DAP Training Materials

Thursday, October 30th, 2025

LDSS-5030 (Rev. 2/15)

NYS OTDA State Supplement Program

Living Arrangement Form

Name_____ PID_____

Residence Address _____
(Street or PO Box) (City) (State) (Zip Code)

Mailing Address if different than residence address _____
(Street or PO Box) (City) (State) (Zip Code)

Please tell us the date that your current living arrangement began: (Month/Year)_____

Using the definitions below, please check the box that best reflects your current living arrangement.

☐ **Living Alone** – You fit in this category if you meet one of the following conditions:

- You live physically alone or with a spouse receiving SSI;
- You live only with a foster child or foster children;
- You live only with a homemaker authorized by the Social Services district office or an aide paid for under the Medical Assistance (Medicaid) program;
- You live with others but pay a "flat fee for room and board" or receive a "flat fee for room and board fee" from all others in the residence;
- You live with others but take the majority of your meals during the month outside of your residence;
- You live with others but you separately prepare, or have someone separately prepare, the majority of your meals during the month;
- You have no permanent living arrangement and do not have a spouse or child with you for whom you are responsible.

☐ **Living with Others** – You fit in this category if you meet one of the following conditions:

- You live with your spouse who does **not** receive SSI;
- You live with others and you prepare food in common with at least one other person you live with;
- You live in a religious community;
- You are less than 18 years of age in any living arrangement other than Congregate Care Level 1 or 2;
- You have no permanent living arrangement and are with an ineligible spouse or child for whom you are responsible.

☐ **Congregate Care – If you currently reside in Congregate Care (Level 1, 2, or 3) OR in a Medical Care Facility throughout the month, please have someone from the facility submit the Congregate Care Change Form (LDSS-5023) to the SSP Bureau. All SSP forms are available at www.otda.ny.gov/programs/ssp. Please call us toll free at 1-855-488-0541 if there are any questions.**

I/We understand that anyone who knowingly lies or misrepresents the truth is committing a crime and can be punished under Federal law, State law, or both. Everything on this statement is the truth as best I/We know.

Applicant/Recipient/Representative Signature	Date	Spouse Signature
X		X

The completed form must be returned to **NYS OTDA State Supplement Program, PO Box 1740, Albany NY 12201**, or through e-mail at otda.sm.ssp@otda.ny.gov, or by fax to: 518-486-3459.

NYS OTDA State Supplement Program
Authorization to Disclose to Legal Representative

This form authorizes the State Supplement Program (SSP) to disclose information about your SSP record to the legal representative named below. It is intended for use by attorneys and law firms only.

Recipient Name (please print clearly)_____

Personal ID Number (PID) or the last 4 digits of recipient's Social Security Number (SSN)_____
Recipient (PID) number can be found in the upper left hand corner on SSP notices

To be completed by the recipient or recipient's payee:

- I appoint, _____ to act as my legal representative in
  (Name of Attorney and or affiliated law firm, legal organization)
  connection with my SSP case.
- I authorize that this individual/law firm/legal organization may make any request, provide information, get information and receive any notices in connection with my case.
- I further authorize the SSP to release information to this individual and any individual in the employ of the above-named law firm/legal organization.

This authorization will remain valid for twelve months and may be renewed upon request.

Signature of Recipient _____Date _____
(or witness if the recipient is unable to sign)

To Be Completed By Attorney:

I, _____, hereby accept the above appointment.
(Print or Type Name)

Name of Legal Firm: _____

Address:
Phone Number:
Fax:
Email:

Legal Representative Signature_____Date _____

Please return this form to:

NYS OTDA State Supplement Program
PO Box 1740
Albany, New York 12201;
by email to: SSPDAP@otda.ny.gov; OR by fax to: 518-486-3459

LDSS-5024 (Rev. 3/15)

NYS OTDA State Supplement Program

Designated Representative Form

Name of SSP Recipient:	Person ID No.:

Appointment, change, or termination of designated representative

I want to do the following *(please check one box)*:

☐ Appoint a new designated representative
☐ Change my designated representative
☐ Termination of Appointment for my designated representative
☐ Change permissions for my current designated representative

Name of Designated Representative:	
Address:	Telephone Number:

Designated representative level of permissions

I request that my designated representative provide the following services:

☐ Act as my Payee and receive and manage my monthly SSP Benefits*
☐ Represent me at Fair Hearing
☐ Provide and Receive Information on my behalf

IMPORTANT INFORMATION:** **The Enclosed Direct Deposit form must be completed if your banking account information will be changed.

Signature of SSP Recipient:	Signature of Witness if the Recipient is unable to sign. *The witness cannot be the designated representative.*
X	**X**
Date Signed:	Date Signed:

Certification of designated representative

As the designated representative for the above named SSP Recipient, I certify that I have read and agree to all provisions contained in the RIGHTS AND REPSONSIBILITIES OF DESIGNATED REPRESENTATIVES FOR SSP form. I certify that the above information is correct, and hereby affirm that I will comply with the following requirements:

Signature of Designated Representative:	Date Signed:
X	

Termination of services

If you wish to terminate your services as designated representative, please print your name and sign below.

I, _____, wish to terminate my services as designated representative for the above name recipient. I have notified the recipient of the terminations of my services and have advised the recipient to make the necessary banking changes.

Signature of Designated Representative: **X**	Date Signed:

Please return this form to:

NYS OTDA State Supplement Program
PO Box 1740
Albany, New York 12201;

by email to: otda.sm.ssp@otda.ny.gov

OR by fax to: 518-486-3459

LDSS-5023 (Rev. 2/15)

NYS Office of Temporary & Disability Assistance

Congregate Care Change Report Form

I. Return Instructions

Please return this completed form to:

By E-mail: otda.sm.ssp@otda.ny.gov
By Fax: (518) 486-3459
Mailing Address: SSI State Supplement Program
PO Box 1740
Albany, New York 12201

II. Client Identification

Name:	Social Security Number (last four): XXX-XXX- Date of Birth: / /
New Residence Address:	
New Mailing Address (If Different than Residence Address):	
New Provider Name and Address: County:	Former Provider Name and Address: County:
Certificate/License/Provider #	Certificate/License/Provider #

III. Nature of Placement, Transfer or Other Change

Type of Placement	Type of Care(Federal/State Living Arrangement)	Effective Date(s) of Change
☐Move Into ☐Moved Out of	Congregate Care Level 1 – Family Care Federal Living Arrangement Code A, State Code C	
☐Move Into ☐Moved Out of	Congregate Care Level 2 – Residential Care Federal Living Arrangement Code A, State Code D	
☐Move Into ☐Moved Out of	Congregate Care Level 3 – Enhanced Residential Care Federal Living Arrangement Code A, State Code E	
☐Move Into ☐Moved Out of	Medical facility Federal Living Arrangement Code A/D, State Code Z	
☐Move Into ☐Moved Out of	Community or Other (please specify, e.g. deceased):	

LDSS-5023 (Rev. 2/15)

NYS Office of Temporary & Disability Assistance

Congregate Care Change Report Form

IV. Custody

For children under 18 years old, who has legal Custody?	☐ Parent/Guardian ☐ Social Services ☐ Other (specify) _____

V. Income Changes

Type of Income: (e.g. Social Security Retirement, Social Security Disability, Pension, Wages)	Amount:	Date Income Changed:

VI. Resources

Total countable Resources equal: $_____ effective_____

VII. Authorization for Direct Deposit

☐ As the payee* for this resident, I am requesting that his/her SSP benefits be deposited into the bank account listed below. _____ (Payee Signature) *Must be the Representative Payee approved by SSA or the Designated Representative (DR) Payee approved by the SSP. To apply to become the DR Payee please call 1-855-488-0541	☐ I am requesting that my SSP benefits be deposited into the bank account listed below. _____ (Resident Signature)

Bank Name and Address_____

Name on Account: _____

Routing Number_____

Account Number _____

Type of Account ☐ Checking ☐ Savings

VIII. Authorization

Name:	Title:
Signature: Date:	Telephone:
	E-mail:

Have Questions or need More Information?
1-855-488-0541
www.otda.ny.gov/programs/ssp

2025 SSI and SSP Maximum Monthly Benefit Levels Chart
(reflects the 2.5% federal COLA increase, effective January 1, 2025)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Federal Benefit/ Individual	State Benefit/ Individual	Total Benefit/ Individual[1]	Federal Benefit/ Couple	State Benefit/ Couple	Total Benefit/ Couple[1]
A	A	Living Alone	$967	$87	$1,054	$1,450	$104	$1,554
A, C	B	Living with Others	$967	$23	$990	$1,450	$46	$1,496
B	F	Living in the Household of Another[2]	$644.67	$23	$667.67	$966.67	$46	$1,012.67
A	C	Congregate Care Level 1- *Family Care* NYC, Nassau, Rockland, Suffolk, and Westchester Counties	$967	$266.48	$1,233.48	$1,450	$1,016.96	$2,466.96
A	C	Congregate Care Level 1- *Family Care* Rest of State	$967	$228.48	$1,195.48	$1,450	$940.96	$2,390.96
A	D	Congregate Care Level 2- *Residential Care* NYC, Nassau, Rockland, Suffolk, and Westchester Counties	$967	$435	$1,402	$1,450	$1,354	$2,804
A	D	Congregate Care Level 2- *Residential Care* Rest of State	$967	$405	$1,372	$1,450	$1,294	$2,744
A	E	Congregate Care Level 3- *Enhanced Residential Care*	$967	$694	$1,661	$1,450	$1,872	$3,322
D	Z	Title XIX (Medicaid Certified) Institutions[3]	$30	$0[4]	$30	N/A	N/A	N/A
A	Z	See Next Page[5]	$967	$0	$967	$1,450	$0	$1,450

[1] The combined Federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.
[2] The *Living in the Household of Another* Category includes recipients whose federal benefit has been reduced by the "value of 1/3 reduction" (VTR) due to the federal determination that they are both: a) Living in someone else's household *and b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplement Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Minimum Personal Needs Allowance	
Congregate Care Level 1	$186
Congregate Care Level 2	$213
Congregate Care Level 3	$255

Limits on Countable Resources	
Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2024

2024 SSI and SSP Maximum Monthly Benefit Levels Chart (reflects the 3.2% federal COLA increase, effective January 1, 2024)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Federal Benefit/ Individual	State Benefit/ Individual	Total Benefit/ Individual[1]	Federal Benefit/ Couple	State Benefit/ Couple	Total Benefit/ Couple[1]
A	A	Living Alone	$943	$87	$1,030	$1,415	$104	$1,519
A, C	B	Living with Others	$943	$23	$966	$1,415	$46	$1,461
B	F	Living in the Household of Another[2]	$628.67	$23	$651.67	$943.34	$46	$989.34
A	C	Congregate Care Level 1- *Family Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$943	$266.48	$1,209.48	$1,415	$1,003.96	$2,418.96
A	C	Congregate Care Level 1- *Family Care* Rest of State	$943	$228.48	$1,171.48	$1,415	$927.96	$2,342.96
A	D	Congregate Care Level 2- *Residential Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$943	$435	$1,378	$1,415	$1,341	$2,756
A	D	Congregate Care Level 2- *Residential Care* Rest of State	$943	$405	$1,348	$1,415	$1,281	$2,696
A	E	Congregate Care Level 3- *Enhanced Residential Care*	$943	$694	$1,637	$1,415	$1,859	$3,274
D	Z	Title XIX (Medicaid Certified) Institutions[3]	$30	$0[4]	$30	N/A	N/A	N/A
A	Z	See Next Page[5]	$943	$0	$943	$1,415	$0	$1,415

[1] The combined Federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.
[2] The *Living in the Household of Another's* Category includes recipients whose federal benefit has been reduced by the "value of 1/3 reduction" (VTR) due to the federal determination that they are both: a) Living in someone else's household *and b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplement Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Minimum Personal Needs Allowance	
Congregate Care Level 1	$181
Congregate Care Level 2	$208
Congregate Care Level 3	$249

Limits on Countable Resources	
Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2023

2023 SSI and SSP Maximum Monthly Benefit Levels Chart (reflects the 8.7% federal COLA increase, effective January 1, 2023)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Federal Benefit/ Individual	State Benefit/ Individual	Total Benefit/ Individual[1]	Federal Benefit/ Couple	State Benefit/ Couple	Total Benefit/ Couple[1]
A	A	Living Alone	$914	$87	$1,001	$1,371	$104	$1,475
A, C	B	Living with Others	$914	$23	$937	$1,371	$46	$1,417
B	F	Living in the Household of Another[2]	$609.34	$23	$632.34	$914	$46	$960
A	C	Congregate Care Level 1- *Family Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$914	$266.48	$1,180.48	$1,371	$989.96	$2,360.96
A	C	Congregate Care Level 1- *Family Care* Rest of State	$914	$228.48	$1,142.48	$1,371	$913.96	$2,284.96
A	D	Congregate Care Level 2- *Residential Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$914	$435	$1,349	$1,371	$1,327	$2,698
A	D	Congregate Care Level 2- *Residential Care* Rest of State	$914	$405	$1,319	$1,371	$1,267	$2,638
A	E	Congregate Care Level 3- *Enhanced Residential Care*	$914	$694	$1,608	$1,371	$1,845	$3,216
D	Z	Title XIX (Medicaid Certified) Institutions[3]	$30	$0[4]	$30	N/A	N/A	N/A
A	Z	See Next Page[5]	$914	$0	$914	$1,371	$0	$1,371

[1] The combined Federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.
[2] The *Living in the Household of Another's* Category includes recipients whose federal benefit has been reduced by the "value of 1/3 reduction" (VTR) due to the federal determination that they are both: a) Living in someone else's household *and b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplement Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Minimum Personal Needs Allowance	
Congregate Care Level 1	$175
Congregate Care Level 2	$202
Congregate Care Level 3	$241

Limits on Countable Resources	
Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2022

