

California SSI/SSP Living Arrangement Codes Payment Rates for Eligible Individuals

2009 January 1- April 30 [ACWDL 08-51 \(November 18, 2008\)](#)

2009 May 1, 2009 [ACWDL 09-18 \(April 23, 2009\)](#)

2009 July 1 –October 31 [ACIN I-26-09 \(April 2, 2009\)](#)

2009 November – December 2010 [ACIN I-86-09 \(December 3, 2009\)](#)

Category	LA/OS	SSI	SSP	Total
Aged or Disabled				
Own Household	A-A	674	233/196/176	907/870/850/ 845
Household of Another	B-D*	449.34	234/209.33/ 157.83	683.30/ 658.67/643.52/ 639.66
No Cooking Facilities	A-C	449.34	317/407/384.66	991/856/934
Disabled Minor				
Living with Parent or Relative	C-E, A-E	674	119/82/65	793/756/739/ 737.40
Household of Another (Both minor and parents live in another's house)	B-G*	449.30	118.33/108	543/557.30/ 520.42/ 517.30
Blind				
Own Household	A-A, C-A	674	318/298/261	972/935/913
Household of Another	B-D*	449.34	332.33/315/ 290.33	764.30/ 739.67/772.66
All Individuals				
Non-medical out-of-home care	A-B	674	436/412	1073/1086
Household of another with non-medical out-of-home care	B-F*			
Certified medical facility--Title XIX pays over 50%	D-J			
Under age 18 in a private medical facility—paid by private insurance	D-A			
Under age 18 in a public medical facility – paid by private insurance	D-Z			
Medical facility not certified under Title XIX	A-Z			

*2008 VTR (Value of the one-Third Reduction)\$212.33 individual; \$318.67 couple
2009 VTR \$224.555

LA = Federal Living Arrangement

OS= Optional State Supplement

SSI= Federal Payment Rate **SSP**= State Supplement Payment Rules

California SSI/SSP Living Arrangement Codes Payment Rates for Eligible Couples

2009 January 1- April 30 [ACWDL 08-51 \(November 18, 2008\)](#)

2009 May 1- June 30 [ACWDL 09-18 \(April 23, 2009\)](#)

2009 July 1 – December 31 [ACIN I-26-09 \(April 2, 2009\)](#)

2009 November – December 2010 [ACIN I-86-09 \(December 3, 2009\)](#)

Category	LA/OS	SSI	SSP	Total
Aged or Disabled				
Own Household	A-A	1011	568/513/478	1579/1524/1489/ 1407.20
Household of Another	B-D*	674	595.66/ 559.33/530.64	1269.97/ 1233.33/1204.64/ 1075.33
No Cooking Facilities (Restaurant Meals Allowance - \$168)	A-C	1011	776/736/ 666	1747/ 1719.66/ 1657/ 1575.20
Blind/Aged-Disabled				
Own Household	A-A	1011	710/655/617	1721/1666/1628/ 1498.20
Household of Another	B-D*	674	736.66/700/ 668.40	1410.97/1374/ 1342.40/ 1166.33
Both Blind				
Own Household	A-A	1011	602/795/740	1806/1751/1711/ 1554.20
Household of Another	B-D*	674	822.66/ 786/ 752.42	1496.97/1460/ 1426.42/ 1222.33
All Couples				
Non-medical out-of-home care	A-B			
Household of another with non-medical out-of-home care	B-F*			
Certified medical facility—Title XIX pays over 50%	D-J			
Medical facility not certified under Title XIX	A-Z			

* 2008 VTR (Value of the one-Third Reduction) \$318.67

2009 VTR \$337

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