



Medicaid Medical Support Requirements and Implementation Strategies

June 2023

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Background

Learning Objectives

To help states implement medical support requirements and ensure eligible individuals enroll and retain Medicaid coverage, the Center for Medicaid and CHIP Services (CMCS), in partnership with the HHS Administration of Children and Families Office of Child Support Services (OCSS), conducted a project to identify promising strategies. This presentation will:



- Review Medicaid and IV-D medical support requirements



- Share learning from state experiences and common challenges



- Provide strategies in three key areas to help states operationalize medical support processes and help ensure eligible applicants are enrolled and maintain coverage in Medicaid:
 - (1) Application process
 - (2) Good cause exemption policies and operations
 - (3) Medical support referrals to IV-D agencies

Project Approach



Reviewed federal statutes and regulations on medical support, as well as published literature



Interviewed Medicaid and child support agency (also called IV-D agency) staff in six states regarding their medical support policies and how they are implemented, to better understand states' challenges and identify strategies to address those challenges



Collected and reviewed Medicaid applications and policy documentation from the six interview states

Medical Support Overview: What is Medical Support and Why is it Important?

Medical support is a form of child support that provides either health care coverage or cash medical support.

- Federal law requires that every child support order include medical support. Medical support can be:
 - Private health insurance from an employer or the Health Insurance Marketplace,
 - Public health care coverage from Medicaid or the Children’s Health Insurance Program (CHIP), or
 - Payment towards health care costs.
- Medical support orders can assure that children have continuous, stable access to health care by requiring parents to obtain health care coverage or provide for their children’s health care needs.
- Medicaid Medical support assignment and cooperation requirements can provide savings to Medicaid programs through the identification of third-party resources.

Medical support orders can ensure children have health care coverage and help address social determinants of health by providing families with additional resources and supports.

Medical Support Overview: What is Medical Support and Why is it Important?

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As a condition of eligibility:

- Certain non-pregnant applicants must attest to their willingness to cooperate with medical support requirements.
- Non-pregnant beneficiaries must cooperate with medical support requirements or establish good cause for not doing so.
 - Cooperation includes establishing the identity of a child’s non-custodial parent(s), obtaining medical support, and pursuing liable third parties (42 CFR 435.610, 433.145).
 - These requirements cannot delay enrollment in coverage for eligible individuals.

Pregnant individuals are exempt from the requirement to assist with establishing the identity of a child’s parents and obtaining medical support from a parent living outside the home (referred to as a “non-custodial” parent) (42 CFR 435.610(a)(2); 433.145(a)(2)).

A child’s eligibility may not be denied or terminated due to an applicant or beneficiary’s refusal to or failure to attest to a willingness to cooperate (42 CFR 433.148(b)(2)).

NOTE: Any individual who can legally make an assignment of rights for a child to the state for medical support or other third-party payments for medical care must cooperate (or in the case of applicants, agree to cooperate) in establishing the identity of a child’s non-custodial parent(s) and in obtaining medical support and payments from liable third parties; see exemptions described above for pregnant individuals and good cause on slide 8.

Good Cause Exemption Policy and Implementation Strategies

- Applicants and beneficiaries who establish good cause for not cooperating are exempt from medical support cooperation requirements (42 CFR 435.610(a)(2); 433.145(a)(2)).
- Good cause exemption from cooperation exists, at a minimum, if the agency finds that cooperation:
 - Is against the best interests of the child; or
 - Is against the best interests of the person to whom Medicaid is being furnished because it is expected that cooperation will result in reprisal against, or cause physical or emotional harm, to the child or other person.
(42 CFR 433.147(c))
- When the agency finds a good cause exemption, the individual is exempt from all cooperation requirements (listed at 42 CFR 433.147(a) & (b)), including:
 - Establishing the identity of the child's parent(s);
 - Obtaining medical support and payments for himself/herself or another person;
 - Identifying and providing information to assist the Medicaid agency in pursuing third parties who may be liable to pay for care and services provided by Medicaid; or
 - Taking action to support state efforts, including appearing at a state or local office, appearing as a witness in court or other proceeding, providing information or attesting to a lack of information, paying the agency any support or medical care funds received, or taking other steps.
- States can establish more generous good cause exemptions beyond the minimum federal standards.

