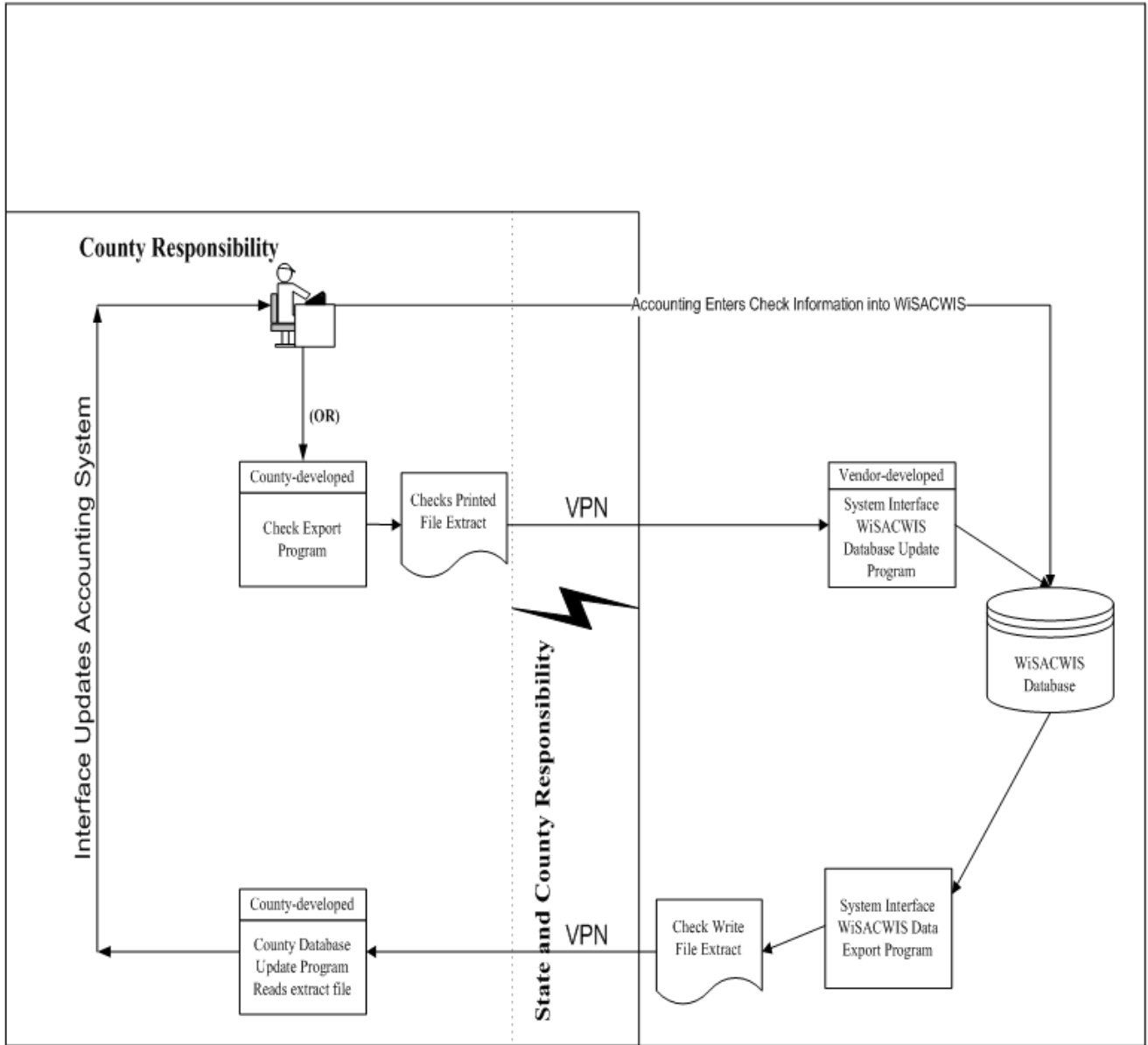


Financial Interface Reference Document



WiSACWIS to County - Check Write File Extract

File Name: fm02-chk-file-(county code)(date stamp)

