

Vermont Office of Child Support,
Office of Vermont Health Access, and
Economic Services Division

1115 Waiver Medical Support Project

Design Document

January 12, 2007

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Vermont Office of Child Support Waiver Medical Support Design

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Goal

- ◆ To enhance system functionality needed to effectively manage medical support cases.

Objectives

- ◆ Enhance system functionality for medical support cases for OCS, HAEU (Health Access Eligibility Unit), OVHA (Office of Vermont Health Access), and ESD (Economic Services Division).
- ◆ Improve communications between OCS, HAEU, OVHA, and ESD.
- ◆ Capture data necessary for reporting program performance and cost-savings.

Background:

This design document has been created to accomplish the level of performance outlined by State-OCS to fulfill the requirements of the OCS proposal for the 5 federal demonstration grant award. This document is prepared outlining the most desirable methods to accomplish each level of performance. State-OCS views this as the most effective design for Vermont to optimize the business functions in the pursuit of Medical Support. In addition, it allows State-OCS to report grant findings to our federal partners by capturing the maximum amount of data during the project.

The design solution must enhance existing case management structures including tracking,

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document generation, report generation, etc. The design solution must be integrated into existing systems such as ACCESS, VRU, Website, Imaging and the DSS. For the purpose of the 5 demonstration project, State-OCS expects to exceed current satisfactory performance and reach the level of “model” performance which can be shared with other states. This may require modifying existing processes to improve them, or creating some which will improve satisfactory performance.

This design document addresses two levels as described in the Request for Proposals.

Definitions:

Terms and Definitions

Term	Definition
OCS	Office of Child Support
OVHA	Office of Vermont Health Access
ESD	Economic Service Division
ESU	Employer Services Unit within the Office of Child Support
FMU	File Maintenance Unit within the Office of Child Support
Status Code	Type of Child Support Case, for example 10 – Current Assistance 20 – Non-public Assistance 30 – Foster Care 40 – Medicaid Only 60 – Non-IV-D (Registry Only)
M Indicator	Medicaid Assignment Received on case (137M)
ACCESS System	State OCS mainframe system
PEAKS	State OCS Decision Support System
Imaging System	State OCS Document Imaging System
VRU	State OCS Voice Response Unit
Website	State OCS External Website
DAIL Function	Daily Worker Message Function
292 Letter	ACCESS generated letter explaining continuing services

Functional Requirements:

Cases from IV-A:

When Custodial Parent (CP) and child (re) apply for Medicaid and one of the parents is absent, a Non-custodial Parent (NCP) information screen is entered – called the ABSP panel. The system must have an edit that requires the ABSP panel in these cases). The IV-A worker gets a Form 137M (Assignment of Medical Support Rights) from the CP to enter the ABSP screen. If the CP does not cooperate in providing NCP information, the CP is sanctioned and removed from Medicaid – the child is still active, but there is no IV-D case created because there is no assignment for medical support rights. If the CP completes the Form 137M and the CP indicates they want a waiver from cooperation with OCS, IV-A must make a waiver determination. IV-A workers will appropriately code the ABSP panel, COOP (Cooperation) field based on the waiver request (coop code 2=waiver pending), and again update it based on the determination (coop codes 3 and 7=waiver granted, coop codes 5 and 6=waiver denied). IV-A updates the assignment code based on receipt of the 137M. If the COOP code and ASSIGN code are 1's, the case is referred to OCS for pursuit of medical support.

The interface will update the case status code as appropriate based on whether there is an existing IV-D case or creating a new case if none exists. The IV-D case status codes that exist are sufficient; however a new status code modifier is needed in 1 specific instance.

Case Status Codes:

The IV-D status codes are as follows. This table shows how the cases are treated now and how they will be treated when new programming is implemented. All modules that look at case status codes must be enhanced to use all these case status codes.

Case Status	Now	New
10	PA (Public Assistance Case) (child support involvement and medical support involvement)	PA (child support involvement and medical support involvement)
20 20 M (* _{modifier})	NPA (Non-Public Assistance Case) (no Medicaid involvement, but provide all services so includes child support and medical support) Doesn't exist	NPA – (no Medicaid involvement, but provide all services so includes child support and medical support) NPA w/ Medicaid (child support involvement and medical support involvement)
30	SRS (Foster Care Case) (child support involvement and medical support involvement)	SRS (child support involvement and medical support involvement)
40	Medicaid Only – NOTE: these are already counted and reported as med. only cases.	Medicaid Only (no child support involvement but enforce medical support a parentage) – Pure med. only
60	Registry (Court-ordered wage withholding case with no application for services) – no child support services and no Medicaid involvement	Registry case (no child support involvement or medical support involvement)

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(*) indicates an assignment for Medicaid is executed on an NPA IV-D case.

The case status codes 10, 20, 20M, 30 and 40 means pursue both child support and medical support. The case status code 60 remains a non-IV-D case and do not pursue either child support or medical support. If, however, Registry customers start receiving Medicaid, the case would become a 40. The case status codes 10-40 should allow an interstate responding code (2 or 4 in the 2nd character). All the case status codes, except 60, should allow an interstate initiating code (1, 3, or 5 in the 2nd character). The difference between the 20 and 20M is based on the receipt of the 137M referral. The 20M allows OCS to pursue medical support without the CP requesting or wanting that action based on receipt of the 137M referral from Medicaid. The "M" will be manually entered by FMU when OCS receives a Form 137M. FMU continues to set the case review flag when the appropriate paperwork is received (PA Assignment of Rights, NPA Application, 137M on a case status code 40 case).

Rollover Cases/Closing Cases:

The system must change case status code as appropriate based on Medicaid and PA activity. Some example scenarios that must be programmed for changes to status codes are as follows:

- When a case closes PA (was case status code 10) and there is still Medicaid
 - o And there is an obligation – a 292 (continued services form letter) is sent and the case status is changed to 20M;
 - o And there is not an obligation – a 292M is sent and the case status is changed to a 20M. The system would send a 67-day DAIL to the Regional Manager (similar to the 292P) to review to see if status needed to change to 40 or remain 20M.
- When Registry Case (60) participants begin receiving Medicaid, the case becomes a 40. 10s, 30s, and 40s do not need the status code modifier of "M", as the participants are automatically receiving medical support services.

Other: Indicators must be in place to support tribal and international cases (initiating and responding).

Monitoring Medical Support Cases/Case Tracking Enhancements:

When the Med case review flag is set, the system would look at the obligation and medical support provision. If there is no obligation, the case is set to an establishment or parentage track. If there is an obligation with a medical support provision (medical support ordered flag is "Y"), a DAIL is sent to the Employer Services Unit (ESU) to review medical support provisions. If there is an obligation with no medical support provision (medical support ordered flag is "blank"), the system starts the RA (Review) track.

ESU reviews those obligations that have medical support and determines if the provision is already sufficient, whether private health insurance was already obtained, and/or if the case must be referred to the field staff to modify the provisions, etc.

OCS will get notification from OVHA when medical insurance lapses when the medical support ordered is "Y". OCS will then know we need to enforce medical support. The system will send a DAIL to the ESU unit to review case for enforcement. The ESU unit will review, contact the employer as necessary, and put the case into the enforcement track as appropriate. When the ESU unit determines it needs to go

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to the field, they set the track to FA (Enforcement Tracking). The field can use the existing FV (Ending Enforcement Tracking) track if necessary to remove from tracking. Use of the FV track requires a CONT (Contact Message into the ACTN (History) of the case).

Parentage cases (obligation code of 90) should go into a PD (Parentage Track). Case status code 40 cases will be excluded from selection for the "Review" track as this is to review the child support guideline amount, not the medical support provision. The medical support provision review will be based on ESU review for lack/lapses of coverage or CP request.

Generation of legal packages is based on the tracking code and case status code.

Legal Activity:

The system-generated, download legal court package documents (CDOC mainframe function – 1052 system-generated, download package) must be updated to include insurance plan information so workers can be prepared for court activity in pursuing medical support.

The SCHE mainframe screen also needs to be updated to capture medical support provisions that are ordered (or not ordered based on the court event). There needs to be court results for ordered and not ordered. There should be selections for medical insurance ordered, cash medical ordered, or no medical support provision ordered. If medical insurance or cash medical is ordered, the ORDR-MED (order screen relating to medical support) will tell who is required to carry the insurance and what they are required to carry or if they are required to pay cash medical support. If medical support is not ordered, the SCHE function needs to capture information on why it was not ordered.

The screen could look like this:

Medical Support Not Ordered

If MED Not Ordered, why?

_Neither party has access to insurance _Neither party has access to affordable insurance _Other

If Not Available at Reasonable Cost (need reason code): _Above 5% _Other

If CASH MED Not Ordered, why? Comments

Financial and Court Order Changes:

The ORDR function (described the conditions of the court order) needs to be enhanced to break out the different types of current support ordered (child, spousal and cash medical). This must include the amount due and frequency that the amount is due. Currently these amounts are added with the current child support amount due and the total is in the current child support due field; with the actual amounts in fields on the order field that are not tied to anything. OCSE157 line 36 requires the state to report the amount of assigned cash medical support received -- therefore, capturing that data is critical. On the ORDR screen, we also need to have additional judgment fields to deal with arrears judgments for spousal support and cash medical support:

- . spousal owed to VT (when CP on RUFA and assigns spousal);
- . spousal owed to CP/Other;
- . cash medical owed to VT (when CP/children on Medicaid);

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cash medical owed to CP/Other.

The ORDR-MED screen needs to be enhanced to resemble the new Form 802 (Child Support Order) for easier entry and include functionality for those options. The Responsibility field "Other" needs to be enhanced to indicate NCP-Other and CP-Other fields. This screen needs to capture if cash medical support was ordered and the amount that was ordered (if it is not on the main ORDR screen). There are two types of cash medical that can be ordered and must be reported on OCSE federal reports – they are Cash and Payment on Unreimbursed Medical Bills. This data must be captured.

The system needs to have the ability to maintain the current balance of the arrears owed for spousal and cash medical owed. These balances must also be able to be adjusted (need to have adjustment codes for cash medical and unreimbursed medical bills). The receipt system must be able to allocate collections appropriately where cash medical support is being paid. This means allocation coding must be added for both cash medical payments and unreimbursed medical bill payment. The system must be able to generate an arrears affidavit that will take into account all activity on these balances. These balances and current amount must be tied into the current arrears affidavit process.

Along with enhancing the ORDR screen, the ARRS screen needs to be enhanced to include the cash medical arrears, unreimbursed Medicaid expenditures, and other data required to account for medical support.

NMSN (National Medical Support Notice) Function Enhancements:

We need to enhance the NMSN function so the ESU (role MSU) can add an entry to note when a child is already enrolled in other insurance. This could be based on information from a CP/NCP where the child is already enrolled and there is no need to generate a NMSN. When the ADD command is used, this would bring up a screen for ESU to indicate the health insurance company that the child is enrolled in, the policy number, and person who is carrying the child on their insurance (if other than the NCP or CP – could be current spouse/partner of the NCP or CP). If the CP is responsible for coverage, this would be a way to record the child enrollment without generating a NMSN to the CP's employer. This would also create an INSU panel for the children in all cases (even non-IV-A cases). This way if those cases become active, the information is already in the system.

Medical Support Compliance Enhancements:

The system needs to monitor and bring to staff attention (or take appropriate action) when medical support provisions change or need to be enforced (this includes lapses in coverage).

Monitoring from ORDR screen.

If the responsibility changes from the NCP to the CP, the system needs to generate a notice to the employer (with copies to both parties) that the court order has changed and the NCP is no longer required to provide health insurance and a DAIL to the TPL (Third Party Liability Unit responsible for recovery) or at least a CATN (ESD action history log).

The FPLS interface needs to be enhanced to capture information from the Department of Military Dependent Care's (DMDC) Defense Enrollment Eligibility Reporting System (DEERS) when children are enrolled in the military insurance system. This information needs to be available to OVHA as well as OCS.

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The DMDC proactive match will be periodically (no more frequently than quarterly).

The system needs to track the ORDR provision for medical support and ensure that there is coverage (perhaps by the INSU panel for the children). Below is a list of the things the system needs to track and the circumstances and responses the system should take:

. When the NCP is providing through their employer (based on entry via the NMSN screen) and the NCP leaves that employer and there is no new employer listed, the system needs to send a DAIL to ESU unit to contact employer and/or NCP/CP to find new employer and see if the medical support is being provided as ordered.

. If the CP is required to provide and there is no insurance coverage, a DAIL needs to go to ESU to contact the CP to see if they are providing health insurance and getting the enrollment information to enter the appropriate coverage for the children on line. If the CP does not fulfill the insurance requirement, case should be assessed to see if NCP should pick up insurance that may result in reduction of current support. This assures children have coverage.

For the Grant, Vermont requires CP insurance coverage tracking system support must be in place such as:

- a. Systematic notices verifying insurance coverage.
- b. Tracking responses to inquiries.
- c. Other tracking support mechanisms.
- d. Process to pursue CP or "other" for not honoring order.

Any other circumstances where medical support should be monitored should also be programmed.

Communications Between IV-A and IV-D:

When OCS requests sanctions from IV-A, the workers are sent a DAIL (electronic message informing the worker that something is needed on the case) saying that sanctions were applied. Currently this does not store in the ACTN log for OCS – it should. Also, when an OCS staff member uses the CONT function to send a request or information to an ESD employee (OVHA, HAEU), the message text is delivered to the IV-A workers via the MAIL function (electronic message function) – which is no longer used so these messages go unread. The system needs to be changed to deliver messages from OCS created via the CONT function to IV-A via the TODO (electronic message informing the IV-A worker that something is needed on the case) function. These messages must also be stored in both OCS and ESD via the ACTN and CATN respectively. The CATN entry screen needs to be updated to display the IV-D case worker to assist in communication between ESD and OCS. Any IV-A communications to the OCS worker, must come to the workers DAIL function.

For ESD to implement a sanction for noncompliance, ACCESS needs to link the ABSP panel to ELIG and create another health care denial/closure reason code (code to be determined). Beyond implementing the sanction, we have to have a way to block coverage until they comply.

ESD requires many of their recipients to pay a premium toward their public health care and if the premiums are not paid, their public health care case will close. This may or may not cause a break in their health care coverage. ACCESS will need to be programmed to allow for a calendar month grace period as ESD reinstates coverage without a new application when recipients pay the month following the month their premium was due.

Reporting:

The OCSE 157 and OCSE 34a need to be enhanced to capture any new relevant data elements to ensure accurate reporting. These reports must also be enhanced to use the new case status codes appropriately to ensure reporting in the correct rows and columns. This includes the new medical support requirements on the OCSE-157. One of the changes in the OCSE-157 requires OCS to report cases in which medical support was provided as ordered. To determine when the insurance was provided, there are many scenarios the system will need to check and set an annual flag if it was provided as ordered during the year. Below is a chart of the functionality and methods in setting the annual flag.

	Item	Method	Documentation	Frequency
1	Cash Medical Requirement	\$ in and out of OCS	Transaction	Immediate
2	Med. Only Medicaid Coverage	Interface	Data Exchange	Immediate
3	CP and Medicaid Coverage	Interface	Data Exchange	Immediate
4	CP Coverage Requirement	CP letter (CP 901?)	CP returns info.	Annually
5	NCP Coverage if Employed	Employer call/ltr	Empl returns info	Annually(*)
6	NCP Coverage Self Employed	CP Call/Ltr. or NCP Call/Ltr	CP or NCP returns info.	Annually

(*) Annually is chosen, but if employment changes less than annually, insurance will be verified upon employment change, so we only need to trigger this annual review from the date of the last employer change.

Appropriate letters must be created and built into system functionality.

OCS wants to capture data on why insurance is not provided. This will be done based on the court event through the SCHE screen that was discussed earlier. OCS also needs a mechanism to capture this data on internal determinations based on the legislation that described reasonable cost at 5% of income. The same information that was captured on the SCHE event must be captured whenever the ESU does a determination of insurance when the NCP changes employers, etc. The system should capture the source of the medical support information (whether it was the employer, CP, NCP, NMSN, Court, Other and whether the information was Verbal or Written).

