

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM

10/26/00

DIVISION: Temporary Assistance

PAGE 1

GIS 00 TA/DC021

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) Figures and Food
Stamp Group Living Chart

EFFECTIVE DATE: January 1, 2001

CONTACT PERSON: TA Team Rep at 1 (800) 343-8859; Central Team (TA)
4-9344 ; Eastern Team (FS) 3-1469; Western Team
(HEAP and SSI) 3-0332

SSA has notified us that the January 1, 2001 Federal COLA in RSDI (Social Security) and SSI benefits has been set at 3.5%. The new SSI benefit levels and Personal Needs Allowances (PNA's) are listed below.

As in the past, we will not be issuing an Administrative Directive for this purpose. You may reference 97 ADM-1 for Temporary Assistance or Food Stamp policy instructions.

THE SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 2001

	<u>INDIVIDUAL</u>	<u>COUPLE</u>
Living Alone	\$617.00	\$900.00
Living with Others	553.00	842.00
Living in HH of Another)	(376.34)	(576.67)
Level I (NYC, Nassau, Suffolk, Rockland & Westchester)	796.48	1,592.96
(Rest of State)	758.48	1,516.96
Level II (NYC, Nassau, Suffolk, Rockland & Westchester)	965.00	1,930.00
(Rest of State)	935.00	1,870.00

DSS-4357EL	GENERAL INFORMATION SYSTEM	10/26/00
WGIUPD	DIVISION: Temporary Assistance	PAGE 2
GIS 00 TA/DC021		

Level III (NYC)	1,012.96	2,025.92
(Rest of State)	988.96	1,977.92
Title XIX (Medicaid Institutions)	35.00	70.00

PNA: Level I = \$102 Level II = \$119 Level III = \$82

The January 1, 2001 Food Stamp Group Living chart and the 2001 SSI Benefit Levels chart is attached. 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 Temporary Assistance and FS recipients affected by the COLA increase.

Details of ABEL-related changes will be contained in ABEL Transmittal 00-??.

FED U/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	<u>Living Alone</u>	530	87	617	796	104	900
A,C	B	<u>Living with Others</u>	530	23	553	796	46	842
(B)	(F)	(Living in Household of Another ^{1/})	(353.34)		(376.34)	(530.67)		(576.67)
<u>Level I - Family Care</u>								
A	C	a) OCFS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk, Westchester, & Rockland Counties	530	266.48	796.48	796	796.96	1,592.96
		Rest of State	530	228.48	758.48	796	720.96	1,516.96
<u>Level II - Residential Care</u>								
A	D	a) DOH 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, & Rockland Counties	530	435	965	796	1,134	1,930
		Rest of State	530	405	935	796	1,074	1,870
<u>Level III - Schools for the Mentally Retarded</u>								
A	E	New York City	530	482.96	1,012.96	796	1,229.92	2,025.92
		Rest of State	530	458.96	988.96	796	1,181.92	1,977.92
D	G	Title XIX (Medicaid certified) Institutions ^{2/}	30	5 ^{3/}	35 ^{3/}	60	10 ^{3/}	70 ^{3/}
A	Z	(See ^{4/} below)	530	0	530	796	0	796

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 \$196.66 for an individual and \$285.33 for a couple.

Applies when an adult recipient spends a full calendar month in the Institution, is not expected to return home within 3 months, and Title XIX (Medicaid) pays for at least 50% of the cost of care.

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.

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 - \$102 Level II - \$119 Level III - \$82
 2) The limits on countable resources: \$2000 for an individual and \$3000 for a couple
 3) An essential person receives \$266.

References:
 Chapter 470 Laws of 2000

<u>FOOD STAMPS</u>				
<u>GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 2001</u>				
(Applicable for SSI/RSDI Recipients Only)				
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	\$553.00	
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk, Rockland & Westchester	15	15	\$796.48	
Rest of State	22	15	\$758.48	
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk, Rockland & Westchester	16,31	10,16,17	\$965.00	
Rest of State	29,32	10,16,17	\$935.00	
State (OMH/OMRDD) Operated Community Residences	17	13	\$530.00	
<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, Rockland, and Westchester	\$102.00	\$243.48	\$321.00	\$130.00
Level I - Rest of State	\$102.00	\$205.48	\$321.00	\$130.00
Level II - NYC, Nassau, Suffolk Rockland, and Westchester	\$119.00	\$412.00	\$304.00	\$130.00
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
Level II - Rest of State	\$119.00	\$382.00	\$304.00	\$130.00
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
State (OMH/OMRDD) Operated Community Residences	\$119.00	\$0	\$281.00	\$130.00
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.				