# Questions for the consortium –

## **File #8: Recovery Account Providers**

My questions and comments for this file are in red

|  |  |
| --- | --- |
| **File Name** | **Notes** |
| ##\_Recov\_Acct\_Provider | This file will be used to create providers who are the payees for Recovery Accounts (Claims) that do not exist in CalWIN. These provider must not exist in CalWIN. The information provided down below will be used to convert these providers into the resource databank. This file is optional.Parent File: ##\_Recov\_Acct Relationship: 1 to 0-Many |

Note: ## = County Code

I believe that this file applies to In-home Support Services, Adoption Assistance, and Foster Care. File #8 will have the payee and File #2 will have the recipient. For this to work I need to know how each county handles these cases. For example, in Ventura we put the payee for Foster Care in the Debtor record and the recipient (child) in the Case record.

 I need input from the consortium to help me understand the business case for these situations so I can ask better questions from the CalSAWS project.

| **#** | **Field Name** | **Data Type** | **Required** | **Length** | **Required Format** | **Notes** | **Data Item Name** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Legacy Account Number Identifier | String | Y | 11 |  | Unique system identifier for the claim. This will be the CalWIN Claim number. The data item field associated to the CalWIN financial interface | CalWIN Claim Number |
| 2 | Organization ID | String | Y | 9 |   | Unique system identifier for the Organization Name provided in file #1 Recovery AccountA new Provider Number will be generated within the CalSAWS system | Provider Number |
| 3 | Organization Name | String | Y | 40 |  | Payee Name |  |
| 4 | Tax Type Code | String  | Y | 2 |  | This field captures the Task Type Code used in the Exempt Form 1099 Reporting **See** [Appendix CT1002](#_Toc74124602)  |  |
| 5 | Tax ID Type  | String | Y | 2 |  | This field captures the Tax Identifier of the provider. This field will be defaulted to “SN” if a Tax Identifier Type is not available to the provider**See** [Appendix CT2238](#_Toc74124604) |  |
| 6 | Tax ID | String | See Notes | 9 | [0-9] | This field will capture the Social Security Number (SSN) or the Federal Employer Identification Number (FEIN), whichever is available to the provider. If the Tax Type Code is 1099 Exempt this field is not required.  |  |
| 7 | Responsible Party Physical Address- Line 1 Address | String | N | 50 |   | Used for Creating Provider  |  |
| 8 | Responsible Party Physical Address- Line 2 Address | String | N | 50 |   | Used for Creating Provider  |  |
| 9 | Responsible Party Physical Address - City Name | String | N | 50 |   | Used for Creating Provider  |  |
| 10 | Responsible Party Physical Address- State Code | String | N | 2 |   | Used for Creating Provider  |  |
| 11 | Responsible Party Physical Address - Zip Code | String | N | 10 |   | Used for Creating Provider  |  |
| 13 | Responsible Party Mailing Address- Line 1 Address | String | Y | 50 |   | Used for Creating Provider  | Street Number + Street Name |
| 14 | Responsible Party Mailing Address- Line 2 Address | String | N | 50 |   | Used for Creating Provider  |   |
| 15 | Responsible Party Mailing Address - City Name | String | Y | 50 |   | Used for Creating Provider  | City |
| 16 | Responsible Party Mailing Address- State Code | String | Y | 2 |   | Used for Creating Provider  | State |
| 17 | Responsible Party Mailing Address - Zip Code | String | Y | 10 |   | Used for Creating Provider  | Zip |
| 18 | Phone Number - Area Code | String | N | 3 |   | Used for Creating Provider  |   |
| 19 | Phone Number | String | N | 7 |   | Used for Creating Provider  |   |
| 20 | Phone Extension Number | String | N | 4 |   | Used for Creating Provider  |   |

### Appendix CT1002 – Tax Type Code

The Tax Type associated to a provider

Please use the CalSAWS CODE that matches closest to the **CT1002 Description**

I don’t know what to put here since VACS does not have this information. We might be able to put the code into the middle name field of the Debtor screen.

| **#** | **CT1002 Description** | **CalSAWS CODE** |
| --- | --- | --- |
| 1 | Corporation - 1099 Exempt | CE |
| 2 | Corporation - Not 1099 Exempt | CN |
| 3 | Independent Contractor | IC |
| 4 | Government Agency - 1099 Exempt | GA |
| 5 | Trust - 1099 Exempt | TR |
| 6 | Non Profit - 1099 Exempt | NP |
| 7 | Partnership - Not 1099 Exempt | PS |
| 8 | LLC - Not 1099 Exempt | LC |
| 9 | Not Required - 1099 Exempt | NR |

### Appendix CT2238 – Tax Identifier Type

The tax identifier type for the Providers.

Please use the CalSAWS CODE that matches closest to the **CT2238 Description**

I’m assuming that this will always be SSN, but if not, we will have to have a way to designate that.

| **#** | **CT372 Description**  | **CalSAWS CODE** |
| --- | --- | --- |
| 1 | FEIN | FE |
| 2 | SSN | SN |

## Identifying organizations

|  |
| --- |
| Applies to: |
| File #1 Recovery Account | Field 3 Organization Name |
|  | Field 4 Organization ID |
| File #2 Recovery Account Responsible Party | Field 4 Organization ID |
|  | Field 10 Debtor Type |
|  | Field 16 Organization Name |

Organizations are identified by placing an asterisk in the Debtor 1 middle name field. I need to know how the organization name is to be constructed. The choices are: Last Name, First Name, First Name + Last Name or Last Name + First Name. I can make the format optional for each county, but their data needs to be consistent between records.

# Questions for the counties –

## File #1 Recovery Account - Field 17 Cause Code

CalFresh/Admin debts have a hardcoded mapping. They are identified by FOO/ADM. I need to know if a county uses any codes other than ADM to indicate an Admin error for CalFresh debts.

Here is a query to see all debt types associated with CalFresh:

select "Case Type" = type\_code,

 "Debt Type" = debt\_type\_code,

 "Debt Count" = count(\*)

from debt

where type\_code = 'FOO'

group by type\_code, debt\_type\_code

## File #2: Recovery Account Responsible Party - Field 23 Responsible Party Physical Address- Line 1 Address, Field 29 Responsible Party Mailing Address- Line 1 Address

If P.O. Boxes are not in the VACS Street Address field (such as private mailbox) then they need to be designated in a predictable way. It would be best if all records that have P.O. Boxes stored them in the same field, preferably Street Address.

## File #2: Recovery Account Responsible Party – Field 39 Responsible Party Driver License Number

This is taken from the DMV# from the Debtor screen. I can use the License No from the Debtor Financial Information screen if necessary as an option. I need to know if any county requires that option.