OCS needs to ensure our ability to report the following:

1. State \$ saved due to private insurance.
2. Family demographics of private ins. holders vs. public ins. holders.
3. What prevents establishment and enforcement of private insurance?
4. Tracking insurance for CP, NCP, other.
5. Kids on (and eligible for) Medicaid (OVHA may have this already).
 - a. Of above, how many have Private (we will now have that figure)
 - b. Of above, how many have medical from any source (we will have this if we capture all the various insurances available)

APPD Function CLNT Screen

The IV-D system should be upgraded to require using the employer database to enter a CP employer. This should work the same way that NCP employers are recorded and tied to an NCP now.

Miscellaneous System Enhancements:

Automated enhancements for verifying health insurance coverage by employed PA CPs (ESD)
 . ESD data, link job information to IV-D employer file, automatic employer letter for policy

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information, add tracking;

- . Strengthen ESD capability to link IV-A cases.

FPLS Interface

The FPLS interface needs to be enhanced to capture information from the State Verification and Exchange System (SVES) data for NCP and children entitlements. This will assist in establishing that medical support is not available at a reasonable cost (if the NCP is getting an entitlement).

EMPV Function

EMPV function where Form 901s (Employer Inquiries) are entered, need to tie to INSU panels to create them or send a TODO to the appropriate IV-A worker to create the panel when enrollment information is sent based on these forms. When a 901 is entered, a DAIL needs to go to the worker that requested the 901 stating that it was received. This allows the worker to go to the imaging system and print a copy if it was needed for court action.

The system needs to track the ORDR provision for medical support and ensure that there is coverage (perhaps by the INSU panel for the children). Below is a list of the things the system needs to track and the circumstances and responses the system should take:

- . If the NCP is self-employed and the insurance coverage is not from the NCP and there has not been a determination of insurance availability, a DAIL goes to ESU to contact the CP to see if they are providing health insurance. If so, ESU puts the case into review track (RA) for the worker to review to court action to get the health insurance provision modified to reflect the correct circumstances. If the CP is not providing the insurance, the case is left as it is and the normal review track will bring the case to attention in that timeframe.

- . When a NMSN is generated and there is no response from the employer or insurer after 30 days, then the system should DAIL the ESU to follow-up with the employer/insurer. Additionally, the ESU calls the employer and resends the NMSN certified mail. The NMSN screen needs to be enhanced so that the NMSN can be marked as "resent certified mail". Then the employer is given another 10 days to respond. If there is no response 10 days after the certified mail is sent, the system will generate a FINAL notice to the employer that if they do not respond in 10 days, the case will be referred for legal action. The system needs to capture the date the green card (certified mail statement) was signed by the employer. If 10 days following the green card signed date, the employer still has not responded, a DAIL goes to the ESU supervisor to review for legal referral.

- . When a determination has been made that the coverage is not available at a reasonable cost, a notice is generated to the NCP and CP that states this fact. When this notice is marked sent, the generation NMSN field on the ORDR screen should be marked "N" for this employer. When the employer changes, the programming currently removes the "N" so a NMSN can be generated to the new employer – this should remain the same.

STAT Function JINC Panel

The IV-A system should be upgraded to require using the employer database to enter an employer on the IV-A JINC (job income screens on the IV-A system) panel. The information entered on the JINC must transfer to any matching IV-D case and cause a 504 and NMSN (as appropriate) to be issued on

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the IV-D case as appropriate.

The system should have an alternate address field available for the CP in cases marked with an “FV” flag (Family Violence). This alternate health insurance address could be used (instead of the CP address) to forward to the insurers when the NCP must carry the insurance. It could be a PO box, friend’s or parent’s address, etc. If the case had an FV and the NCP is responsible for carrying insurance, the Form 783 (National Medical Support Notice) could use the alternate address instead of the CP’s on-line address.

The IV-D portion of the system must indicate when both parties are on Medicaid and/or RUFA (even if they are not the head of household in a IV-A case). The RUFA participation is indicated by the NCP action code of 03 – which should remain. The Medicaid participation will be indicated by the NCP action code indicator – see below:

----- Custodial Parent -----		Note: -----
Name: CLIENT----- UNKNOWN-----	Code	MM DD YYYY
Street-1: C/O BARB TOWNE, OCS-----	NCP action: --	00 00 0000
Street-2: 103 SOUTH MAIN ST-----	Case action: --	00 00 0000
City,st,zip: WATERBURY----- VT 056711901	CP action: --	00 00 0000
Country: -----	Source: -----	App: -----

Automated enhancements for health insurance data management – build on employer insurance plan profiles (OVHA)

- . Track employer open enrollment changes;
- . Use employer open enrollment/primary employer link for correspondence changes, coverage, and indications. Link to insurance information from Banking and Insurance Association so we can populate our employer insurance plan information.

DSS, VRU, Website and Imaging Integration:

All the aforementioned functions must be integrated into the State-OCS DSS, VRU, Website and Imaging to the level of work described at this level.

Get statement from Proposal

Functional Design:

On-line Functions

CONT Function

```
07/03/06 12:46                CONTACT SHEET                ASPXA15
Type: _ Person contacted: _____ Level: C
Msg:
|
|
|
Reminder date: MM DD YYYY ('*' in MM = today's date)          BPS: 088 DO: J
Send reminder to worker: D50 _____ Supv: 073
Msg:
|
|
Comments: _____ Mod Rev Req: _ Future Closure: _
File last requested by: 582 from: FMU on 11/07/05
File last transferred to: FMU from: 960 on: 04/20/06
Transferring file to: _____ from: D50 on: 07 03 2006 Pub Rec Box #: _____
Transfer comments: _____ Consolidate Files _
CP SSN: _____
RCW: 1-CA-582 FNX: CONT MODE: C ID: 123456789 0 NCP NAME
USR: D50 PRD: 07 06 CMD: _____ CP: 987654321 CP NAME
(PF8 = 'MORE' PF10 = 'ROLE' PF15 = 'EXIT' PF24 = 'HELP')
```

The CONT function will be changed to send the contact message to the IV-A worker or IV-A supervisor by means of a TODO function message associated with the custodial parent's IV-A case.. Whenever a message is sent between IV-A and IV-D, it will be recorded in both the CATN and ACTN functions to document the interaction.

The caption ES will be changed to BPS as the terminology has been changed from "Eligibility Specialist" to "Benefit Program Specialist".

The role of COB will be added for use as a BPS Worker ID to support the direction of contact messages via the TODO function to the OVHA TPL unit. This will also be stored as a CATN as well as a ACTN.

CATN Function

07/04/06 13:33	CASE ACTION LOG	ASPATC
TYPE OF CONTACT: _ Person Contacted: _____		
MSG: _____ _____ _____		
*** REMINDER FUNCTION ***		
Reminder Date: MM DD YYYY ('*' in first M = Today's date)	ES Supv: 397	Case Mgr:
Send Reminder to workers: D50 _____	RU Supv:	
	SF Worker: 675	
	IVD Worker: 123	
	IVD Supv: 124	
Of the above entry (if any) OR of the following:		
Msg: _____ _____		
USER: D50 FNX: CATN MODE: C RPTGRP: 987 65 4321 PERIOD: 07 06 COMMAND: _____		
DO: Z IMS: 563 REPORTING ADULT: CUSTODIAL PARENT		
F8= 'MORE' Shift-F3= 'EXIT' Shift-F12= 'HELP'		

The CATN function in Correction mode will be changed to display both the child support worker id and supervisor id associated with the reporting adult's case. It will be changed to provide the capability for the BPS to send a message to the IV-D worker or IV-D supervisor. This message will be delivered by means of a DAIL function message. Whenever a message is sent between IV-A and IV-D, it will be recorded in both the CATN and ACTN functions to document the interaction.

The role of MSU will be added for use as a IVD Worker ID to support the direction of contact messages via the DAIL function to the OCS Med Support unit.

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ACTN Function

```
11/17/06 09:59          CASE ACTION LOG          ASUXA20J
SELECTED: CONT  REDF  ACTN  ADDR  ADCP  EMPL  OBLG  STAT  NOTC  DATA  MORE

09/01/06 at 18:52 (001)
Display new OBLIGATION and JUDGMENT data

09/06/06 at 07:00 (001)
Display new STATUS data

09/26/06 at 11:38 (001)
Display new SCHEDULE HEARING RESULTS data

RCW: 1-CA-546  FNX: ACTN  MODE: D  ID: 123456789 0 NON CUSTODIAL PARENT
USR: D50  PRD: 08 06  CMD:          CP: 987654321  CUSTODIAL PARENT
```

The ACTN function will be modified to display the new data elements.

STAT Function STAT Panel

07/10/06 14:06		STAT HEADER (STAT)			
33479752 251816		(LAST UPDATED: 06/02/06 01:21 ASPACA)		RECEIPT DATE: 08 20 2003	
VERIF STATUS	137M	REVIEW	EXPEDITED	WITHDRAWAL CODE	>30 DAYS CD
RUFA FS SF	SENT REC	FREQ	FS REASON	RUFA FS SF EP PSE	RUFA FS
V V		06			
PARENT SHARE	FAMILY	FS/SF	REFUGEE ENTRY DT	MEDICAID	NON-COOP CODE
OFFSET	BONUS	GF	(Y-N) MM DD YYYY	INELIG RSN	RUFA FS SF
REPORTING STATUS	APPR'D LIVING	FOOD STAMP	SF	PSE	
THIS MO LATEST	ARRANGEMENT	12 REVIEW LTTR	CHK RTN	CLOSURE CD	
		***** REVIEW DATES *****		EITC REC'D? Y	
	RUFA	FS ? ME	EP	MM/YYYY EITC	
NEXT REVIEW:		10 2006 Y 07 2008		REC'D	
COMPLETED:		05 15 2006 05 31 2006		02 2006	
USER: D50 FNX: STAT MODE: D RPTGRP: 987 65 4321 PERIOD: 07 06 COMMAND:					
DO: J IMS: 088 REPORTING ADULT: CUSTODIAL PARENT					
					3

The STAT function has been enhanced to record the receipt of the 137M form used to collect non-custodial parent information which serves as the basis for the referral of the medical support case to the Office of Child Support.

Additional changes to this panel include the creation of a CATN entry when 137M SENT or 137M REC is set to Y. The 137M SENT should continue to be updateable so that the BPS can identify those circumstances when the household composition indicates the need for a 137M.

Only an SSS will be allowed to remove both the 137SENT and 137M-REC.

Dates associated with the derivation of the 137M-REQ, 137M-SENT and 137M-REC will be added to the RPT-GRP0314 file for transfer to PEAKS.

These fields need to be included into the extract to PEAKS.

PEAKS DATA EXTRACT REQUIREMENTS

- RPT-GRP0314.CS-137M-REQ
- RPT-GRP0314.CS-137M-REQ-DT
- RPT-GRP0314.CS-137M-SENT
- RPT-GRP0314.CS-137M-SENT-DT
- RPT-GRP0314.CS-137M-REC
- RPT-GRP0314.CS-137M-REC-DT

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STAT Function ABSP Panel

```
07/10/06 14:07 ABSENT PARENT QUESTION 11 ( ABSP . 01 )
5363869 114396 (LAST UPDATED: 05/10/06 14:24 | ASPADM )

NAME OF ABSENT PARENT SUPPORT
** FIRST ** I **** LAST ***** MOD ASSIGN *** SSN *** COOP BIRTHDATE SEX
NONCUSTODIAL PARENT 1 123 45 6789 1 04 27 1969 M

CHILDREN OF THIS ABSENT PARENT
** FIRST ** I **** LAST ***** MOD P ** FIRST ** I **** LAST ***** MOD P
1 CHILD 1 Y 2 CHILD 2 Y
3 4
5 6
7 8
9 10

O T H E R A B S E N T P A R E N T I N F O R M A T I O N

MARITAL STATUS M ADDRESS INFORMATION
RELATION TO APPLICANT D STREET ADDRESS
WAIVER REVIEW DATE C-O OR APT ADDRESS PO BOX 123
A-C PHONE EXT CITY LYNDON STATE VT ZIP 05849
PHONE 802 467 8331
USER: D50 FNX: STAT MODE: D RPTGRP: 987 65 4321 PERIOD: 07 06 COMMAND:
DO: J IMS: 088 REPORTING ADULT: CUSTODILA PARENT 3
```

The Help Text for the COOP code value of 4 will be modified to indicate that Medicaid Only custodial parent's benefits should be denied or closed when not cooperating.

ABSP Coop Code Help Text Window

```
'ABSP Coop Codes' (I) //
'1 Cooperating.' /
'2 Requested Waiver (pending) - no CS collected.' /
'3 Waiver Granted - needs review date, no CS collected.' /
'4 Not cooperating - 25% grant reduction; Med Support Denial/Close /
'7 Waiver Granted - permanent, no CS collected.' //
```

The STAT ABSP panel will be enhanced to identify new instances of non cooperation (change of the cooperation code to 4) and will generate a TODO message for the BPS which states: "Use reason code 59 to close adult not cooperating with med support."

STAT Function JINC Panel EMP Screen

```

07/03/06 14:12          EMPLOYMENT INFORMATION FOR JINC . 01          ASPAFA1
NAME: CUSTODIAL PARENT          SSN: 987-65-4321
                                VERIFIED: ES V UPDATED: 20060627
                                CM      UPDATED:
EMPLOYER INFO:  GRN MTN TRAFc CONTRL          Work Placement Type:
                                _____
                                _____
                                _____
                                _____
                                PHONE ( 866 )- 658 4380          INC          JOB
                                                                F7          F6
                                JOB TITLE(S)          STARTING
                                *****          MO DA YEAR
1)          PROJ END          ACTUAL END
2)          MO DA YEAR          MO DA YEAR
3)
DAY  PAY          SCHD HRS          HRLY WAGE          OCCUP.          INDUST.
PAID  FREQ          PER WK          $$$$ ¢¢          CODE          CLASS.
FRI  W
USER: D50 FNX: STAT MODE: D RPTGRP: 987 65 4321 PERIOD: 07 06 COMMAND: BACK
DO: Z IMS: 563 REPORTING ADULT: CUSTODIAL PARENT
    
```

During the design sessions, there was considerable discussion about the most efficient way to manage situations where the person with job income is also an NCP in an active child support case.

We considered modifying the JINC panel to add a window for look up to Employer file. This would allow the system to generate an income withholding notice and/ or a NMSN when the employer is identified and the employee is known to be a Non-custodial parent.. However, the selection of the correct employer is not an easy task. Consequently, we decided not to require the IV-A worker to resolve the employer name using an Employer file search window.

An Ad Hoc Report provided the following information:

- Number of NCPs with an active CS case and active for a IV-A program with a JINC panel – 1313
- Of this number, 848 have active garnishment by OCS and none have an employer id on the JINC.
- So only 465 are not active garnishment cases.

- Number of CPs with an active CS case and active for a IV-A program with a JINC panel - 6566

After considering the creation of an Employer Link Select screen for resolution by the OCS Medical Support Unit staff, we decided to provide the information to the Med Support Unit by sending a DAIL to MSU with the monthly income amount, employer name, address and phone number when a JINC panel is entered for a person who is an NCP with an active IV-D case, and not currently with a garnishment in place. If the case doesn't yet have an obligation, the DAIL will be sent to the CSS.

ELIG Function ME Screen

```
07/03/06 14:14          HEALTH CARE ELIGIBILITY RESULTS      16872919   ASP3VA0
APPROVAL DATE: 06 27 2006    APPROVED: Y BY: 563    PROCESSED: 06-27-2006 10:54
REV DATES - NEXT: 02 2007    COMP: 06 2006 LAST PROC:          VER: 6 OF 6
                                ME TRANS ENDS 06/1998          START      CLOSURE  DENIAL
** SSN **      ***** NAME *****      CAT  DATE      DATE      RSN
987-65-4321    CUSTODIAL PARENT              E VP 09 15 2005 02 28 2007   50
012-34-5678    CHILD ONE                                E VP 09 15 2005 02 28 2007   50
022-34-5678    CHILD TWO                                E C6 07 01 2006 02 28 2007   50

                                <Sh-F11>:F Key Menu  OVERRIDE: _
USER: D50 FNX: ELIG MODE: D RPTGRP: 987 65 4321 PERIOD: 07 06 COMMAND:
DO: Z IMS: 563 RPTGRP NAME: CUSTODIAL PARENT          PANEL: 1          3
```

The ELIG function ME eligibility screen will be modified to accept a new denial/closure reason code (59). Edits will prevent the use of a 59 reason code for other than the role code of 01, 02 or 03. Edits will prevent the use of a 59 reason code for SSI recipients and refugees (Category codes that begin with A or R).