Medicaid Application Process

Application Requirements

Application requirements are designed to reduce barriers to health coverage enrollment. A single, streamlined application allows individuals to apply for health coverage regardless of the program for which an individual is eligible. State Medicaid and CHIP agencies may use either the federal model application or they may develop an alternative application (which may evaluate eligibility for multiple benefit programs) for CMS approval (42 CFR 435.907).

Application MUST:

- ✓ Include a question that asks if the child has a parent who lives outside the home.
- ✓ Have dynamic functionality and target medical support questions to the appropriate people on the application (online applications).
- ✓ For a child with a parent living outside the home, provide an opportunity for the adult applying for coverage and completing the application to agree to cooperate with medical support requirements via:
 - A standalone question; or
 - An attestation in the Rights & Responsibilities section of the application.

Application MUST NOT:

- ✗ Delay or deny a child's eligibility due to an adult's failure to attest to a willingness to cooperate.
- ✗ Ask pregnant individuals to attest to a willingness to cooperate and provide information on noncustodial parent(s).
- ✗ Request detailed information about the non-custodial parent(s), such as name, social security number or date of birth, at the point of application.

Application Options and Strategies

States vary in how they have designed their applications to inform applicants of cooperation requirements and request agreement to cooperate. Application design can be used to ensure beneficiary protections, reducing fear and confusion about medical support requirements (e.g., for survivors of domestic violence).

- **Application Attestation Options:** States may collect the attestation of the individual’s willingness to cooperate through specific questions or include it in the “rights and responsibilities” section of the Medicaid application.
- **Only ask relevant applicants:** States must only ask for medical support attestation from individuals and in circumstances when it is relevant.
- **Good cause exemption options:** States may add an application question for relevant applicants to attest to potential harm due to cooperation and/or to request a good cause exemption.
 - Use instruction language to explain to applicants how to request a good cause exemption.

Communications Strategy

- Ensure that instructions, help text, and notices clearly communicate to applicants that children cannot be denied or terminated because of a refusal, by a parent or caregiver, to comply with medical support cooperation requirements.



State Spotlight: Application Language



Spotlight on New York's Paper Application

- Targets medical support questions only to parents where at least one parent lives outside the home;
- Clearly states that pregnant individuals are exempt from medical support requirements and not required to complete the medical support section of the application;
- Explains that a child's eligibility may not be denied due to an applicant or beneficiary's failure to cooperate with medical support requirements; and
- Gives applicants the opportunity to indicate a good cause reason not to cooperate.

SECTION H Parent or Spouse Not Living in the Household or Deceased

Families who are applying for their children and pregnant women are **NOT** required to fill out this section. All other people who are applying and are age 21 or over must be willing to provide information about a parent of an applying minor or a spouse living outside the home to be eligible for health insurance, unless there is good cause. Children may still be eligible even if a parent is not willing to provide this information. If you fear physical or emotional harm as a result of providing information about a parent or spouse not living in the home, you may be excused from providing this information. This is called **Good Cause**. You may be asked to show that you have a good reason for your fears.

1. Is the spouse or parent of anyone applying deceased? No Yes

If yes, name of applicant with deceased parent or spouse : _____ (If spouse or parent is deceased go to question 3.)

Indicates who completes medical support section

2. Does a parent of any applying child live outside the home? (If no, skip to question 3) No Yes

Offers "skip logic" instructions

If you fear physical or emotional harm if you provide information about a parent who does not live in the home, check this box

Allows applicants to indicate good cause

State Spotlight: Application Language (cont'd)



Spotlight on Maine's Paper Application

Maine's TANF/SNAP/Medicaid integrated paper application does not require people applying only for Medicaid to provide information about a non-custodial parent on the application, using "skip logic" instructions.

TANF

Applicants who are only applying for MaineCare and SNAP may skip this section.

Please provide information about the parent living outside of the home.

Name of Child(ren)	Name of Other Parent	Other Parent's SSN	Other Parent's Date of Birth

Uses "skip logic" instructions and clearly indicates that Medicaid applicants do not have to provide information about a non-custodial parent

Good Cause Exemption Policies and Operations

Good Cause Exemption Policy

Good cause exemption policies protect non-pregnant Medicaid applicants and beneficiaries who anticipate that cooperation will result in harm to the child or other person.

States Have Flexibility When Operationalizing Good Cause Policies

Key flexibilities include:

- **Definition** of good cause in state policy – good cause exemption must at a minimum meet federal standards but can be more generous to beneficiaries;
- **State processes for claiming good cause**, such as claiming good cause on the application or requesting a good cause exception after the application is submitted; and
- **Documentation and verification requirements**, which may range from self-attestation to requiring all individuals requesting a good cause exemption to submit documentation.

