STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814 (916) 445-4458



July 26, 1979

ALL-COUNTY LETTER NO. 79-46

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FY 79/80 COST OF LIVING INCREASES

REFERENCE:

AFDC BENEFITS

Attached for your information is an advance copy of the regulations reflecting the AFDC/IRAP cost-of-living increases which were filed today with the Secretary of State. These regulations reflect the new figures for maximum aid, MBSAC, and the in-kind figures, and are effective July 1, 1979.

This effective date will require that counties supplement those warrants issued since July 1, 1979. The method of supplementation will be at the county's discretion. The most administratively effective and fiscally prudent method should be employed.

For food stamp purposes, retroactive payments received by public assistance households shall be considered as nonrecurring lump-sum payments in the month received per Manual Section 63-501.11. It would also be administratively advantageous to apply the new Standard Deduction (\$70) and child care/shelter deduction (\$90 maximum) when adjusting the individual case file with the AFDC cost-of-living increase if such deductions have not already been made.

SSI/SSP BENEFITS

SSI/SSP recipients received an interim cost-of-living adjustment on July 1, 1979. Revised SSI/SSP benefit levels have now been established and will also be effective July 1, 1979. The final benefit levels will be reflected in ongoing SSI/SSP checks as soon as administratively possible, hopefully by October 1, 1979. Increases in benefits over those paid in the interim months will be made retroactively.

Division 46 of the EAS Manual is being amended to reflect the SSI/SSP benefit levels effective July 1, 1979. Copies of the revised regulations will be mailed to all counties as soon as they are filed.

GEN 654 (7/78)

The following chart details the SSI/SSP benefit levels for FY 1979-80:

	Interim Benefit Levels	Final Benefit Levels
Aged or Disabled Individual		
Own Household Own Household without Cooking Facilities Household of Another Disabled Minor Living with Parent, Relative or Guardian	\$329.00 364.00 259.60 270.00	\$356.00 394.00 286.60 282.00
Blind Individual		
Own Household Household of Another	\$370.00 300.60	\$399.00 329.60
Aged/Disabled Couple		
Own Household Own Household without Cooking Facilities Household of Another	\$614.00 685.00 509.90	\$660.00 736.00 555.90
Blind/Aged or Blind/Disabled Couple		
Own Household Household of Another	\$687.00 582.90	\$733.00 628.90
Blind Couple		
Own Household Household of Another	\$728.00 623.90	\$776.00 671.90
Ion-Medical Out-of-Home Care		
Individual Couple	\$379.00 758.00	\$402.00 804.00

benefit level:

	Interim Benefit Levels		Final <u>Benefit Levels</u>	
	Minimum	Maximum	Minimum	Maximum
For Board and Room For care and Supervision For Personal and Incidental Needs	\$162.00 139.00	\$162.00 173.00	\$172.00 148.00	\$172.00 183.00
of the Recipient	78.00	44.00	82.00	47.00
Total Allowance	\$379.00	\$379.00	\$402.00	\$402.00

Aid to the Potentially Self-Supporting Blind (APSB)

As provided by W & I Code Section 13100 (a) and (b), APSB recipients are entitled to the same benefits as established for blind individuals and couples receiving assistance under the Supplemental Security Income/State Supplementary Program (SSI/SSP), plus any cost-of-living adjustments received by blind recipients. Division 47 of the EAS Manual is being amended to reflect the new APSB benefit levels effective July 1, 1979. Copies of the regulations will be mailed to all counties as soon as they are filed.

In accordance with these provisions, the benefit levels in the APSB Program commencing with the month of July 1979, are as follows:

- All Living Arrangements Except Non-Medical Board and Care

Individuals	\$399.00
Couple (both APSB	
recipients)	776.00

- Residents of Non-Medical Board and Care

Individuals	\$402.00
Couple (both APSB	
recipients)	804.00

Counties are to use the Notice of Action Form ABCD 239.25 to inform recipients of the revised APSB benefit levels. Line out references to the EVH Program.

IN-HOME SUPPORTIVE SERVICES

Pursuant to Sections 12303.5, 12303.7, and 12304 of the Welfare and Institutions Code (W & I Code), the maximum allowance grants to recipients of In-Home Supportive Services (IHSS) were increased effective July 1, 1979. Accordingly, the total cost of In-Home Supportive Services shall not exceed \$460 per month for nonseverely impaired recipients and \$664 per month for severely impaired recipients. The increased benefit ceilings will remain in effect through June 30, 1980. The In-Home Supportive Services (IHSS) restaurant meals allowance increased to \$38 for an individual and \$76 for a couple effective July 1, 1979.

