

# Child Support Report

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## SPOTLIGHT — TRIBAL MATTERS

### Early history of tribal child support

Judy Platero, Program Supervisor, *Navajo Nation Department of Child Support Enforcement*

Happy fall greetings from the Navajo Nation Department of Child Support Enforcement (DCSE), Window Rock, AZ. In recognition of Native American Heritage Month, we're telling our tribal child support story.

In the early 1990s, coordinating child support cases for members of the Navajo Nation was difficult since they were handled by three different states where the Navajo Nation resides: Arizona, New Mexico, and Utah. To improve the situation, the Navajo Nation began seeking services for child support. In 1993, the Navajo Nation Office of Women and Families and the state of New Mexico signed a Cooperative Agreement for child support enforcement services. The agreement and an appropriation from the New Mexico Legislature helped the Navajo Nation establish its own child support enforcement program that eventually became a department. *(continued on next page)*



Image courtesy of flickr user Ron Cogswell

Monument to the Navajo Code Talkers of World War II in the capital of the Navajo Nation, Window Rock AZ.

## Updates

Read the new [“Enhancing Safe Access to Child Support IV-D Program Inventory and Planning Resource”](#) on the OCSE website.

The OCSE Strategic Plan update will be published in the December edition of the *CSR*.



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Today, child support enforcement services continue to expand to support Navajo children and families. Here is a look back at the development and growth of the first tribal program.

## Key milestones

**1993** The Navajo Nation entered into a Joint Powers Agreement with New Mexico for child support services. The agreement established an administrative process for determining parentage and establishing, modifying, and enforcing child support obligations.

**1994** Thanks to funding from the New Mexico Child Support Enforcement Division, DCSE opened offices in Shiprock and Crownpoint. The state then transferred all of its tribal child support cases. In December, the Navajo Nation Council adopted the Navajo Nation Child Support Enforcement Act giving DCSE the guidance and authority it needed to establish paternity and child support.

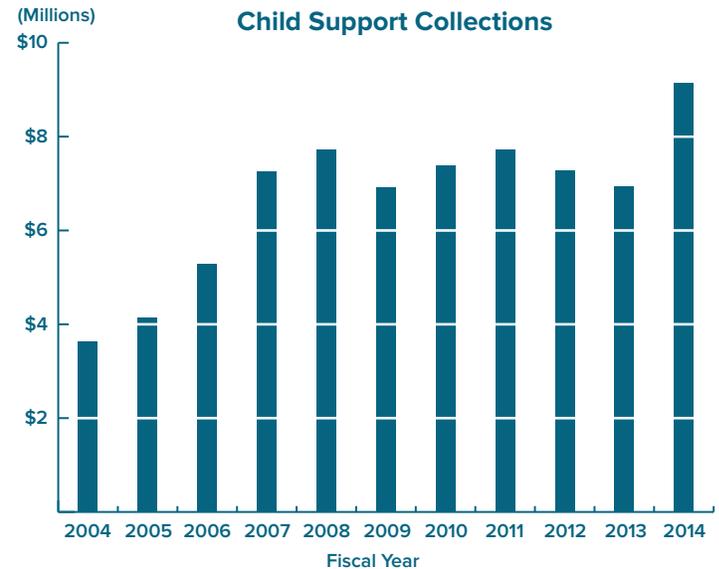
**1996** The Council adopted the Navajo Nation Child Support Guidelines. These established adequate standards of support for children and took into account the parents' ability to pay. They also outlined equitable support payments and improved the efficiency of the court and administrative hearing process.

**1997-1998** DCSE entered into an Intergovernmental Agreement with Arizona. The agreement gave the Navajo Nation access to the state's electronic child support system and allowed DCSE to open an office in Chinle, Arizona.

**2001** DCSE received direct federal OCSE funding thanks to the hard work of many Navajo Nation, federal, state, local officials and employees.

**2015** In addition to our administrative office in St. Michaels/Window Rock, DCSE maintains five agency offices — three in Arizona and two in New Mexico. DCSE is under the Navajo Nation Division of Human Resources, Executive Branch of the Navajo Nation Government. Nearly 50 staff members handle a caseload of almost 15,000 cases.

Access to the two state systems gives us various enforcement remedies that contribute to our child support collections success. The following graph shows collections per fiscal year.



Although DCSE faces many challenges, the staff takes on each one with grace and always provides the best services to Navajo children and families. We continuously collaborate with Arizona and New Mexico, several Navajo Nation offices including the departments of Justice and Self Reliance, the Office of Hearings and Appeals, the Peacemaking Court, and many others.

We continue to strengthen our relationship with the states by having quarterly meetings with Arizona and biannual meetings with New Mexico. DCSE has renegotiated our Joint Powers Agreement with the New Mexico Child Support Enforcement Division so we can continue to provide excellent services to our Navajo children and families.

For more information, please contact the Navajo Nation's Administration Office at 928-871-7194/7215 or go to [www.childsupport.navajo-nsn.gov](http://www.childsupport.navajo-nsn.gov).





## Native American and Alaska Native Heritage Month

In honor of Native American and Alaska Native Heritage Month, OCSE celebrates the growth and success of tribal child support programs.

VOICE BLOG

Today, one in ten federally recognized tribes — 59 out of 566 — operate comprehensive child support programs. Another four tribal programs are in the start-up phase. Many tribes have incorporated traditional practices into a holistic tribal family-centered service delivery model.

Federal funding for tribal child support began in 1996 when the [Personal Responsibility and Work Opportunity Reconciliation Act](#) gave HHS authority to recognize and directly fund tribal child support programs. To jumpstart the implementation, OCSE offered Special Improvement Project (SIP) grants. Tribal nations could request funding directly or through a state partnership to establish a new child support program or enhance their existing one.

