

D.13 Guide to Managing State Cases (MSC) Transactions

This document presents changes to CSENet case closure transactions resulting from the Flexibility, Efficiency, and Modernization in Child Support Enforcement Programs final rule. The summary of updated transactions appears in section D.13.1.

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MSC P GIHER – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF AN UPCOMING HEARING	
Description/Business Usage	
<p>Sent by Responding State: Used to electronically send a status update on an existing case. This transaction indicates you scheduled a contempt, enforcement, or modification hearing. For paternity or support establishment hearings, use the appropriate PAT P PICHS or EST P SICHS transactions.</p> <p>Used on: Established interstate cases</p> <p>Corresponds to: Transmittal #2: 3. [] Notice of Hearing</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(d)(7) – Upon receipt of a request for services from an initiating agency, the responding state IV-D agency must provide timely notice to the initiating agency in advance of any hearing before a tribunal that may result in establishment or adjustment of an order.</p> <p>Automated Triggers: Determine how the child support system records a hearing date for interstate cases.</p> <p>Action by Receiving State: Determine the action needed to record receipt of the hearing date and any other actions, for example, inform the custodial party (CP). Process according to state procedures.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GIHER
*ACTION-RESOLUTION-DATE	The date the event will occur

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GIHER – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF AN UPCOMING HEARING	
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GIHER – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF AN UPCOMING HEARING	
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*PARTICIPANT-STATUS	=O (alpha)
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*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSADD – MANAGING STATE CASES, PROVISION/RESPONSE, ADD DEPENDENT PARTICIPANT	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state you added a dependent to the interstate case.</p> <p>Used on: Established interstate cases</p> <p>Automated Triggers: Determine how the child support system records you added a dependent to an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as adding the dependent to the case, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSADD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSADD – MANAGING STATE CASES, PROVISION/RESPONSE, ADD DEPENDENT PARTICIPANT	
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC02– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(1)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically notify the responding state that according to Title 45 CFR 303.11(b)(1) – There is no longer a current support order and arrearages are under \$500 or unenforceable under state law.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC02
ATTACHMENTS-IND	=N
*ACTION-RESOLUTION-DATE	The date case was closed
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC02– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(1)	
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC03– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(4)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(4) – The noncustodial parent or putative father is deceased and no further action, including a levy against the estate, can be taken.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC03
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC03– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(4)	
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC05– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(i)

Description/Business Usage

Sent by Initiating State:

Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(7)(i) – The noncustodial parent’s location is unknown, and the state has made diligent efforts using multiple sources, in accordance with section 303.3, all of which have been unsuccessful, to locate the noncustodial parent over a 2-year period when there is sufficient information to initiate an automated locate effort.

Note: The reference to 2-year period includes any time longer than that period as some states have opted to retain the longer time frame.

Used on:

Established interstate cases

Relevant CFR Requirements:

Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.

Automated Triggers:

Determine how the child support system records the reason for an interstate case closure.

Action by Receiving State:

Process according to federal guidelines. Pursue activities to close the case.

Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC05

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC05– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(i)	
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC05– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(i)	
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

MSC P GSC5B – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(ii)	
Description/Business Usage	

Sent by Initiating State:

Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(7)(ii) – The noncustodial parent's location is unknown, and the state has made diligent efforts using multiple sources, in accordance with section 303.3, all of which have been unsuccessful, to locate the noncustodial parent over a 6-month period when there is not sufficient information to initiate an automated locate effort.

Note: The reference to a 6-month period includes any time longer than that period as some states opted to retain the longer time frame.

Used on:

Established interstate cases

Relevant CFR Requirements:

Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.

Automated Triggers:

Determine how the child support system records the reason for an interstate case closure.

Action by Receiving State:

Process according to federal guidelines. Pursue activities to close the case.

Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC5B – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(ii)	
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC5B
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC5B – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(7)(ii)	
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC06– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(5)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(5) – The noncustodial parent is living with the minor child (as the primary caregiver or in an intact two parent household), and the IV-D agency has determined that services are not appropriate or are no longer appropriate</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC06
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC06– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(5)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC07– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(10)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(10) – The noncustodial parent is a citizen of, and lives in, a foreign country, does not work for the federal government or a company with headquarters or offices in the United States, and has no reachable domestic income or assets; and there is no federal or state treaty or reciprocity with the country.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC07
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC07– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(10)	
CASE-DATA-IND	=1 (numeric)
NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC08– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(11)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(11) – The IV-D agency has provided location-only services as requested under Title 45 CFR 302.35(c)(3).</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC08
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC08– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(11)	
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC09– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(12)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(12) – The non IV-A recipient of services requests closure of a case, and there is no assignment to the state of medical support under Title 42 CFR 433.146, or of arrearages which accrued under a support order.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC09
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC09– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(12)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC10– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(14)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(14) – There has been a finding by the IV-D agency, or at the option of the state, by the responsible state agency, of good cause or other exceptions to cooperation with the IV-D agency and the state or local assistance program, such as IV-A, IV-E, Supplemental Nutrition Assistance Program (SNAP), and Medicaid, has determined that support enforcement may not proceed without risk of harm to the child or caretaker relative.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC10
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC10– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(14)	
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC11– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(15)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(15) – In a non IV-A case receiving services under section 302.33(a)(1)(i) or (iii) of this chapter, or under 302.33(a)(1)(ii) when cooperation with the IV-D agency is not required of the recipient of services, the IV-D agency is unable to contact the recipient of services despite a good faith effort to contact the recipient through at least two different methods.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC11
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC11– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(15)	
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC12– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(16)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(16) – In a non-IV-A case receiving services under section 302.33(a)(1)(i) or (iii) of this chapter, or under 302.33(a)(1)(ii) when cooperation with the IV-D agency is not required of the recipient of services, the IV-D agency documents the circumstances of the recipient’s noncooperation and an action by the recipient of services is essential for the next step in providing IV-D services.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC12
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC12– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(16)	
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4A – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(i)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(6)(i) – Paternity cannot be established because the child is at least 18 years old and action to establish paternity is barred by a statute of limitations that meets the requirements of section 302.70(a)(5) of this chapter.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC4A
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4A – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(i)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4B – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(ii)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(6)(ii) – Paternity cannot be established because a genetic test or a court or administrative process has excluded the alleged father and no other alleged father can be identified.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC4B
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4B – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(ii)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4C – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(iii)	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state the case closed according to Title 45 CFR 303.11(b)(6)(iii) – Paternity cannot be established because in accordance with section 303.5(b), the IV-D agency has determined that it would not be in the best interests of the child to establish paternity in a case involving incest or rape, or in any case where legal proceedings for adoption are pending.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Pursue activities to close the case.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC4C
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC4C – MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(6)(iii)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC13– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(17)	
Description/Business Usage	
<p>Sent by Responding State: Used after a notice of intent to close (MSC P GSC14) is electronically sent to inform the initiating state the case closed according to Title 45 CFR 303.11(b)(17) – The responding agency documents failure by the initiating agency to take an action that is essential for the next step in providing services.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(11) – The initiating state IV-D agency must notify the responding agency within 10 working days of case closure that the initiating state IV-D agency has closed its case pursuant to section 303.11 of this part, and the basis for case closure.</p> <p>Automated Triggers: Determine how the child support system records the reason for closure of an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC13
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC13– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(17)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC14– MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF INTENT TO CLOSE CASE 45 CFR 303.11(d)	
Description/Business Usage	
<p>Sent by Responding State: Used to electronically inform the initiating state of the intent to close a case that meets the criteria for closure under Title 45 CFR 303.11(b)(17) – The responding agency documents failure by the initiating agency to take an action that is essential for the next step in providing services.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.11(d) – In cases meeting the criteria in paragraphs (b)(1) through (10) and (15) through (17) of this section, the state must notify the recipient of services, or in an intergovernmental case meeting the criteria for closure under (b)(17), the responding state must notify the initiating agency, in a record 60 calendar days prior to closure of the case of the state's intent to close the case. The case must be kept open if the recipient of services or the initiating agency supplies information in response to the notice that could lead to the establishment of paternity or a support order or enforcement of an order, or, in the instance of paragraph (b)(15) of this section, if contact is reestablished with the recipient of services. If the case is closed, the former recipient of services may request at a later date that the case be reopened if there is a change in circumstances that could lead to the establishment of paternity or a support order or enforcement of an order by completing a new application for IV-D services and paying any applicable application fee.</p> <p>Automated Triggers: Determine how the child support system records when an interstate case meets the criteria for closure under Title 45 CFR 303.11(b)(17), and the initiating state should receive a notice.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine action to take for the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC14– MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF INTENT TO CLOSE CASE 45 CFR 303.11(d)	
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC14
ACTION-RESOLUTION-DATE	Date state intends to close the case
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC14– MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF INTENT TO CLOSE CASE 45 CFR 303.11(d)	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC15– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(19)	
Description/Business Usage	
<p>Sent by Initiating State: Used to inform the responding state that the initiating state is keeping its case open, but no longer needs the responding state’s intergovernmental services. The responding state may close the case upon receipt of this transaction.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.11(b)(19) – The initiating agency has notified the responding state that its intergovernmental services are no longer needed.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC15
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC15– MANAGING STATE CASES, PROVISION/RESPONSE, CASE CLOSURE REASON 45 CFR 303.11(b)(19)	
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC16 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(d)(10)	
Description/Business Usage	
<p>Sent by Responding State: Used to inform the initiating agency when a case closes, pursuant to sections 303.11(b)(17) through (19) and section 303.7(d)(9).</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(d)(9) – The responding state IV-D agency must inform the initiating agency within 10 working days of receipt of instructions for case closure from an initiating state agency under paragraph (c)(12) of this section, stop the responding state’s income withholding order or notice and close the intergovernmental IV-D case, unless the two states reach an alternative agreement on how to proceed. Title 45 CFR 303.11(b)(17) through (19) – The IV-D agency may elect to close a case if the case meets at least one of the following criteria and supporting documentation for the case closure decision is maintained in the case record: (b)(17) – The responding agency documents failure by the initiating agency to take an action that is essential for the next step in providing services; (b)(18) – The initiating agency has notified the responding state that the initiating state has closed its case under CFR 303.7(c)(11); (b)(19) – The initiating agency has notified the responding state that its intergovernmental services are no longer needed.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC16 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(d)(10)	
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC16
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC16 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(d)(10)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC17 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(c)(12)	
Description/Business Usage	
<p>Sent by Initiating State: Used to inform the responding state that it must stop any income withholding orders or notices to an employer and close the interstate case, unless the two states reach an alternative agreement on how to proceed.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(12) – The initiating state IV-D agency must instruct the responding agency to close its interstate case and to stop any withholding order or notice the responding agency has sent to an employer before the initiating state transmits a withholding order or notice, with respect to the same case, to the same or another employer unless the two states reach an alternative agreement on how to proceed.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC17
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC17 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(c)(12)	
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	Provide the NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC18 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(d)(9)	
Description/Business Usage	
<p>Sent by Responding State: Used to inform the initiating state when a case closes pursuant to Title 45 CFR 303.7(c)(12), since an alternative agreement was not reached. The responding state closed its corresponding case upon direction from the initiating state. CFR 303.7(d)(9)</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(d)(9) – Upon receipt of a request for services from an initiating agency, the responding state IV-D agency must within 10 working days of receipt of instructions for case closure from an initiating state agency under paragraph (c)(12) of this section, stop the responding state's income withholding order or notice and close the intergovernmental IV-D case, unless the two states reach an alternative agreement on how to proceed.</p> <p>Automated Triggers: Determine how the child support system records the reason for an interstate case closure.</p> <p>Action by Receiving State: Process according to federal guidelines. Determine the next step.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSC18
*ACTION-RESOLUTION-DATE	Date case was closed
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSC18 – MANAGING STATE CASES, PROVISION/RESPONSE, SERVICES IN INTERGOVERNMENTAL IV-D CASES 45 CFR 303.7(d)(9)	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=C
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSCAS – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL CASE ID	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state of a new, changed, or corrected case ID.</p> <p>Used on: Established interstate cases</p> <p>Automated Triggers: Determine how the child support system records you need to send a new, changed, or corrected case ID to another state or that another state is using the incorrect case ID.</p> <p>Action by Receiving State: Process according to federal guidelines and state procedures. Update case information including the new case ID.</p> <p>Recommended Use of Data: Enter the old or inaccurate case ID in the Header and the new, changed, or corrected case ID in the Information data block. In addition, states agreed that if an incoming transaction matches and processes with data other than the case ID, the state will return the MSC P GSCAS with the correct case ID instead of the REJCT transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSCAS
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSCAS – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL CASE ID	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=1 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSCAS – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL CASE ID	
INFORMATION DATA BLOCK	
STATUS-CODE	=O (alpha)
NEW-CASE-ID	New case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSDEL – MANAGING STATE CASES, PROVISION/RESPONSE, DELETE DEPENDENT PARTICIPANT	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state it should delete a dependent from the interstate case.</p> <p>Used on: Established interstate cases</p> <p>Automated Triggers: Determine how the child support system records that you deleted a dependent from an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines and state procedures. Update case information, such as deleting the dependent, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSDEL
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSDEL – MANAGING STATE CASES, PROVISION/RESPONSE, DELETE DEPENDENT PARTICIPANT	
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=C