The denial/closure reason will cause distinct notice language when used as for a denial since the denial will be for failure to assign medical support, whereas when used as a closure reason, it will be for not cooperating.

When the IV-A worker approves the eligibility result using a denial/closure, the system will create an ACTN log contact entry and a DAIL message to the Regional Manager. The ACTN log entry will state: "IVA removed Med Support due to non cooperation with IVD." The DAIL message will state: "Med Support Non Coop. Review for IVD case closure."

Denial and Closure Notice Text::

- because <John Q. Public> is not cooperating in pursuing medical support from the noncustodial parent. (M129, 4001.7)

STAT Function Background Edit

The STAT consistency edit requiring an ABSP panel for a single parent household will be expanded to apply to a Medicaid household as well as RUFA household. The Medicaid portion of the logic will be conditioned on the case being in ongoing status with a 137M sent but not yet received. The edit will not inhibit the Medicaid eligibility calculation but serve to provide an information edit message to the IV-A BPS.

An existing problem associated with SSI children in the household will be researched and corrected during this development effort.

Note: when editing for Med, count the SSI kid to get the edit.

ELIGIBILITY and Review Processing Derivation of 137M Requirements

Upon approval and at review, the system is currently being revised to identify potential Medical Support referrals. Upon approval of eligibility results, the case is examined to see if it is a single parent household with has a minor child and that the applicant is eligible for Medicaid (not a pharmacy program) and is not pregnant.

When a 137M is required, it is indicated on the STAT function STAT panel with a “137 Sent” field. A TODO messages is used to prompt the worker to send it upon eligibility approval. An entry on the review list is used to prompt the enclosure of a 137M into the review package when the need for it is identified as part of the review cycle.

IV-A IV-D Interface Enhancements

Medical Support Characteristics Matrix

Characteristic	Case Status	Obligation Status
Active Medicaid participation with PA	First position 1, or 3	80, 90, 10, 11, 12
Active Medicaid only participation	First position of 4	80, 90, 10, 11, 12
137M Assignment Form	Suffix of M present	80, 90, 10, 11, 12
Med Support without child support	First position of 4	40, 41, or 42
PSE cases	Suffix of P present	80, 90, 10, 11, 12
Insurance Coverage required by Order	Any status	Med Support = Y

Rollover Cases/Closing Cases:

The system will change the case status code as appropriate based on Medicaid and PA activity.

When a case closes PA (changes from case status code 10) and Medicaid remains active

If an obligation has been established

a 292 (continued services form letter) is sent and the case status is changed to 20 M;

If an obligation has not been established

a 292M is sent and the case status is changed to a 40 (Not a 20M).

When a registry (60) or an NPA case (20) is changed to a Med Only case (40), the case review indicator will be reset to trigger FMU to expect the 137M referral form.

When a Med Only case (40) closes, if the obligation code is a 10, 11 or 12, then the case status changes to a 20, but if the obligation code is a 40, then it closes as a 40-3. The case status date must be calculated to be the Medicaid closure date plus 2 months to allow for reinstatements.

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Case Status Codes:

After considerable discussion, the IV-D status codes were agreed up as follows. This table shows how the cases are treated now and what changes will be made.

Case Status	Now	New
10	PA (Public Assistance Case) Public Assistance and Medicaid	PA (Public Assistance Case) no change Public Assistance and Medicaid
20 M (* M)modifier	NPA (Non-Public Assistance Case) (no Medicaid involvement, but provide all services including both child support and medical support)	NPA (Non-Public Assistance Case) (no Medicaid involvement, but provide all services including both child support and medical support) M (*) indicates 137M assignment received.
30	SRS (Foster Care Case) (child support involvement and medical support involvement) Public Assistance and Medicaid	SRS (Foster Care Case) (child support involvement and medical support involvement) Public Assistance and Medicaid
40	MO (Medicaid Only) – NOTE: these are already counted and reported as med. only cases.	MO (Medicaid Only) (may or may not have child support involvement but establish/enforce parentage and medical support) Obligation code 40, 41, 42 indicates no child support obligation.
60	Registry (Court-ordered wage withholding case with no application for services) – no child support services and no Medicaid involvement	Registry (Court-ordered wage withholding case with no application for services) – no child support services and no Medicaid involvement.

The case status codes 10, 20, 30 and 40 require the pursuit of both child support and medical support (with one exception). The case status code 60 remains a non-IV-D case and do not enforce either child support or medical support. If, however, Registry customers start receiving Medicaid, the case would become a 40. The case status codes 10-40 will continue to allow an interstate responding code (2 or 4 in the 2nd character). All the case status codes, except 60, will continue to allow an interstate initiating code (1, 3, or 5 in the 2nd character). When an NPA case begins Medicaid participation, the case status will be changed to 40 and the 137M requested. When the CP of a Med Only (40) case indicates that OCS should not enforce the child support portion of the court order, the obligation code 40, 41, and 42 will be used to indicate the need to enforce the cash medical support and health insurance.

The 137M allows OCS to pursue medical support. The “M” will be system generated when the 137M is recorded as having been received by IV-A.

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APPD Function CASE Screen

```
07/03/06 12:30          SUPPORT APPLICATION - Case Status          ASUXE06

____ Case Status ____   Close   Assignment   Qtr   NCP Action
Type Code MS  MM DD YYYY   Reason  MM DD YYYY   Notc?   Case Action:
 20   1   M   02 01 2006   ___   08 01 2005   _   Vt Court: ___
      Legl: ___ ___ ___   Rsn: _____

      Services   Case Start   Initial   Held   CP   Future   TANF
      CSS   CP   NCP   MM DD YYYY   Review   Reason   Pct   Dist   Type
      582   N   N   04 07 1989   Y           ___   _   FORMER
App Req Dt: ___ ___ ___   Info Provided Dt: 01 01 2005   App Rec Dt: 01 01 2005
Non-IV-D Locate Only: _   Only Enforce Med: _
----- OTHER AGENCY CASE DATA -----
Contact Agency Id: ___ ___ ___
Pay To Agency Id: ___ ___ ___
Case Ident: _____   Docket Nbr:
Contact Person:           Phone:
EMAIL:                   FAX:
Comment:
      See OSAS for display or entry of additional details
RCW: 1-CA-582  FNX: APPD  MODE: C  ID: 123456789 0 NCP NAME
USR: D50  PRD: 07 06  CMD: _____ CP: 987654321  CP NAME
      F9 = HELD  Shift F3 = EXIT  Shift F12 = HELP
```

This screen will be enhanced to add the "M" indicator after Status and before the status effective date.

An edit will prevent staff from changing a 137M case to a 60.

CODE Function Interstate Agency Screen

```
08/29/06 10:18          INTERSTATE AGENCY MAINTENANCE          ASPXSC2
                        (For Interstate/URESAs Cases)
                        Options

To display a list of agencies:
  For state by county name: .. .....
  Beginning with FIPS code: .. ...
  By state and agency name: .. .....
                                     _____Suffix_____
To display, add, or change an agency address:  FIPS  Level Type Extension
                                               Agency ID: .. ... . . .

Level:      Type of Agency:      Extension:
0 Federal   1 Child Support          P Pay To
1 State     2 Court                      A-O,Q-Z,0-9 Contact
2 County    3 Friend of the Court
           4 Attorney General
           5 District Attorney
           6 Probation Officer
           7 Social Services
           8 Central Registry
USER: D50 DO:  FNX: CODE MODE: D ID:          PERIOD: 08 06  CMD:
Valid commands: EXIT, MENU, CANC, blank
```

The screen will be revised as follows:

```
08/29/06 10:18          INTERSTATE AGENCY MAINTENANCE          ASPXSC2
                        (For Interstate/URESAs Cases)
                        Options

To display a list of agencies:
  For state by county name: .. .....
  Beginning with FIPS code: .. ...
  By state and agency name: .. .....
                                     _____Suffix_____
To display, add, or change an agency address:  FIPS  Level Type Extension
                                               Agency ID: .. ... . . .

US Cases:
Use numeric State FIPS
Level:      Type of Agency:      Extension:
0 Federal   1 Child Support          P Pay To
1 State     2 Court                      A-O,Q-Z,0-9 Contact
2 County    3 Friend of the Court
           4 Attorney General
           5 District Attorney
           6 Probation Officer
International Cases:
Use FIPS beginning with 8
           7 Social Services
           8 Central Registry
Tribal Cases:
Use FIPS beginning with 9...

USER: D50 DO:  FNX: CODE MODE: D ID:          PERIOD: 08 06  CMD:
Valid commands: EXIT, MENU, CANC, blank
```

Edits will be revised to allow

The 157 extract will use the contact FIPS to identify international cases (8 in the first position of contact agency id) and tribal cases (9 in the first position of contact agency id)

FIPS Coding Scheme

Digit 1	Digit 2	Digits 3 – 5
Tribal – 9	0-9 Local Sub Jurisdiction	BIA Tribe Identifier
International	0-9, A-Z Local Sub Jurisdiction	ISO Country Code

Examples of Tribal and International FIPS code usage:

Tribal Case Location Codes

- Classification code - 9 in position 1
- Tribe Identification - BIA code in positions 3-5

Example:

Chickasaw Nation
90906

- Addresses for tribal grantees– provided by tribes to IRG staff
List of current tribal grantees:
http://www.acf.hhs.gov/programs/cse/fct/tribal/tribal_ivd_and_non_ivd_program_info.doc
- Link to tribal government addresses web site: <http://www.doi.gov/leaders.pdf>

International Case Location Codes

- Classification code – 8 in position 1
- Canada – sub-jurisdiction 0-9, A-Z in position 2
- Country code – ISO in position 3-5
- Reference site for ISO codes:

<http://unstats.un.org/unsd/methods/m49/m49alpha.htm>

Examples:

Mexico Canada – British Columbia Canada – Ontario
80484811248A124

- Addresses for jurisdictions with reciprocity - maintained on IRG
IRG reference: <http://www.acf.dhhs.gov/programs/cse/international/index.html>

- Link to NCSEA website for international child support directory:
NCSEA reference: http://www.ncsea.org/pdf/2004Intl_Directory.pdf

COMM Function

```

07/03/06 12:22                CASE COMMON DATA                ASPXA10A
      Name:  _____ Non-Custodial Parent _____ Employer Start and End Dates
      Name:  NONCUSTODIAL PARENT                2047033 05 22 2006 00 00 0000
      Street-1:  _____                C N DONUTS LLC
      Street-2:  PO BOX 216_____                374 TENNEY MTN HWY
City,st,zip:  LYNDON_____ VT 05849_____                DUNKIN DONUTS
      Country:  US Source: AP_ Town: _____ Juris:  _ PLYMOUTH                NH 03264
Verif,phone:  _ 583 02 21 06 802 4678331 _____                Source: NHR Bill: B
      NCP Pin:  8064 Scan: S Note: _____                _ NHR 05 22 06 603 5367622
      Name:  _____ Custodial Parent _____                Note: _____
      Name:  CUSTODIAL PARENT                Code MM DD YYYY
      Street-1:  _____                NCP action:  _ M 00 00 0000
      Street-2:  739 RAILROAD STREET # 3_ (4A)                Case action:  _ 00 00 0000
City,st,zip:  ST JOHNSBURY_____ VT 05819_____                CP action:  02 M 02 04 2006
      Country:  _ Source: IVA                Arrs Cert
Verif,phone:  _ 349 02 28 06 _____ 7516182 _____                PA 2189.49 ST 1448.39
      CP Pin:  9880 PSE: Note: 274-3057_____                NPA TOP 2215.00
      Status:  40-1 M 02/01/06                Services: CP: N NCP: N Process owner:
Monthly Obligation Type: 12 G                LAST PAID_____ Check Printed_____
Current: 05/01/05 174.11 01 06/22/06 200.00                KD 06/22/06 200.00
Arrears: 08/01/02 25.89 Ext ID: CAR0018064                Held Rsn:
RCW: 1-CA-582 FNX: COMM MODE: C ID: 123456789 0 NCP NAME
USR: D50 PRD: 07 06 CMD: _____ CP: 987654321 CP NAME
    
```

Add "M" indicator after Status and before the status effective date. This is based on the receipt of a 137M as indicated on the STAT function STAT panel.

After discussion and the realization that some PSE cases will also have a 137M referral form, it was decided to leave the PSE: Y as currently operational.

When an garnishment employer (primary employer who = CS-GARN-ID) on an active case is end dated and there is an active INSU panel with the same EMPL-ID, then send a TODO to COB with the message: "Employer end dated, follow up on Medical Insurance".

In order to bring the awareness of Medicaid participation to this screen, an M has been added behind the NCP and CP action codes to indicate Medicaid participation by the specific parent. The M will reflect that the MED-ELIG-DATA current Med Status is a 2 – ongoing or a 4 – closed with a future closure date..

Monitoring Medical Support Cases

From the requirements:

When the Med case review flag is set, the system would look at the obligation and medical support provision. If there is no obligation, the case is set to an establishment or parentage track. If there is an obligation with a medical support provision (medical support ordered flag is "Y"), a DAIL is sent to the Employer Services Unit (ESU) to review medical support provisions. If there is an obligation with no medical support provision (medical support ordered flag is "blank"), the system starts the RA (Review) track.

ESU reviews those obligations that have medical support and determines if the provision is already sufficient, whether private health insurance was already obtained, and/or if the case must be referred to the field staff to modify the provisions, etc.

OCS will get notification from OVHA when medical insurance lapses when the medical support ordered is "Y". OCS will then know we need to enforce medical support. The system will send a DAIL to the ESU unit to review case for enforcement. The ESU unit will review, contact the employer as necessary, and put the case into the enforcement track as appropriate. When the ESU unit determines it needs to go to the field, they set the track to FA (Enforcement Tracking). The field can use the existing FV (Ending Enforcement Tracking) track if necessary to remove from tracking. Use of the FV track requires a CONT (Contact Message into the ACTN (History) of the case).

The system needs to monitor and bring to staff attention (or take appropriate action) when medical support provisions change or need to be enforced (this includes lapses in coverage).

Monitoring from ORDR screen.

If the responsibility changes from the NCP to the CP, the system needs to generate a notice to the employer (with copies to both parties) that the court order has changed and the NCP is no longer required to provide health insurance and a DAIL to the TPL (Third Party Liability Unit responsible for recovery) or at least a CATN (ESD action history log).

The FPLS interface needs to be enhanced to capture information from the Department of Military Dependent Care's (DMDC) Defense Enrollment Eligibility Reporting System (DEERS) when children are enrolled in the military insurance system. This information needs to be available to OVHA as well as OCS. The DMDC proactive match will be periodically (no more frequently than quarterly).

The system needs to track the ORDR provision for medical support and ensure that there is coverage (perhaps by the INSU panel for the children). Below is a list of the things the system needs to track and the circumstances and responses the system should take:

. When the NCP is providing through their employer (based on entry via the NMSN screen) and the NCP leaves that employer and there is no new employer listed, the system needs to send a DAIL to ESU unit to contact employer and/or NCP/CP to find new employer and see if the medical support is being provided as ordered.

. If the CP is required to provide and there is no insurance coverage, a DAIL needs to go to ESU to contact the CP to see if they are providing health insurance and getting the enrollment information to enter the appropriate coverage for the children on line. If the CP does not fulfill the insurance requirement, case

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should be assessed to see if NCP should pick up insurance that may result in reduction of current support. This assures children have coverage.

For the 5 Grant, Vermont requires CP insurance coverage tracking system support must be in place such as:

- e. Systematic notices verifying insurance coverage.
- f. Tracking responses to inquiries.
- g. Other tracking support mechanisms.
- h. Process to pursue CP or “other” for not honoring order.

Any other circumstances where medical support should be monitored should also be programmed.

