLA and suspension of the CNI COLA

CNI: 3.70% (a)
CPI: 5.80% (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			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	**870.00**	674.00	196.00	**658.67**	449.34	209.33	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**954.00**	674.00	280.00									
BLIND	**935.00**	674.00	261.00	**739.67**	449.34	290.33	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**756.00**	674.00	82.00	**532.67**	449.34	83.33						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,524.00**	1,011.00	513.00	**1,233.00**	674.00	559.00	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,692.00**	1,011.00	681.00									
BLIND												
- per couple	**1,751.00**	1,011.00	740.00	**1,460.00**	674.00	786.00	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,666.00**	1,011.00	655.00	**1,374.00**	674.00	700.00	**1,719.66**	674.00	1,045.66	**2,172.00**	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

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JULY 1, 2009
Includes withholding the pass-through of the CPI COLA, suspension of the CNI COLA, and 2.3% reduction to SSI/SSP grant

CNI: 3.70% (a)
CPI: 5.80% (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			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	**850.00**	674.00	176.00	**643.52**	449.34	194.18	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**934.00**	674.00	260.00									
BLIND	**913.00**	674.00	239.00	**722.66**	449.34	273.32	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**739.00**	674.00	65.00	**520.42**	449.34	71.08						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,489.00**	1,011.00	478.00	**1,204.64**	674.00	530.64	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,657.00**	1,011.00	646.00									
BLIND												
- per couple	**1,711.00**	1,011.00	700.00	**1,426.42**	674.00	752.42	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,628.00**	1,011.00	617.00	**1,342.40**	674.00	668.40	**1,719.66**	674.00	1,045.66	**2,172.00**	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

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE SEPTEMBER 1, 2009
Includes pass-through of the CPI COLA and suspension of the CNI COLA
SSP MOE Floor 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
INDIVIDUAL:												
AGED OR DISABLED	**830.40**	674.00	156.40	**609.17**	449.34	159.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**962.40**	674.00	288.40									
BLIND	**885.40**	674.00	211.40	**664.17**	449.34	214.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**737.40**	674.00	63.40	**516.17**	449.34	66.83						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,407.20**	1,011.00	396.20	**1,075.33**	674.00	401.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,672.20**	1,011.00	661.20									
BLIND												
- per couple	**1,554.20**	1,011.00	543.20	**1,222.33**	674.00	548.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,498.20**	1,011.00	487.20	**1,166.33**	674.00	492.33	**1,719.66**	674.00	1,045.66	**2,172.00**	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, and Title XIX are exempt from the SSP MOE floor reduction.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2010
Includes pass-through of the CPI COLA and suspension of the CNI COLA

CNI: 5.26% (e)
CPI: -2.60% (e) 3/

	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
INDIVIDUAL:												
AGED OR DISABLED	**850.00**	674.00	176.00	**643.52**	449.34	194.18	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**934.00**	674.00	260.00									
BLIND	**913.00**	674.00	239.00	**722.66**	449.34	273.32	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**739.00**	674.00	65.00	**520.42**	449.34	71.08						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,489.00**	1,011.00	478.00	**1,204.64**	674.00	530.64	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,657.00**	1,011.00	646.00									
BLIND												
- per couple	**1,711.00**	1,011.00	700.00	**1,426.42**	674.00	752.42	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,628.00**	1,011.00	617.00	**1,342.40**	674.00	668.40	**1,719.66**	674.00	1,045.66	**2,172.00**	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/ Due to a negative CPI, payment standards will remain at July 1, 2009 level.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2010
Includes pass-through of the CPI COLA and suspension of the CNI COLA
SSP MOE Floor 3/

CNI: 5.26% (e)
CPI: -2.60% (e) 4/

	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
INDIVIDUAL:												
AGED OR DISABLED	**830.40**	674.00	156.40	**609.17**	449.34	159.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**962.40**	674.00	288.40									
BLIND	**885.40**	674.00	211.40	**664.17**	449.34	214.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**737.40**	674.00	63.40	**516.17**	449.34	66.83						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,407.20**	1,011.00	396.20	**1,075.33**	674.00	401.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,672.20**	1,011.00	661.20									
BLIND												
- per couple	**1,554.20**	1,011.00	543.20	**1,222.33**	674.00	548.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,498.20**	1,011.00	487.20	**1,166.33**	674.00	492.33	**1,719.66**	674.00	1,045.66	**2,172.00**	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, and Title XIX are exempt from the SSP MOE floor reduction.
4/ Due to a negative CPI, payment standards will remain at September 1, 2009 level.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JUNE 1, 2010
Includes pass-through of the CPI COLA and suspension of the CNI COLA

