



Auditor Controller Outbound Build Template

General

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Functional Description

C-IV uses issuance methods such as Warrant, EBT, and Direct Deposit to issue payments to clients, service providers, and vendors.

This Auditor Controller Outbound Build Template focuses on the outbound auditor controller process, which will provide necessary daily and monthly payment information to input into the Counties Auditor/Financial system.

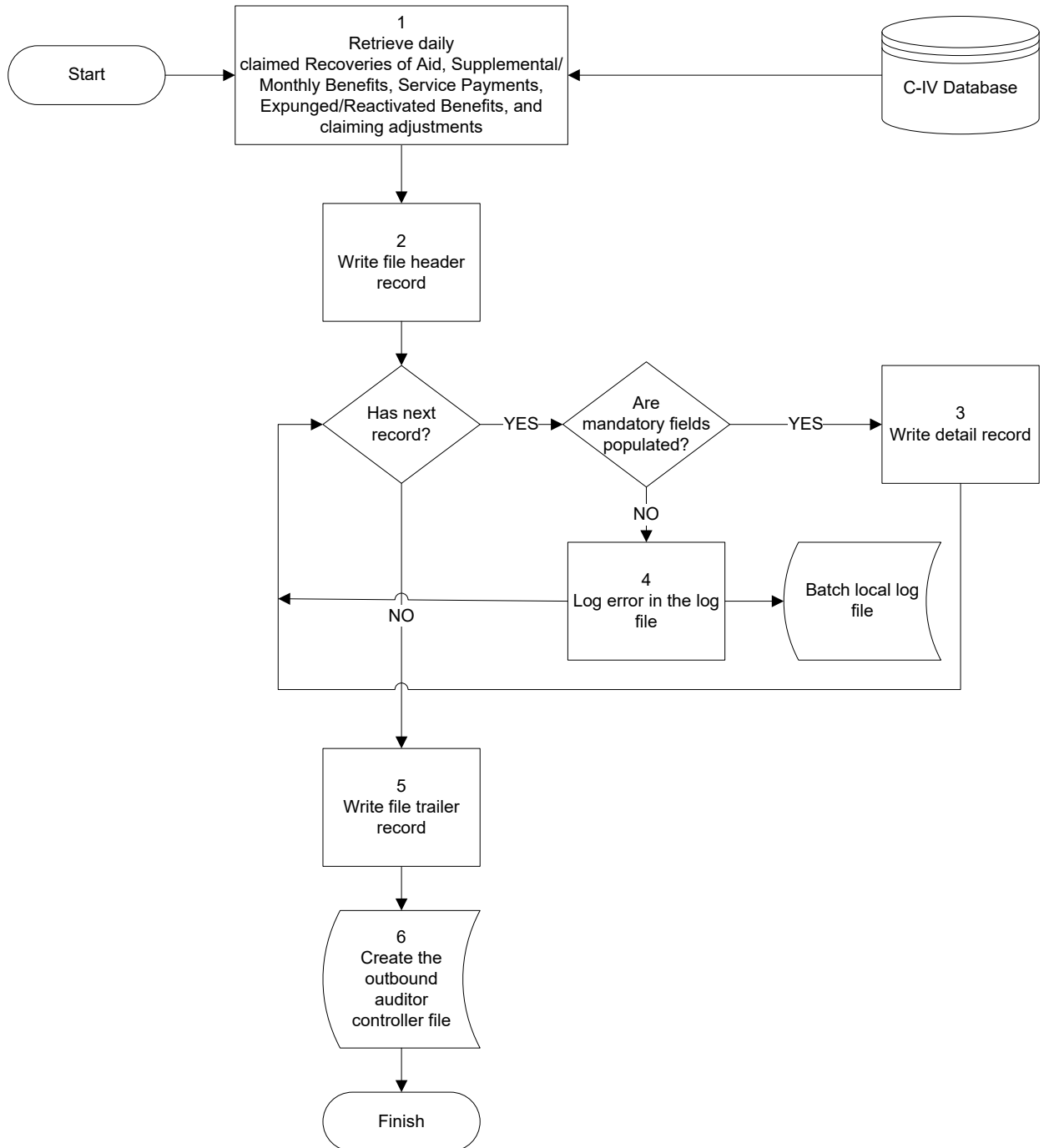
The auditor controller process will do the following:

- Send the information for claimed Recoveries of Aid, Supplemental/Monthly benefits, Service Payments, and Expunged/Reactivated benefits. This does not include valuable issuances such as bus tickets, gas cards, etc.
- Send the information for unclaimed issuances and cancellations.
- Send the information for future, current or prior month's claimed adjustments for Supplemental/Monthly benefits, Service Payments, and Expunged/Reactivated benefits. This does not include valuables and valuable issuance adjustments such as bus tickets, gas cards, etc.
- Transmit the auditor controller file to the destination directory on county's FTP server one file per day.
- C-IV will send a file containing header and trailer information if there are no records for the day.



Technical Description

Technical Flow





Technical Flow Narrative

1. The batch module retrieves claimed Recoveries of Aid, Supplemental/Monthly benefits, Service Payments, Expunged/Reactivated benefits, claimed future/current/prior month adjustments, unclaimed issuances, and unclaimed cancellations from the C-IV database.
2. Write the file header record.
3. While there is a record to process, and if the retrieved record has all mandatory fields populated, write the detail record.
4. If any of the mandatory fields are not populated, log an error in the Batch Local Log file. Continue with the next record.
5. If there are no records to process, write the file trailer record.
6. Create the outbound auditor controller file.

Execution Frequency

Business day is defined as Monday through Friday minus the County holidays.

