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RETHINKING THE MEDICAID CHILD SUPPORT COOPERATION REQUIREMENT

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Overview

Many single-parent families have little or no private health care coverage. Many of these parents and children, however, are eligible for publicly subsidized coverage through their state's Medicaid program. In order to obtain coverage for themselves, custodial parents must usually assign to the state any rights they have to private health care coverage and cooperate with the state's child support enforcement agency in pursuing that coverage. If they fail to do so, their children can receive Medicaid benefits, but they cannot.

The medical child support assignment and cooperation requirements serve two primary purposes. *First,* they link low-income families with the child support enforcement program. By virtue of being Medicaid recipients, these families automatically obtain child support services at no cost. The cash and medical support obtained can make a substantial difference in the well-being of the family. *Second,* if the child support program can use the assignment to obtain private health care coverage for the child—for instance, through a non-custodial parent's private health insurance—there are potential savings to the Medicaid program. In a time of tight state budgets, these savings can be very important.

However, there is evidence that the cooperation requirement leads some custodial parents to forego Medicaid coverage. These parents are often victims of domestic violence who fear that pursuit of support will further enrage their batterers and bring even more violence. They do not believe that the child support program can protect them from this violence and they fear that they will not be able to obtain a good cause exception to the cooperation requirement. Some of these parents, understanding the rules, will enroll their children but not seek coverage for themselves. Others will not even enroll their children for fear of what will happen.

The children might be eligible to participate in the State Children's Health Insurance Program (SCHIP). In contrast to Medicaid, this program does not contain a

child support cooperation requirement. However, some states have implemented SCHIP through a Medicaid expansion, bringing the child support cooperation requirement back into the picture. Others have a separate SCHIP program for some or all eligible children. However, in states' laudable efforts to coordinate between SCHIP and Medicaid, the existence or non-existence of a child support cooperation requirement often gets muddled. As a result, fewer uninsured children may be receiving needed health care coverage.

This issue brief addresses these problems. It describes the state child support enforcement program and how medical support is treated in that program. It then describes the Medicaid program and the child support assignment and cooperation requirements and describes the difference between Medicaid and the SCHIP program. Next, it describes the issues that arise around the interface of these programs for both parents and the government. Finally, it makes a suggestion for ameliorating these difficulties.

A Brief Description of the State Child Support Enforcement Programs

In 1975, Congress added Title IV-D to the Social Security Act.[1] Under this law, states receive substantial federal funding to operate child support programs that meet detailed federal requirements. Program services are available to all single parents through a simple application process. However, families that receive cash assistance through the Temporary Assistance for Needy Families (TANF) program or health care coverage through the Medicaid program do not have to file an application: they automatically receive services. Families who do not receive public assistance can be asked to pay an application fee of up to $25, but families receiving public assistance are not subject to this fee.[2]

Once they enter the state's child support enforcement program, parents can expect to receive the following services:

- *Parent Locator Services.* Every state has a State Parent Locator Service (SPLS), which has the capacity to look through a variety of automated databases, such as state employment service and motor vehicle records.[3] In addition, the state has access to the Federal Parent Locator Service (FPLS), which allows the state to obtain information from federal databases, such as the Social Security Administration. Moreover, all employers must report their new hires to the State New Hire Registry. This information is then passed on to the FPLS for inclusion in the Federal New Hire Registry. Through these

[1] 42 USC § 651 et seq. In order to receive funds for their TANF programs, states must operate such programs in conformity with federal law. In addition, the federal government pays 66 percent of the basic program costs. 42 USC § 655.

[2] Id. § 654(6)(B). Medicaid recipients are exempt from the application fee and any other fees and costs associated with the child support program. 45 CFR §§ 302.33(a)(1)(ii) and 302.33(a)(3).

[3] See 42 USC §§ 654(8), 654a(e), 654a(f) and 45 CFR § 302.35 for more details on this system works.

mechanisms, a state can obtain information about a non-custodial parent's current address, employment status, and income.