Sample: fm02-chk-file-9920110109

File length: 714 Char

Check Write File Structure

* Append with spaces

** Append zeroes

eWiSACWIS Mapping	Type
IFC_PROVIDER_ID	Char(10) **
IFC_PAYEE_ID	Char(10) **
IFC_PAYEE_NAME	Char(30) *
IFC_FINANCIAL_INST_NAME	Char(32) *
IFC_DIRECT_DEPOSIT_INDICATOR	Char(1)
IFC_ACCOUNT_NUMBER	Char(10) *
IFC_CHILD_IDENTIFIER	Char(14) **
IFC_CHILD_LAST_NAME	Char(25) *
IFC_CHILD_FIRST_NAME	Char(15) *
IFC_CHILD_MIDDLE_INIT	Char(1)
IFC_CHILD_SUFFIX_NAME	Char(3) *
IFC_MAIL_FIRST_STREET_ADDR	Char(40) *
IFC_MAIL_SECOND_STREET_ADDR	Char(30) *
IFC_MAIL_IN_CARE_OF_NAME	Char(30) *
IFC_MAIL_CITY_NAME	Char(22) *
IFC_MAIL_STATE_NAME	Char(2)

eWiSACWIS Mapping	Type
IFC_MAIL_ZIP_CODE	Char(5)
IFC_MAIL_ZIP_CODE_PLUS_4	Char(4)
IFC_MAIL_FOREIGN_ADDRESS	Char(15) *
IFC_REM_FIRST_STREET_ADDR	Char(40) *
IFC_REM_SECOND_STREET_ADDR	Char(30) *
IFC_REM_IN_CARE_OF_NAME	Char(30) *
IFC_REM_CITY_NAME	Char(22) *
IFC_REM_STATE_NAME	Char(2)
IFC_REM_ZIP_CODE	Char(5)
IFC_REM_ZIP_CODE_PLUS_4	Char(4)
IFC_REM_FOREIGN_ADDRESS	Char(15) *
IFC_PAYMENT_TYPE	Char(2)
IFC_PAYMENT_START_DATE	Char(10)
IFC_NUMBER_OF_DAYS	Char(3) **
IFC_SIGN	Char(1) Values = ('+', '-')
IFC_AMOUNT	Number (7,2) **
IFC_VOUCHER_NUMBER	Char(5) **
IFC_VOUCHER_TYPE_CODE	Char(2) Value = 'IM'
IFC_VOUCHER_DATE	Char(10)
IFC_FUND	Char(2) Value = '05'
IFC_DEPARTMENT	Char(3) Value = '435'
IFC_SERVICE_DESCRIPTION	Char(40) *
IFC_COURT_NUMBER	Char(8)
IFC_COUNTY_CODE	Char(2)

eWiSACWIS Mapping	Type
IFC_COUNTY_PERSON_ID	Char(20)
IFC_COUNTY_CASE_ID	Char(20)
IFC_COUNTY_PRVD_ID	Char(20) *
IFC_RPT_CAT	Char(5) *
IFC_EPISODE-ID	Char(14) **
IFC_PAYMENT_ID	Char(14) **
IFC_COUNTY_PAYEE_ID	Char(20) *
IFC_CD_SRVC	Char(9) **
IFC_TARGET_POP	Char(5) **
IFC_SPC	Char(5) **
IFC_PAYEE_NAME (2)	Char(30)
IFC_REIMBURSMNT_CATGRY	Char(2)
IFC_PAYMENT_SUBCODE	Char(1)
FILLER	Char(7)

Critical Data Elements Defined

Reimbursement Category:

IFC_REIMBURSMNT_CATGRY <i>Char(2)</i>	Decoded Value
1	Group Home
2	RCC
3	Adoption
4	Kinship Care
5	Foster Home
6	Other
7	Institutions
9	Sub Guard
10	Shelter
11	Detention
12	Trial Reunification
13	Supervised IL
14	Missing from OHC
15	Treatment Foster Care

Target Population:

IFC_TARGET_POP <i>Char(5)</i>	Decoded Value	Youth Aids?	Target Group
1	CHIPS - Other	NYA	64
2	CHIPS - Abuse and Neglect	NYA	61
3	Delinquency	YA	6
4	Voluntary Placement	NYA	64
5	JIPS	YA	6

Payment Type:

IFC_PAYMENT_TYPE <i>Char(02)</i>	Decoded Value
1	Basic
2	Supplemental
3	Exceptional
4	Admin
7	Overpayment Adjustments

Note: Payment Requests will function as follows:

If PAYMENT.AM_RQST <> AM_BASIC + AM_SUPPL+AM_EXCPT + AM_ADMIN Then IFC_PAYMENT_TYPE = '04'

Note: Overpayment Adjustments will be determined as follows:

If IFC_SIGN= '-' and the payment comes from PAYMENT_ADJUST table then IFC_PAYMENT_TYPE='07'.

