# DAIL scrubber CSES-INFC Project

CSES MM YY MM/DD/YY REFERRAL/AB PARENT #xxxxxxx : COMPLETE INFC PANELS

**Description**: A DAIL scrubber script that will confirm case information, update MAXIS panels(INFC), and case note actions taken.

# Gathering information to what end? (the goal) What are we trying to solve?

1. Reviewing and CSIA Interface
2. Ensuring adequate action has been met, before acting on the case.

# Functionality(hierarchy)

Review all information that can be read from MAXIS

MAXIS produces a DAIL message for each absent parent on a case.

This DAIL message will drop off DAIL/DAIL once you have completed the INFC panels for each absent parent respectively. This should be occurring the SAME DAY as the case approval

If the case is inactive, the script will ask do you want to run ACTIONS PF!!?

# User Input/User Dialog

DAIL scrubber is initiated

# Main Script Functionality

The script will do the following:

Establish case number from DAIL/DAIL

Reads ABPS #

\*Reminder to review case file documents (ECF) this is based on information from Referral to Support and Collections DHS-3163B

To navigate to the CASE panels from the DAIL menu, type “H”

Navigate to CASE/CURR - Gather program(s)

Navigate to **STAT/ABPS –** (coordinates already completed by previous script)

Panel number check

Caregiver Ref Nbr

Support Coop (Y/N)

Good Cause Status

Good Cause Claim Date

Reason Good Cause Claim

Next GC Review Date

Sup Evidence (Y/N)

Investigation (Y/N)

Med Sup Svc Only (Y/N)

Gather Absent Parent Information

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First: \_\_\_\_\_\_\_\_\_\_\_\_

M: \_

SSN: \_\_\_ \_\_ \_\_\_\_

Birthdate: \_\_ \_\_ \_\_\_\_

Gender: \_

Abs Parent ID

Abs Parent SMI:

HC Ins Order (Y/N)

HC Ins Order Compliance (Y/N)

Child Ref Nbr

Parental Status

Custody

Actual Date: \_\_ \_\_ \_\_\_\_

PF3 back to DAIL

To navigate to the INFC panels from the DAIL menu, type “I”

Navigate to CSIA - Child Support Interface A

Interfaces (INFC) - Child Support Interface (CSES)

Caregiver Ref Number 04, 39

**Caregiver Rel to Child 1, 04, 79**

M Mother

F Father

G Grandparent

S Sibling

A Aunt

U Uncle

P Stepparent

L Legal Guardian

C Child Applicant

R Minor Caregiver

O Other Relative

\*\*\*\*\*\*\*\*\*\*\*\*\*ABSENT (NON-CUSTODIAL) PARENT\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Last: 23, 06, 30

First: 12, 06, 63

M: 1, 6, 78

SSN: \_\_\_ \_\_ \_\_\_\_ 07, 30

Birthdate: \_\_ \_\_ \_\_\_\_ 07, 60

Gender: 1, 7, 79

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8, 35

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 09, 35

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_09, 66

St: \_\_ 10, 35

Zip: \_\_\_\_\_ 10, 44

Phone: ( \_\_\_ ) \_\_\_ \_\_\_\_ 10, 67

**Deceased(Y/N):** 1, 11, 44 IF YES THEN DATE IS MANDATORY

Date: \_\_ \_\_ \_\_\_\_ 11, 66

**Name Known (Y/N): 12, 44**

**Mult. Alleged Fathers(Y/N): 12, 75**

Child Ref: 02, 14, 40

Birthplace County: 14, 47

Birthplace State: 14,67

**Parentage 14, 75**

A Ajud By Court/Admin Order

B Mother Listed On Birth Cert

D Declaration Of Parentage

R Recognition of Parentage

M Married At Child's Birth

N Not Established

L Legally Adopted

Abs Par ID: \_\_\_\_\_\_\_\_\_\_ 10, 18,47

Abs Par SMI: 10, 18,72

Actual Date: \_\_ \_\_ \_\_\_\_ 19, 37

\*to clear the DAIL the only information that is mandatory is what is in **red**

TRANSMIT to navigate

**Navigate to CSIB - Child Support Interface B**

Last: 4, 13 non-editable

First: 4, 48 non-editable

SSN: - - 4, 68 non-editable

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Last Employer \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6, 13

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 07, 16

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 08,16

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 09,13

St: \_\_ 09,36

Zip: \_\_\_\_\_ 09,47

Phone: \_\_\_ \_\_\_ \_\_\_\_ 10, 14

Ext: \_\_\_ 10,36

Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10,47

Local: \_\_\_\_\_\_\_\_ 11,14

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11, 36

Mo Salary: $ \_\_\_\_\_\_\_\_\_ 11,66

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Support Obligation \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Court Order 13,19

