CalSAWS | Information Transmittal (CIT) 0174-21

☐ **CalSAWS DD&I**   ☐ **C-IV M&O**   ☐ **CalWIN M&O**   ☒ **LRS M&E**

Distribution Date:	July 12, 2021
To:	PPOC.R6, Los Angeles, Consortium.RegionalManagers.R6
CIT Name:	**CA-224251** CalSAWS Updates for BenefitsCal Changes – Release 1
From:	CalSAWS Project

PPOCs, please forward to the appropriate impacted staff in your county:

☒ General
☐ Policy
   ☐ CW
   ☐ CF
   ☐ MC
   ☐ CMSP
   ☐ FC/KG/AAP
   ☐ Child Care
   ☐ WtW
   ☐ Other Program(s)_____
☐ C4Yourself   ☐ Your Benefits Now!
☐ Customer Correspondence
☒ Other___BenefitsCal_____

☐ Reports
   ☐ Fiscal
   ☐ Caseload Movement
   ☐ Management
☐ Fiscal
☐ Security
☐ Batch and Interfaces
☐ Imaging
☐ Migration
☐ Conversion
☐ Technical
☐ Training
☐ Help Desk

| Description: (Including any step-by-step instructions) | **Purpose**
The purpose of this CIT is to provide Los Angeles County DPSS with the list of CalSAWS changes being implemented for the release of CA-224251 Updates for BenefitsCal Release 1. These changes will only be visible to Los Angeles County staff until the C-IV counties migrate to CalSAWS.

Background
In preparation of the migration of the C-IV Counties and the implementation of a new Self-Service Portal, CalSAWS is being updated to support the changes to the to the inbound application data from BenefitsCal. The CalSAWS e-Application, e-Application Detail and corresponding CalSAWS data collections pages were updated to display the new fields added to the BenefitsCal Portal and sent to CalSAWS via the Application Transfer API.

Additional Information
Effective Monday, July 19, 2021, Los Angeles County staff may see these data fields displayed on e-Application Summary and e-Application Detail pages for YBN applications; however, no data will display in these fields until after Los Angeles migrates to BenefitsCal. |

The following lists the new fields added to sections of the e-Application Summary page:

Section	New Fields/Column Labels
Additional Information	• Phone type • Other Special Needs • Other Special Needs Description • Homeless County • Teen Parent • Receives In-Home Supportive Services • IHSS Monthly Cost • Employee Offered Health Care
New - Authorized Representative	• CalFresh Authorized Representative • Phone Number of the CalFresh Authorized Representative • Address of the CalFresh Representative • Pick Up EBT Card Only (Disaster CalFresh Applications Only) • Pick Up EBT Card to Purchase Food for Household (Disaster CalFresh Applications Only) • Medi-Cal Authorized Representative • Phone Number of the Medi-Cal Authorized Representative • Address of the Medi-Cal Representative • Organization Name • I.D. Number • Application Start Date • e-Signature • e-Signature Date
Citizenship	• Sponsor Name • Sponsor Phone Number • Signed an I-134
Pregnancy	• Cal-Learn County
Other Program Assistance	• Amount • Frequency • Expect to Continue
Non-Compliance	New Subsection Additional Information: • Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996? • Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunitions or explosives after September 22, 1996? • Have you, or any member of your household, ever been convicted of trafficking (allowing use

		of or selling EBT cards to others) SNAP benefits of $500 or more after September 22, 1996? • Have you, or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program) benefits in any State after September 22, 1996? • Have you or anyone in your household had their cash aid stopped for being found guilty of Welfare Fraud? • Have you or any member of your household been found by a court of law to be in violation of probation or parole? • Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime?
	School Attendance	• Teen Parent School Status • Teen Parent Status Reason • Number of Units • Units/Hours per Week has been renamed to Average Work Hours per Week
	Employment	• Business Type • Self-Employment Gross Monthly Income • Change in the Last Year • Change in the Last 60 Days • County Helped
	Medical Condition	• Needs Care from Household Member • Needs Care Description

	Income	• Income Subsection:
		  o Begin Date
		  o Expect to Continue
		• Free Rent, Utilities or Clothing Subsection:
		  o Value
		  o Provider
		  o Expect to Continue
		• New Subsection: Diversion
		  o Name
		  o Amount
		  o County
		  o State
		  o List of Services Received
		  o Amount or Value of Services
		  o End Date
		  o Transfer Status

	Property	• Real Subsection:
		    ◦ Rental
		    ◦ Rental Amount
		• Transferred Property/Income Subsection:
		    ◦ Reason
		• Motor Vehicle Subsection:
		    ◦ Lease
		    ◦ Other Users

	Expenses	• Medical Treatment Subsection:
		    ◦ Retro-Medical Information
		• New Subsection Expenses Paid by Others:
		    ◦ Does anyone not in your household help you pay for the expenses listed above?
		      ▪ Name
		      ▪ Amount
		      ▪ Frequency
		      ▪ Transfer Status
		• Other Expenses Subsection:
		    ◦ Description

	Other Health Care	• Employer Contact • Employer Phone Number • Employer Email Address • Frequency • Employer will no longer provider Employer will start offering • New Premium Amount • No change

The following lists the fields added to sections of the e-Application Person Detail page:

Section	New Fields/Column Labels
Additional Information	• Email • Phone Number • Phone Extension • Phone Type • Shots up to Date
New – Foster Care	• Is {First Last Name} placed in your home under a dependency order of the court? • Do you want {First Last Name} counted in your CalFresh case?

The e-data mapping has been activated for fields on the following pages:

Data Collection Page	New Fields/Column Labels

	Recurring Special Needs Detail	- Name - Need - Description
	Purchase and Prepare Detail	Aged 60 or Older and will Request Separate CalFresh Household Due to Disability
	Living Arrangements Detail	Name of Location
	Individual Demographics Detail	- Current Social Security Number - ID/Driver License Available? - Is this person eligible to get a service from the Indian Health Service, a tribal health program, urban Indian health programs or through a referral from one of these programs? - Has this person gotten a service from the Indian Health Service, a tribal health program, or through a referral from one of these programs? - Is this Person Hispanic or Latino? - Race/Ethnic Origin - Previous Name Section: - Last Name - First Name - Middle Name/Initial - Suffix

County Action

Communicate these changes as needed to the appropriate county staff.

Primary Project Contact: (Name, phone number, email address)	Dymas Pena (562) 651-2710 PenaD@CalSAWS.org
Backup Project Contact: (Name, phone number, email address)	Laura Ould (562) 651-3371 OuldL@CalSAWS.org
Attachments:	None
Web Portal Link:	▮▮▮▮ OR

You may also retrieve the CIT document and attachments by following these steps:
1. Click on the CRFIs & CITs link at the top of the page.
2. Click on the "CalSAWS Information Transmittal (CIT)" folder.
3. Click on the "2021" folder.
4. Click on the appropriate CIT # folder.