- *Paternity Establishment.* If paternity is at issue, the state program can assist parents in establishing their children's paternity through a voluntary acknowledgment process or through court action.[4]

- *Obtaining and Periodically Modifying Support Orders.* Child support orders must establish periodic cash support and address the children's health care needs.[5] The provision on health care may require the non-custodial parent to enroll the children in available private health care coverage. If such coverage has significant co-payments or deductibles, the decree may also describe how such costs are to be shared by the parents.

- *Enforcement of Cash Support.* The state's child support program has a variety of tools available to enforce cash support orders.[6] The most frequently used methods, however, are income withholding and federal tax intercept. If a non-custodial parent is employed, at the time the support order is set, the court will also issue an income withholding order. This order will tell the non-custodial parent's employer the amount of support that has been ordered and that this amount is to be withheld from the employee's paycheck and sent to the state's child support distribution unit. This unit will record payment and distribute the money.[7] If the non-custodial parent gets behind in payment, arrears accumulate. The state can certify these arrears for collection by the Internal Revenue Service through an intercept of any tax refund owed to the non-custodial parent.[8]

- *Enforcement of Medical Support.* If an order requires that the children be enrolled in the non-custodial parent's health care coverage, and this has not been done, the child support agency will send a National Medical Support Notice to the non-custodial parent's employer.[9] The employer is then required to enroll the children in the health care plan and deduct any applicable premiums from the non-custodial parent's

[4] See 42 USC §§ 666(a)(5) for the detailed federal provisions in this area.
[5] 45 CFR § 302.56(c)(3). Every state has numeric child support guidelines which are used in setting cash support as required by 42 USC §667.
[6] Most of these are described in 42 USC §§ 654 and 666. They include the imposition of liens on real and personal property, revocation of professional and recreational licenses, suspension of driver's licenses, passport revocation, and credit agency reporting.
[7] 42 USC §666(b) describes in detail what this process looks like. There is also a standardized form that states use to inform employers. Failure to honor an income withholding order makes the employer responsible for the payment and can subject the employer to a fine. 42 USC §666(b)(6)(B).
[8] 42 USC §664 describes this process in detail.
[9] This form was developed pursuant to Pub. L. 105-200, Title IV, §401(b) and is set out at 42 USC § 651 note.

wages.[10] If the family is covered by the state's Medicaid program, the child support agency will inform the Medicaid agency that private coverage is in place. The child support agency is also supposed to periodically communicate with the Medicaid agency to determine whether there have been any lapses in the private coverage.[11]

The Medicaid Program

Medicaid is a program funded by both states and the federal government to provide health care coverage to a variety of low-income children and adults. While there are some federal rules, there is also substantial state variation regarding coverage. Some states cover only very low-income families with few assets, while others cover families with income up to 200 percent of poverty and have no assets test.[12] In recent years, Congress has placed special emphasis on providing Medicaid coverage to children: children under age six from families with income under 133 percent of poverty and older children with family income below 100 percent of poverty must be covered. In addition, states may cover pregnant women and infants with incomes below 185 percent of poverty through their Medicaid programs.[13] Finally, states must provide Transitional Medical Assistance (TMA) to families leaving cash assistance.[14]

Children eligible for Medicaid receive a comprehensive package of services including primary care; inpatient and outpatient hospitalization; laboratory testing and x-rays; and early periodic screening, diagnosis and treatment (EPSDT) services. They may also receive medications, eyeglasses, and inpatient psychiatric care. In recent years, states have increasingly provided these services pursuant to managed care contracts. While the details vary greatly by state, families will usually be required to enroll in a local managed care program and use that program to obtain their medical care. In many cases, the state pays the managed care provider a flat fee regardless of how many (or how few) of its services are used.

Families participating in the Medicaid program must agree to pursue any third party who might be liable to pay medical bills.[15] Thus, if a family has access to private health care coverage (including that obtained through a child support order), that coverage is primary and Medicaid is secondary. Medicaid will pay the uncovered expenses.