Effective July 1, 1979, the following changes should be made to the allowances and exclusions shown on forms SOC 294 A (IHSS Income Eligibility - Adult) and SOC 294 C (IHSS Income Eligibility - Child):

1.) SOC 294 A

- Change allowances in column B, row 2a to \$104.10.
- Change amounts in column B, row 6 to \$104.10.
- Change allowance in column B, row 19 to \$104.10.

- 2) SOC 294 C
 - Change allowances in Column A, row 2a to \$104.10.
 - Change allowances in column A, row 6b to (1) \$416.40 and (2) \$624.60.
 - Change allowances in column A, rows 7b and 8i to (1) \$208.20 and (2) \$312.30.

These changes are effective for the period July 1, 1979 through June 30, 1980. Updated forms will be made available as soon as possible.

IRAP

IRAP benefits are the same as AFDC.

Sincerely,

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MARION J. WOODS Director

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cc: CWDA

510 405 (REV. 1/79)	FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)
RECEIVED FOR FEISH	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:
Office of Administrative He	Department of Social Services JUL 25 3 54 Pf. 1979
ENDORSED Affroved for filing (ear. Code 11380.2) JUL 25 1979 Office of Administrative Hea	Director (Title)
DO NOT WRITE IN THIS S	PACE DO NOT WRITE IN THIS SPACE d requiations which are being adopted, amended < repealed are contained in Title
iCheck as TYPE C X Emerge Certil Certil Regula Proces (Check all CMECKLI X Eight X Public Corigin X Public Compl. X Author (Check one REIMBI X These clari 6052.1 These	<pre>icate of Compliance icate of Xon-Compliance r uural and Organizational) ST OF MANDATORY REQUIREMENTS copies of order or Certificate attached. hal signature on at least one copy. toton Summary (Form 690 or equivalent) attached (1 copy). hatton date (in Notice Register) of notice for attached order or Certificate of ance is 'ity and reference citation placed beneath eich section in attached order. '' RESABLE COSTS: are "no cost" regulations under Revenue and Taxation Code Sectior 2231, and State strative Manual Section 6052.1. are "disclarmele cost" regulations under Fevenue and Taxation Code Section 2231. A 'ying disclarmer statement is attached, pursuant to State Administrative Manual Section</pre>
X These N 18900 These 18900 These 18900 Z (Check cne W CONFL W The a X Are to X State Z (Check 1/1 o Q CAMPAI These These	THE STANDAEDS regulations contain no building standards under Health and Safety Code Sections 13915. regulations do contain building standards under Health and Safety Code Sections 18915. The date of approval by the Building Standards Commission is 18 stached or function of Interest Regulations) CT OF INTEREST stached Conflict of Interest Regulations <u>contain the FPPC approval stamp</u> and: be published in full in the Administrative Code. be codified by appropriate reference in the Administrative Code, and include a sont as to where the full text may be obtained. mergoncy Campaign Disclosure Aegulations; CN DISCLOSURUS are emergincy regulations partnining to compare field and were adopted by sous vote of all board or commission members present at the regulation ideption

THIS SIDE FOR USE WITH EMERGENCIES ONLY

This agency certifies the attached orders are necessary for the immediate preservation of the public chace, health and safety or general welfare. The specific facts constituting the eed for immediate action are: attach continuation sheet, of hecessary)

The following facts constitute the emergency:

Welfare and Institutions Code Section 11453, as amended by Chapter 348 of the Statutes of 1976, requires that Aid to Samilies with Dependent Children (23DC)

(Check if applicable:)

These emergency regulations are a readeption of a previous emergency order which has not yet been certified; or it is substantially equivalent to a previous emergency order which has not yet been certified. Approval of the Governor was obtained on:

rrant levels and the Minimum Basic Standard of Adequate Care (MBSAC) level be adjusted effective July 1, 1979, in accordance ith the cost-of-living formula in Section 11453.

2. Since the effective AFDC and MBSAC levels v re determined too late for the state to revise its regulations mandating AFDC and MBSAC levels effective July 1, 1979, on a non-emergency basis, the attached regulations must be filed on an emergency basis.

3. Since without this increase in grant levels recipients will not be able to maintain their present purchasing power these proposed regulations are necessary for the immediate preservation of the public health and general welfare.

