

OCSE-157
November 28, 2018

#	State	Section	Comment	Line	Comments/Notes		
1	STATE	General Reporting	Consequences of Reporting Unreliable Data, the sentence regarding the suspension of medical support performance indicators (Lines 2e, 21, and 21a) being suspended with the FY 2009 audit cycle, is deleted. Will future DRA/DRR audit files include those lines?	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.		
2	STATE	Section A: Case Inventory	Lines 1g and 2i specify that cases in which an application was received directly from a resident of a foreign country are not to be counted on this line. Are these cases only to be counted on Lines 1 and 2?	1g, 2i	Thank you for your comment. These cases should be treated like interstate cases and reported on lines 1, 2 and any other appropriate lines on the OCSE-157.		
3	STATE	Section A: Case Inventory	Changes in this section will require coding to report this data.	N/A	Thank you for your comment. We realize that it will take time to make adjustments to state systems and will consider this when we announce the revised instructions.		
4	STATE	Section D: Services Provided	It is unclear why tribal and international cases are being excluded from Lines 18a, 19, and 20. We suggest: Changing the line descriptions to INTERGOVERNMENTAL instead of INTERSTATE; tribal and country information is not captured separately elsewhere; or If changing the Line description is not plausible, consider adding more lines to the OCSE-157 for tribal and countries as in Section C (e.g., Lines 1d through 1g). Whether changing the line description to Interstate or adding more lines, changes in this section will require coding to report this data.	18a, 19, 20	Thank you for your comment. We agree with this comment. We are changing the title of this line to "Intergovernmental."		
5	STATE	Section E: Medical Support	Now that the definition of "Health Care Coverage" includes publicly funded health care coverage, does publicly funded health care coverage need to be "ordered" to count it in lines 21 and 21a? Would an order be counted in situations where one party voluntarily enrolled the child in publicly funded health care? Most orders entered in Missouri do not require (order) a person to apply for publicly funded health care coverage but rather states that the person and/or children are currently covered under publicly funded health care.	21, 21a	Thank you for your comment. If the order states that the person and/or children are currently covered under publicly funded health care, you can count on lines 21 and 21a.		
6	STATE	Section E: Medical Support	The Missouri Automated Child Support System currently does not identify cases where publicly funded health care is ordered. Changes in this section will require coding to capture and to report this data	N/A	Thank you for your comment.		

OCSE-157
November 28, 2018

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7	STATE	Section F: Collections Due and Distributed	A sentence is added stating "In addition, all payments must be sent through the State Disbursement Unit (SDU) to be reported on lines in Section F." Missouri received clarification from ACF/OCSE on February 16, 1999, that state and federal tax intercepts do not have to go through the SDU. Can state and federal tax intercepts be included if they do not go through the SDU?	N/A	Thank you for your comment. This appears to be a state decision. We don't have any documentation of guidance stating that state and federal tax intercepts do not have to go through the SDU.
8	STATE	Section F: Collections Due and Distributed	We find the language in this section confusing because distribute and disburse seem to be used as if they are interchangeable. We suggest: Changing the Section name to Collections Due and Disbursed or to Collections Due and Distributed/Disbursed; or Changing the description for Line 27 to Total Amount of Support Disbursed as Arrears During the Fiscal Year or to Total Amount of Support Distributed/Disbursed as Arrears During the Fiscal Year; and Removing most references to the word Distributed unless it is necessary for clarification.	27	Thank you for your comment. The terms distributed and disbursed are not interchangeable. "Distribution" is the identification and allocation or apportionment of a support collection to current and past-due support, as applicable, of a specific case or individual. "Disbursement" is the actual process of dispensing or paying out the collection. To be considered "distributed" under Section 457 of the Act--and reported on Lines 25, 27, and 29 of this form--a collection must be both distributed and disbursed according to a specified allocation and the definitions cited. We are editing the line name to include "and disbursed."
9	STATE	General Reporting	Please provide clarification as to whether the Medical Support performance indicator lines will now be audited since OCSE is proposing to strike the last paragraph under paragraph 4. States will need adequate time to prepare for this change in audit requirements.	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.
10	STATE	Section A: Case Inventory	States will need adequate time to prepare for this change in audit requirements.	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.