- a. Frequency and run date:
Daily - Each business day. C-IV will send one file per day.
- b. Criticality - This interface is not part of the critical path.

Key Scheduling Dependencies

(xx denotes the County code)

Predecessors:

- JBxxF201D - Pre-Claiming - Issuance
- JBxxF202D - Claiming Batch - Foster Care Benefit Issuance
- JBxxR200D - Monthly Benefit Issuance Claiming
- JBxxR201D - Service Payment Claiming
- JBxxR202D - Valuables Claiming
- JBxxR203D - Recovery Account Claiming

Job Name: JOxxF108D - Auditor Controller Outbound

Successors: None

File Description

(xx denotes the County code)

- a. **File Name(s):**
Production: CSPMTC.prod.coxx.txt
Test: CSPMTC.test.coxx.txt
- b. **File Type:** Variable Length
- c. **Record Length:**
Header: 30
Detail: 650
Footer: 50
- d. **Medium:** File Transfer Protocol (FTP)
- e. **Definition File Name:** AuditorControllerDefinition.xml



File/Record Layout & Data Mapping

Type	Description
A	Alpha
A/N	Alpha Numeric
N	Numeric



File Header					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
RECORD TYPE	A/N	3	Constant in Java code	This is a record identifier with a value of "F01" indicating File Header.	Y
COUNTY CODE	N	2	Batch Properties	This field contains a 2-digit code of the County that receives this file.	Y
SITE CODE	N	2	Batch Properties	This field contains the processing site code with a value of "01".	Y
FILE TYPE	A	6	Batch Properties	This field contains the file name. Possible values are: PMTACD - Payment auditor controller daily	Y
BATCH CONTROL NUMBER	N	3	BATCH_SCHED. CTRL_NUM_IDENTIF	The batch control number is "001" for the first file. This number will be incremented every subsequent time that the file is created. After the batch control number "999" is used, the next batch number will be "001".	Y
FILE CREATION DATE	N	8	BATCH_SCHED.BATCH_DATE	The date when the file is created. Format - "YYYYMMDD"	Y
FILE CREATION TIME	N	6	BATCH_SCHED.BATCH_DATE	The time when the file is created. Format - "HHMISS" This is based on a 24-hour clock.	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
RECORD TYPE	A/N	3	Constant in Java code	This is a record identifier with a value of "F03" indicating Detail Record.	Y
COUNTY CODE	N	2	Batch Properties	This field contains a 2-digit code of the County that receives this file.	Y
SITE CODE	N	2	Batch Properties	This field contains the processing site code with a value of "01".	Y
CASE NUMBER	A/N	7	CASE. SERIAL_NUM_IDENTIF	This field contains the case number.	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PROGRAM CODE	A	2	CLAIM_HIST.PGM_CODE (claimed transactions) PGM.PGM_CODE (unclaimed transactions)	This field contains the program code. Possible values are: AA - Adoptions Assistance Program AR - ARC CC - Child Care CL - Cal-Learn CP - Cash Assistance Program for Immigrants CW - CalWORKs DV - Diversion FC - Foster Care FS - Food Stamps FT - Food Stamps Employment & Training GM - General Assistance (Managed) HP - Homeless Assistance - Permanent HT - Homeless Assistance - Temporary IN - Immediate Need KG - Kin-GAP NB - Nutritional Benefit RC - Refugee Cash Assistance WT - Welfare to Work	Y
FEDERAL ADULT QUANTITY	N	2	CLAIM_HIST.FED_ADULT_QTY (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the number of adults on the claimed federal payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N



