

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



September 11, 1996

ALL COUNTY LETTER NO. 96-49

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

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

**SUBJECT: CHANGES TO THE MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC) FOR THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), REFUGEE CASH ASSISTANCE (RCA), ENTRANT CASH ASSISTANCE (ECA) AND FOOD STAMP PROGRAMS**

REFERENCES: ACL 96-24, DATED MAY 9, 1996

This is to inform you that due to a recent law change, the AFDC COLA implemented July 1, 1996 for Fiscal Year 1996/97, which reflected 70 percent of the California Necessities Index (CNI), is being changed to reflect 100 percent of the CNI, effective November 1, 1996. The difference between 70 percent of the CNI and 100 percent of the CNI equates to approximately a .16 percent increase to the Minimum Basic Standard of Adequate Care (MBSAC) amounts.

The AFDC Payment Standards table (Attachment I) reflects the changes and is provided to assist you in their implementation. The new MBSAC amounts will be used prospectively beginning November 1, 1996. Attachment II contains Food Stamp information.

**Notice of Action (NOA) Message**

Attachments III A and B contain English and Spanish versions of the NOA needed to notify AFDC recipients whose cash aid changes due to the increase of the MBSAC level. Camera-ready copies of the NOA in Spanish, Cambodian, Chinese, and Vietnamese will be available upon request approximately two weeks from the date of this letter through the Language Services Bureau. Camera-ready copies of the NOA in English is available only through the Forms Management Unit.

Assistance Payment Demonstration Project (APDP)  
California Work Pays Demonstration Project (CWPD)  
Research Counties (Los Angeles, San Bernardino, Alameda,  
San Joaquin)

Cases assigned to experimental status will be subject to the MBSAC COLA increase. Cases in control status will not be subject to the MBSAC COLA increase. It is recommended that the Food Stamp Mass Change notice ((TEMP NA 2) Attachment IV) not be sent to cases in control status. However, if this is not possible, the county may add the following language to the notice: "If you are a member of the control group of the Assistance Payments Demonstration Project (now called the California Work Pays Demonstration Project), these changes don't apply to you."

Contacts

For further information regarding the following please contact:

AFDC Program: Alison Garcia (916) 654-0989 (CALNET 464-0989)  
Food Stamp Program: Alan Rowe (916) 653-5208 (CALNET 453-5208)  
APDP/CWPD project: Leslie Raderman at (916) 657-2357 (CALNET 437-2357)

For NOA information please contact:

AFDC NOA: Pam Kian (916) 654-1801 (CALNET 464-1801)  
Spanish/Asian Translations: Language Services Bureau (916) 654-1282 (CALNET 464-1282)  
English Only Camera Ready: Forms Management (916) 657-1907 (CALNET 437-1907)

Sincerely,



BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

ATTACHMENT I

AFDC PAYMENT STANDARDS  
Effective November 1, 1996

Assistance Unit Size	Maximum Aid Payment Exempt**	Maximum Aid Payment Non-Exempt**	MBSAC	185% of MBSAC	In-Kind Income				80% of MAP Exempt Assistance Units**	80% of MAP Non-Exempt Assistance Units**
					Housing	Utilities	Food	Clothing		
1	326	293	361	667	163	34	90	27	260	234
2	535	479	592	1,095	218	39	192	53	428	383
3	663	594	735	1,359	238	42	246	79	530*	475
4	788	707	872	1,613	250	44	303	106	630	565
5	899	806	994	1,838	250	44	366	134	719	644
6	1,010	905	1,118	2,068	250	44	424	159	808*	724
7	1,109	994	1,228	2,271	250	44	473	188	887*	795
8	1,209	1,083	1,338	2,475	250	44	518	210	967	866
9	1,306	1,170	1,451	2,684	250	44	569	240	1,044*	936
10	1,403	1,257	1,575	2,913	250	44	615	263	1,122*	1,005
More than 10	1,403	1,257	Add \$14 for each extra person							

Reference 44-315.311 44-207.113 44-115.311-----44-402.1 and 44-211.531

\*Rounded down to the next lower whole dollar to stay within the 185% and 80% limits.  
\*\*New MAP amounts and exemption standards effective on June 1, 1996.