OCSE-157
November 28, 2018

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11	STATE	Section E: Medical Support	According to the definition, Medical Support includes health care coverage, cash medical support, and payment of medical bills. The definition of health care coverage now includes public coverage (e.g., Medicaid and CHIP) and Indian Health Services (IHS). The instructions for this line say to include cases where either parent or another person actually provided the medical support. Please clarify as to whether cases where the state or IHS actually provides medical support (i.e., health care coverage) for the child(ren) should be included, or if cases where an actual person provides medical support should only be included on this line. Please clarify how states are to know if health care coverage is being provided to children through IHS if these cases are not to be referred to the child support program. Please clarify how states will know if a child is determined eligible for Medicaid but not enrolled, especially for those states that do not get Medicaid Referrals.	N/A	Thank you for your comment. Cases where state, IHS, or parent/caregiver providing support can be included. States would need to ask the party if the child is enrolled or not.		
12	STATE	Section F: Collections Due and Distributed	Iowa requests that the terms "distributed" and "disbursed" be clearly defined. Iowa has received conflicting answers from year to year regarding this meaning in lines 25 and 27. Iowa requests the terms be defined, to specify which action(s) (the receipt, distribution, or disbursement) has to be taken for the collection to be reported in general and further, which action determines the fiscal year in which to report that collection. When future payments are received, they are sent to the payee. Since the payment went to the party during the FFY being audited, it appears these payments should be counted as they were distributed/dispersed during the current FFY. In addition, there is a statement that voluntary payments can only be counted when there is no support order. Iowa requests clarification regarding this area. There are some payors who begin paying before the court order goes into effect. These payments should still be allowed to count as they were payments made to the case, just done before the court order was in effect.	N/A	Thank you for your comment. The terms distributed and disbursed are not interchangeable. "Distribution" is the identification and allocation or apportionment of a support collection to current and past-due support, as applicable, of a specific case or individual. "Disbursement" is the actual process of dispensing or paying out the collection. To be considered "distributed" under Section 457 of the Act--and reported on Lines 25, 27, and 29 of this form--a collection must be both distributed and disbursed according to a specified allocation and the definitions cited. In addition, payments made by payors who begin paying before the court order goes into effect can be counted on line 25, these are considered "voluntary" payments because there was no court order in effect at the time of receipt.		

OCSE-157
November 28, 2018

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13	STATE	Section H: Medicaid	Please clarify when a child would be determined eligible for Medicaid but not enrolled, especially for those states that do not get Medicaid Referrals.	N/A	Thank you for your comment. Section H reporting lines 33-34 have been eliminated. States will no longer be required to report on these lines. The purpose of this change was to eliminate the burden of collecting information that is challenging to collect and verify. OCSE will continue to work with our state partners and stakeholders to establish the most effective and efficient reporting requirements to capture medical support data.
14	STATE	General Comments	Iowa suggests the burden of collection of data could be minimized by updating the 157 instructions and not requiring certain data be collected which is not needed for performance measures. For example: 1) Iowa would propose to eliminate lines 12, 13, 14, 16, 17, 18, 18a, 19 and 20 since the key child support performance information is contained in the audited lines; 2) Iowa proposes that lines 37-38 be eliminated as they are not audited and seem irrelevant to the other data collected on this report.	12, 13, 14, 16, 17, 18, 18a	We disagree with this comment. In addition to calculating incentive performance, data collected on the OCSE-157 is used to submit to the Congress a full and complete report on all activities undertaken pursuant to the provisions of Title IV-D of the Social Security Act.
15	STATE	Case Inventory Definitions	The definition of a IV-D Case in the Glossary of Common Child Support Terms, states that a IV-D case is: "A case in which a state provides child support services as directed by the state or tribal child support program that is authorized by Title IV-D of the Social Security Act. A IV-D case is comprised of: 1) a dependent child or children; 2) a custodial party who may be a parent, caretaker relative or other custodian, including an entity such as a foster care agency; and 3) a noncustodial parent or parents, a mother, a father, or a putative father whose paternity has not been legally established. "The changes suggest that a case may be composed of one parent and child (ren) for which they may be obligated. We suggest that the OCSE-157 Instructions be updated to specify the required composition for a IV-D case.	N/A	Thank you for your comment. We disagree with this comment. For purposes of reporting on the OCSE-157, the existing definition of a IV-D case does not require any updates or clarification.
16	STATE	Case Inventory Definitions	Definition of Intergovernmental and Interstate IV-D cases--We suggest the definitions simplified to indicate the distinction between intergovernmental and interstate cases.	N/A	Thank you for your comment. Definitions for intergovernmental and interstate IV-D cases are in accordance with 45 CFR 301.1
17	STATE	General Reporting	NYS OTDA notes the deletion of language regarding audit of the proposed medical support indicator lines 2e, 21 and 21a, and recommends clarification as to the reason for deletion, specifically if ACF's Office of Child Support Enforcement is intending to move forward with implementation of a Medical Support performance indicator.	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.