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[10] 45 CFR § 302.32.
[11] Id. § 303.30(b)(5)- and (8).
[12] 42 USC § 1396a et seq. States must also cover those who meet the family composition, income, and assets test of the state's former Aid to Families with Dependent Children (AFDC) program even if the family is not receiving cash assistance. Id. § 1396u-1(b).
[13] A fuller discussion of the current Medicaid eligibility rules can be found in Guyer, *Health Care for Working Families After Welfare Reform,* 34 CLEARINGHOUSE REV., (2001), 563-577.
[14] They must also provide Transitional Medical Assistance (TMA) to those who simultaneously participated in both Medicaid and TANF cash assistance and who lose their TANF eligibility due to earnings or child support. Those who leave due to earnings may receive up to 12 months of TMA, while those who leave due to child support receive four months of TMA. 42 USC § 1396r-6(a).
[15] Id. § 1396a(a)(25).

Since 1984, the Medicaid program has also required participating families to assign their medical support rights to the state. In the absence of good cause, custodial parents in these families are required to cooperate with the state in pursuing their medical support rights.[16] The impetus for this set of requirements was Congress' dissatisfaction with state performance under existing law: it felt states were not aggressively pursuing third parties who had a legal obligation to provide health care coverage to Medicaid families. As a result, Medicaid was paying for services that others should have been providing.[17] Since it had recently created the child support enforcement program described above, it seemed logical to make that program available to families receiving Medicaid and to make the child support program—not the Medicaid program—responsible for pursuing liable third parties.[18] Over the years, this requirement has evolved to include both rules and exceptions to those rules.

The Assignment: Custodial parents applying for or receiving Medicaid are required to assign to the state any medical support rights they or their children have, including any rights to medical support arising out of divorce decree or child support order.[19] Parents may be asked to execute an assignment form or the assignment may occur by operation of state law. In the latter case, parents must be told about the state law and its consequences.[20]

Custodial parents who refuse to assign their or their children's support rights can be denied Medicaid coverage. If these parents are already receiving Medicaid benefits, their benefits can be terminated.[21] However, the children are entitled to receive benefits and those benefits cannot be terminated simply because their parents refuse to assign the children's medical support rights.[22]

*The Cooperation Requirement: C*ustodial parents who wish to obtain Medicaid coverage are also required to cooperate with the state in pursuing their assigned support rights.[23] Those with no previous experience with the child support system will have to identify the non-custodial parent, be actively involved in establishing paternity (if that is an issue), participate in obtaining a medical support order, and assist in obtaining any benefits available under that order. Those who already have a support order will simply have to assist in obtaining benefits under that order.[24] The actual process will follow the steps outlined above in the description of the child support enforcement program.

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[16] 42 USC § 1396k(a)(1). See, also 42 CFR §§ 433.145 and 435.610.
[17] House Conference Report No. 95-673, 95th Cong. 1st Sess., 1977 at 45.
[18] Id.
[19] 42 CFR § 433.146(a). They do not have to assign their cash support rights to the state unless they are also receiving cash assistance. 45 CFR § 302.33(a)(5).
[20] Id. § 433.146(c).
[21] Id. § 433.148(a)(1). Custodial parents are entitled to notice and a hearing if Medicaid coverage is denied or terminated. Id. § 433.148(c).
[22] Id. § 433.148(b)(1).
[23] There are two legal sources for the details of what cooperation entails. They are the child support cooperation statute found at 42 USC § 654(29) and the Medicaid regulations found at 42 CFR § 433.147(a).
[24] 42 CFR § 433.147(a).