Field Name	Type	Length	Data Mapping	Procedures	Mandatory
FEDERAL CHILD QUANTITY	N	3	CLAIM_HIST.FED_CHILD_QTY (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the number of children on the claimed federal payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
NON FEDERAL ADULT QUANTITY	N	2	CLAIM_HIST. NON_FED_ADULT_QTY (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the number of adults on the claimed non-federal payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
NON FEDERAL CHILD QUANTITY	N	3	CLAIM_HIST. NON_FED_CHILD_QTY (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the number of children on the claimed non-federal payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
AID CODE	A/N	2	CLAIM_HIST.AID_CODE (claimed transactions) ISSUANCE.AID_CODE (unclaimed transactions)	This field contains a 2-digit code for the payment and is used by the State to track program costs to federal, state and local sources of funding.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
AUTHORIZED DATE	N	8	PMT_REQ_DETL.STAT_DATE (Service Payment & Supplemental Benefit - if ISSUANCE.PMT_REQ_ID is not null) EDBC.RUN_DATE (Supplemental Benefit - if ISSUANCE.EDBC_ID is not null; Monthly Benefit) ISSUANCE_DETL.STAT_DATE (Cancellation) EXPNGMNT.EXPNGMNT_DATE (Expungement) EXPNGMNT_DETL.STAT_DATE (Reactivated Expungement - if ISSUANCE.PMT_REQ_ID is null and ISSUANCE.EDBC_ID is null) RECOV_ACCT_TRANSACT. POSTED_DATE (Collections Refund & Recoveries of Aid) CLAIM_HIST.TRANS_DATE (Claimed Adjustments)	This field contains the authorization date of the payment that is issued or manually issued. If the payment is cancelled, expunged, restored benefit (from expunged benefits), recoveries of aid, or adjusted then this field will contain the date on which the action was taken for the payment. Format - "YYYYMMDD"	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
EFFECTIVE MONTH	N	6	CLAIM_HIST.BEN_MONTH (claimed transactions) ISSUANCE.EFF_DATE (unclaimed transactions)	The field contains the payment effective month. Format - "YYYYMM"	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
EFFECTIVE DATE	N	8	CLAIM_HIST.TRANS_DATE (Recoveries of Aid, Claimed Adjustments, Service Payment, Cancellation, Collections Refund, & Supplemental Benefit - if Issuance Type is not "EB") ISSUANCE_DETL.STAT_DATE (Unclaimed Cancellation) ISSUANCE_DETL.ISSUE_DATE (Unclaimed service payments, collections refunds, and supplemental benefits, if the issuance type is not "EB") ISSUANCE_DETL.AVAIL_DATE (Reactivated Expungement, Supplemental Benefit, and Main Payroll Benefit - if Issuance Type is "EB") CLAIM_HIST.BEN_MONTH (Claimed Monthly Benefit, if the issuance type is not "EB")) ISSUANCE.EFF_DATE (Unclaimed Monthly Benefit, if the issuance type is not "EB")) Page 4.1.3-11 EXPNGMNT.EXPNGMNT_DATE (Expungement)	This field contains the payment effective date. For EBT issued benefits, this field contains the stagger available date. For FC monthly benefits, this date will be the first day of the benefit month. For regular monthly benefits, this date will be the first of next month. If the payment is cancelled, expunged, reactivated benefit (from expunged benefits), recoveries of aid, or adjusted then this field will contain the date on which the action was taken for the payment. Format - "YYYYMMDD"	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
NET AMOUNT	N	8	CLAIM_HIST.PMT_AMT (claimed transactions) ISSUANCE.PMT_AMT (unclaimed transactions)	This field contains the payment amount. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19. Format - "\$\$\$\$\$cc"	Y
AID AMOUNT	N	8	PMT_REQ_DETL.REQ_AMT (Service Payment and the following if ISSUANCE.EDBC_ID is null: Supplemental Benefit, Cancellation, Expungement, Reactivated Expungement, & Claimed Adjustments) EDBC.FINAL_BEN_AMT (Monthly Benefit and the following if ISSUANCE.EDBC_ID is not null: Supplemental Benefit, Cancellation, Expungement, Reactivated Expungement, & Claimed Adjustments) "0" - Zero (Collections Refund & Recoveries of Aid)	This field contains the total aid amount (before recoupment). Format - "\$\$\$\$\$cc"	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
CATEGORY CODE	A	2	ISSUANCE.CAT_CODE (Service Payment, Supplemental Benefit, Monthly Benefit, Cancellation, Reactivated Expungement, Collections Refund, & Claimed Adjustments) "EX" (Expungement) NULL (Recoveries of Aid)	This field contains the category code. Possible values are: MB - Monthly Benefit SB - Supplemental Benefit CR - Collections Refund SP - Service Payment EX - Expungement RE - Reactivated Expungement	N
PAYROLL CODE	N	2	This is a derived field.	This field contains the payment payroll code. Possible values are: 01 - Main Payroll Benefit Issuance (Monthly Benefit) 02 - Current/Future Month Supplement (Supplemental Benefit Issuance/Service Payment/Rush Service Payment/Reactivated Expunged Benefit - if PGM.PGM_CODE is not "DV" and ISSUANCE.EFF_DATE is CURRENT MONTH or FUTURE MONTH) 03 - Current/Future Month Cancellation	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
				<p>(Cancellation of Benefit Issuance/ Cancellation of Service Payment/Expunged Benefit - if ISSUANCE.EFF_DATE is CURRENT MONTH or FUTURE MONTH)</p> <p>05 - Prior Month Supplement (Supplemental Benefit Issuance/Service Payment/Rush Service Payment/Reactivated Expunged Benefit - if PGM.PGM_CODE is not "DV" and ISSUANCE.EFF_DATE is PRIOR MONTH)</p> <p>07 - Prior Month Cancellation (Cancellation of Benefit Issuance/Cancellation of Service Payment/Expunged Benefit - if ISSUANCE.EFF_DATE is PRIOR MONTH)</p> <p>10 - Grant Diversion – Current/Future Month (Supplemental Benefit Issuance/Service Payment/Rush Service Payment/Reactivated Expunged Benefit - if PGM.PGM_CODE is "DV" and ISSUANCE.EFF_DATE is</p>	



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
				<p>CURRENT MONTH or FUTURE MONTH)</p> <p>11 - Grant Diversion - Prior Month (Supplemental Benefit Issuance/Service Payment/Rush Service Payment/Reactivated Expunged Benefit - if PGM.PGM_CODE is "DV" and ISSUANCE.EFF_DATE is PRIOR MONTH)</p> <p>12 - Current/Future Month Positive Adjustment (Benefit Issuance Adjustment/Service Payment Adjustment - if CLAIM_HIST.BEN_MONTH is CURRENT MONTH or FUTURE MONTH and (CLAIM_HIST.FED_ADULT_QTY >= 0 or CLAIM_HIST.FED_CHILD_QTY >= 0 or CLAIM_HIST.OTHER_ADULT_QTY >=0 or CLAIM_HIST.OTHER_CHILD_QTY >=0 or</p>	