Three tribes collaborated with states to establish a tribal child support office. The cover article, “Early history of tribal child support”, describes New Mexico’s use of federal funds to help the Navajo Nation establish three tribal offices in 1996. The [Chickasaw Nation](#) co-authored a SIP application with Oklahoma to establish its own tribal child support office in 1998. Wisconsin also received SIP funding and helped the Menominee Nation establish a child support office on the reservation.

Seven tribes received the first SIP grants directly in 1999:

- [Sisseton-Wahpeton Oyate](#)
- [Lac du Flambeau Band of Lake Superior Chippewa](#)
- [Lummi Nation](#)
- [Port Gamble S’Klallam Tribe](#)
- [Puyallup Tribe](#)
- [Confederated Tribes of the Colville Indian Reservation](#)
- [Central Council for Tlingit and Haida Tribes](#)

Tribal automation has expanded too. Nine tribes are using the MTS, one is installing the system, and three have Advance Planning Documents under review. They’ve come a long way since the [Forest County Potawatomi Community](#) agreed to pilot the system in 2009 and was joined the following year by the Modoc Tribe. To support program growth, OCSE and tribes collaborated to develop the Model Tribal System. Sandy Cloer, the Tribal Child Support Program Director of the [Eastern Band of Cherokee Indians](#) chronicled her tribe’s progression from membership

in a tribal child support consortium to having its own MTS program, and now leads a consortium to help other tribes get started. Read about that journey in the next article, “Starting a tribal child support program.”

Over the years, I’ve seen a change in how tribal programs have come together to build a strong peer network by forming the [National Tribal Child Support Association](#) as well as emerging regional associations. I’ve also observed deepening and respectful relationships between states and tribes. I’ve seen tribes reach out to states and states reach out to tribes to support our common mission through openness, dialogue, and partnership. I’ve seen tribal child support transition from a young program without a lot of specialized experience or technology to a more mature, full-service program that is modeling best practices and holding itself accountable.

At OCSE, our organizational culture has evolved right along with the growth of the tribal program. We’ve integrated the tribal program into our daily business. We formally reorganized our office so that virtually every aspect of our work now has a tribal component. We continue to learn some lessons about consultation, dialogue, and trust in order to work through tough, complicated issues. We’ve learned to navigate together and we’ve seen the tribal child support program come into its own.

This is all part of building stronger futures for Native children. Our [Tribal Innovation Grants](#) are helping tribal child support offices improve their capacity to administer innovative, family-centered child support services that help parents provide reliable support for their children. You’ll read how the Forest County Potawatomi Community and Chippewa Cree Tribe are using grants to improve customer access to services, increase collections, and coordinate with [child welfare and Temporary Assistance for Needy Families](#).

The tribal program has put down roots. It is moving into a new phase of deepening services, refining practices, and strengthening impact. I have had the honor to witness an incredible program take its place to support renewal of tribal family resilience, hope, and healing.

Before I close, please review a new resource on an important issue for all programs, “[Enhancing Safe Access to Child Support: IV-D Program Inventory and Planning Resource](#).” It is now on our website; click the link to read it.

*Vicki Turetsky*

## Starting a tribal child support program

**Sandy Cloer, Tribal Child Support Program Director, Eastern Band of Cherokee Indians, Cherokee, NC**

On September 24, 2012, the Eastern Band of Cherokee Indians (EBCI) became the first tribe in OCSE Region IV to operate its own child support program. Prior to this, EBCI was part of a child support services consortium operated by the Modoc Tribe of Oklahoma in partnership with North Carolina Child Support Services.

Now, EBCI has its own direct partnership with North Carolina. One benefit of starting a tribal child support program is that it allows tribes to develop their own programs in a way that protects and strengthens their sovereignty because they can self-govern. For EBCI, it allows us to stay consistent with our values and culture and helps us assist tribal families so they can care for their children within their own homes.

One of our major areas of concern was having an office and staff on the reservation every day. Before opening our program, a state child support worker came to the reservation one day a week to meet with folks. Members had to travel off the reservation for services if they missed that specific day. By opening an office, we saw a 28 percent increase in our cases the first year. Some of our elders are reluctant to go off the reservation for services because of the culture. Grandparents who had not filed for support started coming to our office to receive help.

Staff increase was another key advantage. We went from one worker to four in the beginning. We also hired a process server and a court clerk. In April 2013, we opened a satellite office in the Snowbird Community of Graham County, a very remote area of the reservation that is 45 miles away from our home office in Cherokee, NC. We added two staff positions there.

Operating our child support program allowed us to define the jurisdictional and service areas the tribe presides over. By doing so, we are helping to strengthen our tribal court system because tribal members are governed by tribal leaders rather than by state courts.

EBCI was the first OCSE-supported tribal child support program in Region IV to install and run a fully operational Model Tribal System (MTS) once it was available in 2013. We were instrumental in the design, development, and testing of the Electronic Funds Transfer (EFT) and debit card process for the MTS. By moving to MTS, we got the financial system we needed for case management, case processing, and disbursement of child support funds to families.

Being fully operational also allowed us to form the EBCI Consortium so we could help other tribes acquire the MTS. We provide training and assistance so more tribes can get their own access. Our help desk assists with troubleshooting and answers system questions. Currently, we have four tribes in our consortium.

EBCI continues to expand tribal family services. Two years ago, we applied for direct funding for a tribal child welfare and foster care program, which we successfully implemented in October.

Looking toward 2016, we have formed an EBCI Public Health and Human Services division to oversee all human services programs including the child support program. With all agencies working together, we can have a huge impact on tribal children and families in crisis.

*For information, contact Director Sandy Cloer at [Scloer@lfsic.com](mailto:Scloer@lfsic.com).*



### Options for implementing the MTS

Tribes must weigh many decisions when they consider starting their own automated child support program with federal financial participation. Action Transmittal (AT) 13-04, [\*Tribal Advance Planning Document \(APD\) Process and Model Tribal System \(MTS\) Frequently Asked Questions\*](#), contains information that tribes should read early in the planning process.

