DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

September 10, 1998

ALL COUNTY LETTER NO. 98-68

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

SUBJECT: INCREASES TO THE MAXIMUM AID PAYMENT (MAP) LEVELS IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCES: ALL COUNTY LETTER (ACL) 96-60, ASSEMBLY BILL 2779 (CHAPTER 329, STATUTES OF 1998), WELFARE & INSTITUTIONS CODE (WIC) SECTIONS 11450.018 & 11453

The purpose of this letter is to inform you of increases to the Maximum Aid Payment (MAP) levels in the CalWORKs program which are effective November 1, 1998. The increase in MAP is due to provisions in the law which call for restoration of the statewide 4.9 percent grant cuts and for providing an annual Cost-of-Living Adjustment (COLA). This year's COLA increases the MAP by 2.84 percent. The new CalWORKs Payments Standards tables for Region 1 and Region 2 are included in Attachments 1A and 1B.

CalWORKs and Food Stamp Mass Informing Notice

Attachments 2A and 2B provide you with the mass informing stuffers you should use to notify CalWORKs recipients of the new MAP levels. Attachment 2A is designed for residents of Region 1, and 2B for Region 2 residents. These stuffers provide information about the changes in cash aid standards and serve as advance notification to CalWORKs recipients. Both attachments also contain language to inform households that food stamps may be reduced due to the increase in cash aid. In addition, the stuffer includes the State's toll free number for public inquiries. Those calling the number will hear a taped message concerning the changes and hearing rights associated with law changes. The taped message will be provided in English and Spanish. The attached stuffers must be sent to current CalWORKs recipients so that they are received no later than November 1, 1998.

CalWORKs Notice of Action (NOA) Language

Attachment 3 provides a listing of applicable NOA language and instructions for use of the NOAs specified. Counties may, but are not legally required to, issue NOAs for increases in grants resulting solely from the law change.

Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA)

Information regarding RCA and ECA will follow under separate cover.

Food Stamp Information

Adjustments in Food Stamp benefits resulting from cash aid changes are considered a mass change as provided in Manual of Policies and Procedures (MPP) 63-504.392. The mass informing stuffers provided in Attachments 2A and 2B contain the necessary information for advising Public Assistance Food Stamp households of benefit changes. An individual Notice of Change (DFA 377.4) is not required if the sole reason for the change in benefits is the MAP increase.

The following describes how to treat the CalWORKs MAP increase supplemental payment received by Food Stamp households:

> For monthly reporting households subject to retrospective budgeting, if the County Welfare Department (CWD) sends a supplemental payment for the MAP increase in the month of November for the month of November, but did not have time to prospectively budget the supplemental payment, the CWD must retrospectively budget the November supplement in January 1999 [MPP 63-503.232(c)(5)(B)].
>
> However, if the November supplement is not sent until December, it is considered a non-recurring lump sum payment for Food Stamp Program purposes and is counted as a resource in the month of December [MPP 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

Translations and Camera-Ready Copies

For camera-ready copies of English and Spanish forms, call Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain various forms and Notice of Form Change (GEN 127) from the CDSS web page at: http://www.dss.cahwnet.gov. To accommodate agencies without Internet access, copies will be available by contacting FMU.

For all translated messages and Russian and Asian (Cambodian, Chinese and Vietnamese) versions of forms, call Language Translation Services (LTS) at (916) 654-1282 or CALNET 464-1282. If you need several forms, fax your request to (916) 657-3429 or e-mail your request to lsu@dss.ca.gov. Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the LTS mailing list. Once you have established an e-mail address, please contact FMU by telephone or e-mail at fmu@dss.ca.gov. FMU will then place you on their e-mail list.

Contacts

If you have any questions regarding the CalWORKs MAP increases, please contact Cora Myers at (916) 654-2236 or CALNET 464-2236. Questions about RCA/ECA should be addressed to Linda Keene at (916) 654-2602 or CALNET 464-2602. For questions regarding the treatment of the MAP increase in the Food Stamp budget, you may contact Bill Shaw at (916) 654-1459 or CALNET 464-1459.

Sincerely,

Original Document Signed By
Bruce Wagstaff on 9/10/98

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

ATTACHMENT 1A

CalWORKs PAYMENT STANDARDS
Effective November 1, 1998
Region 1

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	In-Kind Income				80% of MAP Exempt Assistance Units*	80% of MAP Non-Exempt Assistance Units*
				Housing	Utilities	Food	Clothing		
1	336	302	381	172	36	95	29	268	241
2	551	493	624	230	41	203	56	440	394
3	682	611	775	251	44	259	83	545	488
4	811	728	920	264	46	320	112	648	582
5	925	829	1049	264	46	387	141	740	663
6	1,039	931	1,180	264	46	447	168	831	744
7	1,141	1,023	1,296	264	46	499	198	912	818
8	1,244	1,114	1,412	264	46	546	221	995	891
9	1,344	1,204	1,531	264	46	601	253	1075	963
10	1,443	1,293	1,662	264	46	649	278	1154	1034
More then 10	1,443	1,293	Add $14 for each extra person					1154	1034

*Rounded down to next lower whole dollar.