2022 SSI and SSP Maximum Monthly Benefit Levels Chart (reflects the 5.9% federal COLA increase, effective January 1, 2022)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Federal Benefit/ Individual	State Benefit/ Individual	Total Benefit/ Individual[1]	Federal Benefit/ Couple	State Benefit/ Couple	Total Benefit/ Couple[1]
A	A	Living Alone	$841	$87	$928	$1,261	$104	$1,365
A, C	B	Living with Others	$841	$23	$864	$1,261	$46	$1,307
B	F	Living in the Household of Another[2]	$560.67	$23	$583.67	$840.67	$46	$886.67
A	C	Congregate Care Level 1- *Family Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$841	$266.48	$1,107.48	$1,261	$953.96	$2,214.96
A	C	Congregate Care Level 1-*Family Care* Rest of State	$841	$228.48	$1,069.48	$1,261	$877.96	$2,138.96
A	D	Congregate Care Level 2- *Residential Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$841	$435	$1,276	$1,261	$1,291	$2,552
A	D	Congregate Care Level 2- *Residential Care* Rest of State	$841	$405	$1,246	$1,261	$1,231	$2,492
A	E	Congregate Care Level 3- *Enhanced Residential Care*	$841	$694	$1,535	$1,261	$1,809	$3,070
D	Z	Title XIX (Medicaid Certified) Institutions[3]	$30	$0[4]	$30	N/A	N/A	N/A
A	Z	See Next Page[5]	$841	$0	$841	$1,261	$0	$1,261

[1] The combined Federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income
[2] The *Living in the Household of Another's* Category includes recipients whose federal benefit has been reduced by the "value of 1/3 reduction" (VTR) due to the federal determination that they are both: a) Living in someone else's household *and b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplement Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Minimum Personal Needs Allowance	
Congregate Care Level 1	$161
Congregate Care Level 2	$186
Congregate Care Level 3	$222

Limits on Countable Resources	
Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2021

2021 SSI and SSP Maximum Monthly Benefit Levels Chart (reflects the 1.3% federal COLA increase, effective January 1, 2021)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Federal Benefit/ Individual	State Benefit/ Individual	Total Benefit/ Individual[1]	Federal Benefit/ Couple	State Benefit/ Couple	Total Benefit/ Couple[1]
A	A	Living Alone	$794	$87	$881	$1,191	$104	$1,295
A, C	B	Living with Others	$794	$23	$817	$1,191	$46	$1,237
B	F	Living in the Household of Another[2]	$529.34	$23	$552.34	$794	$46	$840
A	C	Congregate Care Level 1- *Family Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$794	$266.48	$1,060.48	$1,191	$929.96	$2,120.96
A	C	Congregate Care Level 1-*Family Care* Rest of State	$794	$228.48	$1,022.48	$1,191	$853.96	$2,044.96
A	D	Congregate Care Level 2- *Residential Care* NYC, Nassau, Rockland, Suffolk and Westchester Counties	$794	$435	$1,229	$1,191	$1,267	$2,458
A	D	Congregate Care Level 2- *Residential Care* Rest of State	$794	$405	$1,199	$1,191	$1,207	$2,398
A	E	Congregate Care Level 3- *Enhanced Residential Care*	$794	$694	$1,488	$1,191	$1,785	$2,976
D	Z	Title XIX (Medicaid Certified) Institutions[3]	$30	$0[4]	$30	N/A	N/A	N/A
A	Z	See Next Page[5]	$794	$0	$794	$1,191	$0	$1,191

[1] The combined Federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.
[2] The *Living in the Household of Another's* Category includes recipients whose federal benefit has been reduced by the "value of 1/3 reduction" (VTR) due to the federal determination that they are both: a) Living in someone else's household; *and, b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplement Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

Minimum Monthly Personal Needs Allowance	
Congregate Care Level 1	$152
Congregate Care Level 2	$176
Congregate Care Level 3	$210

Limits on Countable Resources	
Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2020

SSI and SSP Maximum Benefit Levels Chart effective January 1, 2020 (reflects the 1.6% federal COLA for January 2020)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total[1]
A	**A**	**Living Alone**	$783	$87	**$870**	$1,175	$104	**$1,279**
A, C (B)	**B** (F)	**Living With Others** (Living in the Household of Another) [2]	$783 ($522)	$23	**$806** ($545)	$1,175 ($783.34)	$46	**$1,221** **($829.34)**
A	**C**	**Congregate Care Level 1 - *Family Care*** OCFS certified Family Type Homes for Adults; and OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$783	$266.48	**$1,049.48**	$1,175	$923.96	**$2,098.96**
		Rest of State	$783	$228.48	**$1,011.48**	$1,175	$847.96	**$2,022.96**
A	**D**	**Congregate Care Level 2 - *Residential Care*** OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$783	$435	**$1,218**	$1,175	$1,261	**$2,436**
		Rest of State	$783	$405	**$1,188**	$1,175	$1,201	**$2,376**
A	**E**	**Congregate Care Level 3 – *Enhanced Residential Care*** DOH certified Adult Homes and Enriched Housing programs; and OPWDD certified Schools for the Developmentally Disabled	$783	$694	**$1,477**	$1,175	$1,779	**$2,954**
D	**Z**	**Title XIX (Medicaid certified) Institutions [3]**	$30	$0[4]	**$30**	N/A	N/A	N/A
A	**Z**	see below [5]	$783	$0	**$783**	$1,175	$0	**$1,175**

Minimum Personal Needs Allowances

Congregate Care Level 1	-	$ 150
Congregate Care Level 2	-	$ 174
Congregate Care Level 3	-	$ 207

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 56 of the Laws of 2019

Revised October 15, 2019

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.
[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household; *and, b)* receiving some amount of free or subsidized food and shelter (room and board).
[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.
[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.
[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve fewer than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

SSI/SSP Benefit Levels Charts

(1976-2019)

CHARTS BY YEAR

(Click on the Effective Date [left-hand column] to view the chart for that year)

Effective Date	Reference	Link to Source on the Web
January 1, 2019	18 INF-15	http://otda.ny.gov/policy/directives/2018/INF/18-INF-15.pdf
January 1, 2018	17 INF-12	http://otda.ny.gov/policy/directives/2017/INF/17-INF-12.pdf
January 1, 2017	16 INF-18	http://otda.ny.gov/policy/directives/2016/INF/16-INF-18.pdf
January 1, 2016	15 INF-10	http://otda.ny.gov/policy/directives/2015/INF/15-INF-10.pdf
January 1, 2015	14 INF-12	http://otda.ny.gov/policy/directives/2014/INF/14-INF-12.pdf
January 1, 2014	13 INF-07	http://otda.ny.gov/policy/directives/2013/INF/13-INF-07.pdf
January 1, 2013	12 INF-17	http://otda.ny.gov/policy/directives/2012/INF/12-INF-17.pdf
January 1, 2012	11 INF-12	http://otda.ny.gov/policy/directives/2011/INF/11-INF-12.pdf
January 1, 2011	10 INF-23	http://otda.ny.gov/policy/directives/2010/INF/10-INF-23.pdf
January 1, 2010	09 INF-22	http://otda.ny.gov/policy/directives/2009/INF/09-INF-22.pdf
January 1, 2009	08 INF-19	http://otda.ny.gov/policy/directives/2008/INF/08-INF-19.pdf
January 1, 2008	07 INF-16	http://otda.ny.gov/policy/directives/2007/INF/07-INF-16.pdf
January 1, 2007	06 INF-33	http://otda.ny.gov/policy/directives/2006/INF/06-INF-33.pdf
January 1, 2006	05 INF-22	http://otda.ny.gov/policy/directives/2005/INF/05-INF-22.pdf
January 1, 2005	04 INF-22	http://otda.ny.gov/policy/directives/2004/INF/04_INF-22.pdf
January 1, 2004	03 INF-40	http://otda.ny.gov/policy/directives/2003/INF/03_INF-40.pdf
January 1, 2003	02 INF-35	http://otda.ny.gov/policy/directives/2002/INF/02_INF-35.pdf
January 1, 2002	01 INF-27	http://otda.ny.gov/policy/directives/2001/INF/01_INF-27.pdf
January 1, 2001	01 INF-15	http://otda.ny.gov/policy/directives/2001/INF/01_INF-15.pdf
January 1, 2000	GIS 99 TA/DC021	www.wnylc.net/pdf/Gis-messages/gis/99taDC021.pdf
January 1, 1999	GIS 98 TA/DC030	www.wnylc.net/pdf/Gis-messages/gis/98taDC030.pdf
January 1, 1998	GIS 97 TA/DC028	www.wnylc.net/pdf/gis-messages/gis/97ta028.PDF
January 1, 1997	97 ADM-01	www.otda.ny.gov/policy/directives/1997/ADM/97_ADM-01.pdf
January 1, 1996	95 ADM-23	www.otda.ny.gov/policy/directives/1995/ADM/95_ADM-23_cancelled.pdf
January 1, 1995	94 ADM-19	www.otda.ny.gov/policy/directives/1994/ADM/94_ADM-19_cancelled.pdf
January 1, 1994	93 ADM-37	www.otda.ny.gov/policy/directives/1993/ADM/93_ADM-37_cancelled.pdf
January 1, 1993	92 ADM-51	www.otda.ny.gov/policy/directives/1992/ADM/92_ADM-51_cancelled.pdf
January 1, 1992	91 ADM-48	www.otda.ny.gov/policy/directives/1991/ADM/91_ADM-48_cancelled.pdf
January 1, 1991	90 ADM-43	www.otda.ny.gov/policy/directives/1990/ADM/90_ADM-43_cancelled.pdf
January 1, 1990	89 ADM-46	http://onlineresources.wnylc.net/pb/docs/89adm46.pdf
January 1, 1989	88 ADM-51	http://onlineresources.wnylc.net/pb/docs/88adm51.pdf
January 1, 1988	87 ADM-50	http://onlineresources.wnylc.net/pb/docs/87adm50.pdf
January 1, 1987	86 ADM-45	http://onlineresources.wnylc.net/pb/docs/86adm45.pdf
January 1, 1986	85 ADM-50	http://onlineresources.wnylc.net/pb/docs/85adm50.pdf
January 1, 1985	85 ADM-04	http://onlineresources.wnylc.net/pb/docs/85adm04.pdf
January 1, 1984	83 ADM-66	http://onlineresources.wnylc.net/pb/docs/83adm66.pdf
July 1, 1982	82 ADM-43	http://onlineresources.wnylc.net/pb/docs/82adm43.pdf
July 1, 1981	81 ADM-33	http://onlineresources.wnylc.net/pb/docs/81adm33.pdf
July 1, 1980	80 ADM-46	http://onlineresources.wnylc.net/pb/docs/80adm46.pdf
July 1, 1979	79 ADM-57	http://onlineresources.wnylc.net/pb/docs/79adm57.pdf
July 1, 1978	78 INF-21	http://onlineresources.wnylc.net/pb/docs/78inf21.pdf
July 1, 1977	77 INF-15	http://onlineresources.wnylc.net/pb/docs/77inf15.pdf
October 1, 1976	76 ADM-68	http://onlineresources.wnylc.net/pb/docs/76adm68.pdf

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(With the assistance of Gene Doyle, John Castellano, Joe Kelemen, and Dave Ralph!!)

SSI and SSP Benefit Levels Chart effective January 1, 2019 (reflects the 2.8% federal COLA for January 2019)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total
A	A	**Living Alone**	$771	$87	**$858**	$1,157	$104	**$1,261**
A, C	B	**Living With Others**	$771	$23	**$794**	$1,157	$46	**$1,203**
B	F	**Living in the Household of Another** [2]	$514	$23	**$537**	$771.34	$46	**$817.34**
A	C	**Congregate Care Level 1 – *Family Care***						
		OCFS certified Family Type Homes for Adults; and, OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$771	$266.48	**$1,037.48**	$1,157	$917.96	**$2,074.96**
		Rest of State	$771	$228.48	**$999.48**	$1,157	$841.96	**$1,998.96**
A	D	**Congregate Care Level 2 – *Residential Care***						
		OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$771	$435	**$1,206**	$1,157	$1,255	**$2,412**
		Rest of State	$771	$405	**$1,176**	$1,157	$1,195	**$2,352**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care***	$771	$694	**$1,465**	$1,157	$1,773	**$2,930**
		DOH certified Adult Homes and Enriched Housing programs; and, OPWDD certified Schools for the Developmentally Disabled						
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	$30	$0[4]	**$30**	N/A	N/A	N/A
A	Z	see below [5]	$771	$0	**$771**	$1,157	$0	**$1,157**

Minimum Personal Needs Allowances

Congregate Care Level 1	-	$ 148
Congregate Care Level 2	-	$ 171
Congregate Care Level 3	-	$ 204

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Statutory References: Chapter 59 of the Laws of 2018

Revised October 23, 2018

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household; *and, b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when a SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive a SSPNA of $5.

[5] No State supplement is provided: a) when a SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities that serve more than 16 residents, or c) when a recipient resides in a public emergency shelter for 6 calendar months during a 9-month period.

SSI and SSP Benefit Levels Chart effective January 1, 2018 (reflects the 2.0% federal COLA for January 2018)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total
A	A	**Living Alone**	$750	$87	**$837**	$1,125	$104	**$1,229**
A, C	B	**Living With Others**	$750	$23	**$773**	$1,125	$46	**$1,171**
B	F	**Living in the Household of Another** [2]	$500	$23	**$523**	$750	$46	**$796**
A	C	**Congregate Care Level 1 - *Family Care***						
		OCFS certified Family Type Homes for Adults; and OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$750	$266.48	**$1,016.48**	$1,125	$907.96	**$2,032.96**
		Rest of State	$750	$228.48	**$978.48**	$1,125	$831.96	**$1,956.96**
A	D	**Congregate Care Level 2 - *Residential Care***						
		OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$750	$435	**$1,185**	$1,125	$1,245	**$2,370**
		Rest of State	$750	$405	**$1,155**	$1,125	$1,185	**$2,310**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care***	$750	$694	**$1,444**	$1,125	$1,763	**$2,888**
		DOH certified Adult Homes and Enriched Housing programs; and OPWDD certified Schools for the Developmentally Disabled						
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	$30	0[4]	**$30**	N/A		
A	Z	(see below) [5]	$750	0	**$750**	$1,125	0	**$1,125**

Minimum Personal Needs Allowances

Congregate Care Level 1	-	$ 144
Congregate Care Level 2	-	$ 166
Congregate Care Level 3	-	$ 198

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Revised 6 Nov 2017

Statutory References: Chap. 56 of L. 2017

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] No State supplement is provided: a) when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, or c) while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI and SSP Benefit Levels Chart effective January 1, 2017 (reflects the 0.3% federal COLA for January 2017)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total
A	**A**	**Living Alone**	$735	$87	**$822**	$1,103	$104	**$1,207**
A, C (B)	**B** (F)	**Living With Others** (Living in the Household of Another) [2]	$735 ($490)	$23	**$758** **($513)**	$1,103 ($735.33)	$46	**$1,149** **($781.33)**
A	**C**	**Congregate Care Level 1 - *Family Care*** OCFS certified Family Type Homes for Adults; and OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$735	$266.48	**$1,001.48**	$1,103	$899.96	**$2,002.96**
		Rest of State	$735	$228.48	**$963.48**	$1,103	$823.96	**$1,926.96**
A	**D**	**Congregate Care Level 2 - *Residential Care*** OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$735	$435	**$1,170**	$1,103	$1,237	**$2,340**
		Rest of State	$735	$405	**$1,140**	$1,103	$1,177	**$2,280**
A	**E**	**Congregate Care Level 3 – *Enhanced Residential Care*** DOH certified Adult Homes and Enriched Housing programs; and OPWDD certified Schools for the Developmentally Disabled	$735	$694	**$1,429**	$1,103	$1,755	**$2,858**
D	**Z**	**Title XIX (Medicaid certified) Institutions** [3]	$30	0[4]	**$30**	N/A		
A	**Z**	(see below) [5]	$735	0	**$735**	$1,103	0	**$1,103**