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
				CLAIM_HIST.NON_FED_ADULT_QTY >= 0 or CLAIM_HIST.NON_FED_CHILD_QTY >= 0 or CLAIM_HIST.FED_AMT >= 0 or CLAIM_HIST.OTHER_AMT >=0 or CLAIM_HIST.NON_FED_AMT >= 0)) 13 - Current/Future Month Negative Adjustment (Benefit Issuance Adjustment/Service Payment Adjustment - if CLAIM_HIST.BEN_MONTH is CURRENT MONTH or FUTURE MONTH and (CLAIM_HIST.FED_ADULT_QTY < 0 or CLAIM_HIST.FED_CHILD_QTY < 0 or CLAIM_HIST.NON_FED_ADULT_QTY < 0 or CLAIM_HIST.NON_FED_CHILD_QTY < 0 or CLAIM_HIST.OTHER_ADULT_QTY < 0 or CLAIM_HIST.OTHER_CHILD_QTY < 0 or CLAIM_HIST.OTHER_AMT < 0 or CLAIM_HIST.FED_AMT < 0 or	



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
				CLAIM_HIST.NON_FED_AMT < 0)) 14 - Prior Month Positive Adjustment (Benefit Issuance Adjustment/Service Payment Adjustment - if CLAIM_HIST.BEN_MONTH is PRIOR MONTH and (CLAIM_HIST.FED_ADULT_QTY >= 0 or CLAIM_HIST.FED_CHILD_QTY >= 0 or CLAIM_HIST.NON_FED_ADULT_QT Y >= 0 or CLAIM_HIST.NON_FED_CHILD_QTY >= 0 or CLAIM_HIST.OTHER_ADULT_QTY >=0 or CLAIM_HIST.OTHER_CHILD_QTY >=0 or CLAIM_HIST.OTHER_AMT >= 0 or CLAIM_HIST.FED_AMT >= 0 or CLAIM_HIST.NON_FED_AMT >= 0)) 15 - Prior Month Negative Adjustment (Benefit Issuance Adjustment/Service Payment Adjustment - if	



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
				CLAIM_HIST.BEN_MONTH is PRIOR MONTH and (CLAIM_HIST.FED_ADULT_QTY < 0 or CLAIM_HIST.FED_CHILD_QTY < 0 or CLAIM_HIST.NON_FED_ADULT_QTY < 0 or CLAIM_HIST.NON_FED_CHILD_QTY < 0 or CLAIM_HIST.OTHER_ADULT_QTY < 0 or CLAIM_HIST.OTHER_CHILD_QTY < 0 or CLAIM_HIST.OTHER_AMT < 0 or CLAIM_HIST.FED_AMT < 0 or CLAIM_HIST.NON_FED_AMT < 0)) 16 - Receipted Collection (Claimed as Negative Dollars) 17 - Recovery Account Refund (Claimed as Positive Dollars)	



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PAY CODE	A/N	2	ISSUANCE_DET.PAY_CODE (Collection Refund) CLAIM_HIST.PAY_CODE (All Other Claimed transactions) ISSUANCE_DETL.PAY_CODE (All unclaimed transactions)	This field contains a 2-digit code to describe the funding of the payment. For unclaimed transactions, the last pay code on the date that the issuance was issued will be used.	N
PAYEE CODE	N	2	This is a derived field.	This field contains a 2-digit code to determine if the payment is for the beneficiary payee. Possible values are: 01 - Beneficiary payee (For Claimed transactions, if the CLAIM_HIST.ORG_ID is null. For unclaimed transactions, if the ISSUANCE.ORG_ID is null.) 02 - Payee (vendor or provider) (For Claimed transactions, if the CLAIM_HIST.ORG_ID is not null. For Unclaimed transactions, if the ISSUANCE.ORG_ID is not null.) NULL (Recoveries of Aid)	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PRIOR PAYMENT CODE	A	1	This is a derived field.	<p>This field indicates if a payment is issued for current/future month or a prior month. Possible values are: P - Prior Month (For claimed transactions, if CLAIM_HIST.BEN_MONTH < CURRENT MONTH. For unclaimed transactions, if ISSUANCE.EFF_DATE < CURRENT MONTH.)</p> <p>C - Current or Future Month (All else)</p>	Y
CONTROL NUMBER	N	10	<p>NULL (Recoveries of Aid)</p> <p>ISSUANCE.CTRL_NUM_IDENTIF (Collection Refund and unclaimed transactions.)</p> <p>CLAIM_HIST. CTRL_NUM_IDENTIF (All else)</p>	This field contains the assigned control number to a payment.	N



