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

May 5, 1999

ALL COUNTY LETTER NO. 99-35

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALIST

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

SUBJECT: INCREASES TO THE MAXIMUM AID PAYMENT (MAP) AND MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC) LEVELS IN THE CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCE: WELFARE & INSTITUTIONS CODE (WIC) SECTIONS 11450, 11452 AND 11453

The purpose of this letter is to inform you of increases to the Maximum Aid Payment (MAP) and Minimum Basic Standards of Adequate Care (MBSAC) levels in the CalWORKs program which are effective July 1, 1999. The increases are due to provisions in law which call for an annual Cost-of-Living Adjustment (COLA). This year's COLA increases the MAP and MBSAC by 2.36 percent.

The new MBSAC amounts will affect only families that apply for CalWORKs on or after July 1, 1999. The increased amounts in the In-Kind Income portion of the tables affect both recipients and new applicants of CalWORKs who state they earn or receive in kind any one of the need items listed on this table. The new MAP levels are used in determining the aid payments for July 1999 and subsequent months. The new CalWORKs Payments Standards tables for Region 1 and Region 2 are included in Attachments 1A and 1B and are provided to assist you in implementing the changes.

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 July 1, 1999.

CalWORKs Notice of Action (NOA) Language

Attachment 3 provides NOA language and instructions for use of the NOA 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)

RCA recipients are to receive the COLA in the MBSAC and MAP, equivalent to the COLA provided to CalWORKs recipients. This instruction complies with the September 29, 1998 waiver which was granted by the federal Office of Refugee Resettlement (reference All County Letter Number 97-62).

Please be advised this waiver is limited to the MBSAC and the MAP only. It does not waive any other requirements, including the method of grant calculation applicable to RCA recipients.

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 July for the month of July, but did not have time to prospectively budget the supplemental payment, the CWD must retrospectively budget the July supplement in September, 1999 [MPP 63-503.232(c)(5)(A)].
>
> However, if the July supplement is not sent until August, it is considered a non-recurring lump sum payment for Food Stamp Program purposes and is counted as a resource in the month of August [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. Your Forms Coordinator now receives all translations as soon as they become available.

Contacts

If you have any questions regarding the CalWORKs MAP and MBSAC 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 Maria Tarango at (916) 654-1883 or CALNET 464-1883.

Sincerely,
Original document signed by
Bruce Wagstaff on May 5, 1999
BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

ATTACHMENT 1A

CalWORKs PAYMENT STANDARDS
Effective July 1, 1999
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	344	310	390	176	37	97	30	275	248
2	565	505	639	235	42	208	57	452	404
3	699	626	793	257	45	265	85	559	500
4	831	746	942	270	47	328	115	664	596
5	947	849	1,074	270	47	396	144	757	679
6	1,064	953	1,208	270	47	458	172	851	762
7	1,168	1,048	1,327	270	47	511	203	934	838
8	1,274	1,141	1,445	270	47	559	226	1,019	912
9	1,376	1,233	1,567	270	47	615	259	1,100	986
10	1,478	1,324	1,701	270	47	664	285	1,182	1,059
More than 10	1,478	1,324	Add $14 for each extra person					1,182	1,059

*Rounded down to next lower whole dollar.

ATTACHMENT 1B

CalWORKs PAYMENT STANDARDS
Effective July 1, 1999
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	327	294	371	168	37	97	30	261	235
2	539	481	608	223	42	208	57	431	384
3	667	596	754	245	45	265	85	533	476
4	793	710	896	257	47	328	115	634	568
5	904	808	1,022	257	47	396	144	723	646
6	1,015	907	1,148	257	47	458	172	812	725
7	1,115	996	1,261	257	47	511	203	892	796
8	1,214	1,086	1,374	257	47	559	226	971	868
9	1,313	1,173	1,490	257	47	615	259	1,050	938
10	1,409	1,260	1,618	257	47	664	285	1,127	1,008
More than 10	1,409	1,260	Add $14 for each extra person						1,008

*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 July 1, 1999, most families will get an increase in their cash aid. The MAP will be increased by 2.36%. 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 Notice of Action 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	$ 302	$ 310	$ 8
2	493	505	12
3	611	626	15
4	728	746	18
5	829	849	20
6	931	953	22
7	1023	1048	25
8	1114	1141	27
9	1204	1233	29
10 or more	1293	1324	31

