

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM
DIVISION: Temporary Assistance

10/30/98

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TO: Local District Commissioners, IM Directors, FS Directors, CAP
Coordinators
FROM: Patricia A. Stevens, Deputy Commissioner, Division of Temporary
Assistance
SUBJECT: RSDI/SSI Cost of Living Adjustment (COLA)

EFFECTIVE DATE: January 1, 1999

CONTACT PERSON: Regional Representatives: Region I: 518-473-0332;
Region II: 518-474-9344; Region III: 518-474-9307;
Region IV: 518-474-9300; Region V: 518-473-1469;
Region VI: 212-383-1658

HHS has notified us that the January 1, 1999 Federal COLA in RSDI (Social Security) and SSI benefits has been set at 1.3%. The new SSI benefit levels and Personal Needs Allowances (PNA's) are listed below. Please be advised that we will not be issuing an Administrative Directive for this purpose. You may reference 97 ADM-1 for PA or Food Stamp policy instructions.

THE SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1999

	<u>INDIVIDUAL</u>	<u>COUPLE</u>
Living Alone	\$587.00	\$855.00
Living with Others	523.00	797.00
(Living in HH of Another)	356.34	546.67
Level I (NYC, Nassau, Suffolk & Westchester)	766.48	1,532.96
(Rest of State)	728.48	1,456.96
Level II (NYC, Nassau, Suffolk & Westchester)	935.00	1,870.00
(Rest of State)	905.00	1,810.00
Level III (NYC, Nassau, Suffolk & Westchester)	982.96	1,965.92
(Rest of State)	958.96	1,917.92
Title XIX (Medicaid Institutions)	35.00	70.00

PNA: Level I = \$97.00 Level II = \$112.00 Level III = \$77.00

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Additionally, the January 1, 1999 Food Stamp Group Living chart is attached, as well as the 1999 SSI Benefit Levels chart. Districts who have difficulty printing these charts should contact their district liaison to arrange for a faxed copy. As in the past, this Office will be sending notices to PA and FS recipients affected by the COLA increase.

Details of ABEL related changes will be contained in ABEL Transmittal 98-4.

<u>FOOD STAMPS</u>				
<u>GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1999</u>				
<u>(Applicable for SSI/RSDI Recipients Only)</u>				
Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL Shelter Type Code	SSI Benefit	
SSI Living with Others Benefit	N/A	N/A	\$523.00	
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	\$766.48	
Rest of State	28	15	\$728.48	
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	\$935.00	
Rest of State	29,32	10,16,17	\$905.00	
State (OMH/OMRDD) Operated Community Residences	17	13	\$500.00	
<u>The following monthly allowances and costs pertain to eligible residents of group living arrangements.</u>				
	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	\$97.00	\$243.48	\$301.00	\$125.00
Level I - Rest of State	\$97.00	\$205.48	\$301.00	\$125.00
Level II - NYC, Nassau, Suffolk and Westchester	\$112.00	\$412.00	\$286.00	\$125.00
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
Level II - Rest of State	\$112.00	\$382.00	\$286.00	\$125.00
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
State (OMH/OMRDD) Operated Community Residences	\$112.00	\$0	\$263.00	\$125.00
The payment to the Group Home equals the personal care costs + shelter + board. The client keeps the personal needs allowance + they may keep part of their unearned or earned income.				
*Personal needs and/or board amounts may be higher at some residences. If so, shelter costs are reduced by the amount of the difference between the minimum above and the actual amount allowed. Total SSI benefits and Personal Care Costs are not changed.				
NOTE: The budget data and procedures above apply to residents receiving RSDI/SSI or to disabled residents not receiving RSDI/SSI or PA. Other budget data and procedures apply to residents who can participate and who are not receiving RSDI/SSI but who are receiving PA. No special procedures apply for residents who can participate and who do not receive PA or RSDI/SSI.				

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	<u>Living Alone</u>	500	87	587	751	104	855
A,C	B	<u>Living with Others</u>	500	23	523	751	46	797
(B)	(F)	(Living in Household of Another ^{1/})	(333.34)		(356.34)	(500.67)		(546.67)
A	C	<u>Level I - Family Care</u> a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes NYC, Nassau, Suffolk & Westchester Counties Rest of State	500	266.48	766.48	751	781.96	1,532.96
			500	228.48	728.48	751	705.96	1,456.96
A	D	<u>Level II - Residential Care</u> a) DSS certified Adult Care Facilities b) OMH, OMRDD, or OASAS certified Community Residences, OASAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults NYC, Nassau, Suffolk & Westchester Counties Rest of State	500	435	935	751	1,119	1,870
			500	405	905	751	1,059	1,810
A	E	<u>Level III - Schools for the Mentally Retarded</u> New York City Rest of State	500	482.96	982.96	751	1,214.92	1,965.92
			500	458.96	958.96	751	1,166.92	1,917.92
D	G	Title XIX (Medicaid certified) Institutions ^{2/}	30	⁵ / _{3/}	³⁵ / _{3/}	60	¹⁰ / _{3/}	⁷⁰ / _{3/}
A	Z	(See ^{4/} below)	500	0	500	751	0	751

^{1/} The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of 1/3 reduction (VTR)" due to the federal determination that they are: a) living in someone else's household, and b) receiving some amount of both free or subsidized food and shelter (support and maintenance). The VTR is \$166.66 for an individual and \$250.33 for a couple.

^{2/} Applies when an adult recipient spends a full calendar month in the Institution and Title XIX (Medicaid) pays for at least 50% of the cost of care.

^{3/} Recipients in Title XIX Institutions licensed by the NYS Department of Health receive an additional grant of \$20 per month called a State Supplemental Personal

Needs Allowance (SSPNA). SSPNA checks are issued directly to the recipient by the NYS Office of Temporary and Disability Assistance.

4/ Applies when the recipient spends a full calendar month in a private Title XIX Institution and Medicaid pays for less than 50% of the cost of care, when the recipient resides in certain publicly operated community based residential facilities, or while the recipient resides in a public emergency shelter for six (6) calendar months during a nine (9) month period.

Additional Notes: 1) The minimum personal needs allowances (PNA): Level I - \$97, Level II - \$112, Level III - \$77.
2) The limits on countable resources: \$2000 for an individual and \$3000 for a couple
3) An essential person receives \$250.

References:
Chapter 58 Laws of 1998