The child support agency decides whether custodial parents are being cooperative in this process. That agency makes an initial determination and periodically re-determines whether parents are "cooperating in good faith."[25] The child support agency notifies the parents and the Medicaid agency when such determinations are made. If the child support agency decides that a custodial parent is not being cooperative, the notice will state the reasons for this finding.[26] The Medicaid agency will then inform the parent that benefits are being denied or terminated for non-cooperation with child support. The parent can request a hearing if he or she wishes to contest the finding.[27]

However, children's coverage cannot be denied or terminated based on their parents' non-cooperation.[28] For this reason, states are not required to ask about paternity or to seek cooperation in pursuing medical support when an application is filed in a child-only case. If the state does seek such information, or requests cooperation, it must inform the custodial parent that information and cooperation are not required in order for the child to receive Medicaid coverage.[29] However, the state may ask whether the child is presently covered by health insurance.[30]

The Good Cause Exception: Both the assignment and the cooperation requirement can be waived if a custodial parent can establish good cause for doing so. One way to do this is to show that establishing paternity or pursuing medical support is against the best interests of the child.[31] Alternatively, it can be shown that cooperation is against the best interests of the custodial parent because it will result in physical or emotional harm to that parent.[32]

Custodial parents may request a good cause exception to the cooperation requirement at any time. Child support law gives states the option to allow the Medicaid agency to make this determination or to give this task to the child support agency.[33] However, the Medicaid statute and regulations require the Medicaid agency to make this determination.[34]

The Pregnancy Exception: In 1990, Congress added another exception to the cooperation requirement: this exception applies to poverty level pregnant women.[35] These mothers need not cooperate in establishing paternity or pursuing medical support

[25] 42 USC § 654(29)(A).
[26] Id. § 654(29)(E).
[27] 42 CFR § 433.148.
[28] Id. § 433.148(b)(2).
[29] Letter from the Timothy Westmoreland, Director, Health Care Financing Administration to State Medicaid Directors, DCL 00-122a, (December 19, 2000).
[30] 42 CFR § 433.138. As noted in the text, this is because states are required to have laws that automatically assign an individual's right to payment for medical care by a third party to the extent that Medicaid has provided such care. Therefore, the state must ask this question in order to know whether there is a liable third party.
[31] Id. § 433.147(c)(1).
[32] Id. § 433.147(c)(2).
[33] 42 USC § 654(29)(A)(i).
[34] Id. § 1396k(a)(1) and 42 CFR § 433.147(c).
[35] 42 USC § 1396k(a)(1)(B) and 42 CFR §§ 433.145(a)(2), 433.147(a)(1) and 435.610.

from the child's father. In creating this exception, Congress acknowledged studies that showed that it was both morally right and fiscally prudent to encourage as many pregnant women as possible to obtain pre-natal care. In the absence of such care, children suffer and public costs soar.[36] It also recognized that the child support cooperation requirement was a "potential barrier for the high-risk, low income women that would benefit most from it [pre-natal care]."[37]

This exemption is only available during the pregnancy and for 60 days post-partum. After that, the mother must assign her medical support rights to the state and cooperate in establishing paternity and pursuing support if she wishes to continue her Medicaid coverage. While most states do not do so, some states will pursue the father for reimbursement of the pre-natal and birthing costs once the assignment is executed.[38]

The SCHIP Program

In 1997, Congress created the State Children's Health Insurance Program (SCHIP).[39] SCHIP is a block grant program that provides enhanced federal funds to states so that they can offer health care coverage to children who are not income-eligible for Medicaid.[40] In order to encourage enrollment, many states have developed streamlined applications for SCHIP, require less documentation than in Medicaid, and do not impose an assets test. [41]

States can offer SCHIP coverage by expanding their Medicaid programs, creating separate SCHIP programs, or doing both.[42] With this flexibility, sixteen states expanded their Medicaid programs, fifteen set up a separate state program, and twenty adopted a mixed approach.[43] If a state expands its Medicaid program to include SCHIP, then Medicaid rules (including the child support assignment and cooperation rules) apply. However, if the state sets up a separate SCHIP program for all or some families, then, the

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[36] National Academy of Sciences Institute of Medicine, *Preventing Low Birthweight*, (1985), identified a very high correlation between low birth weight and lack of pre-natal care. The Academy estimated $3.38 in savings for every dollar expended on pre-natal care. The Southern Governors Regional Task Force on Infant Mortality reached similar conclusions in *For the Children of Tomorrow,* (1985). A discussion of these studies and their impact on the legislation is found in *Lewis v. Grinker,* 965 F.2d1206 (2d Cir. 1992).

