

September 12, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 23-78**

The purpose of this All County Letter is to transmit new Notice of Action messages that reflect recent changes to CalWORKs pregnancy and pregnancy special needs payment eligibility policy, as outlined in ACL 21-140. This letter also informs counties of the obsolescence of Notice of Action message M44-211M effective immediately.



KIM JOHNSON  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

September 12, 2023

ALL COUNTY LETTER NO. 23-78

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL WELFARE-TO-WORK COORDINATORS  
ALL COUNTY REFUGEE COORDINATORS  
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS  
(CALWORKS): NEW AND REVISED NOTICE OF ACTION (NOA)  
MESSAGES REGARDING PREGNANCY AND THE PREGNANCY  
SPECIAL NEEDS (PSN) PAYMENT

REFERENCE: [ASSEMBLY BILL \(AB\) 135 \(CHAPTER 85, STATUTES OF 2021\)](#);  
[ASSEMBLY BILL \(AB\) 172 \(CHAPTER 696, STATUTES OF 2021\)](#);  
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 11450](#);  
[MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 44-211.6](#)  
AND [MPP SECTION 82-836](#); [ALL COUNTY LETTER \(ACL\) NO. 21-134](#)  
AND [ACL NO. 21-140](#)

The purpose of this All County Letter (ACL) is to transmit new Notice of Action (NOA) messages that reflect recent changes to CalWORKs pregnancy and pregnancy special needs (PSN) payment eligibility policy, as outlined in [ACL 21-140](#). This ACL also informs county welfare departments (CWDs) of the obsolescence of NOA message M44-211M effective immediately.

**REVISED NOA MESSAGES**

**M44-211L - Approve Pregnancy Special Needs**

This NOA message must be used to approve the PSN payment for all pregnant persons at any stage in their pregnancy when they provide either medical verification, a sworn statement, or verbal attestation of pregnancy. This NOA has been revised to reflect gender neutrality and to include the additional options of providing a sworn statement or verbal attestation when medical verification is not available at the time of application. Recipients who provide a sworn statement or verbal attestation must be required to provide medical verification of pregnancy within 30 working days following submittal of the sworn statement or verbal attestation for benefits to continue. The notice informs recipients that if the pregnancy ends prior to the estimated delivery date and does not result in the live birth of a child, they are required to report to the

CWD, verbally or in writing, within 30 days following the end of their pregnancy ([WIC section 11450\(b\)\(2\)\(C\)\(i\)](#)). This NOA message has also been retitled for clarity.

#### M44-211N - Discontinue Pregnancy Special Needs Payment

This NOA message must be used to change the cash aid amount when a pregnant person with eligible children is no longer eligible for the PSN payment. This notice has been revised to include two new requirements for discontinuing the PSN payment: (1) when the pregnancy ends prior to the estimated delivery date and does not result in the live birth of a child, and (2) when medical verification has not been provided within 30 working days following receipt of the sworn statement or verbal attestation, and the recipient has not provided evidence of a good faith-effort to comply with the verification requirement. This NOA message has also been retitled for clarity.

#### M82-820D - Discontinue Cash Aid for Pregnant Person Only Assistance Unit

This NOA message must be used to discontinue cash aid for a pregnant person only (PPO) assistance unit (AU). This notice has been revised to include two new justifications for discontinuance: 1) when the pregnancy ends prior to the estimated delivery date and does not result in the live birth of a child, and 2) when medical verification has not been provided within 30 working days following receipt of the sworn statement or verbal attestation, and the recipient has not provided evidence of a good faith-effort to comply with the verification requirement. This NOA message has been retitled for clarity. When discontinuing the PPO case, the new M44-211O NOA message (described below) must also be sent to discontinue the PSN payment.

### **NEW NOA MESSAGE**

#### M44-211O - Discontinue Pregnancy Special Needs Payment for Pregnant Person Only Assistance Unit

This new NOA message must be used to discontinue the PSN payment for a PPO AU when the pregnancy ends prior to the estimated delivery date and does not result in the live birth of a child, or when medical verification has not been provided within 30 working days following the receipt of the sworn statement or verbal attestation, and the recipient has not provided evidence of a good faith-effort to comply with the verification requirement.

### **OBSOLETE NOA MESSAGE**

#### M44-211M - Pregnant Woman Only

This NOA message is now obsolete, as age and pregnancy trimester requirements are no longer a factor for determining eligibility for a PPO AU. This NOA message will be removed from the CDSS website upon the release of this ACL.

### **IMPLEMENTATION**

These new and revised NOA messages will be made available only in the California Statewide Automated Welfare System (CalSAWS). Counties may use previous versions of these NOA

messages until CalSAWS automates them for all counties, at which time previous versions will become obsolete, except for NOA message M44-211M which is obsolete effective immediately.

### **COPIES AND TRANSLATIONS**

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage.

When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not 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](#) and a local contact number.

Per [Government Code section 7290, et seq.](#), the CWD must ensure that effective bilingual services are provided. This requirement may be met using paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant and/or recipient. If CDSS does not provide translations of a form, it is the CWD's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP section 21-115](#) and [ACL 19-45](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the Early Engagement & Eligibility Bureau at [CWEligibilityPolicy@dss.ca.gov](mailto:CWEligibilityPolicy@dss.ca.gov).

Sincerely,

#### ***Original Document Signed By***

ALEXIS FERNÁNDEZ GARCIA  
Deputy Director  
Family Engagement and Empowerment Division

Attachments

State of California  
Department of Social Services

Auto ID No.

