

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-182

Date: November 24, 1992

Division: Services and
Community
Development

TO: Local District Commissioners

SUBJECT: Supplemental Security Income (SSI) Cost of Living
Adjustment for Family Type Home for Adults Residents

ATTACHMENTS: Attachment I - Sample Letter (available on line)
Attachment II - Sample Letter (available on line)
Attachment III - SSI Chart (not available on line)

Chapter 292 of the Laws of 1992 authorized a pass-through of the January 1, 1993 federal cost-of-living increase given to SSI recipients. The January 1, 1993 federal SSI increase has been set at 3.0% or \$12.00 per month. The law also increases the minimum Personal Needs Allowance (PNA) for residents of certified Congregate Care facilities.

As a result of this law, effective January 1, 1993 the monthly benefit for SSI recipients in Family Type Homes for Adults in New York City, Nassau, Suffolk and Westchester counties will be \$700.48 for individuals and \$1,400.96 for couples. In all other districts, the monthly benefit for SSI recipients residing in Family Type Homes for Adults will be \$662.48 for individuals and \$1,324.96 for couples. The minimum personal needs allowance for all residents will be \$85.00 a month. We have been advised that the increase will be included in the resident's January check.

In accordance with Section 352.8 of the Department's regulations, local districts are required to provide an allowance for the care and maintenance of Home Relief (HR) recipients in a Level I facility equal to the corresponding SSI benefit level for residents in the home, rounded down to the next whole dollar.

As part of your responsibility to supervise the Family Type Home for Adults program, you are required to identify all operators of certified Family Type Homes for Adults within your jurisdiction and immediately inform them and their SSI and HR residents of this increase. The notification should include the following reminder:

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- o If an operator intends to increase the rate charged to residents, he/she is required to give residents a written notice specifying the new rate at least thirty (30) days prior to the date of the increase. If a resident voluntarily agrees in writing to the increase, the operator may increase the rate with less than thirty days notice. However, in either case the operator is required to amend the admission agreement.
- o Section 131-o of the Social Services Law and Section 485.12 of the Department's regulations set forth penalties for misappropriating or retaining a resident's personal allowance.

Attached for your information is a chart containing the SSI increases and copies of model letters which may be sent to operators and SSI residents. If you have any questions about this matter, please have your staff contact your Adult Services program representative as follows:

Irv Abelman, 1-800-554-5391 or OFISLink USERID OAM020

Thomas Burton, 1-800-342-3715, ext. 432-2987

Kathleen Crowe, 1-800-342-3715, ext. 432-2996 or OFISLink USERID ROF017

Michael Monahan, 1-800-342-3715, ext. 432-2667 or OFISLink USERID AY3860

Janet Morrissey, 1-800-342-3715, ext. 432-2864 or OFISLink USERID OPM100



Peter R. Brest

Associate Commissioner

Office of Housing and Adult Services

ATTACHMENT I

SAMPLE LETTER

Dear Operator:

Chapter 292 of the Laws of 1992 authorized a pass-through of the Federal Supplemental Security Income (SSI) cost of living adjustment to most SSI recipients residing in Family Type Homes for Adults. We have been advised by the State Department of Social Services that the increases will be available in the resident's January check. Also, regulations of the State Department of Social Services require that Home Relief (HR) recipients receiving care in Family Type Homes receive the same payment level as SSI recipients rounded down to the next whole dollar. Therefore, any HR residents receiving care in your home will receive the same increases as SSI recipients rounded down.

The monthly benefit for SSI recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. The monthly benefit for HR recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. This is the SSI benefit rounded down to the next whole dollar.

The law also provides for an increase in the personal needs allowance. Effective January 1, 1993, the monthly minimum personal needs allowance will be \$85.00 for residents in Family Type Homes for Adults. Residents who have other sources of income in addition to SSI will be entitled to the \$ 85.00 minimum, plus any income disregarded by Social Security. Penalties for retaining or misappropriating a resident's personal allowance are set forth in Section 131-o of the Social Services Law and Section 485.12 of the Department's regulations.

If you intend to increase the rate you charge residents, you are required to give residents a written notice specifying the new rate thirty (30) days prior to the date of the increase. If a resident voluntarily agrees in writing to the increase, you may increase the rate with less than thirty (30) days notice. However, in either case you are required to amend the resident's admission agreement.

If you have any questions about this matter, please contact _____.

Sincerely,

SAMPLE LETTER

Dear Supplemental Security Income Resident:

A recent law provides for a Federal cost-of-living adjustment to your Supplemental Security Income (SSI) monthly payment. The law also provides for an increase in the personal needs allowance. Effective January 1, 1993 if you receive SSI and no other income and live in a Family Type Home, in most cases you will receive a monthly check for _____. Of this amount, at least \$85.00 must be yours for a Personal Needs Allowance.

Admission Agreement Changes

The operator of the facility where you live may increase the rate you are charged effective January 1, 1993.

In order to do this, the operator is required to give you thirty (30) days written notice prior to the date of the rate change and amend your admission agreement. The operator may increase the rate without the thirty day notice if you voluntarily agree to such a rate increase in writing. Either way, your admission agreement should be amended to reflect this rate increase, and you should receive a copy of this amendment to your admission agreement.

Regardless of the amount of the rate increase specified by the operator of your home, you will still be entitled to the minimum personal needs allowance as described above. By law, the operator may not accept any of your personal allowance or any disregarded income to pay for the services the home must provide by law and regulation.

If you have any questions about this increase, you should ask your Family Type Home operator or call _____, the Family Type Home coordinator in your local department of social services at _____.

Sincerely,

ATTACHMENT III

3715EL (Rev. 10/92)

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

STATE SUPP CODE	LIVING ARRANGEMENT	INDIVIDUAL			COUPLE		
		FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
A	Living Alone	434	86	520	652	102.50	754.50
B	Living with Others	434		457	652		697
(F)	(Living in Household of Another ^{1/})	(289.34)	23	(312.34)	(434.67)	45	(479.67)
C	<u>Level I - Family Care</u> 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
	<u>Level II - Residential Care</u> 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
E	<u>Level III - Schools for the Mentally Retarded</u> 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
G	Title XIX (Medicaid certified) Institutions ^{2/}	30	5 ^{3/}	35 ^{3/}	60	10 ^{3/}	70 ^{3/}
Z	(See ^{4/} Below)	434	0	434	652	0	652

The "Living with others" category includes the recipients whose federal benefit has been reduced by the "value of 1/3 reduction (VIR)" 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 VIR is \$144.66 for an individual and \$217.33 for a couple.

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.

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.

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

Level III - \$66

References:
Chapter 292 Laws of 1992