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SCHE Function

```
07/03/06 12:37          CASE SCHEDULE          1 OF 1          ASPXA82

Court Code: ..          Schd date: 00 / 00 / 0000          Time: 00 : 00
Plaintiff: ...          Defendant: ...          Docket #: 88-3-93 CADM.....
Track type:          Schd court rep: ...          Court Type: .
Schd comment: .....

Service Date: 00 / 00 / 0000

Court Prep: ...
Prep comment: .....

          *** Proposed Stipulations/Court Order ***
Rep: ...          Stipulation?: .          Result: .          License Suspension?: .
Judgment?: .          Seek Work?: .          Civil Penalty?: .          Other Enf Remedy?: .
Rep comment: .....
.....
.....

RCW: 1-CA-582  FNX: SCHE  MODE: D  ID: 123456789 0 NCP NAME
USR: D50  PRD: 07 06  CMD: .....  CP: 987654321  CP NAME
          (PF8 = 'MORE'  PF15 = 'EXIT'  PF24 = 'HELP')
```

The function will be changed as follows:

A Type prompt will be added after Rep and before Stipulation. The type will have values of P – Parentage, E- Establishment, M – Modification, F – Enforcement or C - Contempt

A Medical Support prompt will be added behind Result and the License Suspension indicator will be moved to the next row along with other enforcement results as seen below

Medical Support requires a Y or an N response when the Result is not Advisement, Continuance or Dismissal and the Hearing Type is P, E or M..

```
          *** Proposed Stipulations/Court Order ***
Rep: ...  Type: _  Stipulation?: .          Result?: .  Medical Support?: .
Jdgmnt?: .  Licsense Susp?: _  Seek Work?: .  Civil Penalty?: .  Oth Enf Remedy?: .
Rep comment: .....
.....
.....
```

If Med Support is answered Y or N, then the “Medical Support Order Information” windows will be presented.

New SCHE Function Medical Support Order Information windows

The following 3 windows will be presented in sequence:

*** Medical Support Order Information ***			
Private Health Insurance is available to	Obligee _	Obligor _	Neither _
	Obligee	Obligor	
Gross Monthly Income:	12345.67	12345.67	
5% Gross Monthly Income:	617.28	617.28	
Total monthly health insurance premium:	12345.67	12345.67	
Cash Medical Support is NOT ordered because:			

CANC _			

Edits: Require an entry after Obligee, Obligor or Neither.

Derivations:

If both the Obligor and Obligee have Health Insurance set LOG-HI-AVAILABLE to B, else

If only the Obligor has Health Insurance set LOG-HI-AVAILABLE to N, else

If only the Obligee has Health Insurance set LOG-HI-AVAILABLE to C, else

If neither the Obligee or Obligor have Health Insurance set LOG-HI-AVAILABLE to U

Assign the Amount fields as entered, but not the calculated 5%. .

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*** Health Insurance Findings ***
OBLIGOR
_ Health insurance is deemed reasonable because:
_ The cost of health insurance is 5% or less
_ No additional cost to party
_ Other _____
_ Health insurance is not required because:
_ Accessibility
_ Comprehensiveness of Plan
_ Other _____
_ Insurance is NOT available because:
_ Affordability/Reasonable Cost
_ Self-employed
_ Disabled
_ Unemployed
_ Other _____
CANC _

Edits: Only 1 of the 3 primary findings may be checked.

If the first finding is checked, require a reason to be selected, else
If the second finding is checked, require a reason to be selected, else
If the third finding is checked, require a reason to be selected.

Derivations:

If the first finding is checked, set the LOG-HI-NCP-DISPOSITION TO O – Ordered, else
If the second finding is checked, set the LOG-HI-NCP-DISPOSITION to N – Not Ordered, else
If the third finding is checked, set the LOG-HI-NCP-DISPOSTION to A – Not available

If the first finding is checked, set the LOG-HI-NCP-RSN to F – 5% or N – No Cost, else
If the second finding is checked, set the LOG-HI-NCP-RSN to A – accessibility or C comprehensiveness,
else
If the third finding is checked, set the LOG-HI-NCP-RSN to R – Reasonable Cost, S – Self Employed, D –
disabled or U unemployed.

Move the Other explanation to LOG-H-NCP-RSN-TEXT.

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*** Health Insurance Findings ***
OBLIGEE
_ Health insurance is deemed reasonable because:
_ The cost of health insurance is 5% or less
_ No additional cost to party
_ Other _____
_ Health insurance is not required because:
_ Accessibility
_ Comprehensiveness of Plan
_ Other _____
_ Insurance is NOT available because:
_ Affordability/Reasonable Cost
_ Self-employed
_ Disabled
_ Unemployed
_ Other _____
CANC _

Edits: Only 1 of the 3 primary findings may be checked.

If the first finding is checked, require a reason to be selected, else
If the second finding is checked, require a reason to be selected, else
If the third finding is checked, require a reason to be selected.

Derivations:

If the first finding is checked, set the LOG-HI-CP-DISPOSITION to O – Ordered, else
If the second finding is checked, set the LOG-HI-CP-DISPOSITION to N – Not Ordered, else
If the third finding is checked, set the LOG-HI-CP-DISPOSTION to A – Not available

If the first finding is checked, set the LOG-HI-CP-RSN to F – 5% or N – No Cost, else
If the second finding is checked, set the LOG-HI-CP-RSN to A – accessibility or C comprehensiveness, else
If the third finding is checked, set the LOG-HI-CP-RSN to R – Reasonable Cost, S – Self Employed, D – disabled or U unemployed.

Move the Other explanation to LOG-H-CP-RSN-TEXT.

NMSN Function

Current NMSN Response Selection Screen

09/25/06	12:32	NATIONAL MEDICAL SUPPORT NOTICE		ASQXA96
		SELECT MENU		
Sel	Date Sent	Employer	Empl ID	Updated
-	04/20/2006	CBM MANAGEMENT INC	Y049899	05/05/2006
-	04/10/2006	ACE STAFFING UNLIMITED INC	Y047912	05/22/2006
-	03/09/2006	OCEAN SHORE CAFE INC	Y053588	
-	02/08/2006	ACE STAFFING UNLIMITED INC	Y047912	

Select Notice to Modify: A=Employer Response, B=Plan Administrator Response
Cmds: **ADD**, CANC, EXIT
RCW: 1-CA-546 FNX: NMSN MODE: C ID: 123456789 0 NAME, NCP
USR: D50 PRD: 09 06 CMD: _____ CP: 987654321 NAME, CP

Provide an ADD command to create a 783P.

The 783P, i.e. the Part C variation, cannot be selected from a 783 (NMSN) but only from a 783P. This form may or may not be generated by the system. It is used to provide for entry of insurance data received from an OSA or CP or by a means other than the standard NMSN.

Change NMSN generation process (ASUXS1) to queue a future 783T for 30 days in the future and a DAIL to MSU for 45 days in the future. Future DAIL text: 'NMSN response overdue, Please review'

When employer is end dated (ASPXA12) or NMSN completed (ASPXA96) delete the future 783T and future DAIL.

If a NMSN is sent and no response is received within 30 days, the system will generate a 783T reminder notice to the employer. If the NMSN screen is not populated 15 days after the 783T was sent, a DAIL will go to MSU to call the employer. If a NMSN is entered before the call DAIL is V'd, the NMSN entry will wipe out the call DAIL. **If the current employer is end dated on the system, the NSMN count will be cleared.**

NMSN SECTION A Employer Response

Current Employer Response Screen

09/25/06 12:33	NATIONAL MEDICAL SUPPORT NOTICE	ASQXA96A
Selection and Requirements		
NMSN Sent: 04/20/2006 Med Type: Y Responsible: NCP 1 CP Other Public		
Reasonable Limit:		
Employer Response		
Y Employer does not offer coverage		
_ Employee not eligible for coverage		
_ No longer employed: Date of Termination: __ __ ____		
Last Known Addr: _____		
City/St/Zip: _____ Phone: _____		
New Empl Name: _____		
Street: _____		
City/St/Zip: _____ Phone: _____		
_ Withholding Limitations prevents enrollment		
_ CCPA _ Cost exceeds State Statute		
Note: _____		
Cmds: CANC, EXIT Empl ID: Y049899 Name: CBM MANAGEMENT INC		
RCW: 1-CA-546 FNX: NMSN MODE: C ID: 123456789 0 NAME, NCP		
USR: D50 PRD: 09 06 CMD: _____ CP: 987654321 NAME, CP		

NMSN Part A changes:

Add the CCPA and Cost exceeds State Statute indicators.

When ESU staff enter a Y in the insurance not provided by employer field, the system will update an N for that employer on EMPL-PLAN screen. If a Y is present on EMPL-PLAN and the information is conflicting, the MSU will receive a DAIL to review with the text: "NMSN reports no insurance available but employer 1234567 has provided insurance in the past, please review."

NMSN SECTION B Plan Response

Current Plan Response Screen

09/25/06 12:34	NATIONAL MEDICAL SUPPORT NOTICE	ASQXA96B
Reasonable Limit:		
Plan Response		
_ Determined to be QMCSO Date: __ __ ____		
If Yes, Select 1 Response If No, Select Applicable Reason(s)		
_ Children already enrolled		_ Name of child unavailable
_ Children will be enrolled		_ Name of participant unavailable
Enrolled date: __ __ ____		_ Child Mailing address unavailable
_ More than 1 plan available		_ Participant Mailing address unavailable
_ NCP has waiting period:		_ Child over age: _____
Expiration date: __ __ ____		_____
_ NCP has other requirement:		_ Other Reason: _____
Note: _____		
_ Display Plans	Plan Information: NO PLANS SELECTED	
Plan:		
Company Code:	Coverage Type:	Group #:
Policy #: _____	Coverage Start Date: __ __ ____	
Insurer:		
Note: _____		
Cmnds: CANCEL, EXIT	Empl ID: Y049899	Name: DONUTS INC
RCW: 1-CA-546	FNX: NMSN	MODE: C ID: 000112222 2 NCP NAME
USR: D50 PRD: 09 06	CMD: _____	CP: 111225888 CP NAME

Add logic to store the EMPL-ID and INSU-SRC to the INSU when adding insurance from the NMSN.

Add logic to set the policy holder and policy holder SSN to be the NCP when storing the INSU record.

NMSN SECTION C Plan Response

New CP/OSA Plan Response Screen

09/25/06 12:34	NATIONAL MEDICAL SUPPORT NOTICE	ASQXA96B
Reasonable Limit:		Src: ____
Plan Response		
If Yes, Select 1 Response		If No, Select Applicable Reason(s)
_ Children already enrolled		_ Name of child unavailable
_ Children will be enrolled		_ Name of participant unavailable
Enrolled date: __ __ ____		_ Child Mailing address unavailable
_ More than 1 plan available		_ Participant Mailing address unavailable
_ NCP has waiting period:		_ Child over age: _____
Expiration date: __ __ ____		_____
_ NCP has other requirement:		_ Other Reason: _____

Note: _____		
_ Display Plans	Plan Information:	NO PLANS SELECTED
Plan:		
Company Code:	Coverage Type:	Group #:
Policy #: _____	Coverage Start Date: __ __ ____	
Insurer:		
Note: _____		
Policy Holder SSN: _____	Policy Holder Name: _____	
Cmds: CANC, EXIT	Empl ID: Y049899	Name: DONUTS INC
RCW: 1-CA-546 FNX: NMSN	MODE: C	ID: 000112222 2 NCP NAME
USR: D50 PRD: 09 06 CMD: _____	CP: 111228282	CP NAME

This is the new Part C NMSN. Part C will be used to enter insurance information received from CP, OSA, CP-Other, and NCP-Other. Part C will be very similar to Part B of the NMSN screen. The differences are that Part C does not need the QMSCO information and it does not need a link to EMPL-Plan.

When a Part C is filled in with insurance information, it will create an INSU panel.

Add policy holder and policy holder SSN to this variation of the Part B screen.

Collect the SRC on this screen. SRC possible values include: NCP, CP, OSA

When an INSU panel is stored as a result of an entry on this screen, update the INSU-SRC field with the value as collected. Save the SRC value for redisplay along with other data as entered on the panel.

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INSU Function

```
08/18/06 08:03 OTHER MED INSURANCE QUESTION 14 INSU.02 OF 07 ASPADH2
FROM: THROUGH: ID: 895 LAST UPDATED: 12/03/00 419
PROCEDURE CD: CLIENT AMT: LAST MMIS: SRC: NMSN
COMPANY COVERAGE POLICY NUMBER GROUP NUMBER PROVIDER RATE
B03 12 123456789 7731
POLICY HOLDER SSN: NAME:
EMPLOYER: EMPLOYER NAME EMPL ID: 1234567
INSURANCE COMPANY:

--- PERSONS COVERED BY THIS POLICY (* = Not in this case) <F9> For RX Cap ---
FIRST I LAST MOD SSN REL BEGIN END RSN
1 CHILD F CUSTODIAL 223-45-6789 1 10 01 2000
2
3
4
5
6
7
8
9
10
RCW: 1-CA-582 FNX: INSU MODE: D ID: 123456789 0 NONCUSTODIAL PARENT
USR: D50 PRD: 08 06 CMD: CP: 987654321 CUSTODIAL PARENT
```

There are two sources at this time: NMSN, and 783C.

Add EMPL-ID to screen; if present, display Employer Name from Employer file.

Add logic so that when INSU coverage ends and Med Support Req is Y (regardless of whether there is a GARN-ID present), generate as DAIL to MSU indicating that "Insurance coverage has ended."

Note: When the policy holder is in the IV-A Household, the person is recorded to the Insurance policy and can be used in PEAKS to match with known Custodial Parents.

New database fields: INSU-SRC (A4) & INSU-EMPL-ID (A7)

Add DAIL to MSU when a new policy is added for children in a child support case when there is a current Cash Med amount. The DAIL text should be: "Health Ins available, cash med ordered, please review."

DEERS Interface

FCR Technical Support Liaison:

Cristol Porter
T# 703-345-8468
F#703-345-8788
cristol.porter@ngc.com

Release Specifications:

<http://www.acf.hhs.gov/programs/cse/newhire/library/fcr/fcrspec05-02.htm#part5>

http://www.acf.hhs.gov/programs/cse/newhire/library/fcr/conf_call_dmhc_051606.htm

http://www.acf.hhs.gov/programs/cse/newhire/library/fcr/dmhc_qa.doc

<http://www.acf.hhs.gov/programs/cse/newhire/library/fcr/fcr.htm#technical>

From Oct 15, 2003

H. DoD Medical Verifications

DMDC continues to respond to requests from caseworkers to verify enrollment of children in the Defense Enrollment Eligibility Registration System (DEERS). About 85% of the time, in processing a request for medical information, DMDC finds that the child is already enrolled in DEERS.

Medical verification requests should be sent to: DMDC Support Office Attn: CA99 400 Gigling Road Seaside, CA 93955-6771

In order to reduce the amount of manual verifications being processed at DMDC, a plan is being evaluated by OCSE and DoD to perform a match between DEERS and the FCR to flag children enrolled in DEERS. States will be involved as the process evolves since states will need to develop a way to accept an indicator of DEERS enrollment. States should look for more information as this plan is formulated.

#1 & 2)

Tricare Standard and Tricare Prime

company code - 42 with coverage codes - 05 or D4 (medical coverage) company code - F41 (Express Scripts) with coverage codes - 09 or D9 (prescription coverage)

#3)

ChampVa

company code - MZ with coverage codes - 12 or 29 (medical & prescription coverage) this plan would have NO IVD coverage codes.

#4)

Tricare for Life

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company code - 42 with coverage code 13 (medicare supplement, medical) this plan would have NO IVD coverage codes.

company code - F41 with coverage code 09 (prescription coverage, primary to Medicare Part D) this plan would have NO IVD coverage codes

DEERS DMDC Proactive Match Response Record

This appendix contains the record specifications for the FCR DMDC/Proactive Match Response Record that will be sent as a result of the changes that were made for this release.

Chart D-1 presents the new FCR DMDC/Proactive Match Response Record.

CHART D-1: FCR DMDC/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	This field contains the characters 'FW'.
Transmitter State/Territory Code	3-4	2	A/N	This field contains the two-digit numeric FIPS Code of the state or territory that is transmitting data to the FCR or receiving data from the FCR.
Filler	5-20	16	A/N	This field is reserved for future use. For the current version, it is spaces.
FIPS County Code	21-23	3	A/N	This field contains the last three numeric positions of the FIPS County Code that is associated with the matched case on the FCR. If a FIPS County Code was not submitted, the field contains spaces.
Filler	24-31	8	A/N	This field is reserved for future use. For the current version, it is spaces.
Case ID	32-46	15	A/N	This field contains the Case Number that was submitted by the state to the FCR.
Order Indicator	47	1	A/N	This field contains one of the following values: Y – The state system has a record of the existence of a support order for a child, or a parent with whom the child is living, that is applicable to this case N – The state system has no record of the existence of a support order that is applicable to this case
CH First Name	48-63	16	A/N	This field contains the first name of the child that was provided by the submitter and was recorded on the FCR.
CH Middle Name	64-79	16	A/N	This field contains the middle name of the child that was provided by the submitter and was recorded on the FCR.
CH Last Name	80-109	30	A/N	This field contains the last name of the child that was provided by the submitter and was recorded on the FCR.

