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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 94 LCM-138

Date: November 21, 1994

Division: Office of Housing
and Adult Services

TO: Local District Commissioners

SUBJECT: Supplemental Security Income (SSI) Cost of Living
Adjustment for Family Type Home for Adults Residents

ATTACHMENTS: Attachment I - Sample Letter
Attachment II - Sample Letter
Attachment III - SSI Chart (GIS 94 ES/DC037)
(Attachments Available On-Line)

Chapter 460 of the Laws of 1994 authorized a pass-through of the January 1, 1995 federal cost-of-living increase given to SSI recipients. The January 1, 1995 federal SSI increase has been set at 2.8% or \$12.00 per month. The law also increases the minimum Personal Needs Allowance (PNA) for residents of certified Congregate Care facilities.

As a result of this law, effective January 1, 1995 the monthly benefit for SSI recipients in Family Type Homes for Adults in New York City, Nassau, Suffolk and Westchester counties will be \$724.48 for individuals and \$1,448.96 for couples. In all other districts, the monthly benefit for SSI recipients residing in Family Type Homes for Adults will be \$686.48 for individuals and \$1,372.96 for couples. The minimum personal needs allowance for all residents will be \$89.00 a month. We have been advised that the increase will be included in the resident's January check.

In accordance with Section 352.8 of the Department's regulations, local districts are required to provide an allowance for the care and maintenance of Home Relief (HR) recipients in a Level I facility equal to the corresponding SSI benefit level for residents in the home, rounded down to the next whole dollar.

As part of your responsibility to supervise the Family Type Home for Adults program, you are required to identify all operators of certified Family Type Homes for Adults within your jurisdiction and immediately inform them and their SSI and HR residents of this increase. The notification should include the following reminder:

- o If an operator intends to increase the rate charged to residents, he/she is required to give residents a written notice specifying the new rate at least thirty (30) days prior to the date of the increase. If a resident voluntarily agrees in writing to the increase, the operator may increase the rate with less than thirty days notice. However, in either case the operator is required to amend the admission agreement.

- o Section 131-o of the Social Services Law and Section 485.12 of the Department's regulations set forth penalties for misappropriating or retaining a resident's personal allowance.

Attached for your information is a chart containing the SSI increases and copies of model letters which may be sent to operators and SSI residents. If you have any questions about this matter, please have your staff contact Janet Morrissey at 432-2864. Thank you for your cooperation.

Peter R. Brest
Associate Commissioner
Office of Housing and Adult Services

SAMPLE LETTER

Dear Operator:

Chapter 460 of the Laws of 1994 authorized a pass-through of the Federal Supplemental Security Income (SSI) cost of living adjustment to most SSI recipients residing in Family Type Homes for Adults. We have been advised by the State Department of Social Services that the increases will be available in the resident's January check. Also, regulations of the State Department of Social Services require that Home Relief (HR) recipients receiving care in Family Type Homes receive the same payment level as SSI recipients rounded down to the next whole dollar. Therefore, any HR residents receiving care in your home will receive the same increases as SSI recipients rounded down.

The monthly benefit for SSI recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. The monthly benefit for HR recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. This is the SSI benefit rounded down to the next whole dollar.

The law also provides for an increase in the personal needs allowance. Effective January 1, 1995, the monthly minimum personal needs allowance will be \$89.00 for residents in Family Type Homes for Adults. Residents who have other sources of income in addition to SSI will be entitled to the \$ 89.00 minimum, plus any income disregarded by Social Security. Penalties for retaining or misappropriating a resident's personal allowance are set forth in Section 131-o of the Social Services Law and Section 485.12 of the Department's regulations.

If you intend to increase the rate you charge residents, you are required to give residents a written notice specifying the new rate thirty (30) days prior to the date of the increase. If a resident voluntarily agrees in writing to the increase, you may increase the rate with less than thirty (30) days notice. However, in either case you are required to amend the resident's admission agreement.

If you have any questions about this matter, please contact _____.

Sincerely,

SAMPLE LETTER

Dear Supplemental Security Income Resident:

A recent law provides for a Federal cost-of-living adjustment to your Supplemental Security Income (SSI) monthly payment. The law also provides for an increase in the personal needs allowance. Effective January 1, 1995 if you receive SSI and no other income and live in a Family Type Home, in most cases you will receive a monthly check for _____. Of this amount, at least \$89.00 must be yours for a Personal Needs Allowance.

Admission Agreement Changes

The operator of the facility where you live may increase the rate you are charged effective January 1, 1995.

In order to do this, the operator is required to give you thirty (30) days written notice prior to the date of the rate change and amend your admission agreement. The operator may increase the rate without the thirty day notice if you voluntarily agree to such a rate increase in writing. Either way, your admission agreement should be amended to reflect this rate increase, and you should receive a copy of this amendment to your admission agreement.

Regardless of the amount of the rate increase specified by the operator of your home, you will still be entitled to the minimum personal needs allowance as described above. By law, the operator may not accept any of your personal allowance or any disregarded income to pay for the services the home must provide by law and regulation.

If you have any questions about this increase, you should ask your Family Type Home operator or call _____, the Family Type Home coordinator in your local department of social services at _____.

Sincerely,

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TO: Local Commissioners, Income Maintenance Directors, Food Stamp Directors, CAP Coordinators

FROM: Oscar R. Best, Jr., Deputy Commissioner, Division of Economic Security

SUBJECT: RSDI/SSI Cost of Living Adjustment (COLA)

EFFECTIVE DATE: January 1, 1995

CONTACT PERSON: 1-800-343-8859, Public Assistance questions to Charles Giambalvo, extension 4-9327; Abe Anolik, extension 4-7218; Food Stamp questions to the Food Stamp representative at extension 4-9225. Mass Rebudgeting questions to Jim Lougen, extension 4-8749.

HHS notified us that the January 1, 1995 COLA in RSDI and SSI Benefits has been set at 2.8%.

An ADM with the new SSI benefit levels and personal needs allowances (PNA's) and information on how the 2.8% COLA affects public assistance, food stamps, medical assistance and SSI programs will be published shortly. Details of ABEL related changes and JAN and JAN-2 mass rebudgeting will be contained in ABEL Transmittal 94-5.

The SSI Benefit Levels Effective January 1, 1995

| | <u>Individual</u> | <u>Couple</u> |
|--|-------------------|---------------|
| Living alone | 544.00 | 789.50 |
| Living with others | 481.00 | 732.00 |
| (Living in HH of another) | (328.34) | (503.00) |
| Level I (NYC, Nass., Suff., & West.) | 724.48 | 1,448.96 |
| (Rest of State) | 686.48 | 1,372.96 |
| Level II (NYC, Nass., Suff., & West.) | 893.00 | 1,786.00 |
| (Rest of State) | 863.00 | 1,726.00 |
| Level III (NYC, Nass., Suff., & West.) | 940.96 | 1,881.92 |
| (Rest of State) | 916.96 | 1,833.92 |
| Title XIX | 35.00 | 70.00 |
| PNA Level I | 89 | |
| Level II | 103 | |
| Level III | 70 | |

Please call the contact listed if you have any questions about the COLA increase prior to the publication of the ADM.