CNI: 1.53% (e)
CPI: -2.60% (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
INDIVIDUAL:												
AGED OR DISABLED	**850.00**	674.00	176.00	**643.52**	449.34	194.18	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**934.00**	674.00	260.00									
BLIND	**913.00**	674.00	239.00	**722.66**	449.34	273.32	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**739.00**	674.00	65.00	**520.42**	449.34	71.08						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,489.00**	1,011.00	478.00	**1,204.64**	674.00	530.64	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,657.00**	1,011.00	646.00									
BLIND												
- per couple	**1,711.00**	1,011.00	700.00	**1,426.42**	674.00	752.42	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,628.00**	1,011.00	617.00	**1,342.40**	674.00	668.40	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$50	$100
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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

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JUNE 1, 2010
Includes pass-through of the CPI COLA and suspension of the CNI COLA
SSP MOE Floor 3/

CNI: 5.26% (e)
CPI: -2.60% (e) 4/

	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
INDIVIDUAL:												
AGED OR DISABLED	**830.40**	674.00	156.40	**609.17**	449.34	159.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
- without cooking facilities (RMA) 2/	**962.40**	674.00	288.40									
BLIND	**885.40**	674.00	211.40	**664.17**	449.34	214.83	**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
DISABLED MINOR												
- living with parent(s)	**737.40**	674.00	63.40	**516.17**	449.34	66.83						
- living with non-parent relative or non-relative guardian							**856.34**	449.34	407.00	**1,086.00**	674.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,407.20**	1,011.00	396.20	**1,075.33**	674.00	401.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
- without cooking facilities (RMA) 2/	**1,672.20**	1,011.00	661.20									
BLIND												
- per couple	**1,554.20**	1,011.00	543.20	**1,222.33**	674.00	548.33	**1,719.66**	674.00	1,045.66	**2,172.00**	1,011.00	1,161.00
BLIND/AGED OR DISABLED												
- per couple	**1,498.20**	1,011.00	487.20	**1,166.33**	674.00	492.33	**1,719.66**	674.00	1,045.66	**2,172.00**	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, and Title XIX are exempt from the SSP MOE floor reduction.
4/ Due to a negative CPI, payment standards will remain at September 1, 2009 level.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2009
BASED ON JANUARY 2009 SSI/SSP STANDARDS
Includes pass-through of the CPI COLA and suspension of the CNI COLA

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**897.00**		907.00	**673.34**		683.34	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 1/	**981.00**		991.00									
BLIND	**962.00**		972.00	**754.34**		764.34	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**783.00**		793.00	**547.34**		557.34						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,559.00**	1,569.00	1,579.00	**1,249.66**	1,259.66	1,269.66	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,727.00**	1,737.00	1,747.00									
BLIND												
- per couple	**1,786.00**	1,796.00	1,806.00	**1,476.66**	1,486.66	1,496.66	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,701.00**	1,711.00	1,721.00	**1,390.66**	1,400.66	1,410.66	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE MAY 1, 2009
BASED ON MAY 2009 SSI/SSP STANDARDS
Includes no pass-through of the CPI COLA and suspension of the CNI COLA

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**860.00**		870.00	**648.67**		658.67	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 1/	**944.00**		954.00									
BLIND	**925.00**		935.00	**729.67**		739.67	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**746.00**		756.00	**522.67**		532.67						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,504.00**	1,514.00	1,524.00	**1,213.00**	1,223.00	1,233.00	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,672.00**	1,682.00	1,692.00									
BLIND												
- per couple	**1,731.00**	1,741.00	1,751.00	**1,440.00**	1,450.00	1,460.00	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,646.00**	1,656.00	1,666.00	**1,354.00**	1,364.00	1,374.00	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JULY 1, 2009
BASED ON JULY 2009 SSI/SSP STANDARDS
Includes withholding the pass-through of the CPI COLA, suspension of the CNI COLA, and 2.3% reduction to SSI/SSP grant

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**840.00**		850.00	**633.52**		643.52	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 1/	**924.00**		934.00									
BLIND	**903.00**		913.00	**712.66**		722.66	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**729.00**		739.00	**510.42**		520.42						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,469.00**	1,479.00	1,489.00	**1,184.64**	1,194.64	1,204.64	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,637.00**	1,647.00	1,657.00									
BLIND												
- per couple	**1,691.00**	1,701.00	1,711.00	**1,406.42**	1,416.42	1,426.42	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,608.00**	1,618.00	1,628.00	**1,322.40**	1,332.40	1,342.40	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE SEPTEMBER 1, 2009
BASED ON SEPTEMBER 2009 SSI/SSP STANDARDS
Includes 2.3% reduction to SSI/SSP grant, suspension of the CNI COLA, and reduction to SSP MOE floor.