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFIP – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL FIPS CODE	
Description/Business Usage	
<p>Sent by Responding State: Used to electronically inform the initiating state that the FIPS code and jurisdiction in your state changed.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(d)(4) – Upon receipt of a request for services from an initiating agency, the responding state IV-D agency must within 10 working days of locating the noncustodial parent in a different political subdivision within the state, forward/transmit the forms and documentation to the appropriate political subdivision and notify the initiating agency and the responding state’s own central registry of its action.</p> <p>Automated Triggers: Determine how the child support system records that the FIPS code and jurisdiction changed in an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as the new FIPS code, and note receipt of the transaction.</p> <p>Recommended Use of Data: Supply the new jurisdiction in the Local FIPS State and County fields in the Header and new contact information in the Case data block.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFIP – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL FIPS CODE	
ACTION-REASON	GSFIP
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFIP – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE LOCAL FIPS CODE	
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFWD – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF CASE FORWARDING

Description/Business Usage

Sent by Responding State:

Used to electronically inform the initiating state that you forwarded a case to another jurisdiction. This can occur if you found the NCP in another jurisdiction, or you sent the request to the jurisdiction in error.

Used on:

Established interstate cases

Corresponds to:

Transmittal #2:

4. [] Notice of Case Forwarding

Relevant CFR Requirements:

Title 45 CFR 303.7(d)(3) – Upon receipt of a request for services from an initiating agency, the responding state IV-D agency must within 10 working days of locating the noncustodial parent in a different state, return the forms and documentation, including the new location, to the initiating agency, or, if directed by the initiating agency, forward/transmit the forms and documentation to the central registry in the state where the noncustodial parent has been located and notify the responding state’s own central registry where the case was sent.

Automated Triggers:

Determine how the child support system records receiving an initial interstate request you forwarded to another state.

Action by Receiving State:

Process according to federal guidelines. Update case information and note receipt of the transaction.

Recommended Use of Data:

Provide information about where you forwarded the case and enter an explanation in the Information data block.

Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFWD – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF CASE FORWARDING	
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSFWD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
*ORDER-DATA-IND	=1 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	Fill as appropriate
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFWD – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF CASE FORWARDING	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address is present
*RESIDENTIAL-ADDRESS-CONFIRMED- IND	=Y
*EMPLOYER-NAME	Employer name
*EMPLOYER-ADDRESS-LINE1	Employer address
*EMPLOYER-CITY	Employer city
*EMPLOYER-STATE	Employer State
*EMPLOYER-ZIP-1	Employer ZIP code
*EMPLOYER-EFFECTIVE-DATE	Required if employer present
*EMPLOYER-CONFIRMED-IND	=Y
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSFWD – MANAGING STATE CASES, PROVISION/RESPONSE, NOTICE OF CASE FORWARDING	
*MEDICAL-ORDERED	Y or N
*INFORMATION DATA BLOCK	
STATUS-CODE	=O (alpha)
INFORMATION-TEXT-LINE-1	=Fill as indicated under business usage

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMAD – MANAGING STATE CASES, PROVISION/RESPONSE, MEDICAL INSURANCE ADDITION	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you added a dependent to the NCP’s medical insurance policy.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records when you add medical insurance for a dependent.</p> <p>Action by Receiving State: Process according to state procedures. Update case information, such as health insurance carrier, and note receipt of the transaction.</p> <p>Recommended Use of Data: Provide only the dependents added to the policy.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSMAD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMAD – MANAGING STATE CASES, PROVISION/RESPONSE, MEDICAL INSURANCE ADDITION	
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*INSURANCE-CARRIER-NAME	NCP insurance carrier's name
*NCP-INSURANCE-POLICY-NUM	NCP health insurance policy number
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMAD – MANAGING STATE CASES, PROVISION/RESPONSE, MEDICAL INSURANCE ADDITION	
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMDE – MANAGING STATE CASES, PROVISION/ RESPONSE, MEDICAL INSURANCE DELETION	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you deleted a dependent from the NCP's medical insurance policy.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records child support when you delete a dependent from medical insurance.</p> <p>Action by Receiving State: Process according to state procedures. Update case information, such as insurance indicators, and note receipt of the transaction.</p> <p>Recommended Use of Data: Provide only the dependents deleted from the policy.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSMDE
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMDE – MANAGING STATE CASES, PROVISION/ RESPONSE, MEDICAL INSURANCE DELETION	
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*INSURANCE-CARRIER-NAME	NCP insurance carrier's name
*INSURANCE-POLICY-NUM	NCP health insurance policy number
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSMDE – MANAGING STATE CASES, PROVISION/ RESPONSE, MEDICAL INSURANCE DELETION	
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPAD – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF PAYMENT MAILING ADDRESS/REDIRECT PAYMENT	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state of a change in the payment mailing address and to redirect payments because the CP moved into the initiating state and you opened or reopened a IV-D case.</p> <p>Used on: Established interstate cases</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as payment mailing address, and note receipt of the transaction.</p> <p>Recommended Use of Data: The transaction must be case specific; you should not use it for changes to the SDU payment address.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSPAD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPAD – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF PAYMENT MAILING ADDRESS/REDIRECT PAYMENT	
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*PAYMENT-MAIL-ADDRESS-LINE1	New payment mailing address
*PAYMENT-CITY	Payment city
*PAYMENT-STATE	Payment state
*PAYMENT-ZIP	Payment ZIP code
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPAY – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF PAYEE	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state of a change in the CP or payee due to a change in custody of the dependent.</p> <p>Used on: Established interstate cases</p> <p>Automated Triggers: Determine how the child support system records when the custody of a dependent changes and that you must send a notice to the responding state to change the payee.</p> <p>Action by Receiving State: Process according to state procedures. Update case information, such as noting receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSPAY
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPAY – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF PAYEE	
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*PAYMENT-MAIL-ADDRESS-LINE1	New payment mailing address
*PAYMENT-CITY	Payment city
*PAYMENT-STATE	Payment state
*PAYMENT-ZIP	Payment ZIP code
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE OF BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPUD – MANAGING STATE CASES, PROVISION/RESPONSE, PROVIDING STATUS UPDATE	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically send a status update on an existing case or respond to a status request (MSC R GRUPD). Use this transaction when another Action-Reason code is not appropriate and you need to use free-form text to convey information. Do not use this transaction to send notices when another transaction addresses the specific business. When using this transaction to respond to a status request, you should use caution in automating this transaction to ensure a complete response to the request.</p> <p>Used on: Established interstate cases</p> <p>Corresponds to: Transmittal #2 2. [] Status Update</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records that you sent new case information to another state in an interstate case (and there is not a more appropriate transaction).</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as noting receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPUD – MANAGING STATE CASES, PROVISION/RESPONSE, PROVIDING STATUS UPDATE	
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSPUD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	=1 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSPUD – MANAGING STATE CASES, PROVISION/RESPONSE, PROVIDING STATUS UPDATE	
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE 1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSTAI – MANAGING STATE CASES, RESPONSE/PROVISION, PROVIDE INTEREST INFORMATION	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to supply the other state with arrears and interest owed on overdue support information on an interstate case. For the MSC P GSTAI transaction the Total-Arrears-Owed-Amount is an aggregate amount of child support, medical support, any fees, etc., and interest calculated on overdue support on an initiating state’s order. It is the total amount a state needs to collect on overdue support. States that do not charge interest may send arrearage balances to the other jurisdictions.</p> <p>Used on: Established cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(b)(7) – The initiating state IV-D agency must notify the responding agency at least annually, and upon request in an individual case, of interest charges, if any, owed on overdue support under an initiating state order being enforced in the responding jurisdiction.</p> <p>Automated Triggers: Identify whether the child support system needs to record this action.</p> <p>Action by Receiving State: Determine the action needed to record receipt of the interest charges and any other actions, for example, follow-up enforcement action by the caseworker. Process according to state procedures.</p> <p>Recommended Use of Data: You must fill the Information-Text-Line-1 field with data in the following order: 1) Total-Arrears-Balance-Amount, 2) Total-Interest-Balance-Amount, and 3) As-of-Date.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSTAI – MANAGING STATE CASES, RESPONSE/PROVISION, PROVIDE INTEREST INFORMATION	
ACTION-REASON	GSTAI
ATTACHMENTS-IND	=N
*CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
*ORDER-DATA-IND	Fill as appropriate
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=1 (numeric)
OVERDUE-IND	=0 (numeric)
*CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*PAYMENT-MAILING-ADDRESS-LINE-1	Your payment mailing address
*PAYMENT-CITY	Payment city
*PAYMENT-STATE	Payment state
*PAYMENT-ZIP-1	Payment ZIP code
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSTAI – MANAGING STATE CASES, RESPONSE/PROVISION, PROVIDE INTEREST INFORMATION	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*DATE-OF-BIRTH	Fill as appropriate
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N
INFORMATION DATA BLOCK	
STATUS-CHANGE-CODE	=O (alpha)
INFORMATION-TEXT-LINE 1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSTYP – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF CASE TYPE	
Description/Business Usage	
<p>Sent by Initiating State: Used to electronically inform the responding state of a change in case type due to a change in the assignment of rights.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(c)(5) – The initiating state IV-D agency must provide the responding agency sufficient, accurate information to act on the case by submitting with each case any necessary documentation and intergovernmental forms required by the responding agency.</p> <p>Automated Triggers: Determine how the child support system records when the case type changes in an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as case type, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSTYP
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSTYP – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF CASE TYPE	
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	New case type except Non-IV-D
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSWKR – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF CASEWORKER OR OFFICE	
Description/Business Usage	
<p>Sent by Initiating or Responding State: This transaction enables states to electronically inform another state of a change in caseworker or office.</p> <p>Used on: Established interstate cases</p> <p>Automated Triggers: Determine how the child support system records when there is a change in caseworker or office for an interstate case.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as the other state’s caseworker, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	GSWKR
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P GSWKR – MANAGING STATE CASES, PROVISION/RESPONSE, CHANGE OF CASEWORKER OR OFFICE	
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LICAD – MANAGING STATE CASES, PROVISION/RESPONSE, ADDRESS FOUND BUT NOT CONFIRMED	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you found an address for the NCP, but did not confirm it.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records when you find a new address for the NCP, but do not confirm it.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as noting receipt of the transaction, and pursue address confirmation.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	LICAD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LICAD – MANAGING STATE CASES, PROVISION/RESPONSE, ADDRESS FOUND BUT NOT CONFIRMED	
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address present
*RESIDENTIAL-ADDRESS-CONFIRMED-IND	=N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LICAD – MANAGING STATE CASES, PROVISION/RESPONSE, ADDRESS FOUND BUT NOT CONFIRMED	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSADR – MANAGING STATE CASES, PROVISION/RESPONSE, NCP ADDRESS LOCATED AND CONFIRMED	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you located and confirmed an address for the NCP.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) Notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records when you locate and confirm a new address for the NCP.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as address, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	LSADR
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSADR – MANAGING STATE CASES, PROVISION/RESPONSE, NCP ADDRESS LOCATED AND CONFIRMED	
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if address present
*RESIDENTIAL-ADDRESS-CONFIRMED-IND	=Y