OCSE-157
November 28, 2018

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18	STATE	Case Inventory Definitions	International IV-D Case: NYS OTDA appreciates the updated definition of an International IV-D case incorporating The Hague Convention. Additionally, NYS OTDA appreciates the clarification that an application from a resident of a foreign country applying directly with a state is not counted as an international case. The services definition, along with updated guidance for Lines 1f and 1g, will provide NYS OTDA with clearer direction for reporting international cases.	1f, 1g	Thank you for your comment.		
19	STATE	Section A: Case Inventory	Pages 10-11, Lines 2c Cases with Orders Established with No Amount of Cash Support Open at the End of the Fiscal Year; and Line 2e Arrears-only IV-D Cases with Orders Established Open at the End of the Fiscal Year: NYS OTDA appreciates the clarification from prior instructions between cases with no amount of support ordered and cases with arrears only due. The revisions enhance and clarify the instructions regarding the appropriate line to report each type of case, no support ordered and arrears-only cases.	2c, 2e	Thank you for your comment.		
20	STATE	Section D: Services Provided	Lines 2c Cases with Orders Established with No Amount of Cash Support Open at the End of the Fiscal Year; and Line 2e Arrears-only IV-D Cases with Orders Established Open at the End of the Fiscal Year: NYS OTDA appreciates the clarification from prior instructions between cases with no amount of support ordered and cases with arrears only due. The revisions enhance and clarify the instructions regarding the appropriate line to report each type of case, no support ordered and arrears-only cases.	2c	Thank you for your comment.		
21	STATE	Section D: Services Provided	NYS OTDA believes it would be helpful to add clarifying language .and/or examples to Line 17 of the Instructions for Completing Form OCSE-157 The Child Support Annual Data Report: "A support order established before the case became a IV-D case or an order that has been modified, must not be counted. However, if there is an existing order for a case and a new order is established during the fiscal year, this new order can be reported on this line" (revision in italics). Specifically, in what instances or circumstances would it be appropriate for the creation of a new order of support during the fiscal year where there is already an existing order of support on the case.	N/A	Thank you for your comment. We agree with this comment and realize this clarification has increased confusion. We have decided to rescind this clarification.		
22	STATE	General Comments	Finally, NYS OTDA requests that the effective date for implementation of any revisions to the OCSE 157 forms and instructions provides sufficient time for states to make changes to its reporting including any underlying programming changes and testing.	N/A	Thank you for your comment. We realize that it will take time to make adjustments to state systems and will consider this when we announce the revised instructions.		

OCSE-157
November 28, 2018

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23	STATE	General Comments	We are supportive of many of the clarifications and other changes to the form. For example, we support the change whereby an individual who resides in a foreign country and who applies directly to a state IV-D program for services would not be counted as having an international IV-D case. Likewise, we are supportive of the clarification that a case for which the 60-day closing notice has been sent must still be reported on any applicable line unless the case has officially closed.	N/A	Thank you for your comment.		
24	STATE	Section E: Medical Support	We are hopeful that the form will be "finalized" and issued soon after the comment period closes so that we can begin the lengthy process to program our automated system for the necessary changes. For example, with respect to lines 21 and 21a, we are not capturing information about payment of health insurance premiums, co-payments, or medical bills (including bills for dental or vision care) although we know that many of the orders on our system contain such provisions. Not only will we need to program our system to capture that information, we will need to review the orders on the system to identify and "convert" those that contain these provisions. This will be a significant undertaking for our program so we would appreciate having as much time as possible to make the needed changes.	N/A	Thank you for your comment. We realize that it will take time to make adjustments to state systems and will consider this when we announce the revised instructions.		
25	STATE	General Reporting	On a related note, regarding the "Consequences of Reporting Unreliable Data" section, the paragraph covering the suspension of audits of lines 2e, 21, and 21a is being deleted. Are we correct to assume this means that audits of these lines will resume? If so, will state IV-D agencies be receiving guidance for the necessary audit trails for these lines? Again, programming will be needed and our programming resources will be tested so we would appreciate receiving any such guidance as soon as possible.	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.		
26	STATE	Case Inventory Definitions	Regarding the definition of "interstate IV-D case," are we correct to assume that the reference to "state" includes the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa, just as in 45 C.F.R. § 301.1?	N/A	Thank you for your comment, you are correct.		
27	STATE	Section A: Case Inventory	Regarding Line 2e (arrear-only cases), we have some cases in which current support will terminate in mid-month (e.g., when the obligor becomes incarcerated for a certain length of time). Assume the obligor becomes incarcerated in mid-September and current support is due for September since it accrued earlier in the month. However, as of September 30, it meets the definition of an arrear-only case according to the proposed revised instructions. Thus, we assume we will report the case on Line 2e.	2e	Thank you for your comment. If the case has a positive arrear balance and there is no current support or medical support order in effect on the last day of the FY, yes, you would report the case on Line 2e.		
28	STATE	Section A: Case Inventory	Regarding Line 2i, for grammatical reasons, we suggest part of the first sentence be re-written as follows: ". . . or a judgment for arrears that the state were referred/received from another country."	21	Thank you for your comment. We re-reviewed the sentence and believe it is clear as written.		