Good Cause Exemption Policy and Implementation Strategies

- **Define good cause policies.** Good cause exemptions must at a minimum meet federal standards, but can be more generous to applicants and beneficiaries. Examples of good cause exemptions under the regulatory standard include: domestic violence, if the mother conceived as a result of rape or incest, or if the child is in the foster care/adoption process; and could include additional circumstances where cooperation is against the best interest of the child or it is anticipated that cooperation will result in reprisal against, and cause physical or emotional harm to, the individual or other person.
- **Communicate good cause exemption policy:** Ensure beneficiaries have access to and understand the process to claim a good cause exemption. Use instructions, help text, notices, and other opportunities to provide applicants and beneficiaries clear information.
- **Collection of good cause:** Allow non-pregnant Medicaid applicants and beneficiaries the opportunity to claim good cause prior to the referral being made to the IV-D agency. Allow beneficiaries to claim good cause at any point, including after eligibility has been determined and at renewal.
- **Documentation:** Clearly document how applicants and beneficiaries can claim good cause exemptions and the processes for how the state verifies these exemptions.
- **Train workforce:** Train workers on good cause exemption policies to ensure they are aware of guidance and can help applicants and beneficiaries as needed.

- **Consider having trained specialized units or staff handle good cause exemptions, especially family violence specialists.** Having workers who have received special training in domestic violence and trauma can make this process more accessible and easier to navigate for staff and the beneficiaries they serve.
- **Evaluate whether documentation requirements might be a barrier to coverage for eligible individuals and consider allowing attestation instead:** Allow a good-cause exemption when the non-pregnant applicant or beneficiary provides an attestation that meets the state's good cause standards, especially if the reason for the exemption is related to physical or emotional violence.
 - It can be difficult or dangerous to obtain the documentation needed to verify good cause for noncooperation, especially for individuals experiencing domestic violence.
 - Strict documentation requirements can both discourage people from applying, raising barriers to enrollment and reducing access to coverage for eligible individuals, and increase workload for state Medicaid agencies and other eligibility determination agencies.



State Spotlight: Good Cause Exemption Policies and Verifications



Spotlight on Michigan

- Michigan's good cause exemption policy includes:
 - Exemptions when establishing paternity/securing support would harm the child (for example, if the child was conceived due to incest or rape)
 - Exemptions in cases of danger of physical or emotional harm to the child or adult
- Non-pregnant beneficiaries may claim good cause at any time by submitting a form after the application.
- A Michigan Department of Health and Human Services eligibility worker or an IV-D agency child support worker reviews the good cause claim.
 - Beneficiaries have 20 days after claiming good cause to provide evidence of good cause. If they have difficulty obtaining evidence, they can receive an extension of up to 25 calendar days.
 - Documentation of good cause due to domestic violence is required only when the worker deems the claim questionable.
 - If written evidence does not exist, the worker documents why it is not available and determines whether the claim is credible.

Notice and Fair Hearing Requirements

State Medicaid agencies must have policies in place to protect beneficiaries at risk of being terminated for noncooperation with medical support requirements.

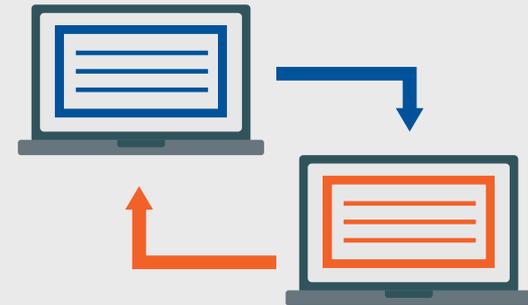
- The Medicaid agency must inform applicants and beneficiaries of their rights, the process, and the timeline for a fair hearing prior to any beneficiary being suspended or terminated (42 CFR 431.206(b); 431.210).
- Advance notice must be sent to the beneficiary at least 10 days prior to action (e.g., termination or suspension), unless meeting certain limited exceptions (42 CFR 431.211-431.214).
- States must allow beneficiaries a reasonable time that is not more than 90 days to request a fair hearing following the date the notice of adverse action is mailed (42 CFR 431.221).