CHART D-1: FCR DMDC/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
CH SSN	110-118	9	A/N	This field contains the SSN that is stored on the FCR as the child's primary SSN or a verified multiple SSN.
CH SSN Verified Indicator	119	1	A/N	This field contains an indicator that identifies if the child's SSN was verified or unverified on the FCR. Y – SSN/Name was verified. N – SSN/Name was unverified.
CH Member ID	120-134	15	A/N	This field contains the state-assigned Member ID that is stored on the FCR for the child.
CH Death Indicator	135	1	A/N	This field contains a value that shows if DMDC records indicate that the child is deceased. Y – Child is deceased. N – Child is not deceased.
CH Medical Coverage Indicator	136	1	A/N	This field contains a value that shows if DMDC records indicate that the child has medical coverage. Y – The child has current medical coverage. N – The child does not have current medical coverage.
CH Medical Coverage Sponsor Code	137	1	A/N	This field contains a value that indicates the child's medical coverage sponsor. 1 – The NCP is, or was, the sponsor for the child's current, or previous medical coverage. 2 – The CP is, or was, the sponsor for the child's current, or previous medical coverage. 3 – The PF is, or was, the sponsor for the child's current, or previous medical coverage. 4 – Someone other than the NCP, CP or PF is, or was, providing the child's current or previous medical coverage.
CH Medical Coverage Begin Date	138-145	8	A/N	This field, supplied by DMDC, contains the date that the child became eligible for medical coverage. If DMDC does not have a CH Medical Coverage Begin Date for a child, this field contains spaces. The field will be in CCYYMMDD format.
CH Medical Coverage End Date	146-153	8	A/N	This field, supplied by DMDC, contains the date that the child's medical coverage ended, or will end (this can be a future date). If DMDC does not have a CH Medical Coverage End Date for a child, this field contains spaces. This field will be in CCYYMMDD format.
Filler	154-178	25	A/N	This field is reserved for future use. For the current version, it is spaces.
NCP First Name	179-194	16	A/N	This field contains the first name of the NCP that was provided by the submitter and recorded on the FCR.
NCP Middle Name	195-210	16	A/N	This field contains the middle name of the NCP that was provided by the submitter and recorded on the

CHART D-1: FCR DMDC/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
				FCR.
NCP Last Name	211-240	30	A/N	This field contains the last name of the NCP that was provided by the submitter and recorded on the FCR.
NCP SSN	241-249	9	A/N	This field contains the SSN that is stored on the FCR as the NCP's primary SSN or a verified multiple SSN.
NCP SSN Verified Indicator	250	1	A/N	This field contains a value that identifies if the NCP SSN was verified or unverified on the FCR. Y – SSN/Name was verified. N – SSN/Name was unverified.
NCP Member ID	251-265	15	A/N	This field contains the state-assigned Member ID that is stored on the FCR for the NCP.
NCP Death Indicator	266	1	A/N	This field contains a value that shows if DMDC records indicate that the NCP is deceased. Y – NCP is deceased. N – NCP is not deceased.
NCP Medical Coverage Indicator	267	1	A/N	This field contains a value that shows if DMDC records indicate that the NCP has medical coverage. Y – The NCP has current medical coverage. N – The NCP does not have current medical coverage.
Filler	268-292	25	A/N	This field is reserved for future use. For the current version, it is spaces.
PF First Name	293-308	16	A/N	This field contains the first name of the PF that was provided by the submitter and recorded on the FCR.
PF Middle Name	309-324	16	A/N	This field contains the middle name of the PF that was provided by the submitter and recorded on the FCR.
PF Last Name	325-354	30	A/N	This field contains the last name of the PF that was provided by the submitter and recorded on the FCR.
PF SSN	355-363	9	A/N	This field contains the SSN that is stored on the FCR as the PF's primary SSN or a verified multiple SSN.
PF SSN Verified Indicator	364	1	A/N	This field contains a value that identifies if the PF SSN was verified or unverified on the FCR. Y – SSN/Name was verified. N – SSN/Name was unverified.
PF Member ID	365-379	15	A/N	This field contains the state-assigned Member ID that is stored on the FCR for the PF.
PF Death Indicator	380	1	A/N	This field contains a value that shows if DMDC records indicate that the PF is deceased. Y – PF is deceased. N – PF is not deceased.
PF Medical Coverage Indicator	381	1	A/N	This field contains a value that shows DMDC records indicate that the PF has medical coverage.

CHART D-1: FCR DMDC/PROACTIVE MATCH RESPONSE RECORD				
Field Name	Location	Length	A/N	Comments
				Y – The PF has current medical coverage. N – The PF does not have current medical coverage.
Filler	382-406	25	A/N	This field is reserved for future use. For the current version, it is spaces.
CP First Name	407-422	16	A/N	This field contains the first name of the CP that was provided by the submitter and recorded on the FCR.
CP Middle Name	423-438	16	A/N	This field contains the middle name of the CP that was provided by the submitter and recorded on the FCR.
CP Last Name	439-468	30	A/N	This field contains the last name of the CP that was provided by the submitter and recorded on the FCR.
CP SSN	469-477	9	A/N	This field contains the SSN that is stored on the FCR as the CP's primary SSN or a verified multiple SSN.
CP SSN Verified Indicator	478	1	A/N	This field contains a value that indicates if the CP SSN was verified or unverified on the FCR. Y – SSN/Name was verified. N – SSN/Name was unverified.
CP Member ID	479-493	15	A/N	This field contains the state-assigned Member ID that is stored on the FCR for the CP.
CP Death Indicator	494	1	A/N	This field contains a value that shows if DMDC records indicate that the CP is deceased. Y – CP is deceased. N – CP is not deceased.
CP Medical Coverage Indicator	495	1	A/N	This field contains a value that shows DMDC records indicate that the CP has medical coverage. Y – The CP has current medical coverage. N – The CP does not have current medical coverage.
Filler	496-920	425	A/N	This field is reserved for future use. For the current version, it is spaces.

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ORDR Function

Current screen

07/03/06 12:39		CASE OBLIGATION				ASPXA6	
Docket number		State	Last case evaluation date		Nbr of future obligs		
88-3-93 CADM		VT	08 08 2002				
Oblig Code	Med Support Mod	Direct Ordered?	Interest Pay	Cost of living Code	Termination Code		
12	G	Y		MM DD YYYY	MM DD YYYY		
				00 00 0000	M 05 2009		
			Eff-date	Legal date	Signed date		
	AMOUNT	FREQ	MM DD YYYY	MM DD YYYY	MM DD YYYY		
Current:	174 11	4	05 01 2005	02 01 2000	05 13 2005		
Arrears:	25 89	4	08 01 2002	Sent to Parties: 05 13 2005			
Current Support includes Spousal of:				00 and Cash Medical of:		00	
Reason: ARRS UPDATED-NCP IN CONTEMPT OF COURT							
In RE Name:			Judgement Order				
_____ RUFA _____			Type	Adm	Amount	MM DD YYYY	
_____ Case Status _____			VT-PA:		00	00 00 0000	
Status	MM DD YYYY	Code	MM DD YYYY	Other:	1442 45	04 30 2005	
Denied	03 17 2006	20-1	02 01 2006	Civil:	00	00 00 0000	
				Surcrg:	109 50	04 30 2005	
RCW: 1-CA-582 FNX: ORDR MODE: D ID: 123456789 0 NCP NAME							
USR: D50 PRD: 07 06 CMD: CP: 987654321 CP NAME							
F9 = CHOB Shift F3 = EXIT Shift F12 = HELP							

Agreed upon changes

- o Remove "Nbr of future obligs", RUFA and Case Status, move Judgment Order data to a separate screen.
- o Add obligation codes 40, 41 and 42 to indicate that only medical support is to be enforced.

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As a result, the ORDR screen will be revised to the following format.

Current Support Obligation

07/03/06 12:39		CASE OBLIGATION					ASPXA6	
Docket number	State	Obligation Code	Adm Mod	Adm	Med Support Ordered?	Direct Pay	Interest Ordered	
88-3-93 CADM	VT	12	-	G	-	Y	-	
SUPPORT ORDERED				EFFECTIVE DATES				
Support Type	CURRENT Amount	Freq	ARREARS Amount	Freq	Adm	CURRENT MM DD YYYY	ARREARS MM DD YYYY	
Child:	12345.67	1	12345.67	1	-	01 01 2006	01 01 2006	
Spousal:	12345.67	1	12345.67	1	-			
Cash Med:	12345.67	1	12345.67	1	-	Legal Date	Signed Date	
Total:	12345.67	4	12345.67	4	-	01 01 2006	01 01 2006	
Reason: ARRS UPDATED-NCP IN CONTEMPT OF COURT								
In RE Name:								
Sent to Parties	Cost of living	Termination	Last Evaluation Date					
MM DD YYYY	Code MM DD YYYY	Code MM YYYY	MM DD YYYY					
01 01 2006	00 00 0000	M 05 2009	06 01 2006					
RCW: 1-CA-582 FNX: ORDR MODE: D ID: 123456789 0 NCP NAME								
USR: D50 PRD: 07 06 CMD: CP: 987654321 CP NAME								
F9 = CHOB Shift F3 = EXIT Shift F12 = HELP								

The total amounts are not to be entered.

The component amounts will be computed and converted to a monthly amount for the total line.

Add logic to allow for obligation code 40, 42 & 42 to denote a medical support obligation only.

Check with CAST to verify the availability of the 40 – 42 obligation codes. Add to CAST.

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Judgment Obligation

07/03/06 12:39	CASE OBLIGATION	ASPXA6
_____ Judgment Order _____		
OWED TO THE OFFICE OF CHILD SUPPORT		
PA	ADM	Amount MM DD YYYY
VT Child Support:	_	12345.67 01 01 2006
Med Expenses:	_	12345.67 01 02 2006
Service Fees:	_	12345.67 01 03 2006
Civil Penalty:	_	12345.67 01 04 2006
Attorney Fees:	_	12345.67 01 05 2006
Surcharge:	_	12345.67 01 06 2006
Cash Medical:	_	12345.67 01 07 2006
Spousal:	_	12345.67 01 08 2006
Other:	_	12345.67 01 09 2006
OWED TO THE OBLIGEE		
NPA	ADM	Amount MM DD YYYY
Child Support:	_	12345.67 01 01 2006
Med Expenses:	_	12345.67 01 02 2006
Service Fees:	_	12345.67 01 03 2006
Civil Penalty:	_	12345.67 01 04 2006
Attorney Fees:	_	12345.67 01 05 2006
Surcharge:	_	12345.67 01 06 2006
Cash Medical:	_	12345.67 01 07 2006
Spousal:	_	12345.67 01 08 2006
Other:	_	12345.67 01 09 2006
Arrears owed to another Person or Agency: _____		
Amount Owed: 12345.67 01 09 2006		
RCW: 1-CA-582 FNX: ORDR MODE: D ID: 123456789 0 NCP NAME		
USR: D50 PRD: 07 06 CMD: CP: 987654321 CP NAME		
F9 = CHOB Shift F3 = EXIT Shift F12 = HELP		

The new judgment fields will be added to the action log for the OBLG view.

For the database changes, Rename CS-JUDGE-OTHR-AMT to CS-JUDGE-NPA-AMT.

At implementation, create a list to move some of the OTHR amounts & dates to the Other Person/Agency fields.

Distribution Priority and Adjustment Pay Codes

The distribution priority will be as follows: 1. current child support, 2. current spousal support, 3. current cash medical support, 4. child support arrears, 5. spousal support arrears, 6 cash medical support arrears.

Surcharge need to be discussed more as the system is not maintaining balances on the judgment amounts; why be inconsistent with the manner that other judgment balances are being dealt with?

Question: What value is it to separately maintain spousal support arrears?

Cash Med Cash Pay Codes

PA Cash Med

A1 current month credit, A2 prior month credit, A3 prior quarter credit, A4 – prior year credit
A5 current month debit, A6 prior month debit, A7 prior quarter debit, A8 – prior year debit.

NPA Cash Med

N1 current month credit, N2 prior month credit, N3 prior quarter credit, N4 – prior year credit
N5 current month debit, N6 prior month debit, N7 prior quarter debit, N8 – prior year debit.

Cash Med Non Cash Account Balance Adjustment Pay Codes

09/17/06 12:16	NON CASH ARREARAGE ADJUSTMENT			ASQX3942
	PAY CODE	AMOUNT	REASON?	PASSWORD
	_____	_____	_____	_____
Pay Codes:	39 reduces PA arrears		40 increases PA arrears	
	41 reduces NPA arrears		42 increases NPA arrears	
	A9 reduces PA Cash Med arrears		A0 increases PA Cash Med arrears	
	N9 reduces NPA Cash Med arrears		N9 increases NPA Cash Med arrears	
Reasons:				
A Per Arrearage Affidavit				
B Direct Pay per ck #s/dts: _____				
C Charging Unpaid Support from _____ to _____				
D Adjusting to OSA Arrearage Balance				
E OSA received payment				
F Adjusting to Court Ordered Arrearage				
G Due to Stat Close				
H Removing CP overpayment balance; see RPAY				
I Removing incorrectly charged arrears due to _____				
J Transferring Arrearage from _____ to _____				
K Correcting Arrearage Error				
L _____				
CMDS: CANC or APP				
RCW: FNX: MODE: ID:				
USR: PRD: CMD: CP:				

The ARRS sub-function will be augmented with the following new pay codes that will address Cash Med Arrears and document the non cash balance adjustment.

PA Cash Med

A0 debit, A9 – credit

These transactions will increase or decrease CSUP02702.CS-ASGN-CASH-MED-ARRS as well CSUP02702.CS-TOT-ANFC-ARRS-DUE

NPA Cash Med

N0 debit, N9 – credit

These transactions will increase or decrease CSUP02702.CS-UNASGN-CASH-MED-ARRS as well as CSUP02702.CS-TOT-NPA-ARRS-DUE

Arrears Affidavit Enhancements

Currently the Arrears affidavit is generated from the WORD function by requesting a form 207.

This method for requesting the Arrears Affidavit will continue, but several changes will be made to accommodate the new judgment and medical support data.

Additional fields will be added for the cover page including:

- The new External Case ID
- The Docket Number
- The Current Obligation Sign Date
- The PA Cash Med Judgment Amount and Date
- The PA Surcharge Judgment Amount and Date
- The PA Civil Penalty Judgment Amount and Date
- The PA Spousal Judgment Amount and Date
- The PA Medical Expenses Judgment Amount and Date
- The PA Service Fees Judgment Amount and Date
- The PA Attorney Fees Judgment Amount and Date
- The NPA Other Judgment Amount and Date
- The NPA Cash Med Judgment Amount and Date
- The NPA Surcharge Judgment Amount and Date
- The NPA Civil Penalty Judgment Amount and Date
- The NPA Spousal Judgment Amount and Date
- The NPA Medical Expenses Judgment Amount and Date
- The NPA Service Fees Judgment Amount and Date
- The NPA Attorney Fees Judgment Amount and Date
- The NPA Other Judgment Amount and Date
- The Other Person/Agency Name, Judgment Amount and Date

And for each month

- The Conditional Arrears Amount owed and received

The file will be altered to provide for the possibility of an additional 12 years, increasing the total to 24 years.

The data will be structured so that the current year is always in the first of the year's tables. (Currently, if only one year is requested, the data for the year is placed in position 4 instead of position one).

The WORD function will be changed to allow the user to specify a date up to 24 years in the past.