# Chippewa Cree Tribe establishes New Hire Database

**Brian Molina, Jr., Child Support Program Director, Chippewa Cree Tribe**

Many members of the Chippewa Cree Tribe work on the Rocky Boy's Indian Reservation in northern Montana where full time employment can be hard to come by. Child support staff often have difficulty getting timely notice that noncustodial parents started working short-term jobs. According to Tribal Child Support Director Brian Molina, "The majority of available employment on the Reservation is temporary employment and too often we hear about noncustodial parents working when it's too late to complete any child support withholding action."

On October 9, 2015, the Tribal Business Committee adopted a resolution that established a New Hire Database. The new resolution requires all employers operating within the boundaries of the Rocky Boy's Indian Reservation to report all new hires and rehires within 30 days.

"With the adoption of this resolution by the Business Committee, we hope that it will increase the amount of child support we're able to collect for families," said Molina.

"This Resolution will remedy the 'word of mouth' reporting by custodial parents and make the employer responsible for reporting new hires and rehires."

The Chippewa Cree Tribal Child Support Program provides employers with three options for reporting: reporting through e-mail, reporting through mail, and reporting through facsimile message.

For information, contact the Chippewa Cree Tribal Child Support Program at 406-395-4176 or by email at [info@cctcsp.org](mailto:info@cctcsp.org).

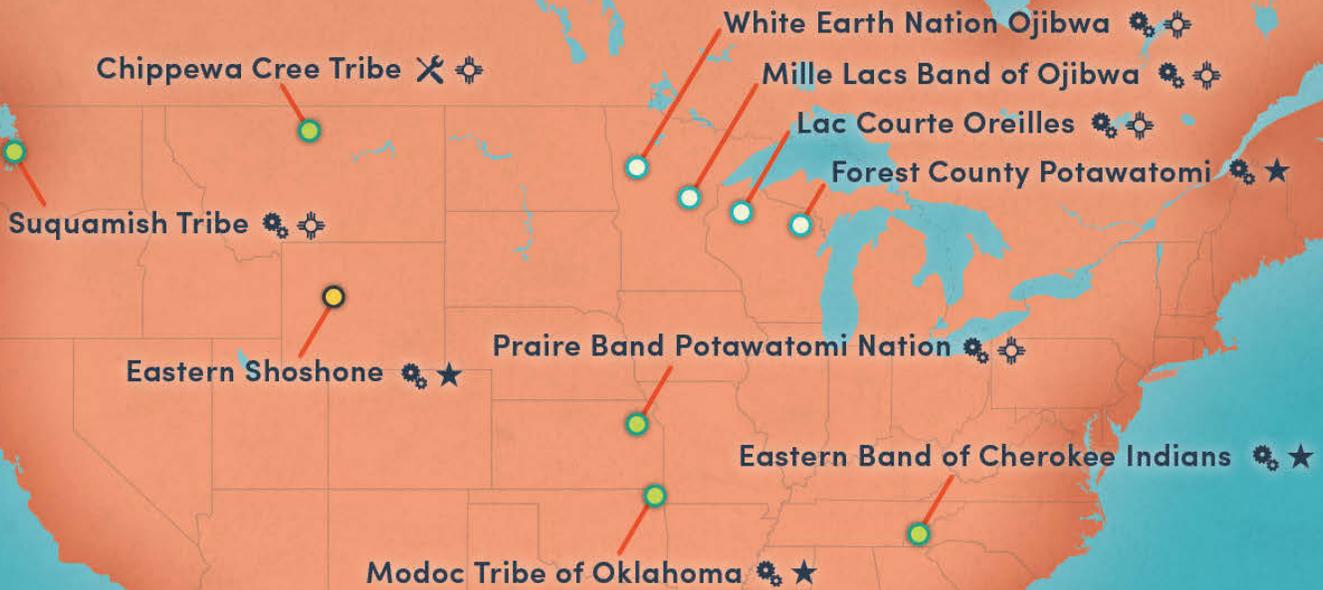
## Newest MTS user

In October, the Eastern Shoshone Child Support Program in Fort Washakie, WY, implemented the Model Tribal System. It took diligence by the tribal staff and members of the OCSE Division of State and Tribal Systems to overcome a few technical issues that caused a delay, but the system is now up and running.

With the addition of the Eastern Shoshone — an OCSE supported tribe — nine Model Tribal Systems are fully operational. The Chippewa Cree Tribe will soon make ten.

For more information about tribal child support, visit the [OCSE Tribal Systems](#) webpage.

## Federally recognized tribes with Model Tribal Systems



STATUS	OPERATIONAL	INSTALLING
IMPLEMENTATION PATH	OCSE SUPPORTED	TRIBAL ORGANIZATION SUPPORTED
CONSORTIA	EBCI*	FCPC**
		NOT A MEMBER OF A CONSORTIUM

\*Eastern Band of Cherokee Indians  
\*\*Forest County Potawatomi Community

## Tribal grant success — Forest County Potawatomi

Jeff Stocks, OCSE

When OCSE offered Tribal Innovation Grants in 2014, the first exclusively for tribal child support programs, one director was intrigued. [Forest County Potawatomi Community](#) (FCPC) Child Support Director Jackie Pische saw the grant as a solution to a problem that impacted not only the tribe, but also Wisconsin.

The main FCPC government offices are located in Crandon, WI, over 200 miles north of Milwaukee. The tribe employs approximately 3,500 people through its limited government offices and casino in and around Milwaukee. The employees do not engage with either the FCPC or state child support offices for several possible reasons.

FCPC staff are capable of assisting employees with paperwork and other essential tasks, but they were not in the Milwaukee area frequently enough to assist all the employees with child support issues and adjustment questions. Many did not want to go to state offices. Since the tribal child support agency often acts as intermediary between tribal employers and the state child support program, Director Pische knew that the grant project offered an opportunity to improve the lives of families throughout Wisconsin. It would allow staff to travel to the satellite location in Milwaukee more frequently to build a relationship with the tribal employers and employees.