ATTACHMENT 1B

CalWORKs PAYMENT STANDARDS
Effective November 1, 1998
Region 2

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	Income In-Kind				80% of MAP Exempt Assistance Units*	80% of MAP Non-Exempt Assistance Units*
				Housing	Utilities	Food	Clothing		
1	320	287	362	164	36	95	29	256	229
2	524	469	594	218	41	203	56	419	375
3	649	582	737	239	44	259	83	519	465
4	772	693	875	251	46	320	112	617	554
5	880	789	998	251	46	387	141	704	631
6	989	886	1,122	251	46	447	168	791	708
7	1,085	973	1,232	251	46	499	198	868	778
8	1,183	1,060	1,342	251	46	546	221	946	848
9	1,279	1,145	1,456	251	46	601	253	1023	916
10	1,373	1,230	1,581	251	46	649	278	1098	984
More than 10	1,373	1,230	Add $14 for each extra person					1098	984

*Rounded down to the next lower whole dollar.

ATTACHMENT 2A - Mass Change Informing Stuffer, Region 1
English and Spanish

ATTACHMENT 2B - Mass Change Informing Stuffer, Region 2
English and Spanish

State Law Changes Maximum Aid Payments (MAPs) for Cash Aid Recipients

WORK PAY$ IN SO MANY WAYS

As of November 1, 1998, most families will get an increase in their cash aid. The MAP will be increased by 4.9% and an additional 2.84%. These changes will raise the MAP by about 8%. Please keep in mind, if you move to another county, the MAP may be different.

If you need information about the MAP change, please call:

- Toll-free 1-800-248-8068
- TDD for the hearing impaired 1-800-952-8349

Food Stamp Changes:

Most families get less food stamps when they get more cash aid. You will get a separate NOA if your food stamps change for other reasons.

If you think there is a mistake in your cash aid or food stamps, you may want to file a state hearing. Your food stamps may stay the same until the hearing or the end of your certification period, whichever is earlier. If the MAP increase is the only reason you got less food stamps, your benefits will not stay the same. If the hearing decision says we are right, you will owe us for any extra food stamps you got.

You can ask about your hearing rights or ask for a state hearing at the state information number:

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

New MAP Tables for Region 1

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 279	$ 302	$ 23
2	456	493	37
3	565	611	46
4	673	728	55
5	767	829	62
6	861	931	70
7	946	1023	77
8	1030	1114	84
9	1113	1204	91
10 or more	1196	1293	97

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 311	$ 336	$ 25
2	509	551	42
3	631	682	51
4	750	811	61
5	855	925	70
6	961	1039	78
7	1055	1141	86
8	1150	1244	94
9	1243	1344	101
10 or more	1335	1443	108

La ley estatal cambia los pagos máximos de asistencia (MAP) para las personas que reciben asistencia monetaria

A partir del 1º de noviembre de 1998, la mayoría de las familias recibirán un aumento en su asistencia monetaria. El MAP aumentará un 4.9% y un 2.84% adicional. Estos cambios aumentarán el MAP aproximadamente un 8%. Por favor, recuerde que si se cambia a otro condado, es posible que el MAP sea diferente.

Si necesita información acerca del cambio en el MAP, por favor llame al:

- Teléfono gratuito 1-800-248-8068
- Teléfono gratuito para los que usan TDD (aparato de telecomunicaciones para las personas sordas) 1-800-952-8349

Cambios en las estampillas para comida:

La mayoría de las familias reciben menos estampillas para comida cuando reciben más asistencia monetaria. Recibirá una notificación por separado si hay un cambio en sus estampillas para comida debido a otros motivos.

Si piensa que hay un error en su asistencia monetaria o estampillas para comida, es posible que quiera solicitar una audiencia con el Estado. Sus estampillas para comida pueden continuar igual hasta que se lleve a cabo la audiencia o hasta el final de su período de certificación, lo que ocurra primero. Si el aumento en el MAP es la única razón que usted recibió menos estampillas para comida, sus beneficios no se mantendrán igual. Si la decisión que se emita en la audiencia indica que nosotros tenemos la razón, usted deberá pagar las estampillas para comida que usted recibió extra.