Minimum Personal Needs Allowances

Congregate Care Level 1	-	$ 141
Congregate Care Level 2	-	$ 163
Congregate Care Level 3	-	$ 194

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Revised 24 Oct 2016

Statutory References: Chap. 54 of L. 2016

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] No State supplement is provided: a) when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, or c) while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI and SSP Benefit Levels Chart effective January 1, 2016 (reflects the 0% federal COLA for January 2016)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total
A	**A**	**Living Alone**	$733	$87	**$820**	$1,100	$104	**$1,204**
A, C (B)	**B** (F)	**Living With Others** (Living in the Household of Another) [2]	$733 ($488.67)	$23	**$756** **($511.67)**	$1,100 ($733.34)	$46	**$1,146** **($779.34)**
A	**C**	**Congregate Care Level 1 - *Family Care*** OCFS certified Family Type Homes for Adults; and OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$733	$266.48	**$999.48**	$1,100	$898.96	**$1,998.96**
		Rest of State	$733	$228.48	**$961.48**	$1,100	$822.96	**$1,922.96**
A	**D**	**Congregate Care Level 2 - *Residential Care*** OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$733	$435	**$1,168**	$1,100	$1,236	**$2,336**
		Rest of State	$733	$405	**$1,138**	$1,100	$1,176	**$2,276**
A	**E**	**Congregate Care Level 3 – *Enhanced Residential Care*** DOH certified Adult Homes and Enriched Housing programs; and OPWDD certified Schools for the Developmentally Disabled	$733	$694	**$1,427**	$1,100	$1,754	**$2,854**
D	**Z**	**Title XIX (Medicaid certified) Institutions** [3]	$30	0[4]	**$30**	$60	0	**$60**
A	**Z**	(see below) [5]	$733	0	**$733**	$1,100	0	**$1, 100**

Minimum Personal Needs Allowances

Congregate Care Level 1 -	$ 141
Congregate Care Level 2 -	$ 163
Congregate Care Level 3 -	$ 193

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Revised 20 Oct 2015

Statutory References: Chap. 57 of L. 2015

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] No State supplement is provided: a) when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, or c) while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI and SSP Benefit Levels Chart effective January 1, 2015 (reflects the 1.7% federal COLA for January 2015)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	Total[1]	Federal	State	Total
A	**A**	**Living Alone**	$733	$87	**$820**	$1,100	$104	**$1,204**
A, C (B)	**B** (F)	**Living With Others** (Living in the Household of Another) [2]	$733 ($488.67)	$23	**$756** **($511.67)**	$1,100 ($733.34)	$46	**$1,146** **($779.34)**
A	**C**	**Congregate Care Level 1 - *Family Care*** OCFS certified Family Type Homes for Adults; and OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$733	$266.48	**$999.48**	$1,100	$898.96	**$1,998.96**
		Rest of State	$733	$228.48	**$961.48**	$1,100	$822.96	**$1,922.96**
A	**D**	**Congregate Care Level 2 - *Residential Care*** OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	$733	$435	**$1,168**	$1,100	$1,236	**$2,336**
		Rest of State	$733	$405	**$1,138**	$1,100	$1,176	**$2,276**
A	**E**	**Congregate Care Level 3 – *Enhanced Residential Care*** DOH certified Adult Homes and Enriched Housing programs; and OPWDD certified Schools for the Developmentally Disabled	$733	$694	**$1,427**	$1,100	$1,754	**$2,854**
D	**Z**	**Title XIX (Medicaid certified) Institutions** [3]	$30	0[4]	**$30**	$60	0	**$60**
A	**Z**	(see below) [5]	$733	0	**$733**	$1,100	0	**$1, 100**

Minimum Personal Needs Allowances

Congregate Care Level 1 -	$ 141
Congregate Care Level 2 -	$ 163
Congregate Care Level 3 -	$ 193

Limits on Countable Resources

Individuals	$2,000
Couples	$3,000

Revised 30 Oct 2014

Statutory References: Chap. 58 of L. 2014

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* Living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] No State supplement is provided: a) when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, or c) while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2014 (reflects the 1.5% federal COLA for January 2014)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$721	$87	**$808**	$1, 082	$104	**$1,186**
A, C	B	**Living With Others**	721	23	**744**	1,082	46	**1,128**
(B)	(F)	(Living in the Household of Another) [2]	(480.67)		**(503.67)**	(721.34)		**(767.34)**
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes for Adults ❑ OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	721	266.48	**987.48**	1,082	892.96	**1,974.96**
		Rest of State	721	228.48	**949.48**	1,082	816.96	**1,898.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	721	435	**1,156**	1,082	1,230	**2,312**
		Rest of State	721	405	**1,126**	1,082	1,170	**2,252**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OPWDD certified Schools for the Mentally Retarded	721	694	**1,415**	1,082	1,748	**2,830**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	721	0	**721**	1,082	0	**1,082**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $139
- ❑ Congregate Care Level 2 - $160
- ❑ Congregate Care Level 3 - $190

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 6 Nov 2013

Statutory References: Chap. 57 of L. 2013

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, ***and b)*** receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: a) when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, or b) when a Recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, or c) while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart Effective January 1, 2013 (reflects the 1.7% federal COLA for January 2013)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$710	$87	**$797**	$1,066	$104	**$1,170**
A, C	B	**Living With Others**	710	23	**733**	1,066	46	**1,112**
(B)	(F)	(Living in the Household of Another) [2]	(473.34)		**(496.34)**	(710.67)		**(756.67)**
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	710	266.48	**976.48**	1,066	886.96	**1,952.96**
		Rest of State	710	228.48	**938.48**	1,066	810.96	**1,876.96**
A	D	**Congregate Care Level 2 - *Residential Care*** DOH certified Residences for Adults OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	710	435	**1,145**	1,066	1,224	**2,290**
		Rest of State	710	405	**1,115**	1,066	1,164	**2,230**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OPWDD certified Schools for the Mentally Retarded	710	694	**1,404**	1,066	1,742	**2,808**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	710	0	**710**	1,066	0	**1,066**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $137
- ❑ Congregate Care Level 2 - $158
- ❑ Congregate Care Level 3 - $187

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 18 Oct 2012

Statutory References: Chap. 57 of L. 2012

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2012 (reflects the 3.6% federal COLA for January 2012)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$698	$87	**$785**	$1,048	$104	**$1,152**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	698 (465.34)	23	**721** (488.34)	1,048 (698.67)	46	**1,094** (744.67)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OPWDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	698	266.48	**964.48**	1,048	880.96	**1,928.96**
		Rest of State	698	228.48	**926.48**	1,048	804.96	**1,852.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	698	435	**1,133**	1,048	1,218	**2,266**
		Rest of State	698	405	**1,103**	1.048	1,158	**2,206**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OPWDD certified Schools for the Mentally Retarded	698	694	**1,392**	1,048	1,736	**2,784**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	698	0	**698**	1,048	0	**1,048**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $135
- ❑ Congregate Care Level 2 - $155
- ❑ Congregate Care Level 3 - $184

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 19 Oct 2011

Statutory References: Chap. 58 of L. 2011

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2011 (reflects the 0% federal COLA for January 2011)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$674	$87	**$761**	$1,011	$104	**$1,115**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	674 (449.34)	23	**697** (472.34)	1,011 (674.00)	46	**1,057** (720.00)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	266.48	**940.48**	1,011	869.96	**1,880.96**
		Rest of State	674	228.48	**902.48**	1,011	793.96	**1,804.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	435	**1,109**	1,011	1,207	**2,218**
		Rest of State	674	405	**1,079**	1.011	1,147	**2,158**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded	674	694	**1,368**	1,011	1,725	**2,736**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	674	0	**674**	1,011	0	**1,011**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $130
- ❑ Congregate Care Level 2 - $150
- ❑ Congregate Care Level 3 - $178

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 18 Oct 2010

Statutory References: Chap. 58 of L. 2010

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2010 (reflects the 0% federal COLA for January 2010)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$674	$87	**$761**	$1,011	$104	**$1,115**
A, C	B	**Living With Others**	674	23	**697**	1,011	46	**1,057**
(B)	(F)	(Living in the Household of Another) [2]	(449.34)		(472.34)	(674.00)		(720.00)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	266.48	**940.48**	1,011	869.96	**1,880.96**
		Rest of State	674	228.48	**902.48**	1,011	793.96	**1,804.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	435	**1,109**	1,011	1,207	**2,218**
		Rest of State	674	405	**1,079**	1.011	1,147	**2,158**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded	674	694	**1,368**	1,011	1,725	**2,736**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	674	0	**674**	1,011	0	**1,011**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $130
- ❑ Congregate Care Level 2 - $150
- ❑ Congregate Care Level 3 - $178

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 15 Oct 2009

Statutory References: Chap. 57 of L. 2009

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2009 (reflects the 5.8% federal COLA for January 2009)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$674	$87	**$761**	$1,011	$104	**$1,115**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	674 (449.34)	23	**697** (472.34)	1,011 (674.00)	46	**1,057** (720.00)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	266.48	**940.48**	1,011	869.96	**1,880.96**
		Rest of State	674	228.48	**902.48**	1,011	793.96	**1,804.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	674	435	**1,109**	1,011	1,207	**2,218**
		Rest of State	674	405	**1,079**	1.011	1,147	**2,158**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded	674	694	**1,368**	1,011	1,725	**2,736**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	674	0	**674**	1,011	0	**1,011**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $130
- ❑ Congregate Care Level 2 - $150
- ❑ Congregate Care Level 3 - $178

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 16 Oct 2008

Statutory References: Chap. 57 of L. 2006 and Chap. 57 of L. 2008

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2008 (reflects the 2.3% federal COLA for January 2008)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$637	$87	**$724**	$956	$104	**$1,060**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	637 (424.67)	23	**660** (447.67)	956 (637.34)	46	**1002** (683.34)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	637	266.48	**903.48**	956	850.96	**1,806.96**
		Rest of State	637	228.48	**865.48**	956	774.96	**1,730.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	637	435	**1,072**	956	1,188	**2,144**
		Rest of State	637	405	**1,042**	956	1,128	**2,084**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded	637	656	**1,293**	956	1,630	**2,586**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	637	0	**637**	956	0	**956**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $123
- ❑ Congregate Care Level 2 - $142
- ❑ Congregate Care Level 3 - $168

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 18 Oct 2007

Statutory References: Chap. 57 of L. 2006 and Chap. 132 of L. 2007

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2007 (reflects the 3.3% federal COLA for January 2007)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$623	$87	**$710**	$934	$104	**$1,038**
A, C	B	**Living With Others**	623	23	**646**	934	46	**980**
(B)	(F)	(Living in the Household of Another) [2]	(415.34)		(438.34)	(622.67)		(668.67)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	623	266.48	**889.48**	934	844.96	**1,778.96**
		Rest of State	623	228.48	**851.48**	934	768.96	**1,702.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	623	435	**1,058**	934	1,182	**2,116**
		Rest of State	623	405	**1,028**	934	1,122	**2,056**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded	623	641	**1,264**	934	1,594	**2,528**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	623	0	**623**	934	0	**934**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $120
- ❑ Congregate Care Level 2 - $139
- ❑ Congregate Care Level 3 - $164

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 18 Oct 2006

Statutory References: Part C of Chap. 58 of the L. 2005, Part C of Chap. 57 of L. 2006, and Chap. 515 of L. 2006

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero federally-administered State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2006 (reflects the 4.1% federal COLA for January 2006)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$603	$87	**$690**	$904	$104	**$1,008**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	603 (402)	23	**626** (425)	904 (602.67)	46	**950** (648.67)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	603	266.48	**869.48**	904	834.96	**1,738.96**
		Rest of State	603	228.48	**831.48**	904	758.96	**1,662.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Residences for Adults ❑ OMH or OMRDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	603	435	**1,038**	904	1,172	**2,076**
		Rest of State	603	405	**1,008**	904	1,112	**2,016**
A	E	**Congregate Care Level 3 – *Enhanced Residential Care*** ❑ DOH certified Adult Homes and Enriched Housing programs ❑ OMRDD certified Schools for the Mentally Retarded						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	603	525	**1,128**	904	1,339	**2,243**
		Rest of State	603	510	**1,113**	904	1,309	**2,213**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	603	0	**603**	904	0	**904**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $116
- ❑ Congregate Care Level 2 - $135
- ❑ Congregate Care Level 3 - $150

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 17 Oct 2005

Statutory References: Chapters 58 and 713 of the Laws of 2005

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2005 (reflects the 2.7% federal COLA for January 2005)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$579	$87	**$666**	$869	$104	**$973**
A, C	B	**Living With Others**	579	23	**602**	869	46	**915**
(B)	(F)	(Living in the Household of Another) [2]	(386)		(409)	(579.34)		(625.34)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	579	266.48	**845.48**	869	821.96	**1,690.96**
		Rest of State	579	228.48	**807.48**	869	745.96	**1,614.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Adult Care Facilities ❑ OMH, OMRDD, or OASAS certified Community Residences, Individualized Residential Alternatives, Residential Substance Abuse Treatment Programs						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	579	435	**1,014**	869	1,159	**2,028**
		Rest of State	579	405	**984**	869	1,099	**1,968**
A	E	**Congregate Care Level 3 - *School for the Mentally Retarded***						
		New York City	579	482.96	**1,061.96**	869	1,254.92	**2,123.92**
		Rest of State	579	458.96	**1,037.96**	869	1,206.92	**2,075.92**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	579	0	**579**	869	0	**869**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $111
- ❑ Congregate Care Level 2 - $130
- ❑ Congregate Care Level 3 - $89

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 19 Oct 2004

Statutory Reference: Chapter 310 of the Laws of 2004

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2004 (reflects the 2.1% federal COLA for January 2004)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$564	$87	**$651**	$846	$104	**$950**
A, C	B	**Living With Others**	564	23	**587**	846	46	**892**
(B)	(F)	(Living in the Household of Another) [2]	(376)		(399)	(564)		(610)
A	C	**Congregate Care Level 1 - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	564	266.48	**830.48**	846	814.96	**1,660.96**
		Rest of State	564	228.48	**792.48**	846	738.96	**1,584.96**
A	D	**Congregate Care Level 2 - *Residential Care*** ❑ DOH certified Adult Care Facilities ❑ OMH, OMRDD, or OASAS certified Community Residences, Individualized Residential Alternatives, Residential Substance Abuse Treatment Programs						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	564	435	**999**	846	1,152	**1,998**
		Rest of State	564	405	**969**	846	1,092	**1,938**
A	E	**Congregate Care Level 3 - *School for the Mentally Retarded***						
		New York City	564	482.96	**1,046.96**	846	1,247.92	**2,093.92**
		Rest of State	564	458.96	**1,022.96**	846	1,199.92	**2,045.92**
D	Z	**Title XIX (Medicaid certified) Institutions** [3]	30	0 [4]	**30** [4]	60	0 [4]	**60** [4]
A	Z	(see below) [5]	564	0	**564**	846	0	**846**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level 1 - $108
- ❑ Congregate Care Level 2 - $127
- ❑ Congregate Care Level 3 - $87

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 23 Oct 2004

Statutory Reference: Chapter 62 of the Laws of 2003

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: ***a)*** living in someone else's household, ***and b)*** receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $25 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA). Residents of other medical facilities receive an SSPNA of $5.