[37] H. Rep. No. 101-881, 101st Cong. 2d Sess. 106-107 (1990), reprinted in 1990 U.S. Code Cong. & Admin News 2017, 2118-2119.

[38] See *Perry v. Dowling,* 95 F.3d 231 (2d Cir. 1996) upholding the legality of this practice.

[39] The legislation is found in Title XXI of the Social Security Act.

[40] Before SCHIP, the average income threshold for children was 121 percent of poverty; after SCHIP implementation it was 214 percent. Thus, considerably more children at near poverty are now covered by publicly subsidized coverage. Judith Wooldridge, Ian Hill, Mary Harrington, Genevieve Kenney, Corinna Hawkes, and Jennifer Haley*, Interim Evaluation Report: Congressionally Mandated Evaluation of the State Children's Health Insurance Program,* (February 26, 2003), p. 6. This report is available at http://aspe.hhs.gov/health/schip/interimrpt/index.htm.

[41] For more detail, *see* Wooldridge et al. pp. 21-31.

[42] 42 USC § 1397aa.

[43] See Wooldridge et al. p. 5. See, also *Fiscal Year 2002 Number of Children Ever Enrolled in SCHIP-Preliminary Data Summary,* (January 30, 2003) available at http://www.dhhs.cms.gov in the SCHIP folder.

rules are somewhat different. One major difference is that there are no child support assignment or cooperation provisions in SCHIP.

At first blush, this seems to make SCHIP different from Medicaid. In actuality, however, there is no difference since children receive Medicaid coverage even when their custodial parents refuse to execute an assignment or cooperate in pursuing medical support. In other words, whether they are Medicaid or SCHIP eligible, children are to be covered regardless of the child support conduct of their parents.

How Effective Is the Medicaid Child Support Cooperation Requirement?

A 2000 report from the Department of Health and Human Services (HHS) Office of the Inspector General reveals some dissatisfaction with the current system from both a Medicaid and a child support system perspective. Medicaid workers report strong cooperation from mothers who want to pursue cash support and whatever medical coverage may be available. This is especially true of those who are employed in jobs that do not provide health care coverage. On the other hand, Medicaid workers say that some parents are avoiding the cooperation requirement by eschewing coverage for themselves or declining to pursue cash support.[44]

At the same time, there are reports from families that the cooperation requirement is not properly administered. Common complaints include not being informed about the requirement itself, inability to obtain a good cause exception, and inappropriate sanctions.[45] There have also been studies, based on interviews with Medicaid-eligible custodial parents that indicate that they do not seek Medicaid coverage for themselves and/or their children because of the child support cooperation requirement. In general, these parents have experienced domestic violence and are afraid that the pursuit of paternity or medical support will result in additional violence.[46] These parents are concerned that they will not be able to establish good cause for non-cooperation, and therefore the system will pursue medical support on their behalf. Rather than take the risk that this will happen, they avoid the system entirely.