*The Tribal Innovation Grants have been great. There has been a lot of team play to accomplish our goals and it has been a tremendous team building opportunity for us.*

According to FCPC's analysis prior to applying for the grant, approximately 520 individuals working for tribal employers had child support orders. Out of those, only 125 of the orders collected through income withholding. Director Pische believed this was the result of several issues including an inefficient notification process for existing orders, inadequate assistance for tribal employees with open orders, and insufficient outreach to new and current employees.

FCPC wanted to improve collections through early intervention with employees with orders and to help them modify orders when a realistic payment amount would reduce their arrears.

With grant funding, FCPC staff traveled from their Crandon office to the Milwaukee office more regularly and established an on-site presence with the tribal employers.

The increased presence helped in several ways. FCPC can interact directly with tribal employers and employees. It is

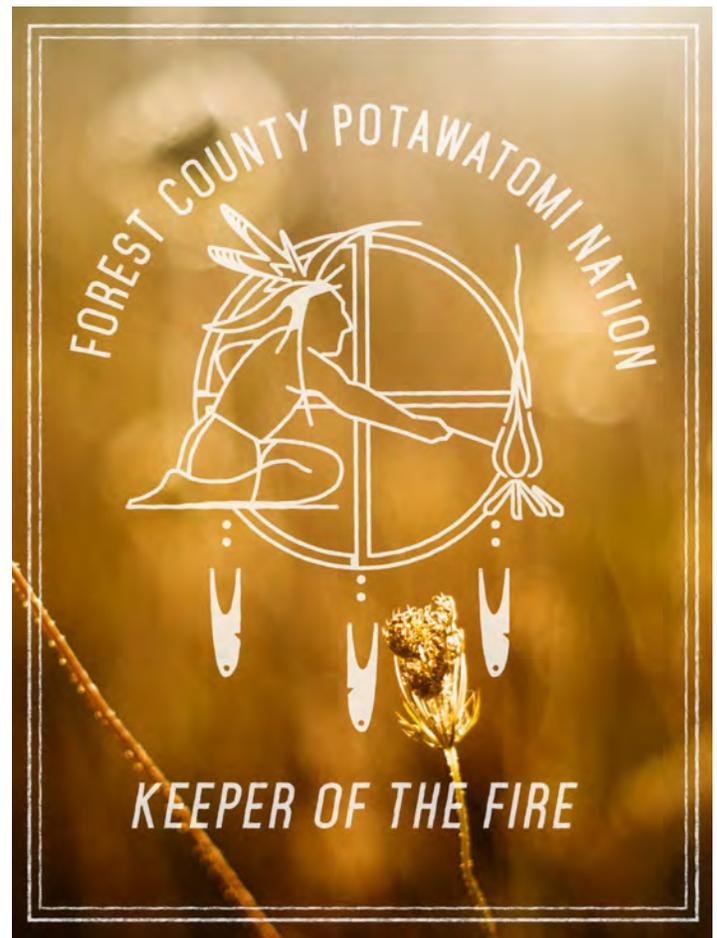


Photo courtesy of flickr user Evan Leeson

easier for staffs to be intermediaries between the employee and state child support officials and educate tribal employers on the child support process. They can also promote services the tribal child support program offers.

Positive results have come quickly. When staff reviewed the cases they were tracking between February and April 2015, they found that support collections had increased from almost 50 percent of cases receiving money to more than 96 percent being paid. There was also a significant increase in arrears payments, from less than 9 percent to 100 percent of cases seeing an arrears collection. The project also helped staff process many downward modifications for employees whose wages were no longer at the level of their current child support order.

With the early project success, FCPC plans to shift its focus to employees who are custodial parents and have issues with the child support process. Staff members also plan to participate in a health fair in Milwaukee so they can offer services to parents receiving support.

“The Tribal Innovation Grants have been great,” offered Director Pische. “There has been a lot of team play to accomplish our goals and it has been a tremendous team building opportunity for us.”

*For more information about the Tribal Innovation Grants, contact Jeffrey Stocks, OCSE Region VII, at 816-426-2223.*

# Domestic violence in Indian Country

Tami Masuca, OCSE

Although current, comprehensive data on domestic violence in Indian Country is hard to come by, the most readily available statistics from the National Congress of American Indians are staggering.

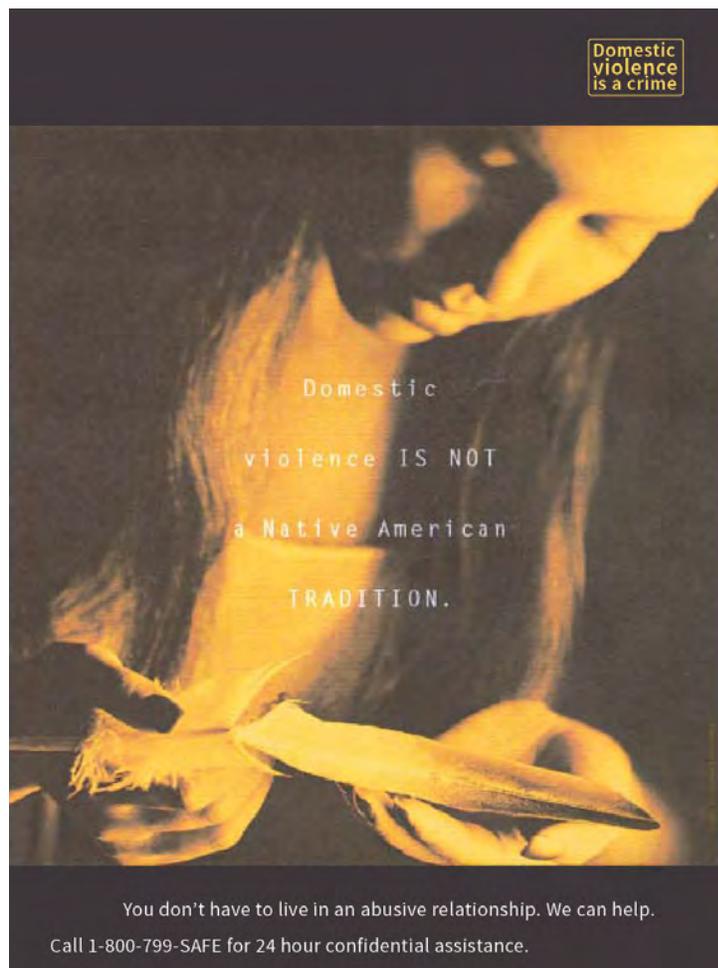
I worked at a domestic violence shelter in Indian Country for five years. At that time, it was the only Native American shelter providing domestic violence and sexual assault services to the 11 reservations in that particular state. I started as an intern and, due to staff changeovers throughout the years, I worked in every staff position at one time or another up to Interim Director. The work was rewarding but also heart breaking! So many women were trapped in relationships due to psychological, emotional, and financial abuse on top of the physical abuses they endured. Many women were repeat clients and many children were victims as well.