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSADR – MANAGING STATE CASES, PROVISION/RESPONSE, NCP ADDRESS LOCATED AND CONFIRMED	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSEMP – MANAGING STATE CASES, PROVISION/RESPONSE, NCP EMPLOYER FOUND AND CONFIRMED	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you found and confirmed an employer for the NCP.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records when you find and confirm a new employer for the NCP.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as employer, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	LSEMP
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSEMP – MANAGING STATE CASES, PROVISION/RESPONSE, NCP EMPLOYER FOUND AND CONFIRMED	
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*EMPLOYER-NAME	Employer name
*EMPLOYER-ADDRESS-LINE1	Employer address
*EMPLOYER-CITY	Employer city
*EMPLOYER-STATE	Employer State
*EMPLOYER-ZIP-1	Employer ZIP code
*EMPLOYER-EFFECTIVE-DATE	Required if employer present
*EMPLOYER-CONFIRMED-IND	=Y

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSEMP – MANAGING STATE CASES, PROVISION/RESPONSE, NCP EMPLOYER FOUND AND CONFIRMED	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSOUT – MANAGING STATE CASES, PROVISION/RESPONSE, NCP OUT OF STATE ADDRESS LOCATED AND CONFIRMED	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you located and confirmed an out-of-state address (other than the IJ = Initiating Jurisdiction or RJ = Responding Jurisdiction) for the NCP.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7(a)(7) A IV-D agency must notify the other agency within 10 working days of receipt of new information on an intergovernmental case.</p> <p>Automated Triggers: Determine how the child support system records that you located and confirmed a new out-of-state address (other than the IJ or RJ) for the NCP.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as address, and note receipt of the transaction.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	LSOUT
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSOUT – MANAGING STATE CASES, PROVISION/RESPONSE, NCP OUT OF STATE ADDRESS LOCATED AND CONFIRMED	
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address present
*RESIDENTIAL-ADDRESS-CONFIRMED-IND	=Y