The blanket citation of authority and reference for this emergency action is: 10553 and Authority: Sections/10554 Welfare and Institutions Code.

Reference: Sections 11450, 11452, 11453 Welfare and Institutions Code.

The name and phone number of the agency officer to whom inquiries about the emergency order may be directed are:

NAME Louis Lee

Phone (916) 445-0313

(Complete one:)

tion 11421.

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government under Government Code Sec-

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savings to local, state or federal

(Complate one:)

To fulfill Government Code Secti 11421, attached is an informatic digest, providing a clear and concise summary of existing law and regulations, if any, relatdirectly to the proposed action and the effect of the proposed

Chin 11421, express correchingancy data sources STE: 400A (8-71)

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SEGRETARY OF STATE (Pursuant to Government Code Section 11380.1)

Informative Digest

Section 11453 of the Welfare and Institutions Code as amended by Chapter 348 of the Statutes of 1976 requires that, for Aid to Families with Dependent Children (AFDC), the Maximum Aid Payment (MAP) and Minimum Basic Standard for Adequate Care (MBSAC) be adjusted annually. Current regulations do not reflect the cost-of-living increase determined in accordance with Section 11453. The proposed regulations reflect the cost-of-living increases effective July 1, 1979, as applied to the MBSAC in Sections 44-207.212 and 44-212.2; the MAP in Sections 44-315.411; and related computation examples in Sections 44-133.313 and 44-353.241. In addition, the values for in-X and income contained in the current regulations are amended y the proposed regulations to reflect the same cost-of-living increases as applied to Section 44-115.8.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380,1)

Amend Sections 44-115.81, 44-115.83, 44-133.313, 44-207.212, 44-212.2, 44-315.411, and 44-353.241 to read: 44-115 **EVALUATING OF INCOME IN KIND (Continued)** 44-115 In-Kind Income Values The following shall be considered as the in-kind income value of certain items of need for an FBU unless .81 a lower value is established pursuant to \$2 below; the lesser verified value shall then be used. .811 Housing one-person FBU - \$90/per month а. two-person FBU - \$121/per month b. three-person FBU - \$132per month C, four-person or larger FBU -- 140/per month d. .812 Utilities (including telephone) one-person FBU - \$20/per month a. b. two-person FBU - \$21/per month three-person FBU - \$23/per month C. four-person or larger FBU - \$24/per month d, .813 Food one-person FBU - \$50/per month a. two-person FBU-\$ 108/per month b. three-person FBU - \$137 per month C. four-person FBU - \$169/per month d. five-person FBU - \$204/per month e.

> six-person FBU - \$237'per month f.

seven-person FBU - \$265/per month g.

ħ. eight-person FBU - \$290/per month

nine-person FBU - \$17/per month i.

ten-person or larger FBU - \$343/per month j.

STD. 400A (8-71)

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-115	EVALUA	TION OF INCOME IN KIND (Continued)	44-115
	.814 <u>Cir</u>	<u>ubray</u>	
	а.	ons-por on FBU – \$16 per month	
	b.	two-person FBU – \$30/per month	
	C.	three-person FBU - \$45/per month	
	d.	tour-person FBU \$60/per month	
	e.	five-person FBU - \$7 ⁴ /per month	
	f.	six-person FBU – \$89/per month	
	g.	seven-person FBU - \$104/par month	
	h.	eight-person FBU-\$117 per month	
	i.	nine-person FBU - \$134/per month	
	j.	ten-person or larger FBU – \$147/per month	

.83 If an applicant or recipient presents satisfactory evidence of the value of a need item shared with persons who are not members of the FBU, the in-kind value attributable to the FBU shall be the lesser of:

(1) their prorata share of the net market value or cost of the item, or

(2) the value listed in Section 44-115.81 for the FBU.

(Thus, if an FBU of three shares free housing with another person, making a household of four, and the applicant or recipient presents satisfactory evidence that the net market value of the housing is \$120, the in-kind income value of the housing to the FBU would be \$90. If the net market value of the housing is \$200, in this example, then the FBU's prorata share of this amount would be \$150 - however, the figure of \$132 from the tables in .81 would be used as the value of the housing because the tables represent the maximum in-kind income value that may be applied.)