Payment Subcode:

IFC_PAYMENT_TYPE <i>Char(02)</i>	IFC_PAYMENT_SUBCODE <i>Char(1)</i>	Decoded Value
3	A	Exceptional Costs
3	B	Costs > Spending Limit
4	A	Administrative Costs
4	B	Extraordinary Payment

Note: We transmit both “Exceptional Costs” and “Costs > Spending Limit” payments as Payment Type ‘3’. This additional coding (“A” for Exceptional, and “B” for Costs > Spending limit) will allow counties to differentiate between the two and appropriate them correctly in their accounting systems if desired.

Note: We also intend to transmit the extraordinary payment as a Payment Type ‘4’. This extra coding (“A” for Administrative Costs, and “B” for Extraordinary Payments) will help counties to differentiate between the two.

Example Cross-walk or recode table

The following pages contain a sample illustration of how one might go about cross-walking data from the check-write file to the County's General Ledger Account. This is only a sample, and is drawn out at a very granulated level. It is NOT a requirement that a county break their accounting structure down to this level.

For example, the sample below breaks out Foster Care costs from Treatment Foster Care costs. Unlike this sample, a county could choose to have Foster Care and Treatment Foster Care come out of the same account. This would alleviate the need for the break-down between these two genres of placement types.

Even more, a county could decide that all Payment Types with a particular placement genre can come out of one account. This would alleviate the need to break-down by Payment Type.

Note: Please **do not** use Reporting Category 8 in your cross walk. This is the default Reporting Category when a new Service Type is created.

Non-Youth Aids Subcare

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Foster Care (Level 1)	Foster Home - Level 1	9	5	1,2, or 4	1		##-####-####-####-####
Foster Care (Level 2)	Foster Home (0-4)	9	5	1,2, or 4	1		##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	2		##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (0-4)	9	5	1,2, or 4	7		##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	1		##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	2		##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (5-11)	9	5	1,2, or 4	7		##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	1		##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	2		##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (12-14)	9	5	1,2, or 4	7		##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	1		##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	2		##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (15+)	9	5	1,2, or 4	7		##-####-####-####-####

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Treatment Foster Care (Levels 3 - 5)	Foster Home (0-4)	9	15	1,2, or 4	1		##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	2		##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (0-4)	9	15	1,2, or 4	7		##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	1		##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	2		##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (5-11)	9	15	1,2, or 4	7		##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	1		##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	2		##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (12-14)	9	15	1,2, or 4	7		##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	1		##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	2		##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	3	A	##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	3	B	##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	4	A	##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	4	B	##-####-####-####-####
	Foster Home (15+)	9	15	1,2, or 4	7		##-####-####-####-####

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Group Home	A Better Choice Group Home	10	1	1,2, or 4	1		##-####-####-####-####
	Century House Group Home	10	1	1,2, or 4	1		##-####-####-####-####
	Fannie Wells Group Home	10	1	1,2, or 4	1		##-####-####-####-####
Residential Care	NW Passage - 30 Day Clinical Assess	11	2	1,2, or 4	1		##-####-####-####-####
	NW Passage - Behavioral Stblztn	11	2	1,2, or 4	1		##-####-####-####-####
	NW Passage I - Intensive Needs Res	11	2	1,2, or 4	1		##-####-####-####-####
	Homme - Acceptance	11	2	1,2, or 4	1		##-####-####-####-####
	Homme - Journey Quest	11	2	1,2, or 4	1		##-####-####-####-####
Kinship	Kinship Care-Guard Order(not 48.977)	12	4	1,2, or 4	1		##-####-####-####-####
	Kinship Care-LT Guardianship 48.977	12	4	1,2, or 4	1		##-####-####-####-####
	Kinship Care-Voluntary	12	4	1,2, or 4	1		##-####-####-####-####