[5] This zero State supplement applies: ***a)*** when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, ***or b)*** when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, ***or c)*** while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2003 (reflects the 1.4% federal COLA for January 2003)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual Federal	Individual State	Individual TOTAL [1]	Couple Federal	Couple State	Couple TOTAL [1]
A	A	**Living Alone**	$552	$87	**$639**	$829	$104	**$933**
A, C	B	**Living With Others**	552	23	**575**	829	46	**875**
(B)	(F)	(Living in the Household of Another) [2]	(368.00)		(391.00)	(552.67)		(598.67)
A	C	**Congregate Care Level I - Family Care** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	552	266.48	**818.48**	829	807.96	**1,636.96**
		Rest of State	552	228.48	**780.48**	829	731.96	**1,560.96**
A	D	**Congregate Care Level II - Residential Care** ❑ DOH certified Adult Care Facilities ❑ OMH, OMRDD, or OASAS certified Community Residences, Individualized Residential Alternatives, Residential Substance Abuse Treatment Programs						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	552	435	**987**	829	1,145	**1,974**
		Rest of State	552	405	**957**	829	1,085	**1,914**
A	E	**Congregate Care Level III - School for the Mentally Retarded**						
		New York City	552	482.96	**1,034.96**	829	1,240.92	**2,069.92**
		Rest of State	552	458.96	**1,010.96**	829	1,192.92	**2,021.92**
D	G	**Title XIX (Medicaid certified) Institutions** [3]	30	5 [4]	**35** [4]	60	10 [4]	**70** [4]
A	Z	(see below) [5]	552	0	**552**	829	0	**829**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level I - $106
- ❑ Congregate Care Level II - $124
- ❑ Congregate Care Level III - $85

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 21 Oct 2002

Statutory Reference: Chapter 109 of the Laws of 2002

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 90 days, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $20 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA).

[5] This zero State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SSI Benefit Levels Chart effective January 1, 2002 (reflects the 2.6% federal COLA for January 2002)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$545	$87	**$632**	$817	$104	**$921**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	545 (363.34)	23	**568** (386.34)	817 (544.67)	46	**863** (590.67)
A	C	**Congregate Care Level I - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	545	266.48	**811.48**	817	805.96	**1,622.96**
		Rest of State	545	228.48	**773.48**	817	729.96	**1,546.96**
A	D	**Congregate Care Level II - *Residential Care*** ❑ DOH certified Adult Care Facilities ❑ OMH, OMRDD, or OASAS certified Community Residences, Residential Substance Abuse Treatment Programs, Residential Care Centers for Adults						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	545	435	**980**	817	1,143	**1,960**
		Rest of State	545	405	**950**	817	1,083	**1,900**
A	E	**Congregate Care Level III - *School for the Mentally Retarded***						
		New York City	545	482.96	**1,027.96**	817	1,238.92	**2,055.92**
		Rest of State	545	458.96	**1,003.96**	817	1,190.92	**2,007.92**
D	G	**Title XIX (Medicaid certified) Institutions** [3]	30	5 [4]	**35** [4]	60	10 [4]	**70** [4]
A	Z	(see below) [5]	545	0	**545**	817	0	**817**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level I - $105
- ❑ Congregate Care Level II - $122
- ❑ Congregate Care Level III - $84

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 19 Oct 2001

Statutory Reference: Chapter 89 of the Laws of 2001

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 3 months, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $20 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA).

[5] This zero State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

Corrected SSI Benefits Level Chart effective August 1, 2001 (reflects the January 2001 3.5% federal COLA and August COLA correction)

Fed L/A Code	State Supp Code	New York State Living Arrangement	Individual			Couple		
			Federal	State	TOTAL [1]	Federal	State	TOTAL [1]
A	A	**Living Alone**	$531	$87	**$618**	$796	$104	**$900**
A, C (B)	B (F)	**Living With Others** (Living in the Household of Another) [2]	531 (354)	23	**554** (377)	796 (530.67)	46	**842** (576.67)
A	C	**Congregate Care Level I - *Family Care*** ❑ OCFS certified Family Type Homes ❑ OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	531	266.48	**797.48**	796	798.96	**1,594.96**
		Rest of State	531	228.48	**759.48**	796	722.96	**1,518.96**
A	D	**Congregate Care Level II - *Residential Care*** ❑ DOH certified Adult Care Facilities ❑ OMH, OMRDD, or OASAS certified Community Residences, Residential Substance Abuse Treatment Programs, Residential Care Centers for Adults						
		NYC, Nassau, Rockland, Suffolk and Westchester Counties	531	435	**966**	796	1,136	**1,932**
		Rest of State	531	405	**936**	796	1,076	**1,872**
A	E	**Congregate Care Level III - *School for the Mentally Retarded***						
		New York City	531	482.96	**1,013.96**	796	1,231.92	**2,027.92**
		Rest of State	531	458.96	**989.96**	796	1,183.92	**1,979.92**
D	G	**Title XIX (Medicaid certified) Institutions** [3]	30	5 [4]	**35** [4]	60	10 [4]	**70** [4]
A	Z	(see below) [5]	531	0	**531**	796	0	**796**

Minimum Personal Needs Allowances

- ❑ Congregate Care Level I - $102
- ❑ Congregate Care Level II - $119
- ❑ Congregate Care Level III - $82

Limits on Countable Resources

- ❑ Individuals $2,000
- ❑ Couples $3,000

Revised 25 July 2001

Statutory Reference: Chapter 470 of the Laws of 2000

[1] The combined federal and State SSI benefit provided to eligible individuals and eligible couples with no countable income.

[2] The *Living With Others* category includes recipients whose federal benefit has been reduced by the "value of the 1/3 reduction" (VTR) due to the federal determination that they are both: *a)* living in someone else's household, *and b)* receiving some amount of free or subsidized food and shelter (room and board).

[3] Applies when an SSI recipient is residing in a medical facility, is not expected to return home within 3 months, and Medicaid is paying for at least 50% of the cost of care.

[4] Recipients in nursing homes licensed by DOH receive an additional monthly grant of $20 issued by OTDA called a State Supplemental Personal Needs Allowance (SSPNA).

[5] This zero State supplement applies: *a)* when an SSI recipient is residing in a private medical facility and Medicaid is paying for less than 50% of the cost of care, *or b)* when a recipient resides in certain publicly operated residential facilities serving 16 or fewer residents, *or c)* while a recipient resides in a public emergency shelter for 6 calendar months during a 9 month period.

SS-3715EL (Rev. 11/99) SSI BENEFIT LEVELS Effective January 1, 2000 (Reflects a 2.4% Federal COLA)

FED C/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL FEDERAL	INDIVIDUAL STATE	INDIVIDUAL TOTAL	COUPLE FEDERAL	COUPLE STATE	COUPLE TOTAL
A	A	Living Alone	512	87	599	769	104	873
A,C	B	Living with Others	512	23	535	769	46	815
(B)	(F)	(Living in Household of Another[1])	(341.34)		(364.34)	(512.67)		(558.67)
		Level I - Family Care						
A	C	a) OCFS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk, Westchester, & Rockland Counties	512	266.48	778.48	769	787.96	1,556.96
		Rest of State	512	228.48	740.48	769	711.96	1,480.96
		Level II - Residential Care						
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	512	435	947	769	1,125	1,894
		Rest of State	512	405	917	769	1,065	1,834
		Level III - Schools for the Mentally Retarded						
A	E	New York City	512	482.96	994.96	769	1,220.92	1,989.92
		Rest of State	512	458.96	970.96	769	1,172.92	1,941.92
D	G	Title XIX (Medicaid certified) Institutions[2]	30	5[3]	35[3]	60	10[3]	70[3]
A	Z	(See [4] below)	512	0	512	769	0	769

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 $170.66 for an individual and $256.33 for a couple.

2/ 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 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 - $99 Level II - $115 Level III - $79
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $257.

References:
Chapter 201 Laws of 1999
Chapter 514 Laws of 1999

FOOD STAMPS

GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 2000

(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	$535.00
Level I - Family Care			
OMH/OMRDD Certified Family Care Homes			
NYC, Nassau, Suffolk and Westchester	15	15	$778.48
Rest of State	28	15	$740.48
Level II - Residential Care			
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing			
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	$947.00
Rest of State	29,32	10,16,17	$917.00
State (OMH/OMRDD) Operated Community Residences	17	13	$512.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$99.00	$243.48	$309.00	$127.00
Level I - Rest of State	$99.00	$205.48	$309.00	$127.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$115.00	$412.00	$293.00	$127.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$115.00	$382.00	$293.00	$127.00
State (OMH/OMRDD) Operated Community Residences	$115 .00	$0	$270.00	$127.00

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.

DSS-3715EL (Rev. 10/98)

SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1999 (Reflects a 1.3% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	500	87	587	751	104	855
A,C	B	Living with Others	500	23	523	751	46	797
(B)	(F)	(Living in Household of Another 1/)	(333.34)		(356.34)	(500.67)		(546.67)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	500	266.48	766.48	751	781.96	1,532.96
		Rest of State	500	228.48	728.48	751	705.96	1,456.96
A	D	Level II - Residential Care 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	500	435	935	751	1,119	1,870
		Rest of State	500	405	905	751	1,059	1,810
A	E	Level III - Schools for the Mentally Retarded New York City	500	482.96	982.96	751	1,214.92	1,965.92
		Rest of State	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.

1/ 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. References:
2) The limits on countable resources: $2000 for an individual and $3000 for a couple Chapter 58 Laws of 1998
3) An essential person receives $250.

DSS-3715EL (Rev. 10/97) SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1998 (Reflects a 2.1% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	494	86	580	741	102.50	843.50
A,C	B	Living with Others	494	23	517	741	45	786
(B)	(F)	(Living in Household of Another 1/)	(329.34)		(352.34)	(494)		(539)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	494	266.48	760.48	741	779.96	1,520.96
		Rest of State	494	228.48	722.48	741	703.96	1,444.96
A	D	Level II - Residential Care 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	494	435	929	741	1,117	1,858
		Rest of State	494	405	899	741	1,057	1,798
A	E	Level III - Schools for the Mentally Retarded						
		New York City	494	482.96	976.96	741	1,212.92	1,953.92
		Rest of State	494	458.96	952.96	741	1,164.92	1,905.92
D	G	Title XIX (Medicaid certified) Institutions 2/	30	5 3/	35 3/	60	10 3/	70 3/
A	2	(See 4/ below)	494	0	494	741	0	741

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 $164.66 for an individual and $247.00 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 Department of Social Services.

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 - $96, Level II - $111, Level III - $76.
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $247.

References: Chapter 189 Laws of 1997

Attachment C

DSS-3715EL (Rev. 10/96) SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1997 (Reflects a 2.9% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	484	86	570	726	102.50	828.50
A,C	B	Living with Others	484	23	507	726	45	771
(B)	(F)	(Living in Household of Another 1/)	(322.67)		(345.67)	(484)		(529)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	484	266.48	750.48	726	774.96	1,500.96
		Rest of State	484	228.48	712.48	726	698.96	1,424.96
A	D	Level II - Residential Care 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	484	435	919	726	1,112	1,838
		Rest of State	484	405	889	726	1,052	1,778
A	E	Level III - Schools for the Mentally Retarded						
		New York City	484	482.96	966.96	726	1,207.92	1,933.92
		Rest of State	484	458.96	942.96	726	1,159.92	1,885.92
D	G	Title XIX (Medicaid certified) Institutions 2/	30	5 3/	35 3/	60	10 3/	70 3/
A	Z	(See 4/ below)	484	0	484	726	0	726

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 $161.33 for an individual and $242.00 for a couple.

2/ Applies when the 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 Department of Social Services.

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 - $94, Level II - $109, Level III - $74.
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $242.

References: Chapter 213 Laws of 1996

ATTACHMENT D

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1997
(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	$507.00
Level I - Family Care			
OMH/OMRDD Certified Family Care Homes			
NYC, Nassau, Suffolk and Westchester	15	15	$750.48
Rest of State	28	15	$712.48
Level II - Residential Care			
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing			
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	$919.00
Rest of State	29,32	10,16,17	$889.00
State (OMH/OMRDD) Operated Community Residences	17	13	$484.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$94.00	$243.48	$293.00	$120.00
Level I - Rest of State	$94.00	$205.48	$293.00	$120.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$109.00	$412.00	$278.00	$120.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$109.00	$382.00	$278.00	$120.00
State (OMH/OMRDD) Operated Community Residences	$109.00	$0	$255.00	$120.00

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.