Medical Support Referrals to IV-D Agencies

Medical Support Referrals to IV-D Agencies Requirements

Improving coordination between Medicaid and IV-D agencies ensures medical support policies are effectively and efficiently implemented in a way that protects beneficiaries.

- While federal regulations do not require Medicaid agencies to refer all potential Medicaid medical support cases to IV-D agencies (or require the IV-D agencies to accept such referrals), those agencies that make referrals are required to have data-sharing agreements.
 - The state plan must provide for entering into written cooperative agreements for enforcement of rights to and collection of third-party benefits with state IV-D agencies, other appropriate state agencies or courts (42 CFR 433.151).
 - With narrow exceptions, state Medicaid agencies may develop the specific terms of cooperative agreements with other agencies as it determines appropriate for individual circumstances (42 CFR 433.152).



Medical Support Referrals to IV-D Agencies Requirements (cont'd)

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- When a state IV-D agency receives a medical support referral, they must open a case and collect additional information on the non-custodial parent(s) as needed (45 CFR 303.2(b)).
 - IV-D agencies must open a case within 20 calendar days of receipt of referral of a case.
- IV-D agencies need specific information to identify the non-custodial parent(s), such as date of birth, Social Security number, last known home address, and/or employer information.
 - Because Medicaid agencies only collect information about applicants and individuals in the household, they may not have specific information about the non-custodial parent(s) to share with the IV-D agency.
 - IV-D agencies will need to collect these data or access it from other sources, such as systems for other public benefit programs in accordance with their data sharing and confidentiality requirements.



Approaches to Medicaid Medical Support Referrals

State Medicaid agency

State IV-D agency

1



All non-pregnant Medicaid beneficiaries who report a non-custodial parent of a child outside the home are referred to the IV-D agency



2



Medicaid beneficiaries who want medical support or child support services must indicate that they want to be referred to the IV-D agency (“self-refer”)



Note that some state IV-D agencies do not accept medical support referrals from the state Medicaid agency. The focus of this resource is on states that use one of the two approaches outlined here.

Approach 1: Medical Support Referral Strategies for Referring All Eligible Non-pregnant Medicaid Beneficiaries to the IV-D Agency 24

- **Approach 1:** All non-pregnant Medicaid beneficiaries¹ who report a non-custodial parent of a child outside the home are referred to the IV-D agency.
- **Agencies coordinate on referral criteria:** State Medicaid and IV-D agencies work together to define relevant referral criteria and processes.
 - Medicaid agencies would only refer those beneficiaries who meet the criteria (that is, non-pregnant beneficiaries who are also applying for health coverage for a child with a non-custodial parent outside the home) or beneficiaries who request a referral for child support or medical support services.
 - Pregnant individuals are exempt from the medical support cooperation requirements and should not be referred.
 - Non-pregnant beneficiaries should have the opportunity to claim good cause prior to the referral being made to the IV-D agency.
- **Use automation where possible:** Automate the Medicaid referral process through electronic data transfers, if possible, to reduce burden on the state Medicaid and IV-D agencies.
 - Create flags in Medicaid systems to track Medicaid beneficiaries who have been referred to the IV-D agency.
 - Agencies may benefit from additional bi-directional information sharing with updated demographic information, good cause, or paternity establishment.

¹ We use “beneficiaries” here and in the following slides regarding referral strategies under the assumption that referrals to IV-D agencies occur after a Medicaid eligibility determination.



Spotlight on Michigan

- Once Medicaid eligibility is determined, Michigan's integrated eligibility system (Bridges) automatically refers all non-pregnant Medicaid beneficiaries to the IV-D agency if the application includes a child with a parent outside the home.
- The IV-D agency system (MiCSES) automatically generates a letter to the custodial parent requesting they fill out an electronic questionnaire to provide information about the non-custodial parent.
- There is a two-way interface between the Medicaid and IV-D systems:
 - ↔ Bridges sends MiCSES information about the household, any parents not in the home, eligibility information, and supporting demographic information.
 - ↔ MiCSES sends Bridges demographic updates, cooperation statuses, good cause claims, and support collection information.
- To facilitate the medical support referral, the IV-D agency can confirm demographic information on the non-custodial parent if they have applied for any state assistance program through Bridges, subject to the applicable confidentiality requirements. For example, the IV-D agency can access information collected on a non-custodial parent that they previously submitted to the Food Assistance Program.