Working at the shelter, answering hotline calls, and attending court hearings and emergency room rape exams eventually wore me down. The job and the work I did were so stressful that I reached a burnout stage and resigned.

About the same time, an opportunity arose that I could not pass up. I became the Child Support Director for a tribe's newly funded child support program. It was the first in our six-state region of Illinois, Wisconsin, Michigan, Minnesota, Indiana, and Ohio. I was new to the child support arena and naively thought it would be less heartbreaking. I was wrong.

The transition created a very personal challenge for me. My clients were not only many of the same women I had provided services to through the shelter, but also their abusers. It was difficult to remain unbiased while I provided information to parents that I knew had beaten their families. Nevertheless, my job was to follow the tribal, state, and federal laws to ensure that the custodial parent — generally a mom — received financial support for the children and that the noncustodial parent had due process and a right-sized order. I took this new position very seriously because I knew that receiving steady child support could be the difference between a victim leaving the abuser or staying trapped due to financial constraints.

My domestic violence and sexual assault training gave me an edge when interviewing child support clients. I was familiar with that look of terror in a mother's eyes when she was required to come into the child support office or face the potential loss of public assistance. I knew how to approach her in a non-threatening way. I knew the right questions to ask and how to interview her gently.



Native American poster developed by the Wisconsin Coalition Against Domestic Violence

- American Indians and Alaskan Natives (AIAN) are 2.5 times more likely to be victims of violent crimes than other races and four times more likely to be victims of rape and sexual assault.
- 61 percent of AIAN women have been assaulted.
- 67 percent of AIAN women who report sexual assaults report the offender as non-Native.
- 71 percent of AIAN women who reported rape and sexual assault knew their perpetrator.
- AIAN women are murdered more than 10 times the national average.
- Domestic violence and sexual assaults are highly under-reported because AIAN women believe that nothing will be done about it anyway.

I had also been a member of the Community Coordinated Response team so I knew how to coordinate services for victims. Our tribal child support program collaborated with the tribal domestic violence shelter, the Indian Child Welfare agency, and the tribal Temporary Assistance for Needy Families agency (TANF) to provide comprehensive services.

Through the years, I worked at other tribal child support programs across the country. I often saw that child support staff lacked the training and interview skills they needed to identify abuse victims and keep their clients and themselves safe. Based on these experiences and my knowledge, I continue to advocate that ALL child support workers have domestic violence and sexual assault training. It is imperative that child support programs collaborate closely with staff at local domestic violence shelters and paternity acknowledgement offices in hospitals.

Here are some procedures child support offices can start using to create a safer environment and enhance services for child support offices and agencies that provide domestic violence assistance:

- Cross-train child support and domestic violence/sexual assault staffs by providing basic information about the services the other office provides.
- Display brochures from each program in all offices.
- Develop child support policies and procedures to keep staff and victims safe when the noncustodial parent (or custodial parent, in some cases) is a known abuser:
  - Flag child support cases with a Family Violence Indicator (FVI) if they are identified cases of domestic violence or sexual assault.
  - Ensure staff NEVER releases personal identifying information — in person, over the phone, or by email — to anyone who is not a party to the case or when the case file is flagged by an FVI.
  - Request the presence of law enforcement at court hearings on cases flagged with an FVI or when either party is a known abuser.
- Coordinate transportation whenever possible because victims staying in shelters may have none. Programs can work together to make sure the custodial parent has a ride to court or can appear by phone.
- Develop flexible child support policies that allow staff members to visit their clients at the shelter when needed.

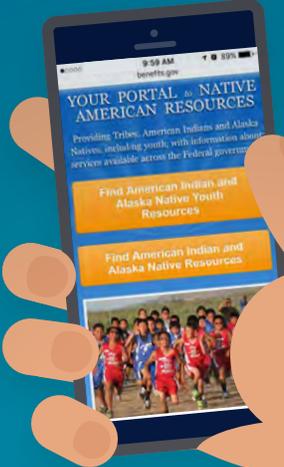
Finally, be empathetic and compassionate when working with victims and survivors of domestic abuse and sexual assault. Understand that your clients' fears might contribute to their attitudes when they work with child support and court staffs. This can often help you to think outside the box when you provide services. When you help clients obtain child support orders, make them feel safe about doing so. You cannot just tell them they can trust you; you also have to give them ample time to do so.

Become familiar with other community resources so you can refer your client to agencies that can help them become stronger and free from violence. Create an atmosphere of trust and safety within your child support program where your clients feel safe to be.