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1997

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI HR or ADC	94[1]
	Congregate Care Level II	DSS, OMH, OMRDD, or OASAS	SSI HR or ADC	109[1]
18NYCRR 352.8(c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	74[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$109
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$109
	room and board situations	not State certified	HR, ADC or EAF	$45
18NYCRR 352.8(c)(1)(i)	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, OASAS, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1997

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA [5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA [5]) $40[2] $50
SSL 366.2(a) (10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level [7])	(footnote[7]) $40[2] (footnote [7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715EL (Rev. 10/95)

SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1996 (Reflects a 2.6% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	470	86	556	705	102.50	807.50
A,C	B	Living with Others	470	23	493	705	45	750
(B)	(F)	(Living in Household of Another[1/])	(313.34)		(336.34)	(470)		(515)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	470	266.48	736.48	705	767.96	1,472.96
		Rest of State	470	228.48	698.48	705	691.96	1,396.96
A	D	Level II - Residential Care a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	470	435	905	705	1,105	1,810
		Rest of State	470	405	875	705	1,045	1,750
A	E	Level III - Schools for the Mentally Retarded						
		New York City	470	482.96	952.96	705	1,200.92	1,905.92
		Rest of State	470	458.96	928.96	705	1,152.92	1,857.92
D	G	Title XIX (Medicaid certified) Institutions[2/]	30	5[3/]	35[3/]	60	10[3/]	70[3/]
A	Z	(See [4/] below)	470	0	470	705	0	705

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 $156.66 for an individual and $235 for a couple.

2/ Applies when the 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 Department of Social Services.

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 calendar months during a nine month period.

Additional Notes:
1) The minimum personal needs allowances (PNA): Level I - $91, Level II - $106, Level III - $72
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $235

References:
Chapter 649 Laws of 1995

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1996
(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	$493.00
Level I - Family Care			
OMH/OMRDD Certified Family Care Homes			
NYC, Nassau, Suffolk and Westchester	15	15	$736.48
Rest of State	28	15	$698.48
Level II - Residential Care			
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing			
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	$905.00
Rest of State	29,32	10,16,17	$875.00
State (OMH/OMRDD) Operated Community Residences	17	13	$470.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$91.00	$243.48	$283.00	$119.00
Level I - Rest of State	$91.00	$205.48	$283.00	$119.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$106.00	$412.00	$268.00	$119.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$106.00	$382.00	$268.00	$119.00
State (OMH/OMRDD) Operated Community Residences	$106.00	$0	$245.00	$119.00

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.

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1996

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI HR or ADC	91[1]
	Congregate Care Level II	DSS, OMH, OMRDD, or OASAS	SSI HR or ADC	106[1]
18NYCRR 352.8(c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	72[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$106
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$106
	room and board situations	not State certified	HR, ADC or EAF	$45
18NYCRR 352.8(c)(1)(i)	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, OASAS, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1996

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $40[2] $50
SSL 366.2(a) (10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) $40[2] (footnote[7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715EL (Rev. 10/94)

SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1995 (Reflects a 2.8% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	458	86	544	687	102.50	789.50
A,C	B	Living with Others	458	23	481	687	45	732
(B)	(F)	(Living in Household of Another[1/])	(305.34)		(328.34)	(458)		(503)
		Level I - Family Care						
A	C	a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	458	266.48	724.48	687	761.96	1,448.96
		Rest of State	458	228.48	686.48	687	685.96	1,372.96
		Level II - Residential Care						
A	D	a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	458	435	893	687	1,099	1,786
		Rest of State	458	405	863	687	1,039	1,726
		Level III - Schools for the Mentally Retarded						
A	E	New York City	458	482.96	940.96	687	1,194.92	1,881.92
		Rest of State	458	458.96	916.96	687	1,146.92	1,833.92
D	G	Title XIX (Medicaid certified) Institutions[2/]	30	5[3/]	35[3/]	60	10[3/]	70[3/]
A	Z	(See [4/] below)	458	0	458	687	0	687

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 $152.66 for an individual and $229 for a couple.

2/ Applies when the 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 Department of Social Services.

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 calendar months during a nine month period.

Additional Notes:
1) The minimum personal needs allowances (PNA): Level I - $89, Level II - $103, Level III - $70
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $229

References:
Chapter 460 Laws of 1994

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1995
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	$481.00
Level I - Family Care			
OMH/OMRDD Certified Family Care Homes			
NYC, Nassau, Suffolk and Westchester	15	15	$724.48
Rest of State	28	15	$686.48
Level II - Residential Care			
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing			
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	$893.00
Rest of State	29,32	10,16,17	$863.00
State (OMH/OMRDD) Operated Community Residences	17	13	$458.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$89.00	$243.48	$277.00	$115.00
Level I - Rest of State	$89.00	$205.48	$277.00	$115.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$103.00	$412.00	$263.00	$115.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$103.00	$382.00	$263.00	$115.00
State (OMH/OMRDD) Operated Community Residences	$103.00	$0	$240.00	$115.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1995

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI HR or ADC	89[1]
	Congregate Care Level II	DSS, OMH, OMRDD, or OASAS	SSI HR or ADC	103[1]
18NYCRR 352.8(c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	70[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$103
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$103
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, OASAS, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1995

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $40[2] $50
SSL 366.2(a)(10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) $40[2] (footnote[7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715EL (Rev. 10/93)

SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1994 (Reflects a 2.6% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	446	86	532	669	102.50	771.50
A,C	B	Living with Others	446	23	469	669	45	714
(B)	(F)	(Living in Household of Another[1/])	(297.34)		(320.34)	(446)		(491)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	446	266.48	712.48	669	755.96	1,424.96
		Rest of State	446	228.48	674.48	669	679.96	1,348.96
A	D	Level II - Residential Care a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	446	435	881	669	1,093	1,762
		Rest of State	446	405	851	669	1,033	1,702
A	E	Level III - Schools for the Mentally Retarded						
		New York City	446	482.96	928.96	669	1,188.92	1,857.92
		Rest of State	446	458.96	904.96	669	1,140.92	1,809.92
D	G	Title XIX (Medicaid certified) Institutions[2/]	30	5[3/]	35[3/]	60	10[3/]	70[3/]
A	Z	(See [4/] below)	446	0	446	669	0	669

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 $148.66 for an individual and $223 for a couple.

2/ Applies when the 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 Department of Social Services.

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 calendar months during a nine month period.

Additional Notes:
1) The minimum personal needs allowances (PNA): Level I - $87, Level II - $100, Level III - $68
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $223

References:
Chapter 401 Laws of 1993

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1994
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	Upstate WMS ABEL FS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$469.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$712.48
Rest of State	28	15	1	$674.48
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$881.00
Rest of State	29,32	10,16,17	2,4	$851.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$446.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$87.00	$243.48	$270.00	$112.00
Level I - Rest of State	$87.00	$205.48	$270.00	$112.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$100.00	$412.00	$257.00	$112.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$100.00	$382.00	$257.00	$112.00
State (OMH/OMRDD) Operated Community Residences	$100.00	$0	$234.00	$112.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1994

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI HR or ADC	87[1]
	Congregate Care Level II	DSS, OMH, OMRDD, or OASAS	SSI HR or ADC	100[1]
18NYCRR 352.8(c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	68[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$100
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$100
	room and board situations	not State certified	HR, ADC or EAF	$45
18NYCRR 352.8(c)(1)(i)	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, OASAS, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1994

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $40[2] $50
SSL 366.2(a) (10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) $40[2] (footnote[7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715EL (Rev. 10/92)

SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1993 (Reflects a 3.0% Federal COLA)

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	434	86	520	652	102.50	754.50
A,C	B	Living With Others	434	23	457	652	45	697
(B)	(F)	(Living in Household of Another[1/])	(289.34)		(312.34)	(434.67)		(479.67)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	434	266.48	700.48	652	748.96	1,400.96
		Rest of State	434	228.48	662.48	652	672.96	1,324.96
A	D	Level II - Residential Care a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	434	435	869	652	1,086	1,738
		Rest of State	434	405	839	652	1,026	1,678
A	E	Level III - Schools for the Mentally Retarded New York City	434	482.96	916.96	652	1,181.92	1,833.92
		Rest of State	434	458.96	892.96	652	1,133.92	1,785.92
D	G	Title XIX (Medicaid certified) Institutions[2/]	30	5[3/]	35[3/]	60	10[3/]	70[3/]
A	Z	(See [4/] below)	434	0	434	652	0	652

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 $144.66 for an individual and $217.33 for a couple.

2/ Applies when the 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 Department of Social Services.

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 calendar months during a nine month period.

Additional Notes: 1) The minimum personal needs allowances (PNA): Level I - $85, Level II - $97, Level III - $66
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $217

References:
Chapter 292 Laws of 1992

ATTACHMENT D

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1993
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	Upstate WMS ABEL FS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$457.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$700.48
Rest of State	28	15	1	$662.48
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$869.00
Rest of State	29,32	10,16,17	2,4	$839.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$434.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$85.00	$243.48	$261.00	$111.00
Level I - Rest of State	$85.00	$205.48	$261.00	$111.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$97.00	$412.00	$249.00	$111.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$97.00	$382.00	$249.00	$111.00
State (OMH/OMRDD) Operated Community Residences	$97.00	$0	$226.00	$111.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1993

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o, 18NYCRR 352.8(c)(1)(ii)	Congregate Care Level I	DSS, OMH, or OMRDD	SSI	$85[1]
			HR or ADC	$85
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI	$97[1]
			HR or ADC	$97
	Congregate Care Level III	OMRDD	SSI	$66[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$97
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$97
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1993

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $40[2] $50
SSL 366.2(a) (10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) $40[2] (footnote[7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715EL (Rev. 10/91) SSI BENEFIT LEVELS EFFECTIVE JANUARY 1, 1992 (Reflects a 3.7% Federal COLA)

ATTACHMENT C

FED L/A CODE	STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
			FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	A	Living Alone	422	86	508	633	102.50	735.50
A,C	B	Living with Others	422	23	445	633	45	678
(B)	(F)	(Living in Household of Another[1/])	(281.34)		(304.34)	(422)		(467)
A	C	Level I - Family Care a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester Counties	422	266.48	688.48	633	743.96	1,376.96
		Rest of State	422	228.48	650.48	633	667.96	1,300.96
A	D	Level II - Residential Care a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester Counties	422	435	857	633	1,081	1,714
		Rest of State	422	405	827	633	1,021	1,654
A	E	Level III - Schools for the Mentally Retarded						
		New York City	422	482.96	904.96	633	1,176.92	1,809.92
		Rest of State	422	458.96	880.96	633	1,128.92	1,761.92
D	G	Title XIX (Medicaid certified) Institutions[2/]	30	5[3/]	35[3/]	60	10[3/]	70[3/]
A	Z	(See [4/] below)	422	0	422	633	0	633

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 $140.66 for an individual and $211.00 for a couple.

2/ Applies when the 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 Department of Social Services.

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 calendar months during a nine month period.

Additional Notes: 1) The minimum personal needs allowances (PNA): Level I - $83, Level II - $94, Level III - $64
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $211

References: Chapter 201 Laws of 1991

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1992
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	Upstate WMS ABEL FS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$445.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$688.48
Rest of State	28	15	1	$650.48
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$857.00
Rest of State	29,32	10,16,17	2,4	$827.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$422.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty) Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$83.00	$243.48	$251.00	$111.00
Level I - Rest of State	$83.00	$205.48	$251.00	$111.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$94.00	$412.00	$240.00	$111.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$94.00	$382.00	$240.00	$111.00
State (OMH/OMRDD) Operated Community Residences	$94.00	$0	$217.00	$111.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1992

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o, 18NYCRR 352.8(c)(1)(ii)	Congregate Care Level I	DSS, OMH, or OMRDD	SSI	$83[1]
			HR or ADC	$83
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI	$94[1]
			HR or ADC	$94
	Congregate Care Level III	OMRDD	SSI	$64[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$94
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$94
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide each resident with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1992

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $50
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	$55 ($30 + $25 SSPNA[5]) $40[2] $50
SSL 366.2(a) (10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	$35
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	$35 $40[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) $40[2] (footnote[7])

5 SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

6 The MA-Only personal needs allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

7 Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715 (Rev. 10/90)

ATTACHMENT C

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1991

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	407	610	86	102.50	**493**	712.50
A,C	B	**Living with Others**	407	610	23	45	**430**	655
(B)	(F)	(Living in Household of Another 1/)	(271.34)	(406.67)			(294.34)	(451.67)
A	C	**Level I - Family Care** a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester counties	407	610	266.48	736.96	**673.48**	1,346.96
		Rest of State	407	610	228.48	660.96	**635.48**	1,270.96
A	D	**Level II - Residential Care** a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester counties	407	610	435	1,074	**842**	1,684
		Rest of State	407	610	405	1,014	**812**	1,624
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	407	610	482.96	1,169.92	**889.96**	1,779.92
		Rest of State	407	610	458.96	1,121.92	**865.96**	1,731.92
D	G	Title XIX (Medicaid certified) Institutions 2/	30	60	5 3/	10 3/	35 3/	70 3/
A	Z	(See 4/ below)	407	610	0	0	407	610

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of ⅓ 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 $135.66 for an individual and $203.33 for a couple.

2/ Applies when the 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 Department of Social Services.

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: **Level I - $80, Level II - $90, Level III - $61**
2) The limits on countable resources: **$2000** for an individual and **$3000** for a couple
3) An essential person receives $204

ATTACHMENT D

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1991
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	Upstate WMS ABEL FS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$430.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$673.48
Rest of State	28	15	1	$635.48
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$842.00
Rest of State	29,32	10,16,17	2,4	$812.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$407.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$80.00	$243.48	$245.00	$105.00
Level I - Rest of State	$80.00	$205.48	$245.00	$105.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$90.00	$412.00	$235.00	$105.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$90.00	$382.00	$235.00	$105.00
State (OMH/OMRDD) Operated Community Residences	$90.00	$0	$212.00	$105.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply.

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1991

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o, 18NYCRR 352.8(c)(1)(ii)	Congregate Care Level I	DSS, OMH, or OMRDD	SSI	$80[1]
			HR or ADC	$80
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI	$90[1]
			HR or ADC	$90
	Congregate Care Level III	OMRDD	SSI	$61[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$90
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$90
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1991

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal needs allowance[6])	**$55** ($30 + $25 SSPNA[5]) **$50**
18NYCRR 352.8(c)(1)(i) 360-4.9(a)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal needs allowance[6])	**$55** ($30 + $25 SSPNA[5]) **$40**[2] **$50**
SSL 366.2(a)(10) SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement; direct State Payment; or MA-Only personal needs allowance[6]	**$35**
18NYCRR 352.8(c)(1)(i), 360-4.9(a)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement; or MA-Only personal needs allowance[6] HR	**$35** **$40**[2]
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level[7])	(footnote[7]) **$40**[2] (footnote[7])

[5] SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

DSS-3715 (Rev. 10/89)

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1990

FED U/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	386	579	86	102.50	**472**	681.50
A,C	B	**Living with Others**	386	579	23	45	**409**	624
(B)	(F)	(Living in Household of Another 1/)	(257.34)	(386)			(280.34)	(431)
A	C	**Level I - Family Care** a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes NYC, Nassau, Suffolk & Westchester counties	386	579	248.96	690.92	**634.96**	1,269.92
		Rest of State	386	579	210.96	614.92	**596.96**	1,193.92
A	D	**Level II - Residential Care** a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults NYC, Nassau, Suffolk & Westchester counties	386	579	435	1,063	**821**	1,642
		Rest of State	386	579	405	1,003	**791**	1,582
A	E	**Level III - Schools for the Mentally Retarded** New York City	386	579	482.96	1,158.92	**868.96**	1,737.92
		Rest of State	386	579	458.96	1,110.92	**844.96**	1,689.92
D	G	Title XIX (Medicaid certified) Institutions 2/	30	60	5 3/	10 3/	35 3/	70 3/
A	Z	(See 4/ below)	386	579	0	0	386	579

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of ⅓ 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 $128.66 for an individual and $193 for a couple.