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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44-133 TREAT	MENT OF INCOME AFDC (Continu	ed)	
.313	Subtract the figure determined in .312 is income to the FBU.	from income determined in .311 o	above. The remaini
	A parent with earned income is exclude children. Monthly gross earned incom amount to \$150.	d from the FBU which formerly cor e is \$350. Involuntary deductior	nsisted of the parent a and work-related
	Gross Income		\$350
	Deductions, Work-Related Expe	ntet	<u> </u>
•	Net Income		\$200
	MAP for 4		\$487
	MAP for 3		- 410
	MAP Differential		\$ 77
	Verified Special Needs		+ 2
an dige and the second s			\$ 79
	Net Income		\$200
	MAP Differential + Verified Spe	cial Needs	- 29
	Income to FBU		\$ 121
	MAP for 3		\$410
	Income to FBU		- 121
· · · •	Grant	an in the state of	\$289
2	IANCIAL ELIGIBILITY	· · · ·	•• ·
		. · · ·	
.212 Tł	ne amount of the MBSAC is as fo	lows:	
		Minimum Basic	
	Size of FBU	of Adequate	e Care
	1	\$204	
	2 3	- 342 416	
	4	511	
	5		
	6	590 665	
	7		
	8	732 808	
	9	885 962	
	10		
pi	us \$8 for each additional needy p	erson.	

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-212 MINIMULY BASIC STANDARDS OF ADEQUATE CARE 44-21

.2 The Minimum Basic Standard of Adequate Care set forth in W&I Code, Section 11452, and previously distributed to the adunties for each size Family Budget Unit (see Sections 44-213.3 and .4 for composition of the Family Budget Unit) is as follows:

Size of FBU. (Per Section 44-213.3 and .4)	Minimum Basic Standard of Adequate Care	
<u> </u>	<u>\$ 204</u>	
2	342	
3	416	
4	511	
. 5	590	
6	665	
7	732	
8	808	
9	885	
10 -	962	

plus \$8 for each additional needy person.

44-213 MEDICAL NEEDS – GENERAL

44-213

The county shall explore actual and potential medical needs of each recipient and assist in arranging for necessary health care from the appropriate sources.

Regardless of his immediate need, every recipient of a cash grant shall be certified for basic and extended health care under the Medi-Cal program. The specific scope of basic and extended health care available to public assistance recipients and procedures applicable in authorizing vendor payments for such care are set forth in Medical Assistance Regulations. A "recipient" as used herein, includes an eligible person for whom, in the month the medical care is received:

.1 A cash grant payment is made; or

- .2 The authorized grant is reduced to zero to adjust for an overpayment (see Section 44-335.221a); or
- .3 Aid is discontinued for a family in which the parent is employed part-time but is no longer financially eligible.

44-315 AMOUNT OF AID (Continued)

.411 Based on the size of the FBU (see Section 44-213.3) find the maximum aid in the following table:

Size of FBU	Maximum Aid
1	\$201
2	331
3	410
4	487
5	556
6	625
7	686
8 -	. 747
9	807
10 or more	868

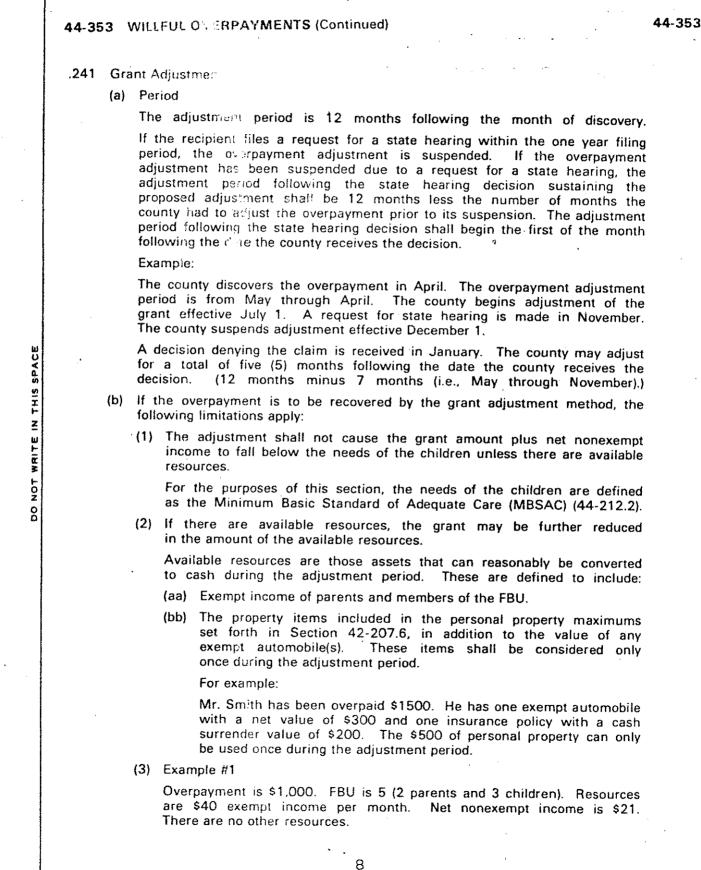
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44-315

