

**CALIFORNIA SSI/SSP LIVING ARRANGEMENT CODES  
AND PAYMENT RATES FOR ELIGIBLE INDIVIDUALS  
EFFECTIVE JANUARY 2021**

CATEGORY	LA/OS	SSI	SSP	TOTAL
<b>Aged or Disabled</b>				
Own Household	A-A	794.00	160.72	954.72
Household of Another	B-D*	529.34	164.24	693.58
No Cooking Facilities	A-C	794.00	247.04	1041.04
<b>Disabled Minor</b>				
Living with Parent or Relative	C-E, A-E	794.00	65.15	859.15
Household of Another	B-G*	529.34	68.67	598.01
<b>Blind</b>				
Own Household	A-A, C-A	794.00	217.23	1011.23
Household of Another	B-D*	529.34	220.76	750.10
<b>All Individuals</b>				
Non-Medical Out-of-Home Care	A-B	794.00	423.37	1217.37
Household of Another with Non-Medical Out-of-Home Care	B-F*	529.34	418.23	947.57
Certified Medical Facility - Title XIX Pays over 50%	D-J	30.00	21.00	51.00
Under Age 18 in a Private Medical Facility - Paid by Private Insurance	D-A	30.00	160.72	190.72
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	794.00	0.00	794.00

VTR 264.66

Non-Medical Board and Care (January 2021)

Board and Room		525.37		525.37
Care and Supervision	Minimum:	447.00	Maximum:	554.00
Personal & Incidental Needs	Maximum:	245.00	Minimum:	138.00
Total		1217.37		1217.37

*\*Note: This is the basic charge for board and room, but the amount may be more under certain circumstances. For more information, refer to [SI SF01415.120](#).*

**CALIFORNIA SSI/SSP LIVING ARRANGEMENT CODES  
AND PAYMENT RATES FOR ELIGIBLE COUPLES  
EFFECTIVE JANUARY 2021**

CATEGORY	LA/OS	SSI	SSP	TOTAL
<b>Aged or Disabled</b>				
Own Household	A-A	1191.00	407.14	1598.14
Household of Another	B-D*	794.00	412.41	1206.41
No Cooking Facilities	A-C	1191.00	579.77	1770.77
<b>Blind/Aged-Disabled</b>				
Own Household	A-A	1191.00	500.65	1691.65
Household of Another	B-D*	794.00	505.92	1299.92
<b>Both Blind</b>				
Own Household	A-A	1191.00	558.19	1749.19
Household of Another	B-D*	794.00	563.46	1357.46
<b>All Couples</b>				
Non-Medical Out-of-Home Care	A-B	1191.00	1243.74	2434.74
Household of Another with Non-Medical Out-of-Home Care	B-F*	794.00	1074.52	1868.52
Certified Medical Facility - Title XIX Pays Over 50%	D-J	60.00	42.00	102.00
Medical Facility not Certified Under Title XIX	A-Z	1191.00	0.00	1191.00

VTR COUPLE 397.00