OCSE-157
November 28, 2018

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29	STATE	Section E: Medical Support	Regarding Lines 22 and 23, we suggest that the paragraphs be constructed in parallel fashion . In Line 22 , "health care coverage" is referenced and then examples are provided in the following sentence. In Line 23, "health care coverage" is referenced but no examples are provided. We would like Line 22 to be constructed the same as Line 23 since repeating the examples that are included in the definition of "health care coverage" is unnecessary. Also, it appears that the word "ordered" is missing at the end of the second-to-last sentence for Line 22.	22, 23	Thank you for your comment. We agree with this comment and will make the suggested edit		
30	STATE	Section F: Collections Due and Distributed	Regarding the lead-in language for Section F, we are opposed to the sentence that is proposed to be added to the end of the first paragraph (i.e., to require that all payments must be sent through the SDU to be reported in Section F). Under North Dakota's child support guidelines, an obligor who receives Title II benefits and whose child receives dependent's benefits on the obligor's account is entitled to a credit toward the support obligation for the dependent's benefits. In other words , the dependent's benefits "count" as a payment of current support. These are legitimate collections even though they are not paid through the SDU. We believe that these "direct collections" should be reportable in Section F.	N/A	Thank you for your comment. States can receive credit for these collections, however, they should not be reported on the OCSE-157.		
31	STATE	Section F: Collections Due and Distributed	Regarding Line 25, we are opposed to the change that is proposed in the third paragraph (i.e., that voluntary payments can only be reported when there is no child support order in effect at the time of receipt). We are aware of some obligors who are purposefully paying more money than is required under their court orders. We believe that these extra (i.e., voluntary) payments should be reportable. It is unclear why a voluntary payment is reportable when there is no order but an extra (and equally voluntary) payment is not reportable when there is a court order. Either way, the obligor is making a voluntary payment.	25	Thank you for your comment. We disagree with this comment. If obligors are purposefully paying more money than is required under their court order perhaps a modification of the order should be considered.		
32	STATE	Section H: Medicaid	Regarding the lead-in language for Section H, we think there is a drafting error in the last sentence of the first paragraph. We believe that "must" should be "may."	N/A	Thank you for your comment. Section H reporting lines 33-34 have been eliminated. States will no longer be required to report on these lines. The purpose of this change was to eliminate the		
33	STATE	Burden Hours	Currently, it states the agency's burden is seven hours. Iowa believes this amount of time is much higher. In order to collect the correct data, different programs and files are run to capture the data. Iowa has a mainframe database and the collection of and putting together the 157 data into the report expends resources and employees for an estimated time frame of at least 16 hours.	N/A	Thank you for your comment. Since the estimated burden hours has not been raised by any other state or territory we are not making any adjustments at this time. However, we will keep this in mind and continue to monitor our estimate.		

OCSE-157
November 28, 2018

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34	STATE	General Reporting	The quality of information collected depends on how each state interprets the instructions. Some of the lines in the 157 instructions are not measured. Therefore, Iowa suggests the lines which are not measured be eliminated from the 157 instructions and requirements.	N/A	Thank you for your comment. We disagree with this comment. In addition to calculating incentive performance, data collected on the OCSE-157 is used to submit to the Congress a full and complete report on all activities undertaken pursuant to the provisions of Title IV-D of the Social Security Act.
35	STATE	General Reporting	Iowa suggests the burden of collection could be minimized by updating the 157 instructions. In addition, Iowa has some thoughts in regards to the data collected on the 157 report:• Iowa would propose to eliminate lines 1d, 1e, 1f and 1g since the information is contained in lines 1a and 1b.• Iowa would propose to eliminate lines 2f and 2g, 2h and 2i since the information is already contained in lines 2a and 2b.• Iowa would propose to eliminate line 3 since cases for which the state has no jurisdiction seem irrelevant to the other data on this report.• Iowa would propose to eliminate lines 12, 13, 14, 16, 17, 18, 18a, 19 and 20 since the key child support performance information is contained in the audited lines.• Iowa would propose to eliminate lines 21 and 21a as they are not audited lines.• Iowa would propose to eliminate lines 21 and 21a as they are not audited lines.	1d, 1e, 1f, 1g, 12, 13, 14, 16, 17, 18, 18a, 19, 20, 21, 21a	Thank you for your comment. We disagree with this comment. In addition to calculating incentive performance, data collected on the OCSE-157 is used to submit to the Congress a full and complete report on all activities undertaken pursuant to the provisions of Title IV-D of the Social Security Act.
36	STATE	Section F: Collections Due and Distributed	Regarding lines 24 and 25, seeking clarification of the term "future payment." Would this include a situation where a retroactive adjustment is made to current support, which causes the amount of current support paid to be more than the amount of current support owed?	24, 25	Thank you for your comment. The term "future payment" refers to an amount collect as support for a future obligation. State has a choice they can adjust as current support or adjust as an arrears one time.
37	STATE	Section D: Services Provided	Regarding line 17, seeking clarification of the term "new order." Our assumption is that a modified order that includes a new child would count as a "new order," but that otherwise, a modification is not a "new order." Is that correct? Is there anything else that would be considered a "new order"?	17	Thank you for your comment. We agree with this comment and realize this clarification has increased confusion. We have decided to rescind this clarification.
38	STATE	General Comments	Please provide the states with ample time to react to the publication of these changes. We understand that Fiscal Year 2020 is the current target for implementation, but please consider an adjustment if publication is significantly	N/A	Thank you for your comment. We realize that it will take time to make adjustments to state systems and will consider
39	STATE	Section H: Medicaid	Regarding Medicaid eligibility - could you please provide some context around this clarification? What is the difference between receiving and processing the application, and actual enrollment in Medicaid? Is this meant to allow for a significant delay in the enrollment process, or something else?	N/A	Thank you for your comment. Section H reporting lines 33-34 have been eliminated. States will no longer be required to report on these lines. The purpose of this change was to eliminate the burden of collecting information that is