2/ Applies when the 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 Department of Social Services.

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: **Level I - $75, Level II - $85, Level III - $57**
2) The limits on countable resources: **$2000** for an individual and **$3000** for a couple
3) An essential person receives $193

Attachment C

FOOD STAMPS

GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1990

(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ASEL PA Shelter Type Code	Upstate WMS ASEL PS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$409.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$634.96
Rest of State	28	15	1	$596.96
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$821.00
Rest of State	29,32	10,16,17	2,4	$791.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$386.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$75.00	$225.96	$235.00	$99.00
Level I - Rest of State	$75.00	$187.96	$235.00	$99.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$85.00	$412.00	$225.00	$99.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$85.00	$382.00	$225.00	$99.00
State (OMH/OMRDD) Operated Community Residences	$85.00	$0	$202.00	$99.00

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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply.

Personal Needs Allowances (PNAs) In Non-Medical Facilities
Effective January 1, 1990

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o, 18NYCRR 352.8(c)(1)(ii)	Congregate Care Level I	DSS, OMH, or OMRDD	SSI	$75[1]
			HR or ADC	$75
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI	$85[1]
			HR or ADC	$85
	Congregate Care Level III	OMRDD	SSI	$57[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$85
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$85
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide residents with up to $10 for work performed by the resident.

Personal Needs Allowances (PNAs) In Medical Facilities
Effective January 1, 1990

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal incidental allowance [6])	**$55** ($30 + $25 SSPNA [5]) **$50**
18NYCRR 352.8(c)(1)(i)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal incidental allowance [6])	**$55** ($30 + $25 SSPNA [5]) **$40**[2] **$50**
SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement direct State Payment (MA-only personal incidental allowance [6])	**$35** ($30 + $5 State supplement[5]) **$30** **$33.50**
18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement HR (MA-Only personal incidental allowance [6])	**$35** ($30 + $5 State supplement[5]) **$40**[2] **$33.50**
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level [7])	(footnote [7]) **$40**[2] (footnote [7])

[5] SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

[6] The MA-Only personal incidental allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

[7] Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

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SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1989

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	368	553	86	102.50	**454**	655.50
A,C	B	**Living with Others**	368	553	23	45	**391**	598
(B)	(F)	(Living in Household of Another 1/)	(245.34)	(368.67)			(268.34)	(413.67)
A	C	**Level I - Family Care** a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester counties	368	553	248.96	680.92	**616.96**	1,233.92
		Rest of State	368	553	210.96	604.92	**578.96**	1,157.92
A	D	**Level II - Residential Care** a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester counties	368	553	435	1,053	**803**	1,606
		Rest of State	368	553	405	993	**773**	1,546
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	368	553	482.96	1,148.92	**850.96**	1,701.92
		Rest of State	368	553	458.96	1,100.92	**826.96**	1,653.92
D	G	Title XIX (Medicaid certified) Institutions 2/	30	60	5 3/	10 3/	**35** 3/	70 3/
A	Z	(See 4/ below)	368	553	0	0	368	553

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of ⅓ 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 $122.66 for an individual and $184.33 for a couple.

2/ Applies when the 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 Department of Social Services.

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: Level I - $71, Level II - $81, Level III - $54
2) The limits on countable resources: $2000 for an individual and $3000 for a couple
3) An essential person receives $185

Attachment A

FOOD STAMPS

GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1989

(Applicable for SSI/RSDI Recipients Only)

Attachment B

Living Arrangement	New York City WMS External Budget Shelter Type Code	Upstate WMS ABEL PA Shelter Type Code	FS Group Living Type Code	SSI Benefit
SSI Living with Others Benefit	N/A	N/A	N/A	$391.00
Level I - Family Care				
OMH/OMRDD Certified Family Care Homes				
NYC, Nassau, Suffolk and Westchester	15	15	1	$616.96
Rest of State	28	15	1	$578.96
Level II - Residential Care				
OMH/OMRDD Certified Facility or DSS Certified Enriched Housing				
NYC, Nassau, Suffolk and Westchester	16,31	10,16,17	2,4	$803.00
Rest of State	29,32	10,16,17	2,4	$773.00
State (OMH/OMRDD) Operated Community Residences	17	N/A	3	$368.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty Food Plan)
Level I- NYC, Nassau, Suffolk and Westchester	$71.00	$225.96	$230.00	$90.00
Level I - Rest of State	$71.00	$187.96	$230.00	$90.00
Level II - NYC, Nassau, Suffolk and Westchester OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$81.00	$412.00	$220.00	$90.00
Level II - Rest of State OMH/OMRDD Certified Facility or DSS Certified Enriched Housing	$81.00	$382.00	$220.00	$90.00
State (OMH/OMRDD) Operated Community Residences	$81.00	$0	$197.00	$90.00

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 minimums above and the actual amount allowed. Total SSI benefits and Personal Care Costs are not changed.

NOTE: The budget data for residents of Level II OMH/OMRDD Certified Community Residences are the same for residents in receipt of SSI/RSDI that reside in Level II authorized drug/alcohol treatment facilities.

For residents of Level II authorized drug/alcohol treatment facilities or enriched housing not in receipt of SSI/RSDI other budgeting procedures apply.

Personal Needs Allowances (PNA's) In Non-Medical Facilities
Effective January 1, 1989

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, or OMRDD	SSI	$71[1]
			HR or ADC	$71
	Congregate Care Level II	DSS, OMH, OMRDD, DAAA, or DSAS	SSI	$81[1]
			HR or ADC	$81
18NYCRR 352.8(c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	$54[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct payment	$81
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$81
18NYCRR 352.8(c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain private shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2] or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS	EAF, ADC, HR, or SSI	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus one-half of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of hospitals or publicly operated facilities.

3 This allowance is called a "special needs allowance" and applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide residents with up to $10 for work performed by the resident.

Personal Needs Allowances (PNA's) In Medical Facilities
Effective January 1, 1989

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a SSL 366.2(a)(10),	Hospital	Department of Health	SSI + State payment (MA-Only personal incidental allowance [6])	$55 ($30 + $25 SSPNA [5]) $50
18NYCRR 352.8(c)(1)(i)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment HR (MA-Only personal incidental allowance [6])	$55 ($30 + $25 SSPNA [5]) $40[2] $50
SSL 209.2-a	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement direct State Payment (MA-Only personal incidental allowance [6])	$35 ($30 + $5 State supplement[5]) $30 $33.50
18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement HR (MA-Only personal incidental allowance [6])	$35 ($30 + $5 State supplement[5]) $40[2] $33.50
SSL 209.3 18NYCRR 352.8(c)(1)(i), 360.5(e)(2)	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI HR (MA-Only community needs level [7])	(footnote [7]) $40[2] (footnote [7])

[5] SSPNA is the "State Supplemental Personal Needs Allowance" provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility licensed by the Department of Health, an additional $20 in State-administered direct SSPNA payments.

[6] The MA-Only personal incidental allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

[7] Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provided to SSI recipients in the community. An MA-Only recipient would be budgeted as though he or she were temporarily absent from his or her residence.

DSS-3715 (Rev. 11/87)

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1988

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	354	532	71.91	92.53	**425.91**	624.53
A,C	B	**Living with Others**	354	532	17.24	40.53	**371.24**	572.53
(B)	(F)	(Living in Household of Another 1/)	(236)	(354.67)			(253.24)	(395.20)
A	C	**Level I - Family Care**						
		a) DSS certified Family Type Homes						
		b) OMH or OMRDD certified Family Care Homes						
		NYC, Nassau, Suffolk & Westchester counties	354	532	248.96	673.92	**602.96**	1,205.92
		Rest of State	354	532	210.96	597.92	**564.96**	1,129.92
A	D	**Level II - Residential Care**						
		a) DSS certified Adult Care Facilities						
		b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults						
		NYC, Nassau, Suffolk & Westchester counties	354	532	400	976	**754**	1,508
		Rest of State	354	532	370	916	**724**	1,448
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	354	532	482.96	1,141.92	**836.96**	1,673.92
		Rest of State	354	532	458.96	1,093.92	**812.96**	1,625.92
D	G	Title XIX (Medicaid certified) Institutions 2/	25	50	5 3/	10 3/	30 3/	60 3/
A	Z	(See 4/ below)	354	532	0	0	354	532

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of ⅓ 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 $118 for an individual and $177.33 for a couple.

2/ Applies when the 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 Department of Social Services.

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 three calendar months during a 12 month period.

Additional Notes: 1) The minimum personal needs allowances: **Level I - $64, Level II - $74, Level III - $47**
2) The 1988 limits on countable resources: **$1900** for an individual and **$2850** for a couple
3) An essential person receives $177

ATTACHMENT A

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1988
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	Federal Benefit	State Supplement	Total Benefit
SSI Living with Others Benefit	$354.00	$ 17.24	$371.24
Level I - Family Care OMH/OMRDD Certified Family Care Homes			
New York City, Westchester, Nassau & Suffolk	$354.00	$248.96	$602.96
Rest of State	$354.00	$210.96	$564.96
Level II - Residential Care			
a. DSS Certified Adult Care Facilities			
b. OMH/OMRDD Certified Community Residence			
NYC, Nassau, Suffolk and Westchester	$354.00	$400.00	$754.00
Rest of State	$354.00	$370.00	$724.00
c. OMH/OMRDD Operated Community Residences	$354.00	$ 0	$354.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs*	Board* (Thrifty Food Plan)
Level I - NYC	$64.00	$231.72	$220.24	$87.00
Level I - Rest of State	$64.00	$193.72	$220.24	$87.00
Level II - NYC, Nassau, Suffolk and Westchester DSS/OMH/OMRDD Certified	$74.00	$382.76	$210.24	$87.00
Level II - Rest of State DSS/OMH/OMRDD Certified	$74.00	$352.76	$210.24	$87.00
Level II - State (OMH/OMRDD) Operated	$74.00	$ 0	$193.00	$87.00

The payment to the family caretaker/Level II Director/Level II Social Worker equals the personal care costs + shelter + board. The client keeps the personal needs allowance + any additional from other 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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for SSI/RSDI recipient residents of Level II authorized drug/alcohol treatment facilities.

Attachment B

PERSONAL NEEDS ALLOWANCES (PNA's) IN NON-MEDICAL FACILITIES
EFFECTIVE JANUARY 1, 1988

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 131-o,	Congregate Care Level I	DSS, OMH, OMRDD	SSI HR or ADC	$64[1] $64
	Congregate Care Level II	DSS, OMH, OMRDD, DAA, or DSAS	SSI HR or ADC	$74[1] $74
18NYCRR 352.8 (c)(1)(ii)	Congregate Care Level III	OMRDD	SSI	$47[1]
MHL 31.29,	State operated RCCA or Community Residence	OMH	OMH direct Payment	$74
MHL 33.08	State operated Community Residence	OMRDD	SSI or other income	$74
18NYCRR 352.8 (c)(1)(i)	room and board situations	not State certified	HR, ADC or EAF	$45
	non-medical facilities other than Congregate Care Level I, II or III (including maternity home, Shelter for Victims of Domestic Violence, and certain shelters for the homeless)	DSS, DAAA, not State certified, or other	HR, ADC, EAF[2], or SSI	$45
18NYCRR 900.17(a)	Shelter for Families - Tier II	DSS HR, or SSI	EAF, ADC,	$63[3]
SSL 194.8	Public Home	operated by a city or county	Public Institutional Care	Up to $10[4]

1 This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus ½ of the remainder. Thus, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income can have significantly larger PNA's.

2 A PA funded PNA is not provided to residents of publicly operated facilities.

3 This PNA applies only when the Tier II facility provides 3 meals a day.

4 The facility can provide residents with up to $10 for work performed by the resident.

PERSONAL NEEDS ALLOWANCES (PNA's) IN MEDICAL FACILITIES
EFFECTIVE JANUARY 1, 1988

Authority	Facility Type	Certifying Agency	Funding Source	Monthly PNA (per person)
SSL 209.2-a	Hospital	Department of Health	SSI + State Payment	$50 ($25 + $25 SSPNA[5])
SSL 366.2(a)(10),			(MA-Only personal incidental allowance[6])	$50
18NYCRR 352.8 (c)(1)(i)	Nursing Home (SNF, HRF)	Department of Health	SSI + State payment	$50 ($25 + $25 SSPNA[5])
			HR	$40[2]
			(MA-Only personal incidental allowance[6])	$50
SSL 209.2-a,	Psychiatric Center (Hospital), Inpatient Alcoholism Facility	OMH or DAAA	SSI + SSI State supplement	$30 ($25 + $5[5] State supplement)
			direct State payment	$30
			(MA-Only personal incidental allowance[6])	$33.50
18NYCRR 352.8 (c)(1)(i), 360.5 (e)(2)	ICF-DD's (Developmental Center, free-standing ICF)	OMRDD	SSI + SSI State supplement	$30 ($25 + $5[5] State supplement)
			HR	$40[2]
			(MA-Only personal incidental allowance[6])	$33.50
SSL 209.3	Free-Standing Alcoholism Facility (FNP Medicaid)	DAAA	SSI	(footnote[7])
			HR	$40[2]
18NYCRR 352.8 (c)(1)(i), 360.5 (e)(2)			(MA-Only personal incidental allowance[6])	$28.50

[5] SSPNA is the State Supplemental Personal Needs Allowance provided to SSI recipients without other income in residential health care facilities. SSI recipients residing in medical facilities receive $5 in Federally-administered State Supplementation and, if they reside in a facility liscensed by the Department of Health, and additional $20 in State-administered direct SSPNA payments.