Field Name	Type	Length	Data Mapping	Procedures	Mandatory
ISSUE DATE	N	8	NULL (Recoveries of Aid) ISSUANCE_DETL.ISSUE_DATE (Collection Refund and unclaimed transactions) CLAIM_HIST.ISSUE_DATE (All else)	Date on which the payment is issued. Format - "YYYYMMDD"	N
PAYEE STREET ADDRESS	A/N	50	NULL (Recoveries of Aid) ISSUANCE.LINE_1_ADDR, ISSUANCE.LINE_2_ADDR (All else)	This field contains the street address of the payee. This field is limited to the first 50 characters. Format - Address Line 1 + blank space + Address Line 2.	N
PAYEE ADDRESS CITY	A	25	NULL (Recoveries of Aid) ISSUANCE.CITY_NAME (All else)	This field contains the city of the payee.	N
PAYEE ADDRESS STATE	A	2	NULL (Recoveries of Aid) ISSUANCE.STATE_CODE (All else)	This field contains the state of the payee.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PAYEE ADDRESS ZIP	N	9	NULL (Recoveries of Aid) ISSUANCE.ZIP_CODE_NUM, ISSUANCE.ZIP_CODE_SUFFIX (All else)	This field contains the address zip code of the payee.	N
RECOUPMENT AMOUNT	N	8	Sum of (RECOV_ACCT_TRANSACT_ DETL.DOLLAR_AMT) (Supplemental Benefit/Cancellation/ Expungement/Reactivated Expungement - if RECOV_ACCT_TRANSACT. TRANSACT_TYPE_CODE is "BR", "LA", "OF", "BO", or "TN") EDBC.RECOUP_OFFSET_AMT (Monthly Benefit) "0" - ZERO (All else)	This field contains the total grant reductions collected for the payment month. This field is populated for the payroll codes of 01, 02, 03, 05 and 07.	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
ISSUANCE METHOD	A	2	NULL (Recoveries of Aid) ISSUANCE_DETL.TYPE_CODE (Collection Refund and unclaimed transactions) CLAIM_HIST. ISSUANCE_TYPE_CODE (All else)	This field contains the issuance method. Possible values are: EB - EBT DD - Direct Deposit WA - Warrant	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PAYMENT ISSUANCE STATUS	A	2	This is a derived field.	<p>This field contains the issuance status. Possible values are:</p> <p>IS - Issued (For claimed transactions, if CLAIM_HIST.TRANS_TYPE_CODE is any of the following: "MP", "SI", "SP", "RS", "RE" and the ISSUANCE_DETL.IMMED_CODE is not "MI". For unclaimed transactions, if the ISSUANCE.CAT_CODE is "MB", "SB", "SP", or "CR", the ISSUANCE_DETL.STAT_CODE is not "CA", and the ISSUANCE_DETL.IMMED_CODE is not "MI".)</p> <p>CA - Cancelled (For claimed transactions, if CLAIM_HIST.TRANS_TYPE_CODE is "CN" or "CP". For unclaimed transactions, if the ISSUANCE_DETL.STAT_CODE is "CA".)</p> <p>MI - Manually Issued (If ISSUANCE_DETL.IMMED_CODE is "MI")</p> <p>If none of the above conditions are met, then the ISSUANCE_DETL.STAT_CODE is returned with possible values of "IS", "CA", "MI" (or NULL for Recoveries of Aid).</p>	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
DISTRIBUTION METHOD	A	2	NULL (Recoveries of Aid) ISSUANCE_DETL. DELIV_METH_CODE (All else)	This field contains the issuance distribution method. Possible values are: MA - Mail PU - Pickup	N
IMMEDIACY	A	2	NULL (Recoveries of Aid) ISSUANCE_DETL. IMMED_CODE (All else)	This field contains the issuance immediacy. Possible values are: RO - Routine RU - Rush MI - Manually Issued	N
PAYMENT PERIOD BEGIN DATE	N	8	SERV_ARRGMT. PERIOD_BEG_DATE (Service Payment/Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the service payment period begin date. Format - "YYYYMMDD"	N
PAYMENT PERIOD END DATE	N	8	SERV_ARRGMT. PERIOD_END_DATE (Service Payment/Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the service payment period end date. Format - "YYYYMMDD"	N



Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PERSON NUMBER	N	2	CASE_PERS. MEDS_PERS_NUM_IDENTIF (Service Payment/Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the recipient MEDS person number.	N
FEDERAL AMOUNT	N	8	CLAIM_HIST.FED_AMT (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the federal portion amount of the payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
NON FEDERAL AMOUNT	N	8	CLAIM_HIST.NON_FED_AMT (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the non-federal portion amount of the payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
LANGUAGE CODE	N	2	NULL (Recoveries of Aid) LANG.LANG_CODE (All else)	This field contains the state language code of the payee.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
ISSUANCE ID	N	15	NULL (Recoveries of Aid) ISSUANCE.ID (Collection Refund and unclaimed transactions) CLAIM_HIST.ISSUANCE_ID (All else)	This field contains the ID of the issuance in C-IV. This field uniquely identifies issuance in C-IV.	N
BENEFICIARY PAYEE LAST NAME	A	30	NULL (Recoveries of Aid) ISSUANCE. BEN_PAYEE_LAST_NAME (All else)	This field contains the last name of the beneficiary on the payment.	N
BENEFICIARY PAYEE FIRST NAME	A	30	NULL (Recoveries of Aid) ISSUANCE. BEN_PAYEE_FIRST_NAME (All else)	This field contains the first name of the beneficiary on the payment.	N
BENEFICIARY PAYEE MIDDLE INITIAL	A	1	NULL (Recoveries of Aid) ISSUANCE. BEN_PAYEE_MID_NAME (All else)	This field contains the middle initial of the beneficiary on the payment.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
PAYEE LAST NAME	A	60	ISSUANCE.PAYEE_LAST_NAME (Collection Refund and unclaimed transactions.) CLAIM_HIST. PAYEE_LAST_NAME (All else)	This field contains the last name of the payee on the payment.	N
PAYEE FIRST NAME	A/N	60	ISSUANCE.PAYEE_FIRST_NAME (Collection Refund and unclaimed transactions.) CLAIM_HIST. PAYEE_FIRST_NAME (All else)	This field contains the first name of the payee on the payment. If the payee is an organization, this field contains the full organization name.	Y
PAYEE MIDDLE INITIAL	A	1	ISSUANCE.PAYEE_MID_NAME (Collection Refund and unclaimed transactions.) CLAIM_HIST. PAYEE_MID_NAME (All else)	This field contains the middle initial of the payee on the payment.	N
CASE WORKER NUMBER	A/N	10	STAFF_WRKR. WRKR_NUM_IDENTIF	This field contains the number of the worker who authorized the payment.	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
FC PROGRAM NUMBER	A/N	10	CLAIM_HIST. STATE_PGM_NUM_IDENTIF (Claimed Supplemental/Monthly Benefit/ Cancellation/Claimed Adjustments - if CLAIM_HIST.PGM_CODE is "FC") LIC.STATE_PGM_NUM_IDENTIF (Unclaimed supplemental benefit, monthly benefit, and cancellations if the PGM.PGM_CODE is "FC") NULL (All else)	This field contains the state license number for the Foster Care Agency. NOTE: Since this field's type is Alpha-Numeric, all special characters have been stripped. Only letters and numbers remain.	N
FC NUMBER OF PLACEMENT	N	2	Count of (CHILD_PLACEMT_DETL.ID) (Supplemental/Monthly Benefit /Cancellation/Claimed Adjustments - if CLAIM_HIST.PGM_CODE is "FC" or if PGM.PGM_CODE is "FC") NULL (All else)	This field contains the number of Foster Care child placements in a benefit month.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
SOCIAL WORKER NUMBER	A/N	10	PLACEMENT_AUTH. SOCIAL_WRKR_NUM_IDENTIF (Supplemental/Monthly Benefit /Cancellation/Claimed Adjustments - if CLAIM_HIST.PGM_CODE is "FC" or if PGM.PGM_CODE is "FC") NULL (All else)	This field contains the number of the social worker who authorized the placement of the Foster Care child.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
FACILITY TYPE	A/N	2	FC_BUDGET. FACILITY_TYPE_CODE (Supplemental/Monthly Benefit /Cancellation/Claimed Adjustments - if CLAIM_HIST.PGM_CODE is "FC" or if PGM.PGM_CODE is "FC") NULL (All else)	This field contains the living arrangement type of the Foster Care disabled child. Possible values are: AI - Foster Family Agency (Intensive Programs) AN - Foster Family Agency (Nontreatment) AT - Foster Family Agency (Treatment) GH - Group Home HO - Foster Family Home HS - Foster Family Home-Shelter Care HT - Hospital LG - Legal Guardian NH - Nonrelative Extended Family Member Home RH - Relative Home SB - Out of State Basic SF - Specialized Foster Family Home SG - Out of State Group Home SI - Out of State Institutions SR - Out of State Residential Treatment Facilities TS - Tribal Specific Home	N
CASE WORKER LAST NAME	A	30	STAFF.LAST_NAME	This field contains the case worker's last name.	Y
CASE WORKER FIRST NAME	A	30	STAFF.FIRST_NAME	This field contains the case worker's first name.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
CASE WORKER MIDDLE INITIAL	A	1	STAFF.MID_NAME	This field contains the case worker's middle initial.	N
VENDOR NUMBER	A/N	16	VEND_IDENTIF. COUNTY_VEND_NUM_IDENTIF (Service Payment/Supplemental/ Monthly Benefit/Cancellation/ Collections Refund/Claimed Adjustments - if CLAIM_HIST.ORG_ID is not null or if ISSUANCE.ORG_ID is not null.) NULL (All else)	This field contains the County specific vendor account number of a vendor or provider.	N
CUSTOMER ACCOUNT NUMBER	A/N	16	PGM_VEND. ACCT_NUM_IDENTIF (Service Payment/Supplemental/ Monthly Benefit/Cancellation/ Collections Refund/Claimed Adjustments - if CLAIM_HIST.ORG_ID is not null or if USSANCE.ORG_ID is not null) NULL (All else)	This field contains the customer account number of a vendor or provider.	N



Field Name	Type	Length	Data Mapping	Procedures	Mandatory
BUSINESS TYPE	A	2	ORG.TAX_TYPE_CODE (Service Payment/Supplemental/ Monthly Benefit/Cancellation/ Collections Refund/Claimed Adjustments - if CLAIM_HIST.ORG_ID is not null or if ISSUANCE.ORG_ID is not null) NULL (All else)	This field contains the business type of the vendor. The possible values are: GA - Government Agency - 1099 Exempt NP - Non Profit - 1099 Exempt PS - Partnership - 1099 Not Exempt LC- LLC - 1099 Not Exempt TR- Trust - 1099 Exempt NR - Not Required - 1099 Exempt CE - Corporation - 1099 Exempt CN - Corporation - 1099 Not Exempt IC - Independent Contractor	N
VENDOR SERVICE TYPE	A	2	SERV.TYPE_CODE	This field contains the service type code. See Appendix A for a list of codes.	N
UPDATED ON DATE	N	8	CLAIM_HIST.UPDATED_ON (claimed transactions) ISSUANCE_DETL.UPDATED_ON (unclaimed transactions)	This field contains the date when the payment was last updated. Format - "YYYYMMDD"	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
UPDATED ON TIME	N	6	CLAIM_HIST.UPDATED_ON (claimed transactions) ISSUANCE_DETL.UPDATED_ON (unclaimed transactions)	This field contains the time when the payment was last updated. Format - "HHMISS" This is based on a 24-hour clock.	Y
UPDATED BY	A/N	10	STAFF.FIRST_NAME (For claimed transactions, if CLAIM_HIST. UPDATED_BY = STAFF.ID and STAFF.LAST_POS_ID is null. For unclaimed transactions, ISSUANCE_DETL.UPDATED_BY)	This field contains the worker number who last updated the payment. If the payment is updated by a batch job the name of the Batch is sent.	Y