OCSE-157
November 28, 2018

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40	STATE	General Reporting	The removal of the language stating that "[b]ecause of the evolving Health Care Reform initiative, audits of proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) have been suspended" suggests OCSE may no longer be holding states harmless for medical support performance as provided in Action Transmittal 10-02.	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.
41	STATE	Section A: Case Inventory	The change from "putative" to "alleged" is welcome and removes an ambiguity because "putative" has different meanings under various states' laws.	N/A	Thank you for your comment.
42	STATE	Case Inventory Definitions	: The use of "and/or" in the phrase "the responsibility to provide health care coverage and/or-medical support" implies that health care coverage is an alternative to medical support rather than a type of medical support. Since "medical support" itself is defined in the instructions, confusion could be avoided if this phrase instead stated: "the responsibility to provide medical support."	N/A	Thank you for your comment. We agree with this comment and will make this clarification.
43	STATE	Case Inventory Definitions	Health Care Coverage: This definition helps to clarify that a state may now report a case as having health care coverage ordered, or provided, as applicable, regardless of the source of the coverage.	N/A	Thank you for your comment.
44	STATE	Case Inventory Definitions	Medical Support: The new definition (also referenced in Section E: Medical Support, Lines 21 and 21a) helps to clarify that medical support is not restricted to cash medical support and that a medical support order could include any of the described types.	21, 21a	Thank you for your comment.
45	STATE	Section A: Case Inventory	An order with spousal support but either no child support or a zero child support order could be a IV-D case for the purpose of establishing or modifying the child support. Accordingly, Oregon interprets the phrase "there must have been child support ordered for the child involved" as pertaining to the reporting of orders for which there is only a current spousal support obligation, and not limiting the reporting of cases with orders that originally contained spousal support but no child support for which IV-D services are provided.	N/A	Thank you for your comment. The phrase "there must have been child support ordered for the child involved" pertains to the reporting of all cases for which there is a spousal support obligation. An order that originally contained spousal support but no child support for which IV-D services are provided should not be counted on the OCSE-157.
46	STATE	Section A: Case Inventory	Line 2c - Cases with Orders Established With No Amount of Cash Support Open at the End of the Fiscal Year: To ensure that medical support orders that do not include health care coverage are reported, "health care coverage" should be changed to "non-cash medical support" in the sentence "This must include zero dollar orders and orders that were established for health care coverage non-cash medical support only."	2c	Thank you for your comment. This was discussed in the workgroup and the decision was not to do this because in-kind "non-cash medical support" should not be reported on the OCSE-157.