Source:  
Issued by:

Reg Cite: 44-211.6, WIC 11450

Page 1 of 1  
NOA Msg. Doc. No.: M44-211L  
Action: Approve  
Issue: Pregnancy Special Needs  
Title: Approve Pregnancy Special Needs  
Payment

Use Form No.: NA 200  
Original Date: 08-01-96  
Revision Date: 09-01-23

MESSAGE:

As of \_\_\_\_\_, the county is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_.

You are approved to get a \$ \_\_\_\_ pregnancy special needs payment each month until you are no longer pregnant.

Here's why:

- ☐ You gave your medical proof of pregnancy.
- ☐ You gave your sworn statement or verbal statement of your pregnancy.

If you gave a sworn or verbal statement, you must still give medical proof of pregnancy. You need to give the medical proof within 30 working days from the date you gave your sworn or verbal statement.

Your pregnancy special needs payment will stop if you do not give the county your medical proof of pregnancy.

**NOTE:** You need to let the county know if your pregnancy ends before your due date and there is no live birth. You need to report this within 30 days following the end of your pregnancy. You can report in-person, by telephone, or in writing.

Your new cash aid is shown on this page.

**INSTRUCTIONS:** Use this notice to approve the pregnancy special needs payment for all eligible pregnant persons during any stage of their pregnancy, when the applicant or recipient provides either: medical verification, a sworn statement, or verbal attestation of the pregnancy. Enter the month, day, and year the county is changing the cash aid to include the pregnancy special needs payment amount. Enter the monthly pregnancy special needs payment amount. Use the NA 200 form for monthly/once a month income or when no income is reported and use

NA 1239 for income other than monthly/once a month as a continuation page to show budget calculation.

This message replaces M44-211L dated 07/01/01.

State of California  
Department of Social Services

Auto ID No.:  
Source:  
Issued by:

Page 1 of 1  
NOA Msg Doc No: M44-211N  
Action: Change  
Issue: Pregnancy Special Needs  
Title: Discontinue Pregnancy Special Needs  
Payment

Use Form No: NA 200  
Original Date: 04-08-82  
Revision Date: 09-01-23

Reg Cite: 44-211.6, WIC 11450

MESSAGE:

As of \_\_\_\_\_, the county is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_\_.

You can no longer get a \$\_\_\_\_\_ pregnancy special needs payment.

Here's why:

- ☐ Your pregnancy ended and did not result in the live birth of a child.
- ☐ You did not give the county medical proof of your pregnancy and did not give evidence that you tried to get it. The county gave you a separate notice asking for medical proof with the due date.

**NOTE:** You can start getting the pregnancy special needs payment again if you give the county medical proof of your pregnancy or evidence that you tried to get it.

**INSTRUCTIONS:** Use to change the grant amount for a pregnant person with other eligible children when the pregnancy has ended and did not result in a live birth, or when medical verification has not been provided within 30 working days following the receipt of the sworn statement/verbal attestation. Enter the month, day, and year the county is changing the cash aid to discontinue the pregnancy special needs payment amount. Enter the monthly pregnancy special needs payment amount that the recipient is no longer eligible for.

This message replaces M44-211N dated 09-01-21.

State of California  
Department of Social Services

Auto ID No:  
Source:  
Issued by:

Reg Cite: 44-211.6, WIC 11450

Page 1 of 1  
NOA Msg Doc No.: M44-211O  
Action: Discontinue  
Issue: No Longer Pregnant/Eligible  
Title: Discontinue Pregnancy Special Needs  
Payment for Pregnant Person Only  
Assistance Unit

Use Form No: NA 200  
Original Date: New

MESSAGE:

As of \_\_\_\_\_, the county is stopping your pregnancy special needs payment.

Here's why:

- ☐ Your pregnancy ended and did not result in the live birth of a child.
- ☐ You did not give the county medical proof of your pregnancy and did not give evidence that you tried to get it. If you give the county the medical proof, your pregnancy special needs payment will start again.

INSTRUCTIONS: Use to discontinue the pregnancy special needs payment for a pregnant person only AU when the pregnancy has ended and did not result in a live birth, or when medical verification has not been provided within 30 working days following the receipt of the sworn statement/verbal attestation. The NOA message must be printed on the NA 200, when the family has monthly income or no income.

State of California  
Department of Social Services

Auto ID:  
Source:  
Issued by:

Page 1 of 1  
NOA Msg Doc No.: M82-820D  
Action: Discontinue  
Issue: No Longer Eligible  
Title: Discontinue Cash Aid for Pregnant  
Person Only Assistance Unit

Use Form No.: NA 290  
Original Date: 08-01-91  
Revision Date: 09-01-23

Reg Cite: 82-820.21; 82-836; 40-118.14;  
WIC 11450

MESSAGE:

As of \_\_\_\_\_, the county is stopping your cash aid.

Here's why:

- ☐ Your pregnancy ended and did not result in the live birth of a child.
- ☐ You did not give the county medical proof of your pregnancy and did not give evidence that you tried to get it. If you give medical proof, we can continue your cash aid. If not, you must reapply.

Adults who are not caring for a related minor child must be pregnant and give medical proof of the pregnancy, or evidence that they tried to get medical proof of pregnancy.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a pregnant person only AU case when medical verification has not been provided within 30 working days following the receipt of the sworn statement/verbal attestation, or when the pregnancy ended and did not result in a live birth. Enter the month, day, and year the county is stopping the cash aid. Use the M44-211O to discontinue the pregnancy special need.

This message replaces M82-820D dated 1-1-99, 11-1- 99 and 1-08-02.