

October 08, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-104

The purpose of this All County Letter (ACL) is to transmit a copy of the new No Change, Redetermination Notice of Action (NOA) message M40-181(F) for the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This new notice informs recipients their grant amount for the upcoming payment period, following completion of their annual redetermination, will remain the same.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

October 08, 2021

ALL COUNTY LETTER (ACL) NO. 21-104

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CALFRESH PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATOR
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CALWORKS): IMPLEMENTATION OF A NEW
NOTICE OF ACTION (NOA) MESSAGE FOR REDETERMINATION

REFERENCE: WELFARE AND INSTITUTIONS [\(WIC\) SECTION 11265](#) AND MANUAL
OF POLICIES AND PROCEDURES [\(MPP\) 44-316.32](#) AND
[\(MPP\) SECTION 40-181.2](#)

The purpose of this All County Letter (ACL) is to transmit a copy of the new No Change, Redetermination Notice of Action (NOA) message M40-181(F) for use following a CalWORKs redetermination. While many counties have developed a similar notification, the Department recently became aware there was no State equivalent to meet the noticing requirements. This new notice serves as adequate notification regarding the availability and amount of the CalWORKs grant. It also informs clients their eligibility has been determined and approved for the next semi-annual or annual reporting period.

In addition, the NA Back 9 gives clients the information and the ability to request a fair hearing if they believe their grant amount should have increased based on the information provided to the County Welfare Department (CWD).

NEW NOTICE OF ACTION

M40-181F – No Change at Redetermination (8/2021)

This NOA message must be used when the CWD has determined that the grant will remain the same, for the upcoming payment period, after the annual redetermination is completed. The NOA message must be printed on the NA 200, when the family has monthly income or

no income, and printed on the NA 1239 SAR or NA 1239 ARCO when the family has income at other intervals i.e., weekly, bi-weekly etc. The NA BACK 9 is required.

IMPLEMENTATION

The Statewide Automated Welfare Systems (SAWS) must program the NOA and the CWDs must begin using this notice as soon as administratively possible but no later than twelve months from the date this letter is published. If the SAWS cannot complete programming by the due date, they must ensure necessary processes are in place to allow the CWDs to inform clients of their approval and unchanged grant amount after their redetermination has been completed.

CAMERA-READY COPIES AND TRANSLATIONS

When all translations are completed per [MPP section 21-115.2](#), including Spanish NOAs, they are posted on an on-going basis on the CDSS webpage. Copies of the translated NOAs can be obtained at: <https://www.cdss.ca.gov/inforesources/translated-forms-and-publications>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) with a local contact number.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form or NOA, it is the CWD's responsibility to provide the interpreter services if an applicant or recipient requests it. More information regarding translations can be found in [MPP section 21-115](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the Early Engagement & Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

Attachment

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by: ACL No.

Regs. Cited: 40-181.2, WIC 11265

NOA Msg. Doc. No.: M40-181(F) Page 1 of 1
Action: Approval
Issue: No Change
Title: No Change at Redetermination

Use Form No.: NA 1239/NA 200
Original Date: 10-08-2021
Revision Date: New

MESSAGE:

On _____, the county completed your eligibility redetermination and approved your cash aid for the next semi-annual or annual reporting period. You completed the annual redetermination for your assistance unit and told the county facts about your case. The county looked at these facts and figured that your cash aid will not change at this time.

You must remember to report mandatory changes that happen before your next report within 10 days after they happen.

1. Anytime someone moves into or out of your household.
2. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law.
4. Anytime you have an address change.
5. When your total income is over the Income Reporting Threshold (IRT)

You can report changes by calling the county or by using the SAR 3 mid-period report form. Ask the County if you have questions about what you must report mid-period.

Your cash aid amount is figured on this notice.

INSTRUCTIONS: Enter the date in the field above that the client completed their redetermination. The date should be entered as mm/dd/yyyy. Use this notice to inform clients that the information reported during their annual redetermination has resulted in no change to their grant amount. Use the NA 200 form for monthly/once a month income or when no income is reported and use NA 1239 SAR or NA 1239 AR for income other than monthly/once a month as a continuation page to show budget calculation.