Staffs at OCSE's Division of Program Innovation, ACF's Family Violence Prevention and Services Program, and at the National Resource Center on Domestic Violence can help identify programs and experts in your jurisdiction. Many organizations work on behalf of Native American and Alaskan Native women's right to live a life free from violence. Visit the following sites for more information and resources:

- [Mending the Sacred Hoop](#)
- [National Coalition Against Domestic Violence](#)
- [National Domestic Violence Hotline](#)
- [Coalition to Stop Violence Against Native Women](#)

*For more information about the recommendations in this article, contact Tami Masuca, OCSE Region V, at 312-886-5334.*



## Native One-Stop Portal

[Benefits.gov](#), the official benefits website of the United States, launched a portal of resources for Native American, Alaskan Native, and tribal populations. The portal, [Native One-Stop](#), provides information about the services that are available through the federal government.

Native One-Stop conveniently houses any service that these populations may need with topics ranging from assistance for populations with severe disabilities to congressional internships for Native Americans.

## Evolution of a strong domestic violence program

**Molly Woodard Thibodeaux,**  
Family Violence Specialist,  
Texas Office of the Attorney  
General – Child Support  
Division



The Texas Attorney General's office believes family violence is of paramount concern for its child support program. Parents fleeing abusive situations may be reluctant to seek child support because they think the process will cause greater harm. Many survivors may think they will need to disclose their location or they fear renewed contact with an abusive parent.

Often, survivors who do enter the system do not know much about the process and that creates a potential risk. Without information about the child support process, survivors may not be able to effectively develop a safety plan.

To be responsive to the safety needs of family violence survivors, the Child Support Division (CSD) has worked with the Texas Council on Family Violence (TCFV) since 2008 to develop policies, practices, training, and resources based on the best and most promising practices.

Together, they have developed outreach materials and training programs for family violence survivors and advocates about the child support procedures and process modifications available. For example, the team will distribute a new *Get Child Support Safely Advocate Toolkit* to Texas family violence programs in FY 2016. With the information in the kit, advocates will be able to help survivors navigate the system safely.

The Child Support Division also recognizes the need to educate staff about the dynamics of family violence, so it has developed several training packages. An interactive, four-hour training curriculum includes video clips from survivors who shared their personal experiences about the role child support played in helping them leave abusive relationships. Since 2013, CSD has delivered role-specific family violence training for staff and attorneys. In October, the division deployed an online family violence refresher training module for field staff.

*For information about how your program can expand its focus on serving survivors of family violence, contact Michael Hayes, OCSE Division of Program Innovation, at [Michael.Hayes@acf.hhs.gov](mailto:Michael.Hayes@acf.hhs.gov).*

## Key milestones of the Texas program

**1999 – 2004** After the passage of the [Personal Responsibility and Work Opportunity Reconciliation Act of 1996](#), Texas' family violence policies tracked closely with the requirements laid out in federal and state law, with a strong focus on address confidentiality.

**2004 – 2008** Child support caseload changes and process updates caused Texas to shift family violence policy toward a more comprehensive model. When a parent notified CSD about a history of family violence, caseworkers implemented address nondisclosure procedures and other precautions within the child support process. CSD also developed a number of grant-funded projects, many of which included requirements involving family violence safeguards. These projects laid the groundwork for the collaborative CSD-TCFV relationship.

**2008 – 2009** A CSD domestic violence work group examined the entire child support process and recommended policy revisions, resource developments, and training initiatives to support safe access to child support services for survivors. The workgroup included key staff from child support offices at the state and field office levels, and state and local family violence program experts.

**2009 – 2012** The workgroup's recommendations led to the "Family Violence Education and Outreach" project. It formalized the collaboration between the state child support program and the family violence council and helped them develop many of their educational resources including brochures and posters and the [Get Child Support Safely website](#).

**2012 – 2015** CSD implemented policy revisions to help survivors access child support services as safely as possible. The revisions were based on lessons learned through the workgroup and the outreach project as well as feedback from child support staff, family violence survivors, and advocates. CSD and TCFV developed and delivered training on the new policy to child support staff statewide.

**Present** CSD continues to elevate family violence awareness within the agency and expand its collaboration with state and local community partners.

## California attracts attention with dual campaign

Sheryl A. Watson, Information Officer,  
California Department of Child Support  
Services

This year, the California Department of Child Support Services (DCSS) combined its August Child Support Awareness Month (CSAM) campaign with promotions of its newest child support payment option. Judging by numbers, the dual-message campaign was a success. This year's campaign attracted nearly six times as many unique visits as the 2014 campaign, three times as much news coverage, and twice as many Web-button downloads.

A child support awareness [public service announcement](#) aired on 54 television and radio stations. During the month, DCSS logged nearly 2,200 unique visits to its [CSAM 2015](#) webpage, tracked news coverage by 16 media outlets, and registered 35 downloads of its web button that local child support offices could post to their websites.

New this year, DCSS had the public service announcement air on flat screen monitors in 83 Department of Motor Vehicles lobbies. The local child support offices were also essential to the campaign's success. They held 120 awareness events throughout the state, obtained CSAM proclamations from their county boards of supervisors, reissued the state's news release, helped put up nearly 4,000 awareness posters, hung banners across historic downtown main streets, and posted multiple unified statewide messages on their Facebook pages.

The CSAM message coincided with the statewide launch of California's newest child support cash payment option. Attention focused on the novelty that customers could now pay their child support in cash at popular convenience stores throughout the state and nation.

To get the word out, DCSS announced the payment option in the [CSAM news release](#) and hosted a Payment Options webpage. The department also provided local offices with almost 1,400 PayNearMe posters, a downloadable flyer, and a button for their websites. The effort attracted more than 781 hits to the campaign's web address [www.childsup.ca.gov/PaymentOptions](http://www.childsup.ca.gov/PaymentOptions). Thanks to the campaign, in August alone, parents made almost 280 child support payments through cash payments amounting to more than \$61,000.

## Child Support



Giving them roots to  
reach for the sky.