## FOOD STAMP INFORMATION

The following describes how to treat the AFDC COLA supplemental payment received by Food Stamp households:

For monthly reporting households subject to retrospective budgeting, if the County Welfare Department (CWD) sends a COLA supplemental payment 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. [M.S. 63-503.232(c)(5)(A)]

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 counted as a resource in the month of December [M.S. 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

### Food Stamp Mass Change Notice

Attachment IV is the mass change notice (TEMP NA 2) which counties are to use to inform households that food stamps may be reduced due to the AFDC increase. A copy of the TEMP NA 2 containing English, Spanish, Cambodian, Chinese, Lao and Vietnamese is attached. To request a camera-ready copy of the TEMP NA 2, please contact the Language Services Bureau.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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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 November 1, 1996, the county is changing your monthly cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Here is why:

As of November 1, State Law makes the Basic Need standard go up by 0.16 percent. See Section B, Line 1 on this page for your new Basic Need amount.

Your new cash aid amount is figured on this page.

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income — Sources:	
.....	+ _____
.....	+ _____
Court Ordered Support You Paid.....	- _____
<b>Net Countable Income.....</b>	<b>= _____</b>

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Basic Need, _____ Persons .....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A.....	- _____
4. Basic Need Subtotal .....	= <input type="text"/>
5. Maximum Aid, _____ Persons .....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid subtotal.....	= <input type="text"/>
<b>8. Full Month Aid Subtotal</b> (Lowest Amount on Line 4 or 7).....	<b>= _____</b>
9. Line 8 Prorated for Part of Month.....	= _____
10. Overpayment Adjustment .....	- _____
<b>11. Monthly Cash Aid Amount</b> (Line 8 or 9 less Line 10) .....	<b>= _____</b>

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-315.3.

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid     Food Stamps

### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

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

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

## HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

### HEARING REQUEST

I want a hearing because of an action by the Welfare Department of \_\_\_\_\_ County about my

- Cash Aid     Food Stamps     Medi-Cal     Child Care  
 Other (list) \_\_\_\_\_

Here's why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check here and add a page if you need more space.
- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- I need a free interpreter.  
 My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTIFICACION DE ACCION

CONDADO DE \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : \_\_\_\_\_  
 Nombre del caso : \_\_\_\_\_  
 Número Nombre del trabajador : \_\_\_\_\_  
 Número : \_\_\_\_\_  
 Teléfono : \_\_\_\_\_  
 Dirección : \_\_\_\_\_

(ADDRESSEE)

¿Tiene preguntas? Comuníquese con su trabajador.

**Audiencia con el estado.** Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En la parte de atrás de esta hoja se le explica cómo hacerlo. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

A partir del 1º de noviembre de 1996, el condado cambiará su asistencia monetaria mensual de \$ \_\_\_\_\_ a \$ \_\_\_\_\_.

La razón es la siguiente:

A partir del 1º de noviembre, las leyes estatales aumentarán el criterio de necesidades básicas un 0.16 por ciento. Vea el renglón 1 de la Sección B de esta página para enterarse de su nueva cantidad para necesidades básicas.

En esta página se calcula su nueva cantidad de asistencia monetaria.

## Cantidad mensual de asistencia monetaria

### Sección A. Ingresos contables del mes de \_\_\_\_\_

Total de ingresos ganados..... \$ \_\_\_\_\_  
 Dedución por gastos de trabajo..... - \_\_\_\_\_  
 Dedución de \$30 y 1/3..... - \_\_\_\_\_  
 Dedución por cuidado de personas a su cargo... - \_\_\_\_\_  
 Otros ingresos contables (enumere las fuentes):  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mantenimiento que Ud. pagó por orden de la corte - \_\_\_\_\_  
**Ingresos netos contables** ..... = \_\_\_\_\_

