

Medical Support Guidelines

Directive #3-87
Issued by:

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Administrative Director

On June 23, 1987, the Supreme Court authorized procedures concerning the establishment and enforcement of orders for medical support. These mandatory procedures are effective immediately.

The approved guidelines follow:

- I. Obtaining Medical Support
 - A. All petition/complaint forms should provide a place in which the petitioner can request health insurance coverage from the absent parent. Such a statement can be added to current forms until reprinting is required. Suggested wording for such requests follows:
"Petitioner **G** does **G** does not seek health benefits coverage for **G** self **G** the children named herein."
Such a request should also be available for use when a case is returned to court for enforcement or modification.
 - B. In any case in which the obligee and/or children are receiving or have applied for public assistance and/or Medicaid coverage, health coverage must be requested in the petition or motion papers.
 - C. Title IV-D custodial parents who are not receiving public assistance (non-AFDC Title IV-D case) or Medicaid must be advised at the time the complaint is signed that medical enforcement services are available. Such clients, if payment of a fee is required, need pay the non-AFDC fee only once. This entitles the individual to pursue support and/or medical coverage. Such individuals shall be given the opportunity to apply for medical coverage enforcement services. For non-AFDC Title IV-D cases in which orders already exist, the obligee should be contacted prior to the case being returned to court for any reason to determine if health benefits coverage is desired. The attached form (Attachment III) can be used for this purpose.
 - D. Such health benefits coverage should be ordered by the court, or through other judicial process, when such coverage is available to the absent parent at reasonable cost. The federal regulation states (45 *CFR* 306.51(a)) that "...health insurance is considered reasonable in cost if it is employment related or other group health insurance."
- II. Securing Medical Support Information

Federal regulations (45 *CFR* 306.50) require that information regarding health benefits available to the obligee and/or children be obtained and, where appropriate, forwarded to the Medicaid office.

 - A. Public Assistance and/or Medicaid only cases.

1. If an order is entered that obligor provide health benefits coverage, information regarding such coverage should be obtained by the consent officer, staff assigned to conduct after court interviews, or other designated individuals. This information should be placed on the CSP-158 (Case Preparation Information Sheet)
2. At any time that a Family Division Intake or Probation worker is in contact with an obligor whose family is receiving public assistance or Medicaid only, the obligor should be asked if health benefits are currently available to the family. If so, said information should be placed on form CSP-158.
3. The yellow copy of the most recently completed CSP-158 shall be forwarded by the unit which completed the form (Intake or Probation) to the CSP Unit of the County Welfare Agency (CWA) which is granting public assistance/Medicaid to the obligor's family. The CSP Unit shall be responsible for providing medical coverage information to the division of Medical Assistance and Health Services. Other copies shall be distributed as follows: White (original) - retained by Intake or Probation. Green - Court file. PLEASE NOTE: If CSP-158 is filled out by Intake, a copy must be forwarded to Probation at the time the court order is forwarded.
4. Family Division Intake and Probation should each keep a log of all cases in which they forwarded a CSP-158 form which includes medical information to the CSP Unit. This log should include the names of the parties, the court case number, (e.g., docket number or Probation identifier), the welfare case number, and the date forwarded. This log should be available for review to ensure that the requirement to forward such information is being met.
5. When the court enters an order requiring health benefits coverage, Family Division Intake workers or Probation personnel must request the employer or other groups offering the coverage to notify Probation of any lapses in coverage.

B. Non-Public Assistance (Non-AFDC) Cases

1. If an order is entered that obligor provide health benefits coverage, information regarding such coverage should be obtained by the consent officer, staff assigned to conduct after court interviews or other designated individuals. This information should be placed on the CSP-158 (Case Preparation Information Sheet).

2. At any time that a Family Division Intake or Probation worker is in contact with an obligor in a case in which the obligee has requested Medical coverage/enforcement services, the obligor should be asked if health benefits are currently available to the family. If so, said information should be placed on form CSP-158.
3. The completed CSP-158 shall be distributed as follows: Original/White - Retained by CPD/Intake Unit. Green, Yellow and Blue - forwarded to Probation if form is initiated by Intake.
4. When the court enters an order requiring health benefits coverage, Family Division Intake workers or Probation personnel must request the employer or other groups offering the coverage to notify Probation of any lapses in coverage.

III. Enforcing Medical Support Obligations

Federal regulations (45 *CFR* 306.51) require that action be taken against obligors who do not obtain health benefits for the family as ordered by the court, or who allow coverage of such benefits to lapse.

A. Public Assistance Cases

1. In public assistance or Medicaid cases, notification of lack of coverage or lapse of coverage may come from the Division of Medical Assistance and Health Services, to the Bureau of Child Support and Paternity program (BCSPP), Division of Public Welfare or directly from the employer or insurer.
2. After notification by BCSPP, or other sources, the Probation Department shall ensure that the case be returned to court for enforcement of the medical support provisions of the order. (If other portions of the order need to be enforced, this should be done at the same time). The matter should be returned to the court via motion. The motion should be signed by a representative of the CWA, who shall be notified of the hearing.

B. Non-Public Assistance Cases

1. In non-AFDC cases, the obligee will generally be the one who contacts the Probation Department regarding lack of coverage.
2. In such matters, the case shall be returned to court for the enforcement of the medical provisions of the order. If the other portions of the order need to be enforced, this may be done at the same time. The matter should be returned to court via motion. The motion should be signed by the non-AFDC obligee.

EDITOR'S NOTE

No change has been made to the original text. The forms which were attached are available from the Family Division of the Administrative Office of the Courts.