ORDR Function MED Screen

```
07/03/06 12:39                MEDICAL SUPPORT ORDER                ASQXA62
                                (Press <F4> for child
NCP Primary Employer: C N DONUTS LLC                coverage mass update)

Order of Responsibility(1-5): NCP: 1 CP: _ NCP Other: _ CP Other: _ Med Pgm _
Generate NMSN? (Y/N): _ Cash Med Amount: 12345.67
Reasonable Cost: $ 0.00 _ Freq: _

Cov Ord?   Child Name      SSN      Rem Rsn   Private Health Ins   Medicaid Pgm
M_____  CHILD ONE             012-34-5678          BH1EH
M_____  CHILD TWO             022-34-5678          BH1EH

Press <ENTER> to accept or put CANC in command line to cancel   CMD: _____
ID: 123456789 0 NCP NAME                CP: 987654321 CP NAME
```

What does BH1EH mean?

When CP is registered as primarily responsible for the Medical Support, the system will generate a 783P notice. The 783P must set the same indicator as the 783 so that it is available in the NMSN function.

Other needs to be broken out into NCP Other and CP Other and “Public” changed to “Med Pgm”.

When there is a garnishment on a case and the NCP is a 1 (has primary responsibility), we need a 784D generated by the system when the CP becomes the party responsible for providing the insurance (NCP not a 1 and CP, or one of the Other fields becomes a 1). . The 784D is an employer form which says that the NCP is no longer required to carry health insurance.

A Frequency “Freq” will be added next to “Reasonable Cost” with the values of 1, 2, 3, or 4.

The reasonable cost will be reset when the primary employer is changed, rather than when a 504 is marked as sent. At that time a DAIL will be generated to the MSU to alert the unit to the change.

When cash med is ordered and an INSU panel is created on the case, a DAIL message will be generated to MSU with the text: *Health insurance now available. Cash med ordered. Please review.*

PAQ2 Function Distribution Window

11/17/06 09:08		PAYMENT PROFILE INQUIRY		ASPXBK	
Pay Date	Code/Description	Pay Amount	Check Number	Check Type	DOR
10 02 06	01 Current Support	\$ 12.68	E021000025818588	Employer	10 06
+-----+-----+-----+-----+-----+-----+					
TANF DISTRIBUTION DATA					
ASSIGNED (PA)		TRANSACTION DATE	UNASSIGNED (NPA)		
		10 31 2006			
Temporarily		Since Last PA	24.64		
Conditionally		Before PA			
Permanently		During PA			
TRANSACTION NUMBER					
30135852					
+-----+-----+-----+-----+-----+-----+					
Cash Med		MEDICAL SUPPORT		Cash Med	
+-----+-----+-----+-----+-----+-----+					
Enter CMD: 'REPT' to repeat payment information					
'PREV' or PF7 to scroll back					
'ARRS' to enter Non Cash Arrearage Adjustment					
RCW: 1-CA-546 FNX: PAQ2 MODE: D ID: 123456789 0 NON CUSTODIAL PARENT					
USR: D50 PRD: 10 06 CMD: _____ CP: 987654321 CUSTODIAL PARENT					

Add the additional lines to the pop up window to display the transaction values for distribution to assigned and unassigned cash med.

ARRS Function

07/03/06 12:43	CASE ARREARAGES SUMMARY			ASPXA36
MONTH BEGINNING BALANCES				
	ASSIGNED (PA)	URA		UNASSIGNED (NPA)
TOTAL DUE	\$ 2189.49	\$ 54312.33	TOTAL DUE	\$
TEMPORARILY			SINCE LAST PA	\$
CONDITIONALLY	\$ 1232.08		BEFORE PA	\$
PERMANENTLY	\$ 957.41		DURING PA	\$
ACTIVITY DURING THE MONTH				
BALANCES AS OF TODAY				
TOTAL DUE	\$ 2189.49	\$ 54312.33	TOTAL DUE	\$
TEMPORARILY			SINCE LAST PA	\$
CONDITIONALLY	\$ 1232.08		BEFORE PA	\$
PERMANENTLY	\$ 957.41		DURING PA	\$
RCW: 1-CA-582 FNX: ARRS MODE: D ID: 123456789 0 NCP NAME				
USR: D50 PRD: 07 06 CMD: _____ CP: 987654321 CP NAME				

When there has been cash medical support activity during the month, the ARRS function will automatically navigate the user to the CMED screen (if the user has not changed the function, mode, case id or period to exercise direct navigation to another screen.)

CMED Function

Cash Medical Support

07/03/06 12:43	MED SUPPORT FINANCIAL SUMMARY			ASPXA31
	MONTH BEGINNING BALANCES			
CURRENT CASH MED SUPPORT ORDER AMOUNT: \$ 20.00 Frequency: 4 - Monthly				
ARREARAGES				
	ASSIGNED (OVHA)		UNASSIGNED (NPA)	
TOTAL DUE \$			TOTAL DUE \$	750.00
CASH MED \$			CASH MED \$	10.00
ACTIVITY DURING THE MONTH				
Pay Date	Code/Description	Pay Amount	Child & Spousal	Cash Med
07 25 06	01 Current Support	\$ 80.00	\$ 70.00	10.00
07 26 06	01 Current Support	\$ 80.00		
BALANCES AS OF TODAY				
TOTAL DUE \$			TOTAL DUE \$	660.00
CASH MED \$			CASH MED \$	0.00
RCW: 1-CA-582 FNX: CMED MODE: D ID: 123456789 0 NCP NAME				
USR: D50 PRD: 07 06 CMD: _____ CP: 987654321 CP NAME				

This new function will provide a view of cash medical financial transactions for the allocation of current support and payments to arrearages.

Note: The Med Expense judgment is not displayed on this screen, as it is a judgment amount as set by the court, but not one that the system will be tracking for arrearages.

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EMPL Function

```
07/04/06 13:53 EMPLOYER MANAGEMENT ASQXA40A
Display Employers
Alphabetically From: C N DONUTS LLC_____ Active Only: Y
By DET ID from: _____ By FEIN from: _____ By Worker's Comp Only: _

Month $ ID V000003 Y000051 0172419 0351082 Y016703 2002526 Y020616
_ $$$$ 2047033 C N Donuts Llc Plymouth NH 03264 (603)536-7622
_ $$$$ 0177492 C N F Constructors Inc Meriden CT 06450 (203)237-5580
_ $$$$ 1046114 C N F Development Inc South Burlington VT 05403-580 (802)864
_ $$$$ 2041284 C N F Development Inc Essex Jct VT 05452 (802)872-8434
_ $$$$ 2054883 C N H America Llc St Louis MO 63166 (614)658-3245
_ $$$$ 1037065 C N J N Dunlavey Properties In Canada J0e110 00000 (000)000-
_ $$$$ 0176932 C N M Construction Inc Chelsea VT 05038-006 (000)000-0000
_ $$$$ 2050760 C N S Beaverton OR 97007 (503)642-9352
_ $$$$ Y039223 C N S Outsourcing Llc Hill NH 032433350 (603)934-1067
Mark employer with E to see employees;
A to add to NCP; R to request employment verif; B both A and R;
M to maintain; D to display employer data;
H to view history; P to maintain insurance plan data
CMD5: PEND=add to EMPL; NEW=add to NCP&EMPL; XFER, CANCEL, EXIT
PF24=HELP
RCW: 1-CA-582 FNX: EMPL MODE: C ID: 123456789 0 NONCUSTODIAL PARENT
USR: D50 PRD: 07 06 CMD: _____ CP: 987654321 CUSTODIAL PARENT
```

Add ability to add multiple names to an Employer record.

On the EMPL PLAN screen, when the PLAN company code changes, the system will 783s for each of the employees under garnishment for that employer.

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CDOC Function

Current Screen format.

07/07/06 17:53	REQUEST SUPPORT DOCUMENTATION	ASPXA23A
	Direct Print	
	For the following cases:	
Case id	Form	Valid form numbers:
1. _____	_____	1050 - Legal support
2. _____	_____	1051 - Collection agency
3. _____	_____	1052 - Court hearing
4. _____	_____	1053 - PA Case Data
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
Will print at YOUR office printer: PASAS02_____		
(or see HELP for other printers)		
USER: D50 FNX: CDOC MODE: C ID: 123456789 0 PERIOD: 07 06 CMD: _____		
PF8 = MORE PF15 = EXIT PF24 = HELP		

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Revised Screen format

```
07/07/06 17:53                SELECT SCREENS FOR PRINTING                ASQXFA50

Select
-  ALL                        FROM      TO          -  STAT PNLS - NCP
-  PAQU and PAQ2              -  -  -  -  -  -  -  STAT PNLS - CP
-  ACTN STAT                  -  -  -  -  -  -  -  CASE HIST - CP
-  ACTN ADDR                  -  -  -  -  -  -  -  CASE PERS - CP
-  ACTN EMPL                  -  -  -  -  -  -  -  PREM COLL - CP
-  INQD                       -  -  -  -  -  -  -  ELIG RUFA - CP
-  COMM & REDF                -  -  -  -  -  -  -  PERS HIST - NCP
-  WAGE NCP                   -  -  -  -  -  -  -  PERS HIST - CP
-  WAGE CP                    -  -  -  -  -  -  -  PERS HIST - KIDS
-  APPD MEMB                  -  -  -  -  -  -  -  INFC WAGE
-  APPD FUND
-  EMPL PLAN
-  ORDR
-  CARE
-  CUST
-  FBAL
-  ASST DMV and PROP
Will print at YOUR office printer: PASAS02_____
(or see HELP for other printers)
USER: D50  FNX: CDOC  MODE: C  ID: 195568820 0  PERIOD: 07 06  CMD: _____
                PF8 = MORE          PF15 = EXIT          PF24 = HELP
```

The screen prints may be selected using a number to indicate the order of the printed material.

Edits will restrict the use of the same number more than once.

The COURT EVENT, APPD MEMB, APPD FUND, WAGE CP, STAT PNLS – NCP, PREM COLL – CP, INFC WAGE are new to the CDOC function., as are the start and end date ranges for specific panels.

The print option now varies for each form type. This will no longer be the case. All printed screens will be treated as 1052 Court Hearing documentation.

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1052 Court Hearing Documentation Court Results Page

07/03/06 10:25	COURT HEARING DOCUMENTATION	ASFYFA24
COURT RESULTS FOR "Case ID"		
COURT EVENT	Judge / Magistrate / CMC	Heard / Continued / Under Advisement
Parentage / Establishment / Modification / Enforcement / License Suspension / Contempt		
Present:	CP / CPAT _____	NCP / NCPAT _____ OTHER: _____
PARENTAGE	STIP / DEFAULT	TO: Paternity / Genetic Testing
PRR	STIP / DEFAULT	LEGAL: sole / shared PHYSICAL: sole/shared _____% CP _____% NCP
CHILD SUPPORT	STIP / DEFAULT	Current of \$ _____ eff: _____
Wage withholding/Direct pay to _____		
Deviation? Y / N Guideline amount \$ _____		
Other: _____		
ARREARS		
To OCS \$ _____ as of _____ repay @ \$ _____ eff: _____		
c/s \$ _____; medical \$ _____; civil \$ _____ Surcharge \$ _____		
To CP \$ _____ as of _____ repay @ \$ _____ eff: _____		
c/s \$ _____; medical \$ _____; civil \$ _____ Surcharge \$ _____		
Other: _____		
MEDICAL SUPPORT available? Y / N - Provided? Y / N for NCP / CP /Both?		
Reasonable calculation:	Obligee	Obligor
Gross Income:	_____	_____
5%:	_____	_____
Premium:	_____	_____
Medical Support: Obligee / Obligor / Both ordered to provide insurance now		
Obligee / Obligor / Both ordered to provide insurance if available		
Cash Medical beginning _____ obligor pay \$ _____ / Month		
Current Coverage:		
Policy/Cert #	_____	Subscriber/relation to kid(s): _____
Plan Name/Address:	_____	
Subscriber ID:	_____	
Unreimbursed costs:	_____ % obligee	_____ % obligor
Other: _____		

1052 Court Hearing Documentation Health Insurance Plan Page

07/03/06 10:25	COURT HEARING DOCUMENTATION	ASUXFA36
FOR CASE: 1234567890		
CUSTODIAL PARENT: CP NAME		
NON-CUSTODIAL PARENT: NCP NAME		
REQ 209		
EMPLOYER HEALTH INSURANCE PLANS		
PLAN: _____		
AVAILABLE: _	NOTE: _____	
COMPANY NAME:		
GROUP NBR: _____		
COST:		
Single: 123.45 Freq: M Family: 123.45 Freq: M Othr: 123.45 Freq: M		
COVERAGE:		
NOTE: _____		
PLAN: _____		
AVAILABLE: _	NOTE: _____	
COMPANY NAME:		
GROUP NBR: _____		
COST:		
Single: 123.45 Freq: M Family: 123.45 Freq: M Othr: 123.45 Freq: M		
COVERAGE:		
NOTE: _____		
PLAN: _____		
AVAILABLE: _	NOTE: _____	
COMPANY NAME:		
GROUP NBR: _____		
COST:		
Single: 123.45 Freq: M Family: 123.45 Freq: M Othr: 123.45 Freq: M		
COVERAGE:		
NOTE: _____		
PLAN: _____		
AVAILABLE: _	NOTE: _____	
COMPANY NAME:		
GROUP NBR: _____		
COST:		
Single: 123.45 Freq: M Family: 123.45 Freq: M Othr: 123.45 Freq: M		
COVERAGE:		
NOTE: _____		
CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL AS THE SAME APPEARS ON FILE IN THIS OFFICE		
'OFFICE OF CHILD SUPPORT _____'		
'DATE: ___/___/___'		

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1052 Court Hearing Documentation APPD MEMB Page

Case Status		Cls	Current Obligation			Case Action	NCP Action					
20-1	02-01-2006	12-G	444.71	07-01-2006	MT	11-02-2006						
							S	P	B			S
							e	a	o	Rel	of	Rem
Mem	First	I	Last	Mod	SSN	Birth	x	r	M	NCP	CP	Rsn
						Date						S
NC	NCP		NAME		123-45-6789	08-27-1970	M					
CP	CP		NAME		987-65-4321	08-10-1973	F					
01	CHILD1		NAME		023-45-6789	03-17-1991	M	Y	U	01	01	

RCW: 1-CA-546 FNX: APPD MODE: C ID: 123456789 0 NAME, NCP
 USR: D50 PRD: 09 06 CMD: CP: 987654321 NAME, CP 2

1052 Court Hearing Documentation INFC WAGE Page

ASPWME		***** DET Wage Data History *****			
Sep 25,06					5:12 PM
Name: CP NAME					SSN: 987-65-4321
		*****	E M P L O Y E R	*****	Data
Qtr/Year	Earnings	Code	Name		Received
2 2006	3941.00	2011551	Mcdonalds Restaurant/winbar Winston & Barbara Bartley VT 05829 Phone: 802-334-5881		09/22/2006
1 2006	3983.00	2011551	Mcdonalds Restaurant/winbar Winston & Barbara Bartley VT 05829 Phone: 802-334-5881		07/24/2006
4 2005	4304.00	2011551	Mcdonalds Restaurant/winbar Winston & Barbara Bartley VT 05829 Phone: 802-334-5881		04/21/2006
3 2005	4714.00	2011551	Mcdonalds Restaurant/winbar Winston & Barbara Bartley VT 05829 Phone: 802-334-5881		01/25/2006
4 2004	3619.00	2011551	Mcdonalds Restaurant/winbar Winston & Barbara Bartley		04/22/2005
USER: D50 FNX: INFC MODE: D RPTGRP: 008 50 9746 PERIOD: 09 06 CMD: _____					

PEAKS Data Extract

Add new fields as defined in the Database Changes Table, including those for CSUP02702, CASE-LOG02050, CASE-LOG02060, CASE-LOG02095 and INSU047.

The models for these views will need to be regenerated and added to the Protection Log extract.

Medical Support Report

To track progress in obtaining health insurance for children since September of 2005, a monthly report will be developed to report.