Learn more.  
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August is  
**CHILD SUPPORT  
AWARENESS MONTH**

Contact your local child support agency today at (866) 901-3212  
Department of Child Support Services • [www.childsup.ca.gov](http://www.childsup.ca.gov)

*Thanks to the campaign,  
in August alone, parents made  
almost 280 child support payments  
...amounting to more than \$61,000.*

# MEDCOM clarifies medical info access

Ann Bermudez, Army Medicine Public Affairs



Reprinted in part from the [Department of the Army News Archives](#)

The U.S. Army Medical Command, or MEDCOM, wants to ensure the correct individuals have access to minors' medical records and information.

A recent memo implemented general guidance from the Defense Health Agency Privacy and Civil Liberties Office to help define what custodial and noncustodial parents as well as stepparents have access rights to a minor's medical information. It also helps the Army military treatment facilities, or MTFs, apply appropriate safeguards as it relates to the release of Protected Health Information, or PHI.

In addition, MEDCOM wants to make sure reasonable efforts are made to prevent any use or disclosure of PHI of a minor to a custodial or non-custodial parent or stepparent that would be in violation of the Health Insurance Portability and Accountability Act, or HIPAA, Privacy Rule.

In situations of divorce, the MTF shall treat each parent as a personal representative of the minor, regardless of which parent has custody, unless there is a limitation on one parent's custody stated in the divorce decree. A request to restrict one parent's access to the PHI of a minor is only granted upon presentation of a legal document. For example, in cases of child abuse or neglect, a divorce document or other court document may state that the non-custodial parent is not authorized to access the minor child's medical information. The Military Health System must honor such a request.

A stepparent is not a biological parent. Rather, a stepparent is related to the child only by marriage to a biological or adoptive parent. There are cases where stepparents may attempt to become involved in the care of a minor child. Under the HIPAA Privacy Rule, a stepparent has no right to serve as the personal representative of a minor, unless an appropriate healthcare power of attorney or a HIPAA compliant authorization (DD Form 2870) has been provided to the stepparent.

Within the military community, many minor children are covered by TRICARE under a stepparent's eligibility. This can occur when a custodial parent remarries a TRICARE sponsor and this sponsor becomes the minor's stepparent. However, this does not give the stepparent (if he/she has not been given a healthcare power of attorney or HIPAA compliant authorization) the right to act as the personal representative for that minor to obtain PHI.

This matrix shows situations when custodial and non-custodial parents and stepparents have access to the Defense Enrollment Eligibility Reporting System (DEERS) and to a child's medical records. It also shows who has authorization to make medical appointments.

		Access to DEERS	Access to Minor's Medical Records	Schedule Minor's Medical Appointments
Custodial Parent	is TRICARE Beneficiary	Yes	Yes	Yes
	is non-TRICARE Beneficiary	No	Yes	Yes
Noncustodial Parent	is TRICARE Beneficiary	Yes	Yes	Yes
	is non-TRICARE Beneficiary	No	Yes	Yes
Sponsor	is Parent	Yes	Yes	Yes
	is Step-parent	Yes	No	No
Step-Parent	with healthcare power of attorney or HIPAA compliant authorization form	No	Yes	Yes

For more information on this, read the entire release, [Army Medical Command clarifies who has access to minors' medical information](#).

## Child Support Report

*Child Support Report* is published monthly by the Office of Child Support Enforcement. We welcome articles and high-quality digital photos to consider for publication. We reserve the right to edit for style, content and length, or not accept an article. OCSE does not endorse the practices or individuals in this newsletter. You may reprint an article in its entirety (or contact the author or editor for permission to excerpt); please identify *Child Support Report* as the source.

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## Child support leaders and healthcare enrollment

Barbara Lacina, OCSE

It is hard to believe people still do not know about the Health Insurance Marketplace, [Healthcare.Gov](http://Healthcare.Gov). Yet, how many times have you been surprised that people do not have a clear understanding about the child support program, or our policies and procedures? When you think about how young the Marketplace is, it is not so hard to imagine.

To enroll in healthcare coverage, parents and families need to know about the Health Insurance Marketplace. As we work to secure regular support payments and healthcare coverage for children in our caseload, we must tell customers about the Marketplace so that they can enroll.

For 2016 coverage, the open enrollment period runs through January 31, 2016, but to be covered on Jan. 1, parents must meet key deadlines.

Since the beginning of the first open enrollment in October 2013, 17.6 million uninsured people in this country have gained health insurance coverage, driving the uninsured rate down from 20 percent to less than 13 percent.

After Congress passed the Affordable Care Act, there were predictions that the economy would fail and the healthcare system would crumble. In fact, the act has created more jobs and better healthcare treatment options. Children are healthier because more of them have access to preventive screenings, vaccinations, and annual check-ups that help them avoid serious problems. Denial of healthcare coverage for pre-existing conditions is a thing of the past.

Today, when all children and families can have affordable healthcare coverage, the pieces standing in the way are often their lack of knowledge and their access to secure that coverage. It is critical for us all to continue to educate customers who are still uninsured.

Informing our child support customers about the open enrollment period will promote children's health and connect parents to affordable coverage and services. Healthy parents can be there for their children. They are able to respond to their children's basic care more effectively. They are able to seek and secure employment. They are better prepared to provide for their children's emotional and financial needs. And children with healthy parents are healthier and happier as well.

The enrollment period is open through Jan. 31, but parents should enroll now so coverage can start Jan 1. Find information about 2016 plans and prices at [First time applying? Get a head start on 2016](#) or [Before you re-enroll or change for 2016: Update & compare](#).

### Important dates for 2016 enrollment

**November 1, 2015:** Open Enrollment started — first day you could enroll in a 2016 insurance plan through the Health Insurance Marketplace. Coverage can start as soon as January 1, 2016

**December 15:** Last day to enroll in or change plans for new coverage to start on January 1, 2016

**January 1:** 2016 coverage starts for those who enroll or change plans by December 15

**January 15:** Last day to enroll in or change plans for new coverage to start February 1, 2016

**January 31:** 2016 Open Enrollment ends. Enrollments or changes between January 16 and January 31 take effect March 1, 2016

Plans and prices for 2016 will be available by late October. If you don't enroll in a 2016 health insurance plan by Jan. 31, 2016, you can't enroll in a health insurance plan for 2016 unless you qualify for a Special Enrollment Period.



