
NEED

A. GENERAL NEED REQUIREMENTS

1. Need

Need is the money amount necessary to provide for an individual's minimum food, clothing or shelter. In CAPI, the amount of money needed is determined based on an individual's/couple's income, living arrangement, and household composition.

Once eligibility is established, the actual benefit amount must be determined. The first step in the process is to determine which of the CAPI payment standards apply. Attached is an exhibit with the CAPI payment standards in effect.

2. Household Composition

- a. Household composition plays the biggest role in determining eligibility and CAPI payment standards; it plays an even bigger role than blindness, disability or marital status.
- b. There may be up to six types of living arrangements under CAPI. Within the six living arrangements, there are twenty-seven (27) household compositions which correspond with unique CAPI standard payment amounts.
- c. The SOC 453, Living Arrangement and Household Expenses, completed at application, is used to determine the applicant's household composition. It is also used to establish whether household expenses are shared with others.
- d. Within CAPI, there are individual cases and there are couple cases. A couple are two persons living in the same household who are eligible and:
 - 1) are legally married; or
 - 2) Both declare that they consider themselves to be married and lead others to believe that they are husband and wife.

The applicant's/participant's statement regarding marital status is to be accepted unless there is evidence to the contrary.

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B. **LIVING ARRANGEMENT CATEGORIES** (Housing)

There are six (6) possible living arrangements in the CAPI program as follows:

1. **Independent Living**

Individuals who are in independent living include those who:

- a. live alone, or
- b. have ownership interest or rental liability, or
- c. are homeless, or
- d. live in a public assistance household, or
- e. live with someone else but purchase their food separately or pay a prorated share for food and/or shelter expenses, or
- f. are renting a room under a business-like arrangement.

If an applicant receives in-kind support (also referred to as In-kind Support Maintenance or ISM), the in-kind support is treated as a Presumed Maximum Value (PMV), unless the applicant can prove that the value of the in-kind support is less than the PMV (i.e., in January 2003 the PMV is \$204 for an individual and \$296.33 for a couple).

EXAMPLE:

Applicant receives in-kind housing. The PMV is \$204 unless the applicant has proof that the value is actually less. Included in the Independent Living Arrangement are separate payment standards for:

- a. blind individuals,
- b. couples where both members are aged or disabled,
- c. couples where both members are blind, and
- d. couples where only one member is blind.

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B. **LIVING ARRANGEMENT CATEGORIES** (Housing) (Continued)

2. **Household of Another** (HOA)

Applicants/participants are considered in a HOA if they live with someone else (other than spouse, or parent if a non-Qualified Alien minor child). That is, the participants receive both food and shelter from that person and do not contribute toward the household expenses or pay less than the prorated share for food and shelter. Also, they do not have ownership interest or rental liability.

3. **Non-Medical Out-of-Home Care** (NMOHC)

a. The NMOHC category is used for participants who live:

- 1) outside their own home in a protective living arrangement who at a minimum receive board, room, and personal nonmedical care and supervision related to the applicant/participant's individual needs (e.g., a nursing home, a licensed foster care, community care, or residential care facility).
- 2) Facility licensure is to be verified by eligibility staff by contacting the local Community Care Licensing field office.

b. The NMOHC is also used for participants who live in a County approved non-licensed private residence of an applicant's relative or legal guardian, conservator, where the need for and the appropriateness of the care has been certified by the county. **The EW shall contact the Adult Services Division listed below to determine whether a residence can be certified.**

**Bureau of Health, Nutrition & Social Services -
Adult Services Division
5026 Santa Monica Blvd.
Los Angeles, CA 90029
(323) 669-3627**

- 1) A relative is related by blood (i.e., parent, son, brother, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any such person denoted by the prefix "grand" or "great").
- 2) Applicants/participants cannot receive both the NMOHC CAPI rate and In-Home Supportive Services (IHSS). Applicants/participants must choose one or the other.

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LIVING ARRANGEMENT CATEGORIES (HOUSING) (Continued)

3. Non-Medical Out-of-Home Care (NMOHC) (Continued)



LEADER INPUT: On the “Case Comments” Screen:

document the certification of the residence
document the date of inquiry, name of contact person,
date the residence was certified, and name of
relative(s) home which is certified.

On the “Living Arrangements screen:

Select drop down box “Household of Relative with R&B”.

4. Independent Living Without Cooking Facilities

- a. This living arrangement has an extra benefit built into the CAPI Standard amount. The extra benefit is known as the Restaurant Meal Allowance (RMA).
- b. This living arrangement will be applied to aged/disabled participants who, for at least one entire month, do not have access to both a stove and refrigerator and do not have meals provided as part of their living arrangement.
- c. This living arrangement does not apply to blind individuals or couples with at least one blind member.

5. Disabled Child Living With Parent

This living arrangement is for a child under age 18 living with one or both parents. As qualified alien disabled minors are not eligible for CAPI because they are potentially eligible to SSI/SSP, this living arrangement would apply to PRUCOL disabled/blind minors.

6. Title XIX Medical Facility

This living arrangement applies to applicants/participants who are living in a medical facility for an entire month and Medi-Cal and/or other medical insurance is paying at least fifty percent (50 %) of their cost.

C. DETERMINING LIVING ARRANGEMENTS EFFECTIVE DATE

Living arrangements are always determined as of the first of the month and remain the same throughout the month. If a participant moves, living arrangements resulting from a move are effective the first of the month following the date of move.

D. SPECIAL NEEDS

NEED

There are no special needs allowances for CAPI.

E. **EMERGENT AID**

There is no emergent aid for CAPI while aid is pending.

F. **PAYMENT STANDARD**

The payment standard for CAPI is based on the SSI/SSP payment standard. The CAPI payment standard for individuals is \$10.00 less than SSI/SSP; the standard for couples is \$20.00 less than SSI/SSP.

G. **COUPLES WHEN ONE SPOUSE IS RECEIVING SSI/SSP**

In a couples case, when one spouse receives SSI/SSP, the SSI/SSP spouse is considered eligible for purposes of determining the CAPI grant amount. Therefore, the SSI/SSP spouse is coded as eligible on CDMS. The SSI/SSP spouse's income is considered when determining the CAPI grant. See the Income Section for more details.

The payment standard for all CAPI couples is based on the SSI/SSP payment standard and their living arrangements. The CAPI payment standard for couples when one spouse receives SSI/SSP is \$10.00 less than the SSI/SSP amount.