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**820.40**		830.40	**599.17**		609.17	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 1/	**952.40**		962.40									
BLIND	**875.40**		885.40	**654.17**		664.17	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**727.40**		737.40	**506.17**		516.17						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,387.20**	1,397.20	1,407.20	**1,055.33**	1,065.33	1,075.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,652.20**	1,662.20	1,672.20									
BLIND												
- per couple	**1,534.20**	1,544.20	1,554.20	**1,202.33**	1,212.33	1,222.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,478.20**	1,488.20	1,498.20	**1,146.33**	1,156.33	1,166.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2010
BASED ON JANUARY 2010 SSI/SSP STANDARDS
Includes pass-through of the CPI COLA and suspension of the CNI COLA 1/

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**840.00**		850.00	**633.52**		643.52	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 2/	**924.00**		934.00									
BLIND	**903.00**		913.00	**712.66**		722.66	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**729.00**		739.00	**510.42**		520.42						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,469.00**	1,479.00	1,489.00	**1,184.64**	1,194.64	1,204.64	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,637.00**	1,647.00	1,657.00									
BLIND												
- per couple	**1,691.00**	1,701.00	1,711.00	**1,406.42**	1,416.42	1,426.42	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,608.00**	1,618.00	1,628.00	**1,322.40**	1,332.40	1,342.40	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ Due to a negative CPI, payment standards will remain at July 1, 2009 level.
2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2010
BASED ON JANUARY 2010 SSI/SSP STANDARDS
Includes pass-through of the CPI COLA, suspension of the CNI COLA, and SSP MOE Floor 1/

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**820.40**		830.40	**599.17**		609.17	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 2/	**952.40**		962.40									
BLIND	**875.40**		885.40	**654.17**		664.17	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**727.40**		737.40	**506.17**		516.17						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,387.20**	1,397.20	1,407.20	**1,055.33**	1,065.33	1,075.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 2/	**1,652.20**	1,662.20	1,672.20									
BLIND												
- per couple	**1,534.20**	1,544.20	1,554.20	**1,202.33**	1,212.33	1,222.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,478.20**	1,488.20	1,498.20	**1,146.33**	1,156.33	1,166.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ Due to a negative CPI, payment standards will remain at September 1, 2009 level.
2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JUNE 1, 2010
BASED ON JUNE 2010 SSI/SSP STANDARDS
Includes pass-through of the CPI COLA and the suspension of the CNI COLA 1/

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**840.00**		850.00	**633.52**		643.52	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 2/	**924.00**		934.00									
BLIND	**903.00**		913.00	**712.66**		722.66	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**729.00**		739.00	**510.42**		520.42						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,469.00**	1,479.00	1,489.00	**1,184.64**	1,194.64	1,204.64	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,637.00**	1,647.00	1,657.00									
BLIND												
- per couple	**1,691.00**	1,701.00	1,711.00	**1,406.42**	1,416.42	1,426.42	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,608.00**	1,618.00	1,628.00	**1,322.40**	1,332.40	1,342.40	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ Due to a negative CPI, payment standards will remain at July 1, 2009 level.
2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
MAY 2009

CAPI PAYMENT STANDARDS
EFFECTIVE JUNE 1, 2010
BASED ON JUNE 2010 SSI/SSP STANDARDS
Includes pass-through of the CPI COLA, suspension of the CNI COLA, and SSP MOE Floor 1/

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP	**TOTAL CAPI**		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	**820.40**		830.40	**599.17**		609.17	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 2/	**952.40**		962.40									
BLIND	**875.40**		885.40	**654.17**		664.17	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**727.40**		737.40	**506.17**		516.17						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
COUPLE:	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP	**BOTH CAPI**	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	**1,387.20**	1,397.20	1,407.20	**1,055.33**	1,065.33	1,075.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 2/	**1,652.20**	1,662.20	1,672.20									
BLIND												
- per couple	**1,534.20**	1,544.20	1,554.20	**1,202.33**	1,212.33	1,222.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,478.20**	1,488.20	1,498.20	**1,146.33**	1,156.33	1,166.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	$40	$80
SSI/SSP	50	100