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LSOUT – MANAGING STATE CASES, PROVISION/RESPONSE, NCP OUT OF STATE ADDRESS LOCATED AND CONFIRMED	
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LUAPD – MANAGING STATE CASES, PROVISION/RESPONSE, NCP FOUND DECEASED	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state of the NCP’s death.</p> <p>Automated Triggers: Determine how the child support system records the NCP’s death.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as noting receipt of the transaction, and determine next step.</p> <p>Recommended Use of Data: Provide information about proof of death in the Information data block.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
OTHER-CASE-ID	Other case ID
ACTION-REASON	LUAPD
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P LUAPD – MANAGING STATE CASES, PROVISION/RESPONSE, NCP FOUND DECEASED	
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE 1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P REJCT – MANAGING STATE CASES, PROVISION/PRESPONSE, CASE ID INVALID	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically inform another state that you received an LO1, MSC, ENF, EST, PAT, or COL transaction, but could not process it because you could not locate the case ID the other state sent.</p> <p>Used on: Established interstate cases, LO1 responses, and limited or administrative service requests.</p> <p>Automated Triggers: Identify how the child support system decides whether the Local-Case-ID (your state’s case ID) received in a transaction from another state is not valid and no other data elements are used to match a transaction to a case.</p> <p>Action by Receiving State: Research and store the other state’s correct case ID. Resend the rejected transaction with the correct case ID.</p> <p>Recommended Use of Data: You must include your case ID and the correct case ID as received in the transaction being rejected. Do not use this REJCT transaction when the other state failed to supply your case ID; use it only when the case ID is invalid and you cannot process the transaction. In addition, states agreed that if you can match and process a transaction through data other than the case ID, use the MSC P GSCAS with the correct case ID instead of the REJCT transaction. You must fill the Information-Text-Line-1 field with data from the rejected transaction in the following order: 1) Transaction-Serial-Number, 2) Action-Code, 3) Functional-Type-Code, 4) Transaction-Date, and if applicable, 5) Action-Reason-Code.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	P
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Case ID received in the rejected transaction

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC P REJCT – MANAGING STATE CASES, PROVISION/PRESPONSE, CASE ID INVALID	
OTHER-CASE-ID	Other case ID received in the rejected transaction
ACTION-REASON	REJCT
ATTACHMENTS-IND	=N
CASE-DATA-IND	=0 (numeric)
NCP-IDENTIFICATION-IND	=0 (numeric)
NCP-LOCATE-IND	=0 (numeric)
PARTICIPANT-DATA-IND	=0 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=1 (numeric)
OVERDUE-IND	=0 (numeric)
INFORMATION DATA BLOCK	
INFORMATION-TEXT-LINE-1	=Fill as indicated under business usage

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRINT – MANAGING STATE CASES, REQUEST, REQUEST FOR INTEREST INFORMATION	
Description/Business Usage	
<p>Sent by Responding State: Used to electronically request from the initiating state, interest charges, if any, owed on overdue support on an individual case.</p> <p>Used on: Established interstate cases</p> <p>Relevant CFR Requirements: Title 45 CFR 303.7 (c)(7) – The initiating state IV-D agency must notify the responding agency at least annually, and upon request in an individual case, of interest charges, if any, owed on overdue support under an initiating state order being enforced in the responding jurisdiction.</p> <p>Automated Triggers: Identify whether the child support system records that this action is necessary.</p> <p>Action by Receiving State: Process according to state procedures and federal guidelines. Prior to automatically creating an alert informing workers that you received this transaction, determine whether the worker must take the required next step or whether the child support system can make decisions. The initiating state generates a MSC P GSTAI transaction with the amount of interest owed on the case and sends it to the responding state.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	R
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
*OTHER-CASE-ID	Other case ID
ACTION-REASON	GRINT
ATTACHMENTS-IND	=N
*CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRINT – MANAGING STATE CASES, REQUEST, REQUEST FOR INTEREST INFORMATION	
*NCP-IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	Fill as appropriate
*ORDER-DATA-IND	Fill as appropriate
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
*CASE DATA BLOCK	
*CASE-TYPE	Fill as appropriate
*CASE-STATUS	=O (alpha)
*PAYMENT-MAILING-ADDRESS-LINE-1	Your payment mailing address
*PAYMENT-CITY	Payment city
*PAYMENT-STATE	Payment state
*PAYMENT-ZIP-1	Payment ZIP code
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK (2)	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRINT – MANAGING STATE CASES, REQUEST, REQUEST FOR INTEREST INFORMATION	
*DATE-OF-BIRTH	Fill as appropriate
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date the obligation starts to accrue
*MEDICAL-ORDERED	Y or N

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPAY – MANAGING STATE CASES, REQUEST, REQUEST TO CHANGE PAYEE

Description/Business Usage

Sent by Responding State:

Used by the responding state to electronically send and receive a request for a change of CP or payee due to change in custody of the dependent.

Used on:

Established interstate cases

Corresponds to:

Transmittal #1:

5. [] Change IV-D Payee of Responding Tribunal Order

Transmittal #2

8. [] Change IV-D Payee of Responding Tribunal Order

Automated Triggers:

Identify whether the child support system records that this action is necessary. Determine whether you can use a specific data element, indicator, or case event as a trigger to automatically generate this transaction without a worker’s manual intervention.

Action by Receiving State:

Process according to state procedures and federal guidelines, and direct monies to the sending jurisdiction. Prior to automatically creating an alert informing workers that you received this transaction, determine whether the worker must take the required next step or whether the child support system can make decisions.

Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION-SERIAL-NUMBER	Fill as appropriate
ACTION-CODE	R
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
ACTION-REASON	GRPAY
ATTACHMENTS-IND	=N
CASE-DATA-IND	=1 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPAY – MANAGING STATE CASES, REQUEST, REQUEST TO CHANGE PAYEE	
*NCP-IDENTIFICATION-IND	=1 (numeric)
*NCP-LOCATE-IND	=1 (numeric)
PARTICIPANT-DATA-IND	Fill as appropriate
*ORDER-DATA-IND	=1 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	=1 (numeric)
OVERDUE-IND	=0 (numeric)
CASE DATA BLOCK	
CASE-TYPE	Fill as appropriate
CASE-STATUS	=O (alpha)
PAYMENT-MAILING-ADDRESS-LINE1	Your payment mailing address
*PAYMENT-CITY	Payment city
*PAYMENT-STATE	Payment state
*PAYMENT-ZIP-1	Payment ZIP code
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
NAME-LAST	NCP last name
NAME-FIRST	NCP first name
*SSN	NCP Social Security number
DATE-OF-BIRTH	NCP date of birth
*NCP LOCATE DATA BLOCK	
*RESIDENTIAL-ADDRESS-LINE1	NCP street address
*RESIDENTIAL-CITY	NCP city

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPAY – MANAGING STATE CASES, REQUEST, REQUEST TO CHANGE PAYEE	
*RESIDENTIAL-STATE	NCP state
*RESIDENTIAL-ZIP-1	NCP ZIP code
*RESIDENTIAL-ADDRESS-EFFECTIVE-DATE	Required if residential address present
*RESIDENTIAL-ADDRESS-CONFIRMED-IND.	Fill as appropriate
PARTICIPANT DATA BLOCK (2)	
NAME-LAST	Participant last name
NAME-FIRST	Participant first name
*DATE-OF-BIRTH	Fill as appropriate
RELATIONSHIP	Fill as appropriate
PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*ORDER DATA BLOCK	
*ORDER-FIPS-STATE	FIPS code of state that issued order
*ORDER-FIPS-COUNTY	FIPS code of county that issued order
*ORDER-ID	The order ID
*ORDER-FILING-DATE	Date order was filed in your state
*ORDER-TYPE	Fill as appropriate
*DEBT-TYPE	Fill as appropriate
*ORDER-FREQ	Fill as appropriate
*ORDER-FREQ-AMOUNT	Dollar amount per frequency
*ORDER-EFFECTIVE-DATE	Date obligation starts to accrue
*MEDICAL-ORDERED	Y or N
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE 1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPOC – MANAGING STATE CASES, REQUEST, COPIES OF DOCUMENTATION	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically request copies of documentation according to section 318 of UIFSA or on existing interstate cases. If received as a limited or administrative request, establishing an interstate case is not necessary.</p> <p>Used on: Administrative or limited service requests or existing interstate cases.</p> <p>Corresponds to: Transmittal #3. <input type="checkbox"/> Provide/Obtain Copies of Documentation <input type="checkbox"/> Certified Copies of Orders <input type="checkbox"/> Financial Statement <input type="checkbox"/> Payment Records <input type="checkbox"/> Other</p> <p>Automated Triggers: Determine how the child support system records that you need copies of documents from another state.</p> <p>Action by Receiving State: Process according to federal guidelines. AT-98-30, question #53, strongly encourages states to apply a 30-day timeframe to respond. Update case information, such as noting receipt of the transaction. Pursue activities to provide documentation requested.</p> <p>Recommended Use of Data: Provide information about the requested documents in the Information data block.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION SERIAL NUM	Fill as appropriate
ACTION-CODE	R
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPOC – MANAGING STATE CASES, REQUEST, COPIES OF DOCUMENTATION	
*OTHER-CASE-ID	Other case ID
ACTION-REASON	GRPOC
ATTACHMENTS –IND	=N
*CASE-DATA-IND	=1 (numeric)
*NCP- IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-DATA-IND	=0 (numeric)
*PARTICIPANT-DATA-IND	=1 (numeric)
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
*INFORMATION-IND	Fill as appropriate
OVERDUE-IND	=0 (numeric)
*CASE DATA BLOCK	
*CASE-TYPE	Fill as appropriate
*CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRPOC – MANAGING STATE CASES, REQUEST, COPIES OF DOCUMENTATION	
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate
*INFORMATION DATA BLOCK	
*STATUS-CHANGE-CODE	=O (alpha)
*INFORMATION-TEXT-LINE 1	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRUPD – MANAGING STATE CASES, REQUEST, REQUEST FOR STATUS UPDATE	
Description/Business Usage	
<p>Sent by Initiating or Responding State: Used to electronically request an update on the case status.</p> <p>Used on: Established interstate cases</p> <p>Corresponds to: Transmittal #2 1. [] Status Request</p> <p>Automated Triggers: Determine how the child support system records when you need a status update from another state.</p> <p>Action by Receiving State: Process according to federal guidelines. Update case information, such as noting receipt of the transaction. Determine whether the Information data block was provided and whether it contains a request for specific information.</p>	
Required Data Blocks and Elements (Data Block Record Layout)	Data Element Description
HEADER	
LOCAL-FIPS-STATE/COUNTY	Your state/county FIPS code
OTHER-FIPS-STATE/COUNTY	State/county FIPS code to which transaction is directed
CSENET-VERSION-NUMBER	003
TRANSACTION SERIAL NUM	Fill as appropriate
ACTION-CODE	R
FUNCTIONAL-TYPE-CODE	MSC
TXN-DATE	Date transaction was created
CASE-ID	Your case ID
*OTHER-CASE-ID	Other case ID
ACTION-REASON	GRUPD
ATTACHMENTS –IND	=N
*CASE-DATA-IND	=1 (numeric)
*NCP- IDENTIFICATION-IND	=1 (numeric)
NCP-LOCATE-DATA-IND	=0 (numeric)