[6] The MA-Only personal incidental allowance is the amount of the client's own income that he or she retains for personal needs while in chronic care status.

[7] Since these programs are not Title XIX certified, an SSI recipient in a privately operated free-standing Alcoholism Facility would receive SSI at the "living alone" rate provide to SSI recipients in the community.

ATTACHMENT A

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1987

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	340.00	510.00	71.91	92.53	**411.91**	602.53
A,C	B	**Living with Others**	340.00	510.00	17.24	40.53	**357.24**	550.53
(B)	(F)	(Living in Household of Another 1/)	(226.67)	(340.00)			(243.91)	(380.53)
A	C	**Level I - Family Care** a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes New York City	340.00	510.00	243.96	657.92	**583.96**	1,167.92
		Rest of State	340.00	510.00	205.96	581.92	**545.96**	1,091.92
A	D	**Level II - Residential Care** a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences, DSAS certified Residential Substance Abuse Treatment Programs, and OMH certified Residential Care Centers for Adults NYC, Nassau, Suffolk & Westchester Counties	340.00	510.00	395.00	960.00	**735.00**	1,470.00
		Rest of State	340.00	510.00	365.00	900.00	**705.00**	1,410.00
A	E	**Level III - Schools for the Mentally Retarded** New York City	340.00	510.00	482.96	1,135.92	**822.96**	1,645.92
		Rest of State	340.00	510.00	458.96	1,087.92	**798.96**	1,597.92
D	Z	Title XIX (Medicaid certified) Institutions 2/	25.00	50.00	3/	3/	3/	3/
A	Z	(See 4/ below)	340.00	510.00	0	0	340.00	510.00

1/ The "living with others" category includes the recipients whose federal benefit has been reduced by the "value of ⅓ 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 $113.33 for an individual and $170 for a couple.

2/ Applies when the 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 certain Title XIX Institutions (those licensed by the Health Department) receive an additional grant of $15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

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 three calendar months during a 12 month period.

Additional Notes: 1) The minimum personal needs allowances: **Level I - $56, Level II - $66, Level III - $45**
2) The 1987 limits on countable resources: **$1800** for an individual and **$2700** for a couple
3) An essential person receives $170

FOOD STAMPS
GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1987
(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	Federal Benefit	State Supplement	Total Benefit
SSI Living with Others Benefit	$340.00	$ 17.24	$357.24
Level I - Family Care OMH/OMRDD Certified Family Care Homes			
New York City	$340.00	$243.96	$583.96
Rest of State	$340.00	$205.96	$545.96
Level II - Residential Care			
a. DSS Certified Adult Care Facilities			
b. OMH/OMRDD Certified Community Residence			
NYC, Nassau, Suffolk and Westchester	$340.00	$395.00	$735.00
Rest of State	$340.00	$365.00	$705.00
c. OMH/OMRDD Operated Community Residences	$340.00	$ 0	$340.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs	Board (Thrifty Food Plan)
Level I - NYC	$56.00	$226.72	$220.24	$81.00
Level I - Rest of State	$56.00	$188.72	$220.24	$81.00
Level II - NYC, Nassau, Suffolk and Westchester DSS/OMH/OMRDD Certified	$66.00	$377.76	$210.24	$81.00
Level II - Rest of State DSS/OMH/OMRDD Certified	$66.00	$347.76	$210.24	$81.00
Level II - State (OMH/OMRDD) Operated	$66.00	$ 0	$193.00	$81.00

The payment to the family caretaker/Level II Director/Level II Social Worker equals the personal care costs + shelter + board. The client keeps the personal needs allowance + any additional from other unearned or earned income.

*Personal needs 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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for SSI/RSDI recipient residents of Level II authorized drug/alcohol treatment facilities.

ATTACHMENT C

PERSONAL NEEDS ALLOWANCES (PNA) Effective January 1, 1987

Facility Type	Certifying Agency	Funding Source	Monthly PNA
Congregate Care Level I	DSS, OMH, OMRDD	SSI HR	$56* $56
Congregate Care Level II	DSS, OMH, OMRDD, DAAA, DSAS	SSI HR	$66* $66
Congregate Care Level III	OMRDD	SSI	$45*
Title XIX (Medicaid Certified) Facilities	Department of Health	SSI	$25 + $15 SSPNA** (Without other income)
		HR***	$40
		MA-Only income exemption	$40 (with other income)
	OMH, OMRDD, or DAAA	SSI	$25 (without other income)
		HR***	$40
		MA-Only income exemption	$28.50 (with other income)
Room and Board Situations and Non-Medical Facilities other than Congregate Care Level I, II or III	DSS or Uncertified	HR or ADC	$45
Public Home	Operated by a City or County	Public Institutional Care	Up to $10****

* This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus ¼ of the remainder. Thus, for example, SSI recipients receiving Social Security benefits will have PNA of $20 more than the amounts noted on this chart. Recipients with earned income will have significantly larger PNA.

** SSPNA is the State-administered State Supplemental Personal Needs Allowance provided to certain SSI recipients without other income in residential health care facilities as defined in Article 28 of the Public Health Law.

*** An HR funded PNA is not provided to residents of hospitals or publicly operated facilities.

**** The facility can provide the resident with up to $10 for work performed by the resident.

(Revised October 1986, Bureau of Income Support Programs)

DSS-3715 (11/85)

SSI BENEFIT LEVELS: EFFECTIVE JANUARY 1, 1986

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE
A	A	**Living Alone**	336.00	504.00	71.91	92.53	**407.91**	596.53
A,C	B	**Living with Others**	336.00	504.00	17.24	40.53	**353.24**	544.53
(B)	(F)	(Living in Household of Another 1/)	(224.00)	(336.00)			(241.24)	(376.53)
A	C	**Level I - Family Care** a) DSS certified Family Type Homes b) OMH or OMRDD certified Family Care Homes						
		New York City	336.00	504.00	123.96	415.92	**459.96**	919.92
		Rest of State	336.00	504.00	85.96	339.92	**421.96**	843.92
A	D	**Level II - Residential Care** a) DSS certified Adult Care Facilities b) OMH, OMRDD, or DAAA certified Community Residences and DSAS certified Residential Substance Abuse Treatment Programs						
		NYC, Nassau, Suffolk & Westchester Counties	336.00	504.00	395.00	958.00	**731.00**	1,462.00
		Rest of State	336.00	504.00	365.00	898.00	**701.00**	1,402.00
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	336.00	504.00	482.96	1,133.92	**818.96**	1,637.92
		Rest of State	336.00	504.00	458.96	1,085.92	**794.96**	1,589.92
D	Z	Title XIX (Medicaid certified) Institutions 2/	25.00	50.00	3/	3/	3/	3/
A	Z	(See 4/ below)	336.00	504.00	0	0	336.00	504.00

1/ The "living with others" category includes recipients whose federal benefit has been reduced by the "value of ⅓ 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 food and free shelter (support and maintenance). The VTR is $112 for an individual and $168 for a couple.

2/ Applies when the 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 certain Title XIX Institutions (those licensed by the Health Department) receive an additional grant of $15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

4/ Applies when the recipient spends a full calendar month in a Title XIX Institution and Medicaid pays for **less than** 50% of the cost of care, or when the recipient resides in certain publicly operated community based residential facilities.

Additional Notes: 1) The minimum personal needs allowances: **Level I - $53, Level II - $63, Level III - $42**
2) The 1986 limits on countable resources: $1700 for an individual and $2550 for a couple
3) An essential person receives $168

FOOD STAMPS

Attachment B

GROUP LIVING BUDGET DATA: EFFECTIVE JANUARY 1, 1986

(Applicable for SSI/RSDI Recipients Only)

Living Arrangement	Federal Benefit	State Supplement	Total Benefit
SSI Living with Others Benefit	$336.00	$17.24	$353.24
Level I - Family Care OMH/OMRDD Certified Family Care Homes			
New York City	$336.00	$123.96	$459.96
Rest of State	$336.00	$ 85.96	$421.96
Level II - Residential Care			
a. DSS Certified Adult Care Facilities			
b. OMH/OMRDD Certified Community Residence			
NYC, Nassau, Suffolk and Westchester	$336.00	$395.00	$731.00
Rest of State	$336.00	$365.00	$701.00
c. OMH/OMRDD Operated Community Residences	$336.00	0	$336.00

The following monthly allowances and costs pertain to eligible residents of group living arrangements.

	Minimum Personal Needs Allowance*	Personal Care Costs (Income Exclusion)	Shelter Costs	Board (Thrifty Food Plan)
Level I - NYC	$53.00	$106.72	$220.24	$80.00
Level I - Rest of State	$53.00	$ 68.72	$220.24	$80.00
Level II - NYC, Nassau Suffolk and Westchester DSS/OMH/OMRDD Certified	$63.00	$377.76	$210.24	$80.00
Level II - Rest of State DSS/OMH/OMRDD Certified	$63.00	$347.76	$210.24	$80.00
Level II - State Operated (OMH/OMRDD)	$63.00	0	$193.00	$80.00

The payment to the family caretaker/Level II Director/Level II Social Worker equals the personal care costs + shelter + board. The client keeps the personal needs allowance + any additional from other unearned or earned income.

*Personal needs 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 for residents of Level II OMH/OMRDD Certified Community Residences are the same for SSI/RSDI recipient residents of Level II authorized drug/alcohol treatment facilities.

Attachment C

PERSONAL NEEDS ALLOWANCES (PNA's) EFFECTIVE JANUARY 1, 1986

Facility Type	Certifying Agency	Funding Source	Monthly PNA
Congregate Care Level I	DSS, OMH, OMRDD	SSI HR	$53* $53
Congregate Care Level II	DSS, OMH, OMRDD DAAA, DSAS	SSI HR	$63* $63
Congregate Care Level III	OMRDD	SSI	$42*
Title XIX (Medicaid Certified) Facilities	Department of Health	SSI HR*** MA-Only income exemption	$25 + $15 SSPNA** (without other income) $40 $40 (with other income)
	OMH or OMRDD	SSI HR*** MA-Only income exemption	$25 (without other income) $40 $28.50 (with other income)
Room and Board Situations and Non-Medical Facilities other than Congregate Care Level I, II or III	DSS or Uncertified	HR or ADC	$45
Public Home	Operated by a City or County	Public Institutional Care	Up to $10****

*This PNA is the minimum established in Social Services Law for SSI recipients. Any income disregarded in determining the amount of a recipient's SSI grant is included as part of the PNA. SSI disregards the first $20 of unearned income; disregards for earned income include the first $65 plus 1/2 of the remainder. Thus, for example, SSI recipients receiving Social Security benefits will have PNA's of $20 more than the amounts noted on this chart. Recipients with earned income will have significantly larger PNA's.

**SSPNA is the State-administered State Supplemental Personal Needs Allowance provided to certain SSI recipients without other income in residential health care facilities as defined in Article 28 of the Public Health Law.

***An HR funded PNA is not provided to residents of hospitals or publicly operated facilities.

****The facility can provide the resident with up to $10 for work performed by the resident.

[Revised November 1985, Bureau of Income Support]

SSI BENEFIT LEVELS: EFFECTIVE January 1, 1985

FED I/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			IND.	COUPLE	IND.	COUPLE	IND.	COUPLE
A	A	Living Alone	325.00	488.00	60.91	76.03	385.91	564.03
A,C	B	Living with Others	325.00	488.00	8.24	27.03	333.24	515.03
(B)	(F)	(Living in Household of Another 1/)	(216.67)	(325.34)			(224.91)	(352.37)
A	C	Level I - Family Care a) DSS Certified Family Type Homes b) OMH or OMRDD Certified Family Care Homes						
		New York City	325.00	488.00	123.96	409.92	448.96	897.92
		Rest of State	325.00	488.00	85.96	333.92	410.96	821.92
A	D	Level II - Residential Care a) DSS Certified Adult Care Facilities b) OMH, OMRDD, or DAAA Certified Community Residences						
		New York City & Nassau County	325.00	488.00	324.86	811.72	649.86	1,299.72
		Rest of State	325.00	488.00	294.86	751.72	619.86	1,239.72
A	E	Level III - Schools for the Mentally Retarded						
		New York City	325.00	488.00	482.96	1,127.92	807.96	1,615.92
		Rest of State	325.00	488.00	458.96	1,079.92	783.96	1,567.92
D	Z	Title XIX (Medicaid Certified) Institutions 2/	25.00	50.00	3/	3/	3/	3/
A	Z	(See 4/ below)	325.00	488.00	0	0	325.00	488.00

1/ The "living with others" category includes recipients whose federal benefit has been reduced by the "value of ⅓ 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 food and free shelter (support and maintenance). The VTR is $91.33 for an individual and $62.66 for a couple.

2/ Applies when the 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 certain Title XIX Institutions (those licensed by the Health Department) receive an additional grant of $15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

4/ Applies when the recipient spends a full calendar month in a Title XIX Institution and Medicaid pays for *less than* 50% of the cost of care, or when the recipient resides in certain publicly operated community based residential facilities.

Additional Notes: 1) The minimum personal needs allowance for Level I: $46.58; for Level II: $56.93; for Level III: $36.23

2) An essential person receives $163.00

SSI BENEFIT LEVELS: EFFECTIVE January 1, 1984

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			IND.	COUPLE	IND.	COUPLE	IND.	COUPLE
A	A	Living Alone	314.00	472.00	60.91	76.03	374.91	548.03
A,C	B	Living with Others	314.00	472.00	8.24	27.03	322.24	499.03
(B)	(F)	Living in Household of Another 1/)	(209.34)	(314.67)			(217.58)	(341.70)
A	C	**Level I - Family Care**						
		a) DSS Certified Family Type Homes						
		b) OMH or OMRDD Certified Family Care Homes						
		New York City	314.00	472.00	123.96	403.92	437.96	875.92
		Rest of State	314.00	472.00	85.96	327.92	399.96	799.92
A	D	**Level II - Residential Care**						
		a) DSS Certified Adult Care Facilities						
		b) OMH, OMRDD, or DAAA Certified Community Residences						
		New York City & Nassau County	314.00	472.00	324.86	805.72	638.86	1,277.72
		Rest of State	314.00	472.00	294.86	745.72	608.86	1,217.72
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	314.00	472.00	482.96	1,121.92	796.96	1,593.92
		Rest of State	314.00	472.00	458.96	1,073.92	772.96	1,545.92
D	Z	Title XIX (Medicaid Certified) Institutions 2/)	25.00	50.00	3/	3/	3/	3/
A	Z	(See 4/ below)	314.00	472.00	0	0	314.00	472.00

1/ The "living with others" category includes recipients whose federal benefit has been reduced by the "value of ⅓ 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 food and free shelter (support and maintenance). The VTR is $104.66 for an individual and $157.33 for a couple.

