

State Medical Support Contacts and Program Requirements

#	Information Requested	State Response
1.	State/Territory Contact Information for Questions About NMSN:	
	Individual or group name:	
	Individual's title or group's department:	
	Agency name:	
	Direct telephone number:	
	Direct email address for individual or group:	
	Fax number (optional):	
	State's website address (optional):	
2.	Medical Support Statutes	
	Please provide the statutory citations for the medical support laws of your state.	
3.	Reasonable Cost Definition	
	<p>Please select your state's definition of "Reasonable Cost"</p> <p>a) "Reasonable Cost" is defined by our state statute/agency policy. The definition is: __, and is found here: ____</p> <p>b) "Reasonable Cost" is not defined by our state statute/agency policy</p> <p>c) Any health coverage available through the parent's employment is considered at a "Reasonable Cost" unless adding the health coverage expense to all other ordered support exceeds the federal Consumer Credit Protection Act (CCPA) limits</p> <p>d) Any health coverage available through the parent's employment is considered at a "Reasonable Cost" unless the health coverage expense exceeds the CCPA limits</p> <p>e) Other</p>	<p>[Text from selection inserted here]</p> <hr/> <p>If you selected e, explain</p>

State Medical Support Contacts and Program Requirements

4.	Health Coverage Expense	
	<p>To calculate whether the medical expense is under the limit of support to withhold, the employer and plan administrator should use the plan expense which is:</p> <p>a) the employee’s total cost of health coverage for the employee and child(ren), whether the employee is already enrolled or not</p> <p>b) the employee’s cost of health coverage for the employee + child(ren), less the cost of employee-only coverage, whether the employee is already enrolled or not</p> <p>c) the employee’s actual cost of adding this child(ren) to the employer's plan (may be total costs for employee and children, if employee must now enroll, or it could be zero if the employee already has dependent coverage)</p> <p>d) other</p>	<p>Statute or policy citation</p> <p>[Text from selection inserted here]</p> <p>If you selected d, explain</p>
5.	Income Withholding Limits for Support	
	<p>This information is currently on the State Income Withholding Contacts and Program Requirements Matrix on OCSE’s website, in the “Withholding limit(s) applied to payments to employees” section. Please review the information on that matrix to ensure your answers are consistent.</p> <p>In your state statute or policy, what is the withholding limit used for medical support?</p> <p>a) We calculate the available amount of disposable income for the aggregate of all ordered support by applying either the CCPA withholding limits or _____ %, an agency limit</p> <p>b) We apply _____% of the employee’s gross income as the withholding limit for only medical coverage</p> <p>c) other</p>	<p>Statute or policy citation</p> <p>[Text from selection inserted here]</p> <p>If you selected c, explain</p>

State Medical Support Contacts and Program Requirements

6.	Priority of Withholding
<p>This information is currently on the State Income Withholding Contacts and Program Requirements Matrix on OCSE's website, in the "Priority for withholding" section. Please review the information on that matrix to ensure your answers are consistent.</p> <p>Do you have a statute or policy that lists a priority of support to be paid through income withholding?</p> <p>a) If yes, list the priority of support to be paid from the parent's disposable earnings. (For example, rank 1-5 starting with the superior priority: current child support, medical support, current spousal support, arrears, interest)</p> <p>b) Other support to rank: (include other types of support to rank and assign appropriate number)</p>	<p>Statute or policy citation</p> <p>[Text from selection inserted here]</p> <p>Rank priority of support</p>
7.	Priority of Health Coverage if the Income Withholding Limit Is Less Than Total Costs of Ordered Coverage
<p>Do you have a statute or policy that guides what an employer should do if the maximum amount of allowable withholding is less than the sum of all ordered health coverage?</p> <p>If yes, provide the citation and select what an employer should do from the options below if there are multiple health coverages ordered and to enroll the child(ren) in those coverages would exceed the income withholding limits:</p> <p>a) Stop and not enroll the child(ren) in any coverage</p> <p>b) Prioritize the types of coverage, and according to the priority, enroll the child(ren) in all coverages (or a combination of coverages) that do not exceed the income withholding limits</p> <p>If you selected b, what is the priority of health coverage? (Rank 1-6 the NMSN coverages, starting with superior priority: medical, dental, vision, prescription, mental health, other.)</p>	<p>Statute or policy citation</p> <p>[Text from selection inserted here]</p> <p>If you selected b, rank priority of NMSN coverages</p>

State Medical Support Contacts and Program Requirements

8	State Options 45 CFR §303.32(a)	
	<p>Did your state opt to enforce medical support against either or both parents, or only the noncustodial parent?</p> <p>a) Either or both parents</p> <p>b) Only the noncustodial parent</p>	[Text from selection inserted here]
9	Employee Contests 45 CFR §303.32(c)(5)	
	<p>If the employee wants to contest the NMSN withholding based on a mistake of fact, describe how the employee should contact the agency and how to find any specific forms to make the request.</p>	

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. **OMB control number: 0970-0222 Expiration Date: XX/XX/XXXX.**