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
SERVICE TYPE	A	2	<p>CLAIM_HIST.PGM_CODE (Claimed Service Payment/Cancellation/ Claimed Adjustments - if CLAIM_HIST.PGM_CODE is "CC")</p> <p>PGM.PGM_CODE (Unclaimed Service Payment and Cancellation if PGM.PGM_CODE is "CC")</p> <p>CUST_NEED.CAT_CODE (Service Payment/Cancellation/ Claimed Adjustments - if CUST_NEED.CAT_CODE is not "CB" and CLAIM_HIST.PGM_CODE is "CL", "FT", or "WT")</p> <p>NULL (All else)</p>	<p>This field contains the service type code of a service payment. Possible values are: AN - Ancillary - Education AW - Ancillary - Work Related CB - CalLearn Bonus CH - Housing Support Program (HSP) CO - Counseling DC - Dependent Care DV - Diversion Services EJ - Education/Job Training EO - CalWORKs EOA FC - Foster Care/Kin-GAP Services FS - Family Stabilization FT - Family Stabilization - Transportation HV-Home Visit Program HT- Home Visit Program- Transportation HO - Homeless Assistance LD - LD Accommodations ML - Medical/Legal Services OS - Other Supportive Services OT - Other SN - Special Needs TR - Transportation</p>	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
STATE PIN	N	8	FUND_CODE_MAP.STATE_PIN (Service Payment, Claiming Adjustments, Cancellations & Expungements)	This field contains the unique State PIN of a service payment.	N
FUND CODE	A/N	2	ISSUANCE.FUND_CODE (Collection Refund and unclaimed transactions) CLAIM_HIST.FUND_CODE (All else)	This field contains the C-IV internal fund code unique to any non-Food Stamp payment.	N
INVOICE NUMBER	A/N	25	PMT_REQ_DETL. INV_NUM_IDENTIF (Service Payment/Supplemental Benefit/Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the invoice number received from the vendor or provider to issue the payment.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
VOUCHER REDEEMED	A	1	This is a derived field.	<p>This field contains an indicator whether a voucher is redeemed or not. Possible values are: "Y" - Voucher is redeemed (Service Payment/Supplemental Benefit - if SERV_ARRGMNT. ISSUANCE_TYPE_CODE is "VO" and SERV_ARRGMNT. CTRL_NUM_IDENTIF is not null)</p> <p>"N" - Voucher is not redeemed (Monthly Benefit/Collections Refund)</p>	N
VENDOR TAX NUMBER	N	12	<p>ORG.TAX_NUM_IDENTIF (Service Payment/Supplemental Benefit/Cancellation/Collections Refund/Claimed Adjustments)</p> <p>NULL (All else)</p>	This field contains the Tax ID/SSN number of the vendor.	N
OTHER ADULT QUANTITY	N	2	<p>CLAIM_HIST.OTHER_ADULT_QTY (claimed transactions)</p> <p>This field will always be "0" for unclaimed transactions.</p>	This field contains the number of adults on the claimed other payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N



Detail Record					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
OTHER CHILD QUANTITY	N	3	CLAIM_HIST.OTHER_CHILD_QTY (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the number of children on the claimed other payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
OTHER AMOUNT	N	8	CLAIM_HIST.OTHER_AMT (claimed transactions) This field will always be "0" for unclaimed transactions.	This field contains the other portion amount of the payment. This number is assumed to be negative for the following payroll codes: 03, 07, 13, and 15. This number may be negative for payroll codes 18 and 19.	N
NEED TYPE	A/N	2	CLAIM_HIST.SERV_TYPE_CODE (Service Payment/Supplemental Benefit/Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the need type code of a service payment. See Appendix B for all possible values.	N
RATE STRUCTURE	A	2	CLAIM_HIST.RATE_STRUCTR_CODE (Main Payroll Benefit/ Supplemental Benefit/ Cancellation/ Claimed Adjustments) NULL (All else)	This field contains the rate structure code of a Foster Care/ Kin-GAP/AAP benefit. Possible values are: NC - Non-CCR CC - CCR IC - ISFC	N



File Trailer					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
RECORD TYPE	A/N	3	Constant in Java code	This is a record identifier with a value of "F02" indicating File Trailer.	Y
COUNTY CODE	N	2	Batch Properties	This field contains a 2-digit code of the County that receives this file.	Y
SITE CODE	N	2	Batch Properties	This field contains the processing site code with a value of "01".	Y
FILE TYPE	A	6	Batch Properties	This field contains the file name. Possible values are: PMTACD- Payment auditor controller daily	Y
BATCH CONTROL NUMBER	N	3	BATCH_SCHED. CTRL_NUM_IDENTIF	The batch control number is "001" for the first file. This number will be incremented every subsequent time that the file is created. After the batch control number "999" is used, the next batch number will be "001".	Y
FILE CREATION DATE	N	8	BATCH_SCHED.BATCH_DATE	The date when the file is created. Format - "YYYYMMDD"	Y
FILE CREATION TIME	N	6	BATCH_SCHED.BATCH_DATE	The time when the file is created. Format - "HHMISS" This is based on a 24-hour clock.	Y
RECORD COUNT	A/N	8	This is a derived field.	This field contains the total number of records in this file.	Y



File Trailer					
Field Name	Type	Length	Data Mapping	Procedures	Mandatory
DOLLAR AMOUNT	N	12	This is a derived field.	This field contains the total dollar amount of all the records in this file. Format - “\$\$\$\$\$\$\$\$\$cc”	Y



Properties Values

(xx denoted the County code)

Writer Properties:

countyCode= xx
 siteCode=01
 fileType= PMTACD
 xmlFileLocation=../config/AuditorControllerDefinition.xml
 Interface File Name:
 Production: interfaceFileName= PMTACD.prod.coxx.txt
 Test: interfaceFileName= PMTACD.test.coxx.txt
 Module1=org.civ.interfaces.financials.auditor.AuditorControllerWriter
 commitFrequency=1000
 logName= AuditorControllerWriter