Usted puede pedir información sobre sus derechos a una audiencia o puede solicitar una audiencia con el Estado a los siguientes números de información:

Teléfono gratuito: 1-800-952-5253

Si usted es una persona sorda y usa TDD, llame al: 1-800-952-8349

Tablas de los nuevos MAP para la Región 1

Estas tablas de los nuevos MAP indican cómo es probable que cambie su asistencia monetaria.

Esta tabla indica el MAP para familias que reciben un MAP más bajo:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	$ 279	$ 302	$ 23
2	456	493	37
3	565	611	46
4	673	728	55
5	767	829	62
6	861	931	70
7	946	1023	77
8	1030	1114	84
9	1113	1204	91
10 o más	1196	1293	97

Esta tabla indica el MAP para familias que reciben un MAP más alto:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	$ 311	$ 336	$ 25
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As of November 1, 1998, most families will get an increase in their cash aid. The MAP will be increased by 4.9% and an additional 2.84%. These changes will raise the MAP by about 8%. Please keep in mind, if you move to another county, the MAP may be different.

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You can ask about your hearing rights or ask for a state hearing at the state information number:

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If you are deaf and use TDD, call: 1-800-952-8349

New MAP Tables for Region 2

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 266	$ 287	$ 21
2	434	469	35
3	538	582	44
4	641	693	52
5	730	789	59
6	819	886	67
7	900	973	73
8	980	1060	80
9	1059	1145	86
10 or more	1138	1230	92

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 295	$ 320	$ 25
2	485	524	39
3	601	649	48
4	714	772	58
5	814	880	66
6	914	989	75
7	1004	1085	81
8	1094	1183	89
9	1183	1279	96
10 or more	1270	1373	103

La ley estatal cambia los pagos máximos de asistencia (MAP) para las personas que reciben asistencia monetaria

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Usted puede pedir información sobre sus derechos a una audiencia o puede solicitar una audiencia con el Estado a los siguientes números de información:

Teléfono gratuito: 1-800-952-5253

Si usted es una persona sorda y usa TDD, llame al: 1-800-952-8349

Tablas de los nuevos MAP para la Región 2

Estas tablas de los nuevos MAP indican cómo es probable que cambie su asistencia monetaria.

Esta tabla indica el MAP para familias que reciben un MAP más bajo:

Personas que reciben asistencia	MAP antiguo	MAP nuevo	Aumento en el MAP
1	$ 266	$ 287	$ 21
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7	1004	1085	81
8	1094	1183	89
9	1183	1279	96
10 o más	1270	1373	103

ATTACHMENT 3

NOTICE OF ACTION(NOA) MESSAGES

The following NOA messages are attached:

M44-315B (9/98) - Aid Payment Levels: Change-ICT between Regions

The M44-315B message was developed to change cash aid when the recipient moves between the two different regions.

T44-315a (9/98) - 4.9% MAP Increase & 2.84% COLA: Change

The T44-315a temporary message was developed to implement the 4.9% MAP increase and 2.84% COLA.

Action : Change
Issue: Aid Payment Levels
Title: 4.9% MAP Increase & 2.84% COLA

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-315.311(a)

Use Form No. : NA 200
Original Date : 10-01-96, temp
Revision Date : 09-01-98

MESSAGE:

As of November 1, 1998, the County is changing your cash aid from $_____ to $_____.

Here's why:

On November 1, 1998, a change in State law will raise the Maximum Aid that you can get by 4.9 percent and an additional 2.84 percent.

If you want to know more about this State law change, you may call toll-free:
1-800-248-8068

TDD for hearing impaired:
1-800-952-8349

If you think there is a mistake in your cash aid, you may want to file a State Hearing.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use this form when the ONLY reason for the action is the 4.9% MAP increase and 2.84% COLA.

State of California
Department of Social Services

Noa Msg Doc No.: M44-315B
Action : Change
Issue: Aid Payment Levels
Title: ICT between Reg-1 and Reg-2
MAP Increase/Decrease

Auto ID No.: NA 200
Source : 11-01-96
Issued by : 09-01-98
Reg Cite : 44-315.311(a), 40-189

Use Form No. :
Original Date :
Revision Date :

MESSAGE:

As of _____, the County is changing your cash aid from $_____ to $_____.

Here's why:

[ ] The Maximum Aid in this county is higher than the county you were living in before.

[ ] The Maximum Aid in this county is lower than the county you were living in before.

INSTRUCTIONS: Use as language to insert for intercounty transfers that are approved and ONLY when the case is coming from a different Region's county. This would be used by the receiving county.