OCSE-157
November 28, 2018

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47	STATE	Section A: Case Inventory	Line 2e - Arrears Only Cases with Orders Established Open at the End of the Fiscal Year: As worded, this instruction suggests that a case with a current medical support order (such as an order requiring health care coverage, or an order allocating responsibility for unreimbursed medical, dental, or vision expense) would not be reported on this line, even if there was no current cash support obligation, and an arrears balance, on the last day of the fiscal year. If this line is intended to capture arrears only cases with non-cash medical support in effect but no cash support (child or medical), "or current medical support order" should be changed to "or current cash medical support order."	2e	Thank you for your comment. Your interpretation is correct, this line is not intended to capture a count of cases with a current support medical support order. The workgroup decided against making any further clarifications.		
48	STATE	Section B: Paternity Establishment	Consider updating the spelling of "acknowledgement" to "acknowledgment".	N/A	Thank you for your comment. We agree with this comment and will update the spelling.		
49	STATE	Section B: Paternity Establishment	This instructions and the cited guidance, AT 11-12, authorize the state to report adoption on either line 6 or 9 (depending on state option), "regardless of birth circumstances." Oregon interprets this language as allowing the state to claim a paternity establishment for an adopted child who was originally born in wedlock. Neither the guidance nor the instructions require the state to also report the adoption as an out of wedlock birth in the year of the adoption for purposes of lines 5 or 5a (depending on state option). The inclusion of the phrase "regardless of birth circumstances" supports this interpretation.	6, 9	Thank you for your comment. This interpretation is correct. The clarification refers to Lines 6 and 9 only. It doesn't matter if the child was born in our out of wedlock, if they were adopted they can count paternity as established.		
50	STATE	Section F: Collections Due and Distributed	We support the proposed edits indicating that future payments are not to be reported on Line 24. This ensures that states that immediately disburse future payments will report these collections for the same year as states that hold such payments until an accrual to which they may be distributed occurs.	24	Thank you for your comment. This interpretation is correct.		
51	STATE	Section F: Collections Due and Distributed	We support the proposed edits indicating that future payments are to be reported in the year that they are both distributed (applied to accruals) and disbursed, even if distributed in a different fiscal year. This ensures that states which immediately disburse future payments will report these collections for the same year as states that hold such payments until an accrual occurs. An adjustment that results in a credit balance due to a retrospective downward modification would result in reporting the portion of the credit balance that applies to future accruals on this line for the year the credit balance is applied.	24, 25	This interpretation is correct.		
52	STATE	Section F: Collections Due and Distributed	The revised instructions regarding reporting "voluntary" payments clarify that such payments may be reported as collections on current support only if no order is in effect at the time the payment was made.	N/A	Thank you for your comment.		

OCSE-157
November 28, 2018

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53	STATE	Case Inventory Definitions	Under the Health Care coverage section, it states "includes any health care coverage for a child" but omits the descriptor "provided". Section E: Medical Support on page 18 further describes it using "provided".	N/A	Thank you for your comment. We did not include the term "provided" in the service definition of Health Care Coverage because it is instructional for reporting purposes. Thus the term was included, as appropriate, for each of the specific reporting lines.
54	STATE	Section D: Services Provided	Additional clarification on italic instructions under Line 17 (Cases with Support Orders Established During the Fiscal Year). It says not to count a modified order but then states, "However, if there is an existing order for a case and a new order is established during the fiscal year, the new order can be reported on this line." Examples may help clarify this instruction.	17	Thank you for your comment. We agree with this comment and realize this clarification as it has increased confusion. We have decided to rescind this clarification.
55	STATE	Section F: Collections Due and Distributed	Additional clarification on "disbursed" (i.e. definition on timing if unsuccessful disbursement)	N/A	Thank you for your comment. "Disbursement" is the actual process of dispensing or paying out the collection. A collection is considered disbursed on the date the funds are forwarded via check, electronic transfer or other means to the indented final recipient.
56	STATE	Section F: Collections Due and Distributed	Additional clarification on lines 26/27 for interstate cases	26, 27	Thank you for your comment. The word intergovernmental was coined many years ago kind of as an umbrella word to include international, interstate , and tribal cases. Since the phrases in line 26 and 27 reference an interstate situation, we updated the terminology from "jurisdictional" to intergovernmental. Finally, please note that when we revised the interstate regulation (45 CFR 303.7) we changed the wording to intergovernmental.
57	STATE	Case Inventory Definitions	Never Assistance IV-D Case. The Department disagrees with the proposed definition. The current definition is "A case where the children are receiving services under the Title IV-D program, but are not currently determined to be eligible for and have not previously received assistance under Titles IV-A or IV-E of the Social Security Act." This mirrors the structure of the definitions for TANF and Foster Care cases and there are no proposed changes to these definitions. The TANF and Foster Care case definitions use "...determined eligible for ..." versus the newly introduced "currently receiving..." The proposed change creates a potential overlap between the TANF, Foster Care and Never Assistance IV-D Case.	N/A	Thank you for your comment. We agree with this comment. We will retract this clarification.