Approach 2: Medical Support Referral Strategies for Referring Interested Medicaid Beneficiaries to the IV-D Agency

- **Approach 2:** State Medicaid agencies and IV-D agencies can limit their cooperative agreements to sharing data for individuals who indicate that they want to be referred to the IV-D agency to receive medical support or child support services.
- **Streamlined forms:** Develop streamlined medical support forms that beneficiaries can submit to apply for medical support or child support services. This streamlined form would replace the standard IV-D application.
- **Reduced burden: A streamlined referral form would:**
 - Include all necessary, nonduplicative information required for the IV-D agency to identify the non-custodial parent(s);
 - Allow the beneficiary to select whether they need to establish paternity for the child and if they would like child support services in addition to medical support services;
 - Reduce the burden on the beneficiary of applying for additional services compared with the standard child support application process.



State Spotlight: Medical Support Referrals – Self-Referrals



Spotlight on South Carolina

- Medicaid applicants in South Carolina who report a parent outside the home are automatically sent a medical support referral form.
- Completion of the form is optional – meaning the individual can choose to complete the form, and “self-refer” to the IV-D agency.
- The 2-page medical support referral form allows individuals to request assistance in establishing paternity and medical support orders from the IV-D agency.
- Applicants submit the completed form directly to the Medicaid agency; a Medicaid worker completes the electronic referral to the IV-D agency.



Medical Support Referral (Optional)

You have the option to ask the Dept. of Social Services (DSS) Office of Child Support Enforcement (OCSE) to collect medical or other support from an absent or non-custodial parent. A non-custodial parent is a parent who does not have custody of the child as the result of a court order. The option to complete this form does not affect your Medicaid eligibility determination. If you apply for this service and the OCSE agrees to collect medical or other support from a non-custodial parent, your cooperation with the OCSE is mandatory. Additionally, your continued cooperation is mandatory if you are already involved with the OCSE from prior applications for SNAP (food stamps) or Temporary Assistance for Needy Families (TANF) benefits. If you think that cooperating to collect medical or other support will harm you or your children, you can request to opt out.

You have the option to complete this Medical Support Referral form, return it to us and we will send the information to DSS for you. **If you need to add additional children, please make a copy of this page before proceeding.**

Do you want to share the following information about your child’s non-custodial parent with DSS to help with Child Support enforcement? Yes No If Yes, please complete the section below.

South Carolina’s medical support referral form

Key Takeaways – Medical Support Implementation Strategies



Medical Support Implementation Strategies for Ensuring Beneficiary Protections

- ✓ Have a clear concise application question and instructional text so that applicants understand the requirements. States can use model single, streamlined application language or an approved alternative.
- ✓ Online applications must have dynamic functionality and target medical support questions to the appropriate people on the application.
- ✓ Add an application question for relevant non-pregnant applicants to attest to potential harm due to cooperation and/or to request a good cause exemption from cooperating with medical support requirements.
- ✓ Allow non-pregnant applicants and beneficiaries to attest to a good-cause exemption:
 - Without documentation, especially if the reason for the exemption is related to physical or emotional violence; and
 - Prior to the referral being made to the IV-D agency.

Key Takeaways – Medical Support Implementation Strategies (cont'd)

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Medical Support Implementation Strategies for Ensuring Beneficiary Protections

- Promote cooperation between state Medicaid and IV-D agencies to develop a process to obtain information on non-custodial parents and ensure efficient referrals for services.
- Leverage systems for childcare, housing, or economic assistance to identify missing information on non-custodial parents.
- Automate the Medicaid referral process through electronic data transfers to reduce burden on the state Medicaid and IV-D agencies and beneficiaries.

- Coordination of Benefits and Third-Party Liability (COB/TPL) In Medicaid (CMS) (2020)
 - <https://www.medicaid.gov/medicaid/eligibility/downloads/cob-tpl-handbook.pdf>
- Requirements and Strategies for Updating Your State's Online Application (CMS) (2021)
 - <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/single-streamlined-application.pdf>
- Medicaid Referrals to the IV-D Agency (ACF/OCSS) (2014)
 - <https://www.acf.hhs.gov/css/policy-guidance/medicaid-referrals-iv-d-agency>
- Centers for Medicare & Medicaid Services Medical Support Regulations
 - [42 CFR Part 433, Subpart D – Third Party Liability](#)
- Office of Child Support Services, Administration for Children and Families State IV-D Agency Regulations
 - [45 CFR Part 303 – Standards for Program Operations](#)