Health Insurance coverage:

- The number of children active Medicaid/Dr. Dynasaur with active private insurance with a D coverage code

National Medical Support Notice Response Information

- Total number of NMSNs entered
- Number with Y in “employer doesn’t offer coverage” field
- Number with Y in “employee not eligible for coverage” field
- Number with Y in “no longer employed” field
- Number with Y in “withholding limitations prevents enrollment” field
- Number of above that also contain “CCPA” in “note” free-form field
- Number with pending enrollment (enrollment date > today’s date or expiration date of NCP waiting period > today’s date)

Employer Insurance Plan Information

- Number of employers that offer health insurance
- Average cost of insuring children
- Number of employers that don’t offer health insurance
- Number of employers with unknown health insurance

IV-A Referral Process Information

- Number of Medical Support Assignment Forms requested
- Number of Medical Support Assignment Forms received

Employed NCP Income Information

For NCPs without Insurance Available

- Total number of NCPs in grouping
- Number of NCPs with cost of insurance $\geq 5\%$ of income but $< 10\%$
- Number of NCPs with cost of insurance $\geq 10\%$ of income but $< 20\%$
- Number of NCPs with cost of insurance $\geq 20\%$ but $< 25\%$
- Number of NCPs with cost of insurance $\geq 25\%$

For NCPs with children on Medicaid or Dr Dynasaur

- Total number of NCPs in grouping
- Number of NCPs with cost of insurance $\geq 5\%$ of income but $< 10\%$
- Number of NCPs with cost of insurance $\geq 10\%$ of income but $< 20\%$
- Number of NCPs with cost of insurance $\geq 20\%$ but $< 25\%$
- Number of NCPs with cost of insurance $\geq 25\%$

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New Forms:

783P CP Provide HI: for those cases where the CP has been ordered to provide health insurance information. This notice will request the HI information and will be accessible via the NMSN function.

292M PA to MO: for cases rolling from 10 to 40 (closing RUFA not Medicaid). Cases rolling from 10 to 20 (closing RUFA and Medicaid) will still get the 292 and 292P.

292N MO to NPA: for cases rolling from 40 to 20 (closing Medicaid), if they have a child support obligation - they will get a 292, otherwise, they will get this new letter.

783T Employer NMSN Compliance

784D Employer NCP Not Required to provide HI. – This notice informs the employer that the NCP is no longer required to carry health insurance.

Text changes are needed to the 785A, C, D, and E. These notices go to the CP and say that the NCP does not have insurance available. The text will be changed to ask the CP to provide OCS with insurance information. On the 786A, additional text will ask to “*please let us know if you decide to enroll anyway.*”

All new and updated forms will be added to imaging.

Each December, a stuffer will be added to the employer bills asking the employer to contact MSU if their Plan is changing.

Technical Design:

Development Priorities

- 1) CATN/CONT
- 2) Arrears Affidavit – adding the additional 12 years
- 3) SCHE changes to capture data
- 4) Data mining model and PEAKS changes

Software Module Changes

Module Changes Table

Module	Changes
ASPACA STAT Function STAT Screen Nickie	Add logic to update the RPT-GRP02314.CS-137-REC-DT when the Y is entered and remove it if the Y is removed. Add logic to update the RPT-GRP02314.CS-137-SENT-DT when the Y is entered and remove it if the Y is removed.
ASPADM STAT Function ABSP Panel ASHADMCS ABSP Coop Code Help Text Nickie	The Help Text for the COOP code value of 4 will be modified to indicate that Medicaid Only custodial parent’s benefits should be denied or closed when not cooperating. See format above. When the COOP code is changed to a 4 for someone who is Medicaid eligible but not RUFA eligible, generate a TODO message for the BPS which states: “Use reason code 59 to close adult not cooperating with med support.”
ASPAFA STAT Function JINC Screen Nickie	Detect when a new job is being entered Do a find with the person id to see if that person is an NCP in an open child support case (use SUP-TYPE-PERSON-KEY) An active child support case has the last position of CS-STATUS-CD = a 1 or a 2. Take the first active case you find and generate a DAIL message (just like a TODO message, except the process-action is on CSUP02702) store a memos record with the message as follows: IV-A reports job income of (JOB-SUM) for this NCP at: Employer Name Employer Address Employer Phone Skip this if the employer name is “Unknown” or “?”
ASPBHH – STAT Function Nickie	Revise the consistency Edit on single parent HH with no ABSP panel – It must not inhibit Medicaid eligibility but simply generate an edit message.
ASPFNC1R	Add logic to update the RPT-GRP0314.CS-137-SENT-DT when the Y is added

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Module	Changes
Monthly Review Select	to the RPT-GRP0314.CS-137-SENT
ASP3WC MED ELIG APPROVAL	Add logic to update the RPT-GRP0314.CS-137M-REQ-DT and RPT-GRP0314.CS-137M-SENT-DT when the Y is added to the RPT-GRP0314.CS-137-REQ/SENT and to remove it when the indicators are reset.
ASP3AAC Med Elig Set Up	Revise per the change in med support referrals.
ASP3VA1C ELIG Function ME Eligibility Results Nickie	Add logic to accommodate the new removal reason 59. Revise the edits to prevent the use of a 59 reason code for other than the role code of 01, 02 or 03 and to prevent the use of a 59 reason code for SSI recipients and refugees (Category codes that begin with A or R).
ASU3CLOS Removal Reasons Nickie	Add new removal reason 59
ASP3WB1 ME eligibility notices Nickie	Add new 59 removal reason notice code for both denial and closure notice paragraph processing.
ASP3WC ME eligibility approval processing Nickie	When the IV-A worker approves the eligibility result using a 59 denial/closure, create an ACTN log contact entry and a DAIL message to the Regional Manager. The ACTN log entry should state: "IVA removed Med Support due to non cooperation with IVD." The DAIL message should state: "Med Support Non Coop. Review for IVD case closure."
ASPXBG IV-A Interface Update Case	Revise to use the 137M-REC indicator and case status to update case status to 40 for Med Only cases. When a case status 40 case closes out Medicaid and the obligation status is also a 40 and there are no cash med arrears, change the case status to a 60 else change it to a 40-2. Add a DAIL message to CRU when there is a Direct Pay = Y and the case is to be changed to a 40 status code. The DAIL should "Review obligation for Direct Pay case activating Medical Assistance Status". When converting a status code 60 case to a 40 when Medicaid is active, set the "Only Enforce Med" Indicator and use that to display the R on the COMM screen. (Requires a pass of the cases to see if there are cases with the indicator set.).
ASPXBH IV-A Interface New Referral	Revise to use the 137M-REC indicator and case status to create case status 40 for Med Only cases.
ASPXBD Daily Review	When processing a future dated change from a CASE-LOG02060 record with an N in LOG-MED-SUPPORT-ASSIGN, update the CSUP9-02702 record with blank for the CS-MED-SUPPORT-ASSIGN and find the RPT-GRP0314 for the case and reset the 137M-REQ, SENT and REC indicators and dates. When a registry (60) or an NPA case (20) is changed to a Med Only case (40),

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Module	Changes
	<p>the case review indicator will be reset to trigger FMU to expect the 137M referral form. If the case status is a 20, generate a 292M.</p> <p>When a case status changes from 10 to 40, generate the 292M (Cases changing from 10 to 20 will continue to get the 292 and 292P).</p> <p>When a case status changes from 40 to 20, if the obligation code is 80 or 90, generate the 292N. (Cases with an obligation will continue to get the 292.)</p>
<p>ASPXA10 COMM Function</p>	<p>Add logic to set #MED-SUPPORT-ASSIGN. Set it to an M if the CS-STATUS-CD position 1 is a 2 and the CS-MED-SUPPORT-ASSIGN is an M. Set it to an R, if the CS-STATUS-CD position 1 is a 4 and the CS-OBLIG-CD = 10, 11 or 12.</p> <p>Add logic to set CP-MED-STATUS and NCP-MED-STATUS. Set these MED-STATUS codes based on person's MED-ELIG-DATA(1) current status (if 2 or 4 and the effective date is in the future set the MED-STATUS = M.</p> <p>Add these 3 variables to the parameters passed to ASPXA10A.</p>
<p>ASPXA10A COMM Function</p>	<p>Add an "M" indicator after Status and before the status effective date when the CS-MED-SUPPORT-ASSIGN is M and the CS-CASE-STATUS position1 is a 2 and the R for CS-MED-SUPPORT-ASSIGN when the case status position 1 is a 4 and the CS-OBLIG-CD is 10, 11 or 12.</p> <p>Add the MED-STATUS just behind the action code for both the NCP and CP.</p>
<p>ASPXA12 COMM Function</p>	<p>When an garnishment employer (primary employer who = CS-GARN-ID) on an active case is end dated and there is an active INSU panel with the same EMPL-ID, then send a TODO to COB with the message: "Employer end dated, follow up on Medical Insurance".</p> <p>When an employer is end dated, delete any future dated 783T for the same case and employer and remove the future DAIL 'NMSN response overdue, Please review"</p>
<p>ASUXE06 APPD Function CASE screen</p>	<p>Add an "M" indicator after Status and before the status effective date. Allow the user to update this field (CS-MED-SUPPORT-ASSIGN) to be an M if the case has a 2 or is being changed to a 2 in the first position of the CS-STATUS-CD. When that occurs, store a CASE-Llog02060 with the LOG-MED-SUPPORT-ASSGIGN to reflect the M (and if the CS-STATUS-CD has just been change to a 2 to reflect that change as well.</p> <p>When the 1st position of the CS-CASE-STATUS is a 4 and the CS-OBLIG-CD is 10, 11 or 12, display an R in the space where the M can be entered just behind the CS-STATUS-CD field.</p>
<p>ASPXHA3 Case Tracking</p>	<p>No Change</p>
<p>ASPXA20 ACTN Function</p>	<p>Add new ORDR (new Obligation Judgment fields when added or change), STAT (new Med Support Assignment data when added or changed), and SCHE</p>

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Module	Changes
ASUXA20A OBLG view ASUXA20F STAT view ASUXA20K SCHE view	fields (when added) to the ACTN display.
ASPXA23A CDOC Function	Revise selection screens for the user to indicate which screen copies they wish to have printed. See format above
ASPXPRNT CDOC Print	<p>Add new CALLNAT ASUXFA36 to print Employer Insurance plans; insert it after ASUXFA31 Employment history – but only if the NCP has a currently active employer</p> <p>Add to the redefine of #FORM-BLOCK</p> <p>#SELECTION (A1/40)</p> <p>Loop thru #SELECTION IF #SELECTION(1) = #I CALLNAT ASUXFA20 PAQU & PAQ2 IF #SELECTION(2) = #I CALLNAT ASUXFA21 CASE HIST IF #SELECTION(3) = #I CALLNAT ASUXFA22 CASE PERS IF #SELECTION(4) = #I CALLNAT ASUXFA23 INQD IF #SELECTION(5) = #I CALLNAT ASUXFA24 COURT EVENT IF #SELECTION(6) = #I CALLNAT ASUXFA25 ACTN STAT IF #SELECTION(7) = #I CALLNAT ASUXFA27 ACTN ADDR and ACTN EMPL IF #SELECTION(8) = #I CALLNAT ASUXFA28 COMM and REDF IF #SELECTION(9) = #I CALLNAT ASUXFA31 WAGE NCP IF #SELECTION(10) = #I CALLNAT ASUXFA32 ELIG RUFA IF #SELECTION(11) = #I CALLNAT ASUXFA34 ORDR IF #SELECTION(12) = #I CALLNAT ASUXFA40 CARE IF #SELECTION(13) = #I CALLNAT ASUXFA41 CUST IF #SELECTION(14) = #I CALLNAT ASUXFA42 FBAL IF #SELECTION(15) = #I CALLNAT ASUXFA43 STAT PNLS CP IF #SELECTION(16) = #I CALLNAT ASUXFA44 ASST DMV and PROP IF #SELECTION(17) = #I CALLNAT ASUXHC N NCP PERS HIST IF #SELECTION(18) = #I CALLNAT ASUXHC C CP PERS HIST IF #SELECTION(19) = #I CALLNAT ASUXHC K KID PERS HIST IF #SELECTION(20) = #I CALLNAT ASUXFA36 EMPL PLAN IF #SELECTION(21) = #I CALLNAT ASUXFA29 APPD MEMB IF #SELECTION(22) = #I CALLNAT ASUXFA30 APPD FUND IF #SELECTION(23) = #I CALLNAT ASUXFA31 WAGE CP IF #SELECTION(24) = #I CALLNAT ASUXFA43 STAT PNLS NCP IF #SELECTION(25) = #I CALLNAT ASUXFA37 PREM COLL CP IF #SELECTION(26) = #I CALLNAT ASUXFA37 PREM COLL NCP IF #SELECTION(27) = #I CALLNAT ASUXFA38 INFC WAGE</p>
ASUXFA24 Court Event Template	Revise this program to create a cover sheet for the documents which is a template for the court rep to record the results of the hearing. See format above.
ASUXFA36	Create new subprogram to print the COURT HEARING

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Module	Changes
Employer Insurance Plan Documentation	DOCUMENTATION for Employer Insurance Plan information. See format above.
ASUXFA29 APPD MEMB Documentation	Create new subprogram to print the COURT HEARING DOCUMENTATION for APPD MEMB information. See format above.
ASUXFA30 APPD MEMB Documentation	Create new subprogram to print the COURT HEARING DOCUMENTATION for APPD FUND information. See format above.
ASUXFA37 PREM COLL Documentation	Create new subprogram to print the COURT HEARING DOCUMENTATION for PREM COLL information. See format above.
ASUXFA37 INFC WAGE Documentation	Create new subprogram to print the COURT HEARING DOCUMENTATION for INFC WAGE information. See format above.
ASPXA82 SCHE Function TED	<p>Revise to use new CALLNAT for MS Cash Med Court Information</p> <p>Review and remove the duplicate entry to the CASE-LOG02090. (Under some conditions the process now creates a duplicate record. Barb Towne provided an example)</p> <p>Add Hearing Type (see screen format). Hearing type values are E, M, F, C and P. Add help text to indicate that the hearing types are: E – Establishment, M – Modification, F – Enforcement, C – Contempt and P – Paternity.</p> <p>Add Medical Support (Y/N): (Mandatory for hearing types E, M & P and the Result code is not Continued, Dismissed or Advisement)</p>
ASUXA82M SCHE Function MS Order Info TED	<p>New subprogram to collect MS Cash Med Court results. See format above.</p> <p>Add new fields to CASE-LOG02095.</p>
ASUXA18 WORD Function Window SAMI	<p>Revise to allow the 207 request date to be 24 years ago rather than 12.</p> <p>See logic in ASPXA18 for initiating ASPXSF.</p>
ASPXSF ARRS Affidavit SAMI	<p>Add additional fields to the arrearage affidavit including</p> <p>In line 1, add CS-EXTERNAL-CASE-ID CS-COURT-DOCKET-NBR CS-CURR-OBLIG-SIGN-DT CS-JUDGE-SURCHARGE-AMT & DT CS-JUDGE-CIVIL-AMT & DT CS-JUDGE-MED-EXP-AMT & DT CS-JUDGE-SERVICE-FEES-AMT & DT CS-JUDGE-CASH-MED-AMT & DT</p>

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Module	Changes
	<p>CS-JUDGE-SPOUSAL-AMT & DT CS-JUDGE-NPA-AMT & DT CS-JUDGE-OTHER-AMT & DT</p> <p>CS-JUDGE-OTHER-PARTY-NAME CS-JUDGE-OTHER-PARTY-AMT CS-JUDGE-OTHER-PARTY-DT</p> <p>CS-CASH-MED-EFF-DT CS-CASH-MED-LEGEL-DT CS-CASH-MED-SIGN-DT</p> <p>CS-SPOUSAL-EFF-DT CS-SPOUSAL-LEGEL-DT CS-SPOUSAL-SIGN-DT</p> <p>Revise to send both the PA and NPA judgment amounts as well as all the new fields with each file in Line 1.</p> <p>Increase the capabilities from 12 years to 24 years by adding 6 more lines.</p> <p>This uses ASJXRJE1 to transfer the file to the Server.</p>
<p>ASPXA37 ARRS Function</p>	<p>Revise navigation logic to automatically route to CMED (ASPXA31) function when the case has had Cash Med support activity during the month.</p>
<p>ASPXA31 CMED Function</p>	<p>New function to display Cash Med Distribution and Arrearage information. See format above.</p> <p>Clone ASPXA37 to start with this and use the same logic to acquire information from the CASE-LOG02080 record.</p>
<p>ASPXA96 NMSN Function</p>	<p>Revise with an ADD command.</p> <p>Solicit the source of the NMSN Part C information, OSA, CP, Other and update that to the INSU panel.</p> <p>On completion of the entry of a NMSN, determine if there is an “investigate NMSN compliance” DAIL message and if found, reset it.</p>
<p>ASPXA15 CONT Function SHAY</p>	<p>Change to send the contact message to the IV-A worker or IV-A supervisor by means of a TODO function message associated with the custodial parent’s IV-A case.. Whenever a message is sent between IV-A and IV-D, it will be recorded in both the CATN and ACTN functions to document the interaction.</p> <p>Change the caption ES to BPS as the terminology has been changed from “Eligibility Specialist” to “Benefit Program Specialist”.</p>

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Module	Changes
ASPATC CATN Function SHAY.	Change to display both the child support worker id and supervisor id associated with the reporting adult's case (log-rptgrp-id). Update CS-PROCESS-ACTION to deliver the message and store both a CASE-LOG02010 record as well as a CASE-ACTION010.
OC34 Derivations ASUXHC1A Receipt Processing	Review receipt handling logic
OC34 Derivations ASUXHC7 Transfer Processing	Revise for handling Cash Med distribution
ASPXSOC57 & ASPXMS01 OCSE 157 Extract	Revise to include new data. Consult with Mike Cassara and Ed Wageman before making changes.
ASPXEC1A APPD Function CLNT Screen	No changes
ASPXE06 APPD Function CASE screen	Add 137M Indicator and when added or removed store a CASE-LOG02060 to reflect the change.
ASPXA9 MSIN Function	No changes
ASPXA17 FSUM Function	No changes
ASPADH2 INSU Function Nickie	Add look up for employer id; add employer id and policy source to screen Source can be NMSN, OSA, or CP.
ASUADHE INSU Function Nickie	Adjust the check for child removal reason to make sure the same children are excluded from the policy as were excluded from the 783 notices DONE Create a DAIL message to MSU when storing an INSU record and the CS-CURR-CASH-MED-AMT is greater than zero. Message to be: "Cash Med Ordered. Please Review."
ASPXFC2	Add logic to process the FCR DEERS responses for Tricare to add or end INSU047 records
ASPXDI MED SUPPORT Report	Create monthly report of Medical Support information (See format above).
ASPXA6 ORDR Function	Revise per screen format above – revise to automatically navigate to the new Judgment screen. Add logic to allow the use of Obligation code 40, 41 & 42.