FTP Properties:

ftp.login= [TBD]
 ftp.password= [TBD]
 county.name=< County Name >
 interface.name=auditor
 interface.type=outbound
 program.name=POxxF108
 outbound.port=21
 outbound.server= [TBD]
 outbound.destination= auditor/inbound/
 transfer.mode=ASCII
 command.mode=active
 FtpResponseDebugging=false
 Module=org.civ.architecture.ftp.FtpHandlerService
 logName=AuditorControllerOutboundFTP

Error Message Requirements

Error ID	Error Message	Destination
E601	Unable to write to the output file. Error occurred at \${FieldName}=\${fieldValue}	<i>Local Log</i>
I1034	Restart error: Error while initializing variables for restart.	<i>Local Log</i>
I1035	Restart error: Error while saving variables for restart.	<i>Local Log</i>
MWO_001	Null value for mandatory field \${FieldName} for IssuanceId=\${IssuanceId}.	<i>Local Log</i>



Task Message Requirements

Short Description	Long Description	Due Date
None		

Journal/Reminder Message Requirements

Short Description	Long Description	Due Date
None		

Notes to Developers

List of the Codes Table references the interface will use.

- Claiming Transaction Type Code (CT420)
- County Code (CT15)
- EBT Expungement Status Code (CT2011)
- Immediacy Code (CT314)
- ~~Interface Fund Codes (CT522)~~
 - Note: Fund Codes data has been moved to the FUND_CODE_MAP table.
- Issuance Category (CT313)
- Issuance Status (CT111)
- Issuance Status Reason (CT338)
- Issuance Type (CT112)
- Pay Code (CT623)
- Program Code (CT18)

Requirements

N/A

Assumptions

Each Migration County is ready to receive and process the outbound warrant print file.

Open Points

Point #	Description	Owner	Resolution Comments



Appendix B - Need Type Code:

- 01 - Background Check
- 02 - Clothing
- 03 - DMV Fees/License
- 04 - Drug Testing
- 05 - Education Related
- 06 - Other
- 07 - Relocation Expenses
- 08 - Tools/Equipment
- 09 - Alcohol/Drug
- 10 - Anger Management
- 11 - Career Counseling
- 12 - Domestic Abuse Services
- 13 - Family
- 14 - Financial Planning
- 15 - Mental Health
- 16 - Mentoring
- 17 - Parenting
- 18 - Youth
- 19 - Adult Care
- 20 - Advocacy
- 21 - Child Care
- 22 - Elder Care
- 23 - IHSS
- 24 - LTC
- 25 - Respite
- 26 - Special Needs Care
- 27 - English Language Skills
- 28 - High School Diploma/GED
- 29 - Placement Assistance
- 30 - Job Services
- 31 - Job Skills Training
- 32 - License/Certificate/Degree
- 33 - Literacy Skills
- 34 - On the Job Experience
- 35 - Reading/Math Skills
- 36 - Retention Services
- 37 - Special Education Classes
- 38 - Disabled Services
- 39 - Felon Friendly Services
- 40 - Flexible Schedule
- 41 - Legal Services



- 42 - Limited Participation
- 43 - Legal Docs for Work
- 44 - Medical Evaluation
- 45 - Medical Release
- 46 - SSA Referral
- 47 - Vocational Rehab
- 48 - Work Release (legal)
- 52 - Mileage-Shared
- 53 - Taxi Fare
- 55 - Vehicle Services
- 56 - Permanent
- 57 - Temporary
- 58 - Family Conference
- 59 - Food
- 63 - Multi-Disciplinary Team
- 64 - Shelter
- 68 - Mileage-Private
- 69 - Mileage-Borrowed
- 71 - Parking Fee
- 72 - Limited disability - accomodations
- 73 - Medical/Legal Services
- 74 - Assistance Animal
- 75 - Hotel/Interim/Temp Housing
- 76 - Certificates/Licenses
- 77 - Dependent Care
- 78 - Transportation
- 79 - Utilities
- 80 - Work Related
- 81 - Verification Fees
- 82 - Partial Rent Assistance
- 83 - Full Rent Assistance
- 84 - Habitability Items
- 85 - Credit Repair/Past Evictions
- 86 - Additional Case Rental Payment
- 87 - Utility Payments
- 88 - Security Deposits
- 89 - Moving Costs
- 90 - Other
- AO - Ancillary/Other Services
- BO - Bus Token
- BP - Bus Pass - Valid Month
- BT - Bus Ticket
- BV - Bus Pass - No Valid Month



CA - Clothing Allowance
CP - Campus Parking
CR - Cremation
CT - Clothing
DA - Diaper Allowance
EC - Emergency Clothing Allowance
ED - Education Stipend
ER - Education Travel Reimbursement
FN - Funeral Costs
GA - GA Incidentals
GC - Gas Card
GI - Gift Certificate
GO - GA Other
GR - Graduation Bonus
HG - High School Graduation Award
HN - Household Necessity
IC - Imprest Cash
IS - Infant Supplemental Rate - State
LH - LIHEAP
LM - Labor and Material Cost
MA - Moving Cost Assistance
MS - Moving and/or Storage Cost
RA - Rental Assistance
RC - Rpt Card Bonus
RP - Rate Patch
RR - Return to Residence
SA - SSI Advocacy
SC - Substance Abuse Services
SS - State Supp Clothing Allowance
SU - SUAS
UT - Utilities
AI- Academic or instructional services
EL -Early learning /interaction activity
SL- English as a second language service
HS-Housing Support
IL-Immigration legal services
CN-Infant and child nutrition services
TH-Infant and toddler health care
PV-Intimate partner violence services
PC-Prenatal care
WR-Workforce readiness services