**Fall is the season  
to pick apples...  
and a 2016 plan.**

#GetCovered HealthCare.gov

## Connecting customers to in-person assistance

Barbara Lacina, OCSE

HHS recognizes the importance of providing one-on-one assistance to help get people enrolled in healthcare coverage. Here are the four types of in-person assistance that staff can use to help customers find plans, determine their eligibility, choose the best plan for their situation, and complete their enrollment.

- **Navigators:** HHS funded, trained, and certified staff members help consumers enroll in coverage, provide education, and refer consumers to ombudsmen or other consumer assistance programs when they need help. HHS awarded new three-year navigator grants to 100 agencies.
- **Non-Navigator Assistance Personnel:** Funded by the state Marketplace where they are located. These assistants complete comprehensive training and generally perform the same functions as navigators.
- **Certified Application Counselors:** The Federal Marketplace designates organizations that can train and certify application counselors. The organizations include health care providers, community health centers, hospitals, and social service agencies. The counselors perform many of the same functions as navigators and non-navigator assistants.
- **Agents and Brokers:** Compensated by health insurance companies to the extent permitted by states. Once they complete a two-part HHS registration process, agents and brokers can help consumers apply through the Marketplace for coverage and insurance affordability programs throughout the coverage year.

There are also independent, non-profit organizations that are committed to maximizing the number of Americans who enroll in and maintain healthcare coverage. Enroll America, for example, works with nearly 5,000 partners in all 50 states and the District of Columbia. The organization just launched the [Get Covered Connector](#), a nationwide tool that allows consumers in 24 states and the District of Columbia to electronically schedule an appointment for in-person assistance.

In September, the Centers for Medicare & Medicaid Services (CMS) announced new grant awards to 100 organizations to train navigators. Of the awardees, 67 are returning grantees who will continue to help consumers with enrollment concerns. The new grantees will expand help to counties in Illinois, Indiana, Iowa, Montana, New Jersey, West Virginia, and Wisconsin. For a list of HHS Navigator awardees, see [2015 Navigator Grant Recipients](#). For more information about Navigators and other Marketplace resources, please visit the [In-Person Assistance in the Health Insurance Marketplaces](#) website.

Consumers can find local assistance by visiting the Healthcare.Gov [Find Local Help](#) website and typing in their home ZIP code.

[Policy Interpretation Question-12-02](#) clarifies the program funding for child support agencies to provide a medical support facilitator to work with families. The staff member can also work with CHIP, Medicaid, and other health insurers to facilitate children's enrollment in appropriate health care coverage. The entire list of activities child support programs can do to increase health care coverage is reprinted on the next page for easy reference. Your child or teen may qualify for free or low-cost health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP). Many parents may be eligible for Medicaid, too. Check to see if you qualify on the HealthCare.gov Medicaid & Chip coverage webpage.



**HAVE QUESTIONS?  
GET ANSWERS.**

Call **1-800-318-2596**  
to find local help in  
your community to  
get covered.

#GetCovered HealthCare.gov

## PIQ-12-02, allowable healthcare expenditures

*Extracted from Policy Interpretation Question 12-02, [Partnering with other programs, including outreach, referral, and case management](#) starting on page 5.*

### What can child support programs do to increase health care coverage?

Answer: Ensuring that families have good health care coverage is core to the child support program's role in obtaining medical support under section 466(a)(19) of the Act; therefore, activities that support increased health care coverage, such as those listed below can be funded with federal IV-D funds. In addition, child support programs can increase health care coverage in the following ways:

- Carry out medical support activities under 45 CFR 303.30, 303.31, and 303.32, including identifying, ordering, and enforcing employer-sponsored health care insurance coverage and establishing and enforcing cash medical support;
- Provide information about, applications for, and effective referrals to Medicaid, Children's Health Insurance Program (CHIP), and other appropriate coverage options including those described at the new Department of Health and Human Services web site <http://finder.healthcare.gov/>;
- Provide a medical support facilitator to work with families in the child support program and liaison with CHIP, Medicaid, and other health insurers to facilitate children's stable enrollment in appropriate health care coverage and in obtaining health care coverage information for enrolled children;
- Provide information to CHIP and Medicaid to assist in identifying and enrolling eligible children;
- Develop and implement effective, appropriate child support referral policies for families who receive Medicaid, including an offer of full child support services;
- Develop and implement child support education and outreach for families whose children are on CHIP;
- Provide cross-training for child support, Medicaid, and CHIP workers on child support and children's health care coverage;
- Develop and provide training to judges, attorneys, and other child support staff on health care coverage options;
- Review and modify guidelines regarding medical support;
- Develop and implement effective referral strategies for noncustodial and custodial parents in the child support program to Medicaid, CHIP, insurance exchanges, and other health care services, including mental health and substance abuse treatment; and
- Maximize resources among agencies (child support, Medicaid, CHIP) by sharing outreach materials and information and collaborating on grant projects and initiatives to connect children to health coverage.

## HealthCare.gov Blog

Reprinted from the [HealthCare.gov Blog](#) dated September 30, 2015

### First time applying through the Health Insurance Marketplace?

- Get a quick overview with these [5 Health Insurance tips](#).
- Use our [checklist](#) (PDF) to gather everything you'll need to apply.
- Learn about [key dates and deadlines](#) to make sure you're covered Jan. 1.

### Have a 2015 Marketplace health plan?

- Learn the [5 steps to staying covered](#) (PDF).
- Note: It's really important to log in to [HealthCare.gov](#) as soon as November 1 and update your application with any income and household changes you expect for 2016. New health coverage plans and prices that work better for you may be available this year. Also, updating your information is the only way to make sure you get the right amount of premium tax credit. So be sure to update – even if you expect to keep the same plan.
- Learn more about why it's important to [update your income and household information and compare plans](#).