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Module	Changes
ASPXA63 ORDR Judgment Data	New module to collect additional judgment data
ASUXA62 ORDR Function Med Support Provisions	<p>Revise to break out other into NCP other and CP other. Remove “Public” as an option.</p> <p>When CP is registered as primarily responsible for the Medical Support (1), store a case-log0700 for a 783P notice. The 783P must set the same indicator as the 783 so that it is available in the NMSN function.</p> <p>Other needs to be broken out into NCP Other and CP Other and “Public” removed.</p> <p>When there is a garnishment on a case and the NCP is a 1, we need a 784D generated by the system when the CP becomes the party responsible for providing the insurance (NCP not a 1 and CP, or one of the Other fields becomes a 1). . The 784D is an employer form which says that the NCP is no longer required to carry health insurance.</p>
ASPMCT APC Pay Code Control Records	Add A0, A9, N0 & N9 into the control record in all environments
CODE C PC	Add A and N pay codes with the description
ASPXBK PAQ2	<p>Add new Cash Med Support Pay Codes</p> <p>Add assigned and unassigned cash med arrears to the pop up window display.</p>
ASPX3942 Non Cash Arrears Adjustments	<p>Add logic to accept PA Cash Med adjustment transactions A0 debit, A9 – credit</p> <p>These transactions will increase or decrease CSUP02702.CS-ASGN-CASH-MED-ARRS as well as CSUP02702-CS-TOT-ANFC-ARRS-DUE</p> <p>Add logic to accept NPA Cash Med adjustment transactions N0 debit, N9 – credit</p> <p>These transactions will increase or decrease CSUP02702.CS-UNASGN-CASH-MED-ARRS as well as CSUP02702-CS-TOT-NPA-ARRS-DUE</p>
ASUXCUB1 Compute PRWORA Arrearage Balances	<p>Add new pay codes A0, A9, N0, & N9.</p> <p>Add A9 and N9 into the logic which assigns #NON-CASH-CREDIT = TRUE.</p> <p>Add A9 into the logic which assigns #PA-ARRS-CREDIT = TRUE</p> <p>Add N9 into the logic which assigns #NPA-ARRS-CREDIT = TRUE</p>

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Module	Changes
	<p>Add A0 into the logic which assigns #PA-ARRS-DEBIT = TRUE</p> <p>Add N0 into the logic which assigns #NPA-ARRS-DEBIT= TRUE</p>
<p>ASPXCUB Distribution Judgment Balance Updates</p>	<p>Review and revise logic for distributing cash med arrears</p> <p>Consider increasing the occurrences of RECEIPT-DATA-GRP</p>
<p>ASUXHC1A OC34 Receipt Data</p>	<p>Include the Cash Med Pay Codes.</p>
<p>ASPXCLJ Month End</p>	<p>Revise not to accrue arrears for obligation code 40, 41, 42 cases.</p>
<p>ASPXCGA and ASPXCGA4 IRS Certification</p>	<p>Revise to exclude status code 40s cases except when CS-ASGN-CASH-MED-ARRS is greater than zero and then only certify the CS-ASGN-CASH-MED-ARRS amount.</p>
<p>ASPXCF and ASPXCNA5 STX Certification</p>	<p>Revise to exclude status code 40s cases except when CS-ASGN-CASH-MED-ARRS is greater than zero and then only certify the CS-ASGN-CASH-MED-ARRS amount.</p>
<p>ASUXGA License Suspension</p>	<p>Revise to exclude status code 40s cases except when CS-ASGN-CASH-MED-ARRS is greater than zero and then only use the CS-ASGN-CASH-MED-ARRS amount in the calculation of delinquency..</p>
<p>ASPXC1L Credit Bureau Reporting</p>	<p>Revise to exclude status code 40s cases except when CS-ASGN-CASH-MED-ARRS is greater than zero and then only use the CS-ASGN-CASH-MED-ARRS amount in the calculation of delinquency..</p>
<p>ASUXA18A</p>	<p>Remove the reset of the Reasonable Cost field and DAIL that is generated when the 504 is marked sent</p>
<p>ASPXA26 ASUXA26E ASPXA40 ASPXA40A ASPXA401 ASPXA41 ASPXVR2C ASUXFA31 ASUXPRIM ASUXNH ASUXNH1 ASUXWG</p>	<p>Generate a DAIL to the MSU to indicate that the Reasonable Cost has been removed and reset the reasonable cost field when the Primary Employer indicator is changed.</p> <p>Parse ASLX to find any other modules that update the primary employer flag, and add the DAIL there as well. If there are such modules, e.g. in Wage data or New Hire, then create a subprogram to generate the DAIL.</p>
<p>ASPXSC2 CODE Function Agency Screen</p>	<p>Add and revise edits to address international and tribal FIPS codes</p>

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Module	Changes
TED	
ASPKFIPS Convert FIPS TED	Program to update FIPS table with revised international FIPS codes and to update CS Case Contact and Pay To FIPS to use the new coding scheme. Note: CASE-LOG02090 records will need to be updated as well.
ASUXVR1 WEB PAGE VRU Update	Add new fields to the Web Page extract including active INSU policy #, Group #, coverage type policy-holder name and SSN.
WEB PAGE Information	Add new fields to the Web Page.
ASPXA26 EMPV Updates	No change
ASUXS1 Notice Download	When generating a 783, generate a future dated 783T for a month later. When downloading a 783T, generate a future dated DAIL for 15 days later. "NMSN response overdue, Please review."
Imaging Interface	Add new forms to those stored in the interface.
ASPXA40 EMPL Function	Add the capability on the employer maintenance screen to add more names that an employer does business under. On the EMPL PLAN screen, when the PLAN company code changes, the system will 783s for each of the employees under garnishment for that employer.
ASPXG10M	Generate a DAIL to the supervisor of the CSS when the last child turns 18 and the case has a current spousal greater than 0.
ASPRPT2 Daily Transfer	Add transfer of CASH MED on PA Cases to OVHA
ASPRPT4 Monthly Transfer	Add transfer of CASH MED on PA Cases to OVHA
ASPXHC7 ASUXHC7A TRSF batch processing	Add new batch for documenting the transfer of Cash Med to OVHA.
ASPXHC6 ASUXHC6A TRSF batch processing	Add new batch for documenting the transfer of Cash Med back from OVHA.
ASPSKNW NPAC Check Write	Add logic to detect when the \$ are being transferred back from OVHA and build the documentation.
tRelational Model CSUP02702 View	Update models with new fields to extract.

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Module	Changes
CASE-LOG020 View & INSU047 View	
Protection Log	Update extract with new fields to transfer to the staging tables.
Data Mining Model	Combine existing and new data into a Medical Support Data Mining Model
ASPKINIT Convert Case action code 19 and set Medical Support Assignment.	<p>There are some cases with a CP action code of 19 which will need to have the 137M fields set to Y. (Some will already be a Y but some will not.)</p> <p>Some cases that are currently in case status of 40 will require changes to case status 20 M along with the appropriate case-log entries. This change must be implemented at the same time as the changes to ASPXBG and ASPXBH.</p> <p>The current surcharge, civil, and other judgment fields must be reported for OCS to identify whether the amounts should be PA or NPA.</p> <p>The current Other on the ORDR Med must be reported for OCS to identify whether the value should be in NCP other or CP other.</p>

Database Changes

Database Changes Table

File	Field and Format
CSUP02702 Child Support Case View	Add CS-MED-SUPPORT-ASSIGN (A1) (M or blank) CS-REASONABLE-COST-FREQ (A1) 1-4 CS-JUDGE-PA-CASH-MED-AMT (p5.2) CS-JUDGE-PA-CASH-MED-DT(P9) CS-JUDGE-PA-MED-EXP-AMT CS-JUDGE-PA-MED-EXP-DT(P9) CS-JUDGE-PA-SPOUSAL-AMT CS-JUDGE-PA-SPOUSAL-DT(P9) CS-JUDGE-PA-SERVICE-FEES-AMT CS-JUDGE-PA-SERVICE-FEES-DT(P9) CS-JUDGE-PA-ATTORNEY-FEES-AMT CS-JUDGE-PA-ATTORNEY-FEES-DT(P9) CS-JUDGE-PA-OTHER-AMT CS-JUDGE-PA-OTHER-DT(P9) CS-JUDGE-NPA-AMT (rename CS-JUDGE-OTHR-AMT) CS-JUDGE-NPA-DT (rename CS-JUDGE-OTHR-DT) (P9) CS-JUDGE-NPA-CASH-MED-AMT CS-JUDGE-NPA-CASH-MED-DT(P9) CS-JUDGE-NPA-MED-EXP-AMT CS-JUDGE-NPA-MED-EXP-DT(P9) CS-JUDGE-NPA-SPOUSAL-AMT CS-JUDGE-NPA-SPOUSAL-DT(P9) CS-JUDGE-NPA-SERVICE-FEES-AMT CS-JUDGE-NPA-SERVICE-FEES-DT(P9) CS-JUDGE-NPA-ATTORNEY-FEES-AMT CS-JUDGE-NPA-ATTORNEY-FEES-DT(P9) CS-JUDGE-NPA-OTHER-AMT CS-JUDGE-NPA-OTHER-DT(P9) CS-JUDGE-OTHER-PARTY-NAME CS-JUDGE-OTHER-PARTY-AMT CS-JUDGE-OTHER-PARTY-DT(P9) CS-CASH-MED-EFF-DT(P9) CS-CASH-MED-LEGEL-DT(P9) CS-CASH-MED-SIGN-DT(P9) CS-SPOUSAL-EFF-DT(P9) CS-SPOUSAL-LEGEL-DT(P9) CS-SPOUSAL-SIGN-DT(P9)

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File	Field and Format
<p>CASE-LOG02050 OBLG View</p>	<p>Add LOG-JUDGE-PA-CASH-MED-AMT LOG-JUDGE-PA-CASH-MED-DT(P9) LOG-JUDGE-PA-MED-EXP-AMT LOG-JUDGE-PA-MED-EXP-DT(P9) LOG-JUDGE-PA-SPOUSAL-AMT LOG-JUDGE-PA-SPOUSAL-DT(P9) LOG-JUDGE-PA-SERVICE-FEES-AMT LOG-JUDGE-PA-SERVICE-FEES-DT(P9) LOG-JUDGE-PA-ATTORNEY-FEES-AMT LOG-JUDGE-PA-ATTORNEY-FEES-DT(P9) LOG-JUDGE-PA-OTHER-AMT LOG-JUDGE-PA-OTHER-DT(P9)</p> <p>LOG-JUDGE-NPA-AMT (rename LOG-JUDGE-OTHR-AMT) LOG-JUDGE-NPA-DT (rename LOG-JUDGE-OTHR-DT) (P9) LOG-JUDGE-NPA-CASH-MED-AMT LOG-JUDGE-NPA-CASH-MED-DT(P9) LOG-JUDGE-NPA-MED-EXP-AMT LOG-JUDGE-NPA-MED-EXP-DT(P9) LOG-JUDGE-NPA-SPOUSAL-AMT LOG-JUDGE-NPA-SPOUSAL-DT(P9) LOG-JUDGE-NPA-SERVICE-FEES-AMT LOG-JUDGE-NPA-SERVICE-FEES-DT(P9) LOG-JUDGE-NPA-ATTORNEY-FEES-AMT LOG-JUDGE-NPA-ATTORNEY-FEES-DT(P9) LOG-JUDGE-NPA-OTHER-AMT LOG-JUDGE-NPA-OTHER-DT(P9)</p> <p>LOG-JUDGE-OTHER-PARTY-NAME LOG-JUDGE-OTHER-PARTY-AMT LOG-JUDGE-OTHER-PARTY-DT(P9)</p> <p>LOG-CASH-MED-EFF-DT(P9) LOG-CASH-MED-LEGEL-DT(P9) LOG-CASH-MED-SIGN-DT(P9)</p> <p>LOG-SPOUSAL-EFF-DT(P9) LOG-SPOUSAL-LEGEL-DT(P9) LOG-SPOUSAL-SIGN-DT(P9)</p> <p>LOG-REASONABLE-COST-FREQ (A1)</p>
<p>CASE-LOG02060 ACTN STAT View</p>	<p>Add LOG-MED-SUPP-ASSIGN (M/)</p>

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File	Field and Format
CASE-LOG02095 ACTN SCHE View	LOG-HEARING-TYPE(A1) values: P Parentage, E – Establishment, M – Modification, F –Enforcement and C - Contempt LOG-HI-AVAILABLE, values N – NCP, C – CP, B – Both and U - Unavailable LOG-HI-CASH-MED-NOT-ORDERED-TXT (A100) LOG-HI-CP-DISPOSITION(A1) O=Ordered, N=Not ordered, A=not Available LOG-HI-CP-RSN(A1) F=5%, N=No cost, A=accessibility, C=comprehensiveness, R=reasonable cost, S=self employed, D=disabled, U=unemployed LOG-HI-CP-RSN-TEXT(A50) LOG-HI-NCP-DISPOSITION(A1) LOG-HI-NCP-RSN(A1) LOG-HI-NCP-RSN-TEXT(A50)
INSU047 INSURANCE View	Add EMPL-ID(A7) INSU-SRC(A4)
RPT-GRP0314 IV-A Case Record	Add CS-137M-SENT-DT(P9) CS-137M-REC-DT(P9)
MONY02205 Receipt View	RCPT ASGN-CM-ARRS-PAID(P7.2) RCPT-UNASGN-CM-ARRS-PAID(P7.2)

Implementation Considerations

Data Conversion

It will be best if some of the financial changes can be installed at the end of a quarter, i.e. March 31 or June 30.

There are some cases with a CP action code of 19 which will need to have the 137M fields set to Y. (Some will already be a Y but some will not.)

Some cases that are now handled as 40's will require conversion to case status 20.

International cases will require a conversion to the new FIPS code structure.

Data Initialization

The current surcharge, civil, and other judgment fields must be reported for OCS to identify whether the amounts should be PA or NPA.

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The current Other on the ORDR Med must be reported for OCS to identify whether the value should be in NCP other or CP other. (The presumption is that it is the CP NPA Arrears Judgment.)

Issue Log:

Issues and Resolutions		
Idea/Issue	Status	Resolution