44-212

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380,1)



CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

4	4-353 WILLFUL	OVERPAYMENTS (Continued)		44-35
.2	241 Continued			
		Maximum aid for 5 =	\$ 556	
		MBSAC for 3 =	416	
		Amount grant can be reduced per 44-353.241(b)	140	
		Amount grant can be reduced		
		in the amount of resources	+ 40	
		Total	180	
	•	Grant will appear as follows:		
		FBU = 5 =		\$,556
		Net nonexempt income		-21
		Eligible grant		535
		Overpayment adjustment Adjusted grant		-180 355
1at		Example #2		
Ш Ч С			the MBSAC for th	a childron may avea
HIS SPACE		Example #2 In cases where there is a large FBU the MAP for the family. This will res be done as follows:		
IN THIS		In cases where there is a large FBU the MAP for the family. This will res	ult in a negative nur arent and nine childr	mber. Computation w ren. Resources are \$2
IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa	ult in a negative nur arent and nine childr	mber. Computation w ren. Resources are \$2
IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa exempt income and net no exempt MAP for 10 MBSAC for 9	ult in a negative nur arent and nine childr t income is \$21 per	mber. Computation w ren. Resources are \$2
NOT WRITE IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa exempt income and net no recempt MAP for 10 MBSAC for 9 Amount grant can be received	ult in a negative nur arent and nine childr t income is \$21 per \$858	mber. Computation w ren. Resources are \$2
IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa exempt income and net no recempt MAP for 10 MBSAC for 9 Amount grant can be received in the amount per	ult in a negative nur arent and nine childr t income is \$21 per \$858	mber. Computation w ren. Resources are \$2
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NOT WRITE IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa exempt income and net nonexempt MAP for 10 MBSAC for 9 Amount grant can be reduced in the amount per 44-353.241(b) Amount grant can be reduced	ult in a negative nur arent and nine childr t income is \$21 per \$ 868 - 885 - 885 7	mber. Computation w ren. Resources are \$2
NOT WRITE IN THIS		In cases where there is a large FBU the MAP for the family. This will res be done as follows: Overpayment is \$500. FBU is one pa exempt income and net nonexempt MAP for 10 MBSAC for 9 Amount grant can be reduced in the amount per 44-353.241(b) Amount grant can be reduced	ult in a negative nur arent and nine childr t income is \$21 per \$ 868 - 885 - 7 + 25	mber. Computation w ren. Resources are \$2
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NOT WRITE IN THIS		In cases where there is a large FBU the MAP for the family. This will res- be done as follows: Overpayment is \$500. FBU is one pa- exempt income and net nonexempt MAP for 10 MBSAC for 9 Amount grant can be reduced in the amount per 44-353.241(b) Amount grant can be reduced in the amount of resources Grant will appear as follows: FBU 10 Net nonexempt income Eligible grant	ult in a negative nur arent and nine childr t income is \$21 per \$ 868 - 885 - 7 + 25	mber. Computation w ren. Resources are \$2 r month. \$ 868 - 21 847
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Reference: Sections 11450, 11452, 11453 Welfare and Institutions Code.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)

These regulations contain no state mandated local costs which require reimbursement under Section 2231 of the Revenue and Taxation Code because these regulations implement a mandate previously enacted by statute (Chapter 578, Statutes of 1971).

Cost estimate:

	Normal Sharing	Assuming Enactment of AB 8
Total	\$299,066,500	\$299,066,500
Federal	147,361,000	147,361,000
State	102,401,2001/	135,321,300
County	49,304,300	16,384,200

1/ This represents an increase of \$4,881,600 in General Fund (buy-out excluded) over the 14.5 percent amount in the Budget Act.

Estimated savings from In-kind income value adjustments:

	Total	Federal	State	County
Total FG&U	\$2,556,000	\$1,275,000	\$863,300	\$417,700
FG	2,531,600	1,265,100	. 853,300 .	413,200
U	24,400	9,900	10,000	4,500

Approved:

MARION J. WOQDS, Director Department of Social Services