

## > CCF Data Validation Error Messages Job Aid

On the In-Home Care or Basic Grant Detail reports (2094/4471), when a required data field has a zero value, (dollar amount, unit amount etc.), or it is blank, MiSACWIS will indicate that there is an error. This is happening because the MiSACWIS CCF Web Budget application did not require information in certain fields, but MiSACWIS does.

For example:

In the screenshot below, there is a \$0.00 and a 0.00 for the Hours/Week and Yearly Cost and the Name and Job Title fields are blank. If the worker clicks Save, MiSACWIS will display an error message stating: the Name(s) and Job Title are missing.

To correct this, select the delete hyperlink and then Save the record.

**A. Personnel** Administrative Unit: \*  MDHHS  Court

1. Salary and Wages			
Name(s)	Job Title	Hours/Week	Yearly Cost
		0.00	\$0.00
		0.00	\$0.00
<a href="#">Add Row</a>			
2. Fringe Benefits			
			<a href="#">delete</a>
<a href="#">Add Row</a>			
Total Personnel			\$0.00

**3. Program Support (For employees identified in "A" above)**

1. Travel			
	Rate/Mile	Estimate No. of Miles	Yearly Cost
<a href="#">delete</a>			
2. Supplies and Materials (Description/Examples)			Yearly Cost
<a href="#">delete</a>			

CCF users may also be receiving the following message:

Please correct the following data validation errors:

- Rate must be greater than 0 and less than or equal to 99,999,999.99
- Total Units/Contract must be greater than \$0 and less than or equal to 100000.
- Yearly Cost must be greater than \$0 and less than or equal to \$100 million for CASA Program of ~~XXXXXX~~
- Anticipated No. Units To be Provided must be greater than \$0 and less than or equal to 10000.
- Average Cost of Each Service must be greater than \$0 and less than or equal to 500000.
- Service To be Provided Description is required for N/A

This message will appear when a required data field is blank or it contains a '0' amount, including N/A (not applicable).

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For example:

### D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost	
N/A	0.00	\$0.00	\$0.00	<a href="#">delete</a>
			<a href="#">Add Row</a>	
			Total Non-Scheduled	\$0.00

To resolve this issue, select the delete hyperlink at the end of the row.

### D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost	
N/A	0.00	\$0.00	\$0.00	<a href="#">delete</a>
			<a href="#">Add Row</a>	
			Total Non-Scheduled	\$0.00