OCSE-157
November 28, 2018

#	State	Section	Comment	Line	Comments/Notes
58	STATE		The Department recommends that the definition be modified to include parentage.	N/A	Thank you for your comment. We have considered this change in terminology and are awaiting further guidance from HHS.
59	STATE	Section D: Services Provided	However, if there is an existing support order for a case and a new order is established during the fiscal year, this new order can be reported on this line. Please clarify what would constitute establishing a new order?	17	Thank you for your comment. We agree with this comment and realize this clarification has increased confusion. We have decided to rescind this clarification.
60	STATE	Section F: Collections Due and Distributed	These amounts must be computed monthly and the total of all months reported at the end of the year. As this sentence was added to Line 25 and is clearly not applicable to Lines 26, 28, and 29, the Department believes the intent was to delete from the introductory paragraphs. Please also see comment on the same statement in line 25.	N/A	Thank you for your comment. This statement has always been in the introductory paragraph.
61	STATE	Section F: Collections Due and Distributed	In addition, all payments must be sent through the State Disbursement Unit (SDU) to be reported on lines in Section F. Payments received from other state agencies as well as the US Treasury Bureau of Fiscal Service are receipted in the state treasury. If they are retained against assistance obligations, the collections are disbursed by journal transfer from the treasury. Please remove the sentence or clarify that retained offset payments are included. All payments must go through the SDU regardless of source.	N/A	Thank you for your comment. Section 454B of the PRWORA specifies that the SDU is to include payment under support orders for all IV-D cases, and for those non-IV-D cases with support orders initially issued on or after January 1, 1994 and in which the income of the obligor is subject to wage withholding. Under 454(b)(1), the SDU must use automated procedures for receipt of payments from parents, employers and other states, and for disbursement of payments to custodial parents, other obligees, the State agency and agencies of other States. (From AT-97-13, Q. 39)
62	STATE	Section F: Collections Due and Distributed	Future payments cannot be reported on this line. We concur with the proposed change and appreciate the resolution of this issue.	24	Thank you for your comment.
63	STATE	Section F: Collections Due and Distributed	These amounts must be computed monthly and the total of all months reported at the end of the year. This statement is at odds with the clarifying language added in the first paragraph of line 25 and the Department recommends removing this statement.	25	Thank you for your comment. This statement has always been in the introductory section of Section F and was added to the instructions for lines 24 and 25 for additional emphasis and clarification.

OCSE-157
November 28, 2018

#	State	Section	Comment	Line	Comments/Notes
64	STATE	Section F: Collections Due and Distributed	As it pertains to current support, the Department maintains that the only notion of "monthly" should apply to the current support due date relative to the receipt date of a collection which is distributed/dispursed in whole or in part as current support at any subsequent point in time. Situations where the strict application of the notion of "computed monthly" are intractable include: 1) Timing issues such as end of month processing; 2) Collections remaining undistributed pending location of the parent who is owed support; 3) Collections held pending a legal action (e.g. Change of Payee); 4. Cases with less frequent obligations (e.g. quarterly, semi-annual). If the criteria to be counted as current support is met, there is no need to compute monthly.	N/A	Thank you for your comment. We disagree with this comment, the OCSE-157 instructions have always indicated that collections amounts must be computed monthly.
65	STATE	General Reporting	By striking this language from the instructions, does this mean that OCSE will start auditing lines 2e, 21 and 21a in the future? Further, if OCSE begins auditing lines 2e, 21 and 21a, will they be included in the incentives formula for states in the near future?	N/A	Thank you for your comment. Audits of the proposed Medical Support performance indicator lines (Lines 2e, 21, and 21a) remain suspended. However, states are still required to report data for these lines on the OCSE-157. We will make sure this is clear in the correspondence accompanying the final version of the instructions.
66	STATE	Section A: Case Inventory	Line 1c: Does this change refer to medical enforcement only cases, or only to situations where the Custodian declined all child support services when he/she applied for Medicaid?	1c	Thank your for your comment. This sentence was edited for clarification purposes only, reporting instructions for this line have not changed.
67	STATE	Section A: Case Inventory	Line 2c: Does this include orders where child support was not addressed?	2c	Thank you for your comment. The order must state zero child support is ordered or the responsibility to provide health insurance/medical support must be ordered to be reported on this line.
68	STATE	Section E: Medical Support	Oklahoma requests clarification as to whether, for the purposes of Lines 21a and 23, medical support and health care coverage can be provided by anyone, including third parties such as a grandparent or step-parent. The proposed text for these lines (and the "Medical Support" definition on page implies cases where third parties provide health care coverage should be included in Line 21a but excluded from Line 23.	21a, 23	Thank you for your comment. For the purposes of Lines 21a and 23, medical support can be provided by the custodial parent, non-custodial parent or other person. We will edit instructions to include the previously stricken text in italics.