Youth Aids Subcare

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Foster Care (Level 1)	Foster Home - Level 1	9	5	3 or 5	1		##-####-####-####-####
Foster Care (Level 2)	Foster Home (0-4)	9	5	3 or 5	1		##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	2		##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	3	A	##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	3	B	##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	4	A	##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	4	B	##-####-####-####-####
	Foster Home (0-4)	9	5	3 or 5	7		##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	1		##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	2		##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	3	A	##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	3	B	##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	4	A	##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	4	B	##-####-####-####-####
	Foster Home (5-11)	9	5	3 or 5	7		##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	1		##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	2		##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	3	A	##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	3	B	##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	4	A	##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	4	B	##-####-####-####-####
	Foster Home (12-14)	9	5	3 or 5	7		##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	1		##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	2		##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	3	A	##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	3	B	##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	4	A	##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	4	B	##-####-####-####-####
	Foster Home (15+)	9	5	3 or 5	7		##-####-####-####-####

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Treatment Foster Care (Levels 3 - 5)	Foster Home (0-4)	9	15	3 or 5	1		##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	2		##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	3	A	##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	3	B	##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	4	A	##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	4	B	##-####-####-####-####
	Foster Home (0-4)	9	15	3 or 5	7		##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	1		##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	2		##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	3	A	##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	3	B	##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	4	A	##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	4	B	##-####-####-####-####
	Foster Home (5-11)	9	15	3 or 5	7		##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	1		##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	2		##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	3	A	##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	3	B	##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	4	A	##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	4	B	##-####-####-####-####
	Foster Home (12-14)	9	15	3 or 5	7		##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	1		##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	2		##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	3	A	##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	3	B	##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	4	A	##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	4	B	##-####-####-####-####
	Foster Home (15+)	9	15	3 or 5	7		##-####-####-####-####

Type of Service	Service Type Name	Reporting Category	Reimbursement Category	Target Population	Payment Type	Payment Subcode	GL Account Number
Group Home	A Better Choice Group Home	10	1	3 or 5	1		##-####-####-####-####
	Century House Group Home	10	1	3 or 5	1		##-####-####-####-####
	Fannie Wells Group Home	10	1	3 or 5	1		##-####-####-####-####
Residential Care	NW Passage - 30 Day Clinical Assess	11	2	3 or 5	1		##-####-####-####-####
	NW Passage - Behavioral Stblztn	11	2	3 or 5	1		##-####-####-####-####
	NW Passage I - Intensive Needs Res	11	2	3 or 5	1		##-####-####-####-####
	Homme - Acceptance	11	2	3 or 5	1		##-####-####-####-####
	Homme - Journey Quest	11	2	3 or 5	1		##-####-####-####-####
Kinship	Kinship Care-Guard Order(not 48.977)	12	4	3 or 5	1		##-####-####-####-####
	Kinship Care-LT Guardianship 48.977	12	4	3 or 5	1		##-####-####-####-####
	Kinship Care-Voluntary	12	4	3 or 5	1		##-####-####-####-####

Overpayment Adjustments

Foster Care Adjustments		9	5	1,2, or 4	7		##-####-####-####-####
		9	5	3 or 5	7		##-####-####-####-####
Treatment Foster Care Adjustments		9	15				
		9	15				
Group Home Adjustments		10	1	1,2, or 4	7		##-####-####-####-####
		10	1	3 or 5	7		##-####-####-####-####
RCC Adjustments		11	2	1,2, or 4	7		##-####-####-####-####
		11	2	3 or 5	7		##-####-####-####-####
Kinship Adjustments		12	4	1,2, or 4	7		##-####-####-####-####
		12	4	3 or 5	7		##-####-####-####-####

County to WiSACWIS - Return Interface Check Printed File Extract

The final stage of the Financial Interface is to return the check number and check date back to eWiSACWIS. These check numbers will correspond with the checks that were sent over by the check-write file for a given Voucher number.

File Name: fm02-chk-printed-*{county code}* (File Length 45 Char)

Checks Printed Record Layout

DOA Extract Record	Type
PP-VOUCHER-NUMBER	Char X(5)
PP-VOUCHER-TYPE-CODE	Char X(2)
PP-VOUCHER-DATE	Char X(10)
PP-PAYEE-ID	CHAR X(10)
PP-CHECK-NUMBER	CHAR X(8)
PP-CHECK-DATE	CHAR X(10)

Example of output text file:

```
060125109/24/201000061619429000010210/07/2010  
060125109/24/201000061619489000010410/07/2010  
060125109/24/201000080058469000010710/07/2010
```

Note: The VOUCHER-TYPE-CODE returned should be the two digit county code.