

**California SSI/SSP Living Arrangement Codes and  
Payment Rates for Eligible *Individuals*  
Effective, January 2012**

Category	LA/OS	SSI	SSP	Total
<b>Aged or Disabled</b>				
Own Household	A-A	\$698.00	\$156.40	\$854.40
Household of Another	B-D*	\$465.34	\$159.83	\$625.17
No Cooking Facilities	A-C	\$698.00	\$240.40	\$938.40
<b>Disabled Minor</b>				
Living with Parent or Relative	C-E, A-E	\$698.00	\$63.40	\$761.40
Household of Another	B-G*	\$465.34	\$66.83	\$532.17
<b>Blind</b>				
Own Household	A-A, C-A	\$698.00	\$211.40	\$909.40
Household of Another	B-D*	\$465.34	\$214.83	\$680.17
<b>All Individuals</b>				
Non-medical out-of-home care	A-B	\$698.00	\$412.00	\$1,100.00
Household of another with non-medical out-of-home care	B-F*	\$465.34	\$407.00	\$872.34
Certified medical facility – Title XIX pays over 50%	D-J	\$30.00	\$20.00	\$50.00
Under age 18 in a private medical facility- paid by private insurance	D-A	\$30.00	\$156.40	\$186.40
Under age 18 in a public medical facility – paid by private insurance	D-Z	\$30.00	\$0.00	\$30.00
Medical facility not certified under Title XIX	A-Z	\$698.00	\$0.00	\$698.00

\*1/12 VTR 232.66

Non-Medical Board and Care, January 2012

Total		\$1,110.00		\$1,110.00
Board and Room		\$ 476.00		\$ 476.00
Care and Supervision	Minimum:	\$ 409.00	Maximum	\$ 506.00
Personal & Incidental Needs	Maximum:	\$ 225.00	Minimum	\$ 128.00

**California SSI/SSP Living Arrangement Codes and  
Payment Rates for Eligible Couples  
Effective, January 2012**

<b>Category</b>	<b>LA/OS</b>	<b>SSI</b>	<b>SSP</b>	<b>Total</b>
<b>Aged or Disabled</b>				
Own Household	A-A	\$1,048.00	\$396.20	\$1,444.20
Household of Another	B-D*	\$ 698.67	\$401.33	\$1,100.00
No Cooking Facilities	A-C	\$1,048.00	\$564.20	\$1,612.20
<b>Blind/Aged-Disabled</b>				
Own Household	A-A	\$1,048.00	\$487.20	\$1,535.20
Household of Another	B-D*	\$ 698.67	\$492.33	\$1,191.00
<b>Both Blind</b>				
Own Household	A-A	\$1,048.00	\$543.20	\$1,591.20
Household of Another	B-D*	\$ 698.67	\$548.33	\$1,247.00
<b>All Couples</b>				
Non-medical out-of-home care	A-B	\$1,048.00	\$1,172.00	\$2,220.00
Household of another with non-medical out-of-home care	B-F*	\$ 698.67	\$1,045.00	\$1,744.33
Certified medical facility – Title XIX pays over 50%	D-J	\$ 60.00	\$ 40.00	\$ 100.00
Medical facility not certified under Title XIX	A-Z	\$1,048.00	\$ 0.00	\$1,048.00

\*1/12 VTR 349.33