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

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 336	$ 344	$ 8
2	551	565	14
3	682	699	17
4	811	831	20
5	925	947	22
6	1039	1064	25
7	1141	1168	27
8	1244	1274	30
9	1344	1376	32
10 or more	1443	1478	35

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

A partir del 1º de julio de 1999, la mayoría de las familias recibirán un aumento en su asistencia monetaria. El MAP aumentará un 2.36%. Por favor, recuerde que si se cambia a otro condado, el 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	$ 302	$ 310	$ 8
2	493	505	12
3	611	626	15
4	728	746	18
5	829	849	20
6	931	953	22
7	1023	1048	25
8	1114	1141	27
9	1204	1233	29
10 o más	1293	1324	31

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	$ 336	$ 344	$ 8
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State Law Changes Maximum Aid Payments (MAPs) for Cash Aid Recipients

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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 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	$ 287	$ 294	$ 7
2	469	481	12
3	582	596	14
4	693	710	17
5	789	808	19
6	886	907	21
7	973	996	23
8	1060	1086	26
9	1145	1173	28
10 or more	1230	1260	30

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

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	$ 320	$ 327	$ 7
2	524	539	15
3	649	667	18
4	772	793	21
5	880	904	24
6	989	1015	26
7	1085	1115	30
8	1183	1214	31
9	1279	1313	34
10 or more	1373	1409	36

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

A partir del 1º de julio de 1999, la mayoría de las familias recibirán un aumento en su asistencia monetaria. El MAP aumentará un 2.36%. Por favor, recuerde que si se cambia a otro condado, es posible que el MAP sea diferente.

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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 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	$ 287	$ 294	$ 7
2	469	481	12
3	582	596	14
4	693	710	17
5	789	808	19
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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	$ 320	$ 327	$ 7
2	524	539	15
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6	989	1015	26
7	1085	1115	30
8	1183	1214	31
9	1279	1313	34
10 o más	1373	1409	36

ATTACHMENT 3

NOTICE OF ACTION (NOA) MESSAGE

The following NOA message is attached:

M44-315 (7/99) – Law Change – Increase in MAP (2.36% increase)

The M44-315 message was developed to implement the 2.36% MAP increase.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of July 1, 1999, the county is changing your monthly cash aid from $_____ to $ _____.

Here is why:

As of July 1, State Law makes the Maximum Aid Payment standard go up by 2.36 percent. See Section B, Line 1 on this page for your new Maximum Aid Payment amount.

Your new cash aid amount is figured on this page.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income	$	_____
Business Expenses:		
a. 40% Standard	-	_____
OR		
b. Actual	-	_____
Net Earnings from Self-Employment	=	_____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	$	_____
$225 Disregard	-	_____
Nonexempt Unearned Disability-Based Income	=	_____
OR		
Unused Amount of $225 Disregard	=	_____
Total Earned Income	$	_____
Net Earnings from Self-Employment (from above)	+	_____
Subtotal	=	_____
Unused Amount of $225 Disregard (from above)	-	_____
Subtotal	=	_____
Earned Income Disregard 50%	-	_____
Subtotal	=	_____
Nonexempt Unearned Disability-Based Income (from above)	+	_____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)_____	+	_____
_____	+	_____
Net Countable Income	=	_____

Section B. Your Cash Aid, Month of _____

1.	Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	$	_____
2.	Special Needs (Assistance Unit + Non-Assistance Unit Members)	+	_____
3.	Net Countable Income from Section A	-	_____
4.	Subtotal	=	_____
5.	Maximum Aid _____ Persons (Assistance Unit only) (Excluding Sanctioned Persons)	$	_____
6.	Special Needs (Assistance Unit only)	+	_____
7.	Maximum Aid Subtotal	=	_____
8.	**Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7	=	_____
9.	Line 8 Prorated for Part of Month	=	_____
10.	Adjustments: 25% Child Support Sanction	-	_____
	Overpayment	-	_____
	Other Sanctions	-	_____
	Bonus	+	_____
11.	**Monthly Cash Aid Amount** (Line 8 or 9 Adjusted)	=	_____