### Sección B. Su asistencia monetaria del mes de \_\_\_\_\_

1. Necesidades básicas, \_\_\_\_\_ personas ... \$ \_\_\_\_\_  
 2. Necesidades especiales..... + \_\_\_\_\_  
 3. Ingresos netos contables de la Sección A..... - \_\_\_\_\_  
 4. Subtotal de necesidades básicas ..... =   
 5. Asistencia máxima, \_\_\_\_\_ personas.... \$ \_\_\_\_\_  
 6. Necesidades especiales..... + \_\_\_\_\_  
 7. Subtotal de asistencia máxima..... =   
**8. Subtotal de asistencia del mes completo**  
 (Cantidad del renglón 4 ó 7, la que sea menor) = \_\_\_\_\_  
 9. Renglón 8 prorrateado para parte del mes = \_\_\_\_\_  
 10. Ajuste por pago excesivo ..... - \_\_\_\_\_  
 10a. por una sanción de Cal-Learn ..... - \_\_\_\_\_  
 10b. por una cantidad adicional de Cal-Learn + \_\_\_\_\_  
**11. Cantidad mensual de asistencia monetaria**  
 (Renglón 8 ó 9 menos el renglón 10) ..... = \_\_\_\_\_

**Medi-Cal (Programa de Asistencia Médica de California).** Esta "Notificación de Acción" NO cambia ni suspende sus beneficios de Medi-Cal. **Conserve sus tarjetas de plástico de identificación de beneficios.**

**Reglas.** Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-315.3





## FOOD STAMP CHANGE

As of November 1, 1996, the Minimum Basic Standard of Adequate Care for AFDC is increased by 0.16 percent. If your cash aid goes up, this change may lower your food stamps.

## CAMBIO EN LAS ESTAMPILLAS PARA COMIDA

A partir del 1<sup>a</sup> de noviembre de 1996, ha aumentado el Criterio Mínimo Básico de Cuidado Adecuado para AFDC un 0.16 por ciento. Si su asistencia monetaria aumenta, este cambio pudiera reducir sus estampillas para comida.

## ការផ្លាស់ប្តូរនៃបណ្ណាចិញ្ចម្ហូប

ចាប់ពីថ្ងៃទី១ ខែវិច្ឆិកា ឆ្នាំ១៩៩៦ ចំនួនកំរិតតិចបំផុតសំរាប់ការចិញ្ចឹមថែរក្សាឱ្យបានគ្រប់គ្រាន់ (Minimum Basic Standard of Adequate Care) នៃជំនួយAFDC ត្រូវបានកម្រិតចំនួន០,១៦ភាគរយ(0.16%) ។ បើសិនជាប្រាក់ជំនួយរបស់លោកអ្នកបានកើនឡើង ការផ្លាស់ប្តូរនេះអាចបន្ថយបណ្ណាចិញ្ចម្ហូបរបស់លោកអ្នក ។

Cambodian

## SỰ THAY ĐỔI VỀ TRỢ CẤP PHIẾU THỰC PHẨM

Kể từ ngày 1 tháng 11 năm 1996, Mức Tiêu Chuẩn Căn Bản Tối Thiểu Về Lợi Túc Đủ Để Sinh Sống (Minimum Basic Standard of Adequate Care) của Trợ Cấp Cho Các Gia Đình Có Con Em Nhỏ (AFDC) được tăng lên 0.16 phần trăm. Nếu trợ cấp tiền mặt của quý vị tăng lên thì trợ cấp phiếu thực phẩm của quý vị có thể bị giảm xuống.

Vietnamese

## ການປ່ຽນແປງຢູ່ໃນໂຄງການປັດຂີ່ອາຫານ

ເລີ່ມຕັ້ງແຕ່ວັນທີ 1 ເດືອນພຶສພາ 1996 ນີ້ເປັນຕົ້ນໄປ ລາຍໄດ້ພື້ນຖານຂີດຕໍ່າສຸດສໍາລັບການຄອງຊີບ (Minimum Basic Standard of Adequate Care) ຢູ່ໃນໂຄງການເງິນຊ່ວຍເຫລືອຄອບຄົວມີລູກນ້ອຍ (AFDC) ໄດ້ເພີ່ມຂຶ້ນໃບຈໍານວນ 0.16 ເປີເຊັນ. ຖ້າຫາກວ່າ ເງິນຊ່ວຍເຫລືອຂອງທ່ານເພີ່ມຂຶ້ນ ການປ່ຽນແປງດັ່ງກ່າວ ອາດຈະ ເຮັດໃຫ້ປັດຂີ່ອາຫານຂອງທ່ານຫລຸດລົງ.

Lao

## 糧食券改變

自1996年11月1日起，貧困子女家庭補助(AFDC)項目下，適當照顧的最低基本標準增加百分之零點一六。假如你的現金補助增多的話，這一改變就會減少你的糧食券。

Chinese