2/ Applies when the 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 certain Title XIX Institutions (those licensed by the Health Department) receive an additional grant of $15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

4/ Applies when the recipient spends a full calendar month in a Title XIX Institution and Medicaid pays for *less than* 50% of the cost of care, or when the recipient resides in certain publicly operated community based residential facilities.

Additional Notes: 1) The minimum personal needs allowance *for Level I is - $45 for Level II - $55 and Level III - $35.*
2) An essential person receives $157.00.

SSI BENEFIT LEVELS: EFFECTIVE July 1, 1982

FED L/A CODE	STATE SUPP. CODE	LIVING ARRANGEMENT	FEDERAL BENEFIT RATE		STATE SUPPLEMENTATION RATE		COMBINED PAYMENT LEVEL	
			IND.	COUPLE	IND.	COUPLE	IND.	COUPLE
A	A	Living Alone	284.30	426.40	63.21	79.48	347.51	505.88
A, C	B	Living with Others	284.30	426.40	10.54	30.48	294.84	456.88
(B)	(F)	(Living in Household of Another 1/)	(189.54)	(284.27)			(200.08)	(314.75)
A	C	**Level I - Family Care**						
		a) DSS Certified Family Type Homes						
		b) OMH or OMRDD Certified Family Care Homes						
		New York City	284.30	426.40	126.26	394.72	410.56	821.12
		Rest of State	284.30	426.40	88.26	318.72	372.56	745.12
A	D	**Level II - Residential Care**						
		a) DSS Certified Adult Care Facilities						
		b) OMH, OMRDD, or DAAA Certified Community Residences						
		New York City & Nassau County	284.30	426.40	327.16	796.52	611.46	1,222.92
		Rest of State	284.30	426.40	297.16	736.52	581.46	1,162.92
A	E	**Level III - Schools for the Mentally Retarded**						
		New York City	284.30	426.40	485.26	1,112.72	769.56	1,539.12
		Rest of State	284.30	426.40	461.26	1,064.72	745.56	1,491.12
D	Z	Title XIX (Medicaid Certified) Institutions 2/	25.00	50.00	3/	3/	3/	3/
A	Z	(See 4/ below)	284.30	426.40	0	0	284.30	426.40

1/ The "living with others" category includes 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 food and free shelter (support and maintenance). The VTR is $94.76 for an individual and $142.13 for a couple.

2/ Applies when the 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 certain Title XIX institutions (those licensed by the Health Department) receive an additional grant of $15 per month called a State Supplemental Personal Needs Allowance (SSPNA). The SSPNA check is issued directly to the recipient by the NYS Department of Social Services.

4/ Applies when the recipient spends a full calendar month in a Title XIX institution and Medicaid pays for ***less than*** 50% of the cost of care, or when the recipient resides in certain publicly operated community residences which serve no more than 16 residents (Keyes facilities).

Additional Notes: 1) The minimum personal needs allowance for Level I is $40, for Level II - $50 and Level III - $30.
2) An essential person receives $142.50.

SSI BENEFIT LEVELS: EFFECTIVE July 1, 1981

Fed L/A Code	State Supp. Code	Living Arrangement	Federal Benefit Ind.	Federal Benefit Couple	State Supplement Ind.	State Supplement Couple	Total Benefit Ind.	Total Benefit Couple
A	A	Living Alone	264.70	397.00	63.21	79.48	327.91	476.48
A,C	B	Living with Others	264.70	397.00			275.24	427.48
B	F	Living in Household of Another*	176.47	264.67	10.54	30.48	187.01	295.15
		Level I - Family Care						
A	C	a) DSS Certified Family Type Homes and Foster Care for Adults b) OMH-OMRDD Certified Family Care Homes						
		New York City	264.70	397.00	126.26	384.92	390.96	781.92
		Rest of State	264.70	397.00	88.26	308.92	352.96	705.92
		Level II - Residential Care						
A	D	a) DSS Certified Residential Care Facilities for Adults b) OMH-OMRDD Certified Community Residences						
		New York City & Nassau	264.70	397.00	327.16	786.72	591.86	1,183.72
		Rest of State	264.70	397.00	297.16	726.72	561.86	1,123.72
		Level III - School for the Mentally Retarded						
		New York City	264.70	397.00	485.26	1,102.92	749.96	1,499.92
A	E	Rest of State	264.70	397.00	461.26	1,054.92	725.96	1,451.92
D	Z	Title XIX Institution**	25.00	50.00	0	0	25.00	50.00

*Not a separate State Payment Level (SPL). Refers to people receiving both support and maintenance (food and shelter) whose federal benefits have been reduced by one-third.

**A federal benefit of $264.70 for individuals or $397.00 for couples applies to priv. fac. where Title XIX pays less than 50 percent of the cost of care or when the people reside in a public community residence with a capacity of 16 or less. These situations are rare and involve no State Supplement.

ADDITIONAL NOTES: 1) Minimum personal needs allowance for Level I $36 , Level II $47, Level III $30.

2) Essential person receives $ 132.60

SSI BENEFIT LEVELS EFFECTIVE JULY 1, 1980

Fed L/A Code	State Supp. Code	Living Arrangement	Federal Benefit Ind.	Federal Benefit Couple	State Supplement Ind.	State Supplement Couple	Total Benefit Ind.	Total Benefit Couple
A	A	Living Alone	238.00	357.00	63.21	79.48	301.21	436.48
A,C	B	Living with Others	238.00	357.00	10.54	30.48	248.54	387.48
B	F	Living in Household of Another*	158.67	238.00			169.21	268.48
A	C	Level I - Family Care a) DSS Certified Family Type Homes and Foster Care for Adults b) OMH-OMRDD Certified Family Care Homes						
		New York City	238.00	357.00	126.26	356.62	364.26	713.62
		Rest of State	238.00	357.00	88.26	280.62	326.26	637.62
A	D	Level II - Residential Care a) DSS Certified Residential Care Facilities for Adults b) OMH-OMRDD Certified Community Residences	238.00	357.00	257.16	618.42	495.16	975.42
A	E	Level III - School for the Mentally Retarded						
		New York City	238.00	357.00	485.26	1,074.62	723.26	1,431.62
		Rest of State	238.00	357.00	461.26	1,026.62	699.26	1,383.62
D	Z	Title XIX Institution**	25.00	50.00	0	0	25.00	50.00

*Not a separate State Payment Level (SPL). Refers to people receiving both support and maintenance (food and shelter) whose federal benefits have been reduced by one-third.

**A federal benefit of $238.00 for individuals or $357.00 for couples applies to priv. fac. where Title XIX pays less than 50 percent of the cost of care or when the people reside in a public community residence with a capacity of 16 or less. These situations are rare and involve no State Supplement.

ADDITIONAL NOTES: 1) Minimum personal needs allowance for Levels I and III is $10.00, for Level II, $33.33
2) Essential person receives $119.20

SSI BENEFIT LEVEL EFFECTIVE JULY 1, 1979

Fed L/A Code	State Supp. Code	Living Arrangement	Federal Benefit Ind.	Federal Benefit Couple	State Supplement Ind.	State Supplement Couple	Total Benefit Ind.	Total Benefit Couple
A	A	Living Alone	208.20	312.30	63.21	79.48	271.41	391.78
A,C	B	Living With Others	208.20	312.30	10.54	30.48	218.74	342.78
B	F	Living in Household of Another*	138.80	208.20	10.54	30.48	149.34	238.68
A	C	Level I - Family Care a) DSS Certified Family Type Homes and Foster Care for Adults b) OMH-OMRDD Certified Family Care Homes						
		New York City	208.20	312.30	126.26	356.62	334.46	668.92
		Rest of State	208.20	312.30	88.26	280.62	296.46	592.92
A	D	Level II - Residential Care a) DSS Certified Residential Care Facilities for Adults b) OMH-OMRDD Certified Community Residences	208.20	312.30	257.16	618.42	465.36	930.72
A	E	Level III - School for the Mentally Retarded New York City	208.20	312.30	485.26	1,074.62	693.46	1,386.92
		Rest of State	208.20	312.30	461.26	1,026.62	669.46	1,338.92
D	Z	Title XIX Institution**	25.00	50.00	0	0	25.00	50.00

*Not a separate State Payment Level (SPL). Refers to people receiving both support and maintenance (food and shelter) whose federal benefits have been reduced by one-third.

**A federal benefit of $208.20 for individuals or $312.30 for couples applies to priv. fac. where Title XIX pays less than 50 percent of the cost of care or when the people reside in a public community residence with a capacity of 16 or less. These situations are rare and involve no State Supplement.

ADDITIONAL NOTES: 1) Minimum personal needs allowance for Levels I and III is $10.00, for Level II, $29.10.
2) Essential persons receive $104.20.

SSI BENEFIT LEVELS: EFFECTIVE JULY 1, 1978

Fed L/A Code	State Supp. Code	Living Arrangement	Federal Benefit		State Supplement		Total Benefit	
			Ind.	Couple	Ind.	Couple	Ind.	Couple
A	A	Living Alone	189.40	284.10	60.85	75.94	250.25	360.04
A,C	B	Living With Others	189.40	284.10	8.18	26.94	197.58	311.04
B	F	Living in Household of Another	126.27	189.40	8.18	26.94	134.45	216.34
A	C	Level I Family Care a) Family Type Home b) Foster Care for Adults c) Family Care Home						
		New York City	189.40	284.10	123.90	342.50	313.30	626.60
		Rest of State	189.40	284.10	85.90	266.50	275.30	550.60
A	D	Level II Residential Care a) DSS Certified Facilities for Adults b) Community Residences	189.40	284.10	254.80	604.30	444.20	888.40
A	E	Level III School for the Mentally Retarded						
		New York City	189.40	284.10	482.90	1,060.50	672.30	1344.60
		Dutchess, Orange, Ulster, Sullivan and Westchester	189.40	284.10	458.90	1,012.50	648.30	1296.60
		Rest of State	189.40	284.10	143.90	382.50	333.30	666.60
D	Z	Title XIX Institution	25.00	50.00	0	0	25.00	50.00

[1 includes $10 Personal Needs Allowance]
[2 includes $18 Personal Needs Allowance]

SSI Benefit Levels: effective July 1, 1977 (*Effective October 1 1977)

Living Arrangement	Federal L/A Code	Op. State Supp. Code	Federal Benefit		State Supplement		Total SSI Benefit	
			Ind.	Couple	Ind.	Couple	Ind.	Couple
Living Alone	A	A	177.80	266.70	60.85	75.94	238.65	342.64
Living with Others	A,C	B	177.80	266.70	8.18	26.94	185.98	293.64
Living in Household of Another	B	F	118.54	177.80	8.18	26.94	126.72	204.74
Level I Family Care a) Family Type Home b) Foster Care for Adults c) Family Care Home New York City	A	C	177.80	266.70	123.90	336.70	301.70[1]	603.40[1]
Rest of State			177.80	266.70	68.90	226.70	246.70[1]	493.40[1]
Level II Residential Care BSW Certified Homes for Adults & Community Residences	A	D	177.80	266.70	218.90 *226.90	526.70 *542.70	396.70[1] *404.70[2]	793.40[1] *809.40[2]
Level III School for the Mentally Retarded New York City	A	E	177.80	266.70	482.90	1,054.70	660.70[1]	1,321.40[1]
Dutchess, Orange, Ulster, Sullivan and Westchester			177.80	266.70	458.90	1,006.70	636.70[1]	1,273.40[1]
Rest of State			177.80	266.70	143.90	376.70	321.70[1]	643.40[1]
Title XIX Institution	D	Z	25.00	50.00	0	0	25.00	50.00

Living Arrangement	Optional Supp. Code*	Federal Living Arrangement Code	Federal Benefit		State Supplement		Total SSI Benefit	
			Ind.	Couple	Ind.	Couple	Ind.	Couple
Living Alone	A	A	167.80	251.80	50.75	60.74	218.55	312.54
Living W/Others	B	A,C	167.80	251.80	-	11.74	167.80	263.54
Family Care								
Family Type Home Foster Care for Adults Family Care Home								
New York City	C	A	167.80	251.80	123.90	331.60	291.70	583.40
Rest of State	C	A	167.80	251.80	68.90	221.60	236.70	473.40
Residential Care for Mentally Disabled	D	A	167.80	251.80	218.90	521.60	386.7	773.40
Half-way House Hostel NYS Board of Social Welfare Certified Homes Community Residence								
Residential Treatment								
Residential Treatment Facility for Mentally Disabled								
New York City	E	A	167.80	251.80	482.90	1049.60	650.70	1301.40
Dutchess, Orange, Ulster, Sullivan & Westchester	E	A	167.80	251.80	458.90	1001.60	626.70	1253.40
Rest of State	E	A	167.80	251.80	143.90	371.60	311.70	623.40
Living in the Home of Others	F	B	111.87	167.87	6.78	24.81	118.65	192.68
Title XIX Institution	Z	D	25.00	50.00	0	0	25.00	50.00

* Position 97 in the SDX

Living Arrangement	Optional Supp. Code*	Federal Living Arrangement Code	Federal Benefit		State Supplement		Total SSI Benefit	
			Ind.	Couple	Ind.	Couple	Ind.	Couple
Living Alone	A	A	167.80	251.80	60.85	75.94	228.65	327.74
Living W/Others	B	A,C	167.80	251.80	8.18	26.94	175.98	278.74
Family Care								
Family Type Home Foster Care for Adults Family Care Home								
New York City	C	A	167.80	251.80	123.90	331.60	291.70	583.40
Rest of State	C	A	167.80	251.80	68.90	221.60	236.70	473.40
Residential Care for Mentally Disabled	D	A	167.80	251.80	218.90	521.60	386.70	773.40
Half-way House Hostel NYS Board of Social Welfare Certified Homes Community Residence								
Residential Treatment								
Residential Treatment Facility for Mentally Disabled								
New York City	E	A	167.80	251.80	482.90	1049.60	650.70	1301.40
Dutchess, Orange, Ulster, Sullivan & Westchester	E	A	167.80	251.80	458.90	1001.60	626.70	1253.40
Rest of State	E	A	167.80	251.80	143.90	371.60	311.70	623.40
Living in the Home of Others	F	B	111.87	167.87	8.18	26.94	120.05	194.81
Title XIX Institution	Z	D	25.00	50.00	0	0	25.00	50.00

* Position 97A in the SDX