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

MSC R GRUPD – MANAGING STATE CASES, REQUEST, REQUEST FOR STATUS UPDATE	
*PARTICIPANT-DATA-IND	Fill as appropriate
ORDER-DATA-IND	=0 (numeric)
COLLECTION-DATA-IND	=0 (numeric)
INFORMATION-IND	=0 (numeric)
OVERDUE-IND	=0 (numeric)
*CASE DATA BLOCK	
*CASE-TYPE	Fill as appropriate
*CASE-STATUS	=O (alpha)
*CONTACT-NAME-LAST	Your state contact last name
*CONTACT-NAME-FIRST	Your state contact first name
*CONTACT-ADDRESS-LINE-1	Contact address
*CONTACT-CITY	Contact city
*CONTACT-STATE	Contact state
*CONTACT-ZIP-1	Contact ZIP code
*CONTACT-PHONE-NUM	Contact phone number
*NCP IDENTIFICATION DATA BLOCK	
*NAME-LAST	NCP last name
*NAME-FIRST	NCP first name
*SSN	NCP Social Security number
*DATE-OF-BIRTH	NCP date of birth
*PARTICIPANT DATA BLOCK	
*NAME-LAST	Participant last name
*NAME-FIRST	Participant first name
*RELATIONSHIP	Fill as appropriate
*PARTICIPANT-STATUS	=O (alpha)
*DEPENDENT-RELATION-CP	Fill as appropriate

*Asterisks identify data recommended as essential to conduct business and automate transaction processing.

VALID TRANSACTIONS EXCLUDED FROM THE TFM AND CORE SET OF TRANSACTIONS		
Functional Type/Action/ Action Reason Code	Description/Business Usage	Recommendations for Alternative Transaction Usage
MSC P Blank	Reason Explained in Information Data Block	MSC P GSPUD
MSC P GSC4D	Case Closure Reason Title 45 CFR 303.11(b)(3)(iv); paternity cannot be established because: The identity of the biological father is unknown and cannot be identified after diligent efforts, including at least one interview by the child support agency with the recipient of services.	N/A
MSC P GSSTA	Change of Case Status	MSC P GSPUD
MSC P GSUPD	Unsolicited Information	MSC P GSPUD
MSC P LICEM	NCP Employer Found But Not Confirmed	Confirm employer and use MSC P LSEMP
MSC P LSOth	Other Information Found	MSC P GSPUD
MSC R GRBTR	Request to Schedule Genetic Testing	N/A
MSC R, U GRAFI	Request Completion of Interrogatories	N/A
MSC R, U GRAGT	Request Assistance with Genetic Testing	N/A
MSC R, U GRFIN	Request Financial Data/Proof of Respondent's Income	N/A
MSC R, U GRGAP	Request Assistance with Service of Process	N/A
MSC R, U GRTHD	Request Assistance with Teleconference for Hearing or Deposition	Resend the Request, MSC R GRTHD
MSC U GRPOC	Request Copies of Documentation	Resend the Request, MSC R GRPOC
MSC U GRUPD	Request Current Status	Resend the Request, MSC R GRUPD

D.13.1 SUMMARY OF CHANGES TO MSC TRANSACTIONS

Chart D.13.1 lists the CSENet case closure transactions updated as a result of the final rule. Most updates are changes in CFR citations exclusively; two transactions have additional text.

Click the hyperlink to go to the transaction description. Click Alt plus left arrow to return here.

CHART D.13-1: SUMMARY OF CHANGES	
Transaction Number	Title
MSC P GSC03	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(4)
MSC P GSC05	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(7)(i)
MSC P GSC5B	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(7)(ii)
MSC P GSC06	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(8)
MSC P GSC07	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(10)
MSC P GSC08	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(11)
MSC P GSC09	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(12)
MSC P GSC10	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(14)
MSC P GSC11	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(15) (additional text)
MSC P GSC12	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(16) (additional text)
MSC P GSC4A	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(6)(i)
MSC P GSC4B	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(6)(ii)
MSC P GSC4C	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(6)(iii)
MSC P GSC13	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(17)

CHART D.13-1: SUMMARY OF CHANGES	
Transaction Number	Title
MSC P GSC14	Managing State Cases, Provision/Response, Notice of Intent to Close Case 45 CFR 303.11(d)
MSC P GSC15	Managing State Cases, Provision/Response, Case Closure Reason 45 CFR 303.11(b)(19)
MSC P GSC16	Managing State Cases, Provision/Response, Services in Intergovernmental IV-D Cases 45 CFR 303.7(D)(10)
MSC P GSC17	Managing State Cases, Provision/Response, Services in Intergovernmental IV-D Cases 45 CFR 303.7(c)(12)
MSC P GSC18	Managing State Cases, Provision/Response, Services in Intergovernmental IV-D Cases 45 CFR 303.7(d)(9)