OCSE-157
November 28, 2018

#	State	Section	Comment	Line	Comments/Notes
69	STATE	Section F: Collections Due and Distributed	Oklahoma requests a definition from OCSE of "disbursed" in this paragraph and Lines 25 and 27. In Oklahoma, once we receive a collection, it is distributed and then disbursed. In the alternative, does OCSE consider the terms distributed and disbursed to be interchangeable?	25, 27	Thank you for your comment. The terms distributed and disbursed are not interchangeable. "Distribution" is the identification and allocation or apportionment of a support collection to current and past-due support, as applicable, of a specific case or individual. "Disbursement" is the actual process of dispensing or paying out the collection. To be considered "distributed" under Section 457 of the Act--and reported on Lines 25, 27, and 29 of this form--a collection must be both distributed and disbursed according to a specified allocation and the definitions cited.
70	STATE	Section F: Collections Due and Distributed	"These amounts must be must be computed monthly and the total of all months reported at the end of the year." This statement applies to Lines 24-29. Oklahoma would like to know what audit criteria that OCSE will use on these lines. Oklahoma also requests clarification on the meaning of this sentence. Are we being directed to change how we calculate totals on these lines?	24, 25	Thank you for your comment. This clarification does not reflect any changes in policy or required documentation.
71	STATE	Section H: Medicaid	Oklahoma would like to clarify if a child is eligible for Medicaid because of another program such as TANF? Child Support Services receives a TANF application, and that child is deemed eligible for Medicaid.	N/A	Thank you for your comment. Section H reporting lines 33-34 have been eliminated. States will no longer be required to report on these lines. The purpose of this change was to eliminate the burden of collecting information that is
72	STATE	Section H: Medicaid	Oklahoma requests that OCSE change "medical coverage" to "health care coverage" to be consistent throughout the instructions and line descriptions on the OCSE-157 form. Specifically, the title of Line 35 is perplexing to us. Line 35 is entitled "Cases with Health Care Coverage Received from Any Source", even though this section of the OCSE-157 report concerns Medicaid eligibility and coverage. Also, should cases receiving cash medical or payment of medical bills be included? The current definition of "medical coverage" includes cash medical support and payment of medical bills.	35	Thank you for your comment. We agree with your comment. We will make sure the term medical coverage is replaced throughout the instructions and on the form. Cases receiving cash medical only should not be counted on this line. The new definition of Health Care Coverage does not include cash payments. These cases would be counted on lines 21/21a.
73	OK	Section H: Medicaid	As to Line 36, Oklahoma would like further information regarding scenarios where we have a case with fixed medical costs that become assigned to the TANF agency. Under that scenario, should Oklahoma be reporting those collections on Line 36?	36	Thank you for your comment. If the payments have been assigned to the state they should be reported on Line 36.

OCSE-157
November 28, 2018

#	State	Section	Comment	Line	Comments/Notes		
74	STATE	Section F: Collections Due and Distributed	The 157 Report Form and instructions are inconsistent for Line 27 - Total Amount of Support Distributed as Arrears During the Fiscal Year. Oklahoma requests clarification about Line 27 instructions and Line 27 description on the OCSE-157 Report Form. Should both the instructions and the form say "distributed and disbursed"? Also, see Question #5 above.	37	Thank you for your comment. We agree with this comment. Both the instructions and the form should be consistent.		
75	STATE	Section H: Medicaid	The title for Line 35 changed in the instructions but was not changed on the form.	35	Thank you for your comment. We agree with this comment and will make this edit to the form.		
76	STATE	Section D: Services Provided	The following line was added to Line 17's instructions: "However, if there is an existing support order for a case and a new order is established during the fiscal year, this new order can be reported on this line." For Line 17 reporting, what qualifies as a new order other than adding an additional child?	17	Thank you for your comment. We agree with this comment and realize this clarification has increased confusion. We have decided to rescind this clarification.		
77	STATE	General Comments	The final rule includes an optional provision for limited services paternity only intrastate cases. (a) Should these cases and their participants report on the OCSE-157? (b) Specifically, should these cases report on Line 1 if they are open at the end of the year, even though it appears they can never report on Line 2? Likewise, should we count paternities established for these cases on Line 6 and Line 9?	6, 9	Thank you for your comments. Since this is an optional provision the workgroup has decided to hold off on making any changes to the 157 until we have a better idea of how many states will utilize this option. In the meantime, paternities established for these cases can be reported on Line 6 and Line, and would only be included on Line 1 if the cases are still open at the end of the FY.		
78	STATE	Section F: Collections Due and Distributed	Section F includes a new line that states "all payments must be sent through the State Disbursement Unit (SDU) to be reported on Lines in Section F. In the case of certain federal derivative payments (e.g., SSI derivatives), California Law (Family Code 4504(b)) directs DCSS to credit the NCP for amounts received by the custodial parent unless the federal derivatives were taken into account by the court when determining the amount to be paid. For these cases, may we increase Line 25 and Line 27 by the amount of the federal derivative payments or may we decrease Line 24 by the amount of the federal derivative payments until such time as the order is modified?	N/A	Thank you for your comment. In response to the questions, the answer is no to both.		