1/ Due to a negative CPI, payment standards will remain at September 1, 2009 level.
2/ RMA - Restaurant Meals Allowance - $84 Individual; $168 Couple

CalWORKs PAYMENT STANDARDS

Effective July 1, 2008 to June 30, 2009 1/

REGION 1

Assistance Unit Size	Maximum Aid Payment Exempt 1/	Maximum Aid Payment Non-Exempt 1/
1	398	359
2	653	584
3	808	723
4	961	862
5	1,094	980
6	1,229	1,101
7	1,350	1,210
8	1,473	1,318
9	1,591	1,424
10	1,709	1,530
More than 10	1,709	1,530

REGION 2

Assistance Unit Size	Maximum Aid Payment Exempt 1/	Maximum Aid Payment Non-Exempt 1/
1	378	340
2	623	555
3	771	689
4	916	821
5	1,045	934
6	1,172	1,049
7	1,288	1,150
8	1,403	1,255
9	1,518	1,356
10	1,629	1,456
More than 10	1,629	1,456

Effective July 1, 2009 to September 30, 2009 2/

REGION 1

Assistance Unit Size	Maximum Aid Payment Exempt 2/	Maximum Aid Payment Non-Exempt 2/
1	382	345
2	627	561
3	776	694
4	923	828
5	1,050	941
6	1,180	1,057
7	1,296	1,162
8	1,414	1,265
9	1,527	1,367
10	1,641	1,469
More than 10	1,641	1,469

REGION 2

Assistance Unit Size	Maximum Aid Payment Exempt 2/	Maximum Aid Payment Non-Exempt 2/
1	363	326
2	598	533
3	740	661
4	879	788
5	1,003	897
6	1,125	1,007
7	1,236	1,104
8	1,347	1,205
9	1,457	1,302
10	1,564	1,398
More than 10	1,564	1,398

1/ The 5.26 percent 2008-09 CalWORKs MAP COLA had been delayed by the state legislature from June until October of 2008. The budget trailer bill, AB 1279 (Chapter 759, Statutes of 2008) signed on September 30, 2008, further suspended the CalWORKs COLA for the rest of the fiscal year. The administration has proposed to maintain the current MAP levels through June 2009.

2/ Grant levels reflect the four percent grant reduction effective July 2009 and the suspension of the July 2009 COLA as mandated in the 2009-10 Budget Bill enacted February 20, 2009 (SBX3 1). As a result, these MAP levels will remain in effect from July 2009 through September 2009.

CalWORKs PAYMENT STANDARDS

Effective October 1, 2009 to June 30, 2010 3/

REGION 1

Assistance Unit Size	Maximum Aid Payment Exempt 1/	Maximum Aid Payment Non-Exempt 1/
1	359	324
2	589	527
3	729	652
4	867	778
5	987	884
6	1,109	994
7	1,218	1,092
8	1,329	1,189
9	1,436	1,285
10	1,542	1,381
More than 10	1,542	1,381

REGION 2

Assistance Unit Size	Maximum Aid Payment Exempt 1/	Maximum Aid Payment Non-Exempt 1/
1	341	307
2	562	501
3	696	622
4	827	741
5	943	843
6	1,058	947
7	1,162	1,038
8	1,266	1,133
9	1,370	1,224
10	1,470	1,314
More than 10	1,470	1,314

3/ Grant levels reflect the six percent grant reduction proposal effective October 2009 and the suspension of the July 2009 COLA. As a result, these MAP levels will remain in effect from October 2009 through June 2010.

CalWORKs
TWO-PARENT FAMILIES
(in 000's)

	FY 2008-09	FY 2009-10
GRANTS	337,637	397,045
SERVICES	73,053	82,071
ADMINISTRATION	37,932	50,252
CHILD CARE	27,553	28,410
Total Cost of the Two Parent Program	**476,175**	**557,778**

COMMUNITY CARE LICENSING
LICENSED FACILITIES

25.30 COMMUNITY CARE LICENSING

	2007-08	2008-09	2009-10
State Licensed:			
Day Care	55,717	55,493	54,432
24-hour Care	18,981	19,240	18,422
County Licensed:			
Day Care	3,802	3,821	3,751
24-hour Care	7,436	7,300	6,668
TOTALS	**85,936**	**85,854**	**83,273**