Type: \_ 13, 28

Nbr: \_\_\_\_\_\_\_\_\_\_13,41

Date: \_\_ \_\_ \_\_ 13,60

Amt Ordered/Modified:$ \_\_\_\_\_\_\_\_14,29

Arrears Total:$ \_\_\_\_\_\_\_\_ 14,66

Pmt Frequency: \_15,28

Type: \_ 15, 60

Last Pmt Amt:$ \_\_\_\_\_\_\_\_ 16, 29

Date: \_\_ \_\_ \_\_ 13, 60

Court Ordered Health/Dental Ins (Y/N) \_ 17, 44

Ins Type (D/I): \_ 17, 66

TRANSMIT to navigate

**Navigate to CSIC - Child Support Interface C**

Last: 4, 13 non-editable

First: 4, 48 non-editable

SSN: - - 4, 68 non-editable

Maiden or Other Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 06, 27

Eye Color: \_\_ 7, 16

BL Blue

BR Brown

GR Green

HZ Hazel

BK Black

GY Grey

UN Unknown

Hair Color: \_\_7, 33

BK Black

BD Blonde

BR Brown

GY Grey

RD Red/Auburn

SD Sandy

WH White

Height: \_ 7, 45

Ft \_\_ 7, 50

In: 7, 54

Weight: \_\_\_ 07, 64

Race: \_ 07, 74

A Asian

B Black

W White

H Hispanic

N Native American

P Pacific Islander

O Other

U Unknown

Primary Language \_\_ 08, 22

Needs Interpreter(Y/N) \_ 08, 48

Glasses(Y/N) \_ 08, 64

Beard(Y/N) \_ 08, 77

Birth Place: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 09, 24

St: \_\_ 09, 45

Current Marital Status: \_ 09, 74

N Never Married

M Married

S Separated

L Legally Separated

D Divorced

W Widowed

U Unknown

Father's Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 18, 25

First: \_\_\_\_\_\_\_\_\_\_\_\_ 10, 58

M: \_ 10, 74

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11, 13

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11, 42

St: \_\_ 11, 62

Zip: \_\_\_\_\_ \_\_\_\_ 11, 70

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12, 13

Mother's Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13, 25

First: \_\_\_\_\_\_\_\_\_\_\_\_ 13, 58

M: \_ 13, 74

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14, 13

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14, 42

St: \_\_ 14, 62

Zip: \_\_\_\_\_ \_\_\_\_ 14, 70

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15, 13

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Relationship to Other Parent \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Marital Status: \_ 17, 21

N Never Married

M Married

S Separated

L Legally Separated

D Divorced

W Widowed

Status Effective Date: \_\_ \_\_ \_\_ 17, 61

County/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 18, 22

St: \_\_ 18, 42

Country: \_\_ 18, 54

Visitation(Y/N): \_ 19, 22

How Often: \_ 19, 36

D Daily

W Weekly

B BiWeekly

M Monthly

S SemiMonthly

O Other

TRANSMIT to navigate

**Navigate to CSID - Child Support Interface D**

Last: 4, 13 non-editable

First: 4, 48 non-editable

SSN: - - 4, 68 non-editable

Drivers License State: \_\_ 06, 30

Nbr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 06, 39

Vehicle License #: \_\_\_\_\_\_\_\_\_\_\_\_ 07, 26

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_08, 26

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 08, 52

Year: \_\_\_\_ 08, 77

Benefits Indc: \_\_ 09, 17

UC Unemployment Compensation

WC Worker's Compensation

SS Social Security

SI Supp. Security Income

VA Veteran's Benefits

RR Railroad Retirement

RT Retirement Benefits

OR Other

Student(Y/N): \_ 09, 34

Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 09, 43

Military Branch: \_ 10, 19

A Army

N Navy

M Marines

F Air Force

C Coast Guard

Start: \_\_ \_\_ \_\_ 10, 28

End: \_\_ \_\_ \_\_ 10, 43

Veteran(Y/N): \_ 10, 68

Arrest Record: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11,23

St: \_\_ 11, 43

Date: \_\_ \_\_ \_\_ 11,61

In Prison(Y/N) \_ 12, 17

Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12, 26

Release Date: \_\_ \_\_ \_\_ 12, 61

Owns Real Property:Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13,30

Cnty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13, 59

St: \_\_ 13, 79

Bank Account At: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14, 19

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Comments \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 16, 17

**Navigate to CASE/NOTE**

a. Confirm review was made

b. Action taken

c. List all requested/pending verifications

Navigate to CASE/NOTE

* 1. Confirm review was made
  2. Action taken
  3. List all requested/pending verifications

Possible error messages: NON-EDITABLE FIELDS MUST BE UPDATED ON THE ABPS PANEL ABSENT PARENT IS FATHER, CODE B IS INVALID

# **References**

[Combined Manual](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CombinedManual)

0017.15.03 - CHILD AND SPOUSAL SUPPORT INCOME

0005.12.12.01 - FORMS/HANDOUTS FOR APPLICANTS

Understanding Child Support, a Handbook for Parents (DHS-3393) (PDF).

Referral to Support and Collections (DHS-3163B) (PDF).

Cooperation with Child Support Enforcement (DHS-2338) (PDF).

See 0012.21.06 - CHILD SUPPORT GOOD CAUSE EXEMPTIONS

POLI/TEMP

CSES CSIA CSIB CSIC CSID

MAXIS-CSES AUTOMATED INTERFACE (PART 1) TE02.12.07

MAXIS-CSES AUTOMATED INTERFACE (PART 2) TE02.12.08

[Health Care Manual](http://hcopub.dhs.state.mn.us/epm/#t=index_1.htm)

OneSource

HSR Manual

DAIL - [CSES](https://hennepin.sharepoint.com/teams/hs-es-manual/sitepages/cses.aspx?web=1)

[Referral to Support and Collections](https://hennepin.sharepoint.com/teams/hs-es-manual/sitepages/Referral_to_Support_and_Collections.aspx)

# STAT coordinates

|  |  |  |
| --- | --- | --- |
| **Information** | **Screen** | **Coordinates (varchar, row, col)** |
| See above |  |  |