Their fear is reasonable.[47] Until recently, most state child support enforcement programs had developed few protocols for protecting domestic violence victims. If a public assistance recipient was unable to prove a good cause case, the system would go

[44] Department of Health and Human Services Office of the Inspector General, *Client Cooperation with Child Support Enforcement: Local Staff Experiences with Medicaid-Only Clients*, OEI-06-98-00045, (2000).
[45] See, e.g. Claudia Schlosberg and Joel Ferber, *Access to Medicaid Since the Personal Responsibility and Work Opportunity Reconciliation Act*, 31 CLEARINGHOUSE REV., (1998), 528-547,534-35.
[46] See, e.g., Jessica Pearson and Esther Ann Griswold*, Child Support Policies and Domestic Violence*, PUBLIC WELFARE, (Winter 1997), 26-32.
[47] See, e.g., Pearson and Griswold, *supra*. This article looks at practice in Denver, Colorado and indicates that many of those seeking a good cause claim were unable to obtain one even when they had documentation of violence.

forward without considering ways to protect the family. In the last five years, much progress has been made. However, much more needs to be done.[48]

Issues and Concerns

Issue 1. The cooperation requirement no longer serves its stated purpose. When the Medicaid assignment and cooperation provisions were adopted in 1984**,** the state child support enforcement program primarily served families receiving cash assistance from Aid to Families with Dependent Children (AFDC); some states served only AFDC families. To make sure that families receiving Medicaid also got the benefit of IV-D services, a Medicaid assignment and cooperation requirement made sense. Today, however, the states' child support programs are very different. Only 17 percent of the caseload is receiving cash assistance. The caseload is overwhelmingly former-assistance and never-assistance families.[49] These families do not need the leverage of an assignment and cooperation requirement to get them into the system.

Issue 2. The cooperation requirement is redundant. Approximately 60 percent of all child support eligible families now use the state child support enforcement (IV-D) program. The vast majority of these families are low and moderate income.[50] In other words, most families who qualify for Medicaid and SCHIP are already in the child support system. They do not need to have a cooperation requirement imposed on them as they already understand the benefits of having that system collect cash support and enforce any medical support orders they may have.

Issue 3. The cooperation requirement creates unnecessary confusion for families participating in TANF/Food Stamps as well as Medicaid. For clarity, the detailed discussion above describes the rules when a custodial parent seeks Medicaid or SCHIP coverage for her children and possibly herself/himself. The situation is even more complicated if the family receives cash assistance from the Temporary Assistance for Needy Families (TANF) program. This is because TANF has its own assignment and cooperation rules. Those rules are administered by the TANF and child support agencies. These agencies have broad latitude to define cooperation and set the standards for good cause exceptions to the cooperation requirement.[51] In some states, there are also cooperation requirements for custodial parents receiving Food Stamps.[52] These requirements are implemented by the child support and Food Stamp agencies. Thus, when families participate in several means-tested programs, the overlapping rules and

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[48] See, Vicki Turetsky and Susan Notar, *Models for Safe Child Support Enforcement,* 8 AMERICAN UNIVERSITY JOURNAL ON GENDER, SOCIAL POLICY AND LAW, (1999).
[49] Office of Child Support Enforcement, *Child Support Enforcement (CSE) FY 2002 Preliminary Data Report*, (April 29, 2003), p.5. This report is available at http://www.acf.dhhs.gov/programs/cse/pubs/2003/reports/prelim-datareport.
[50] About 68 percent have IV-D families have incomes below $30,000 per year. Mathew Lyon, *Characteristics of Families Using Title IV-D Services in 1997*, (May 2002), Table 3B. This report is available at http://aspe.hhs.gov/hsp/CSE.
[51] 42 USC §§ 608(a)(3) and 654(29).
[52] 7 USC §§ 2011(l)-(n).

requirements can be quite bewildering. It is possible that a custodial parent could be required to cooperate for purposes of one program and found eligible for a good cause exception by another program.

Issue 4. The difference in requirements in the Medicaid and SCHIP programs is administratively difficult and makes it hard for children to obtain needed health care coverage. As noted above, children are to be enrolled in Medicaid or SCHIP regardless of the child support conduct of their parents. However, since Medicaid rules require states to obtain child support information and SCHIP rules do not, streamlining the interface between the two programs can be difficult. This is especially true in states which have tried to develop a common application for both programs and create a seamless interface between the programs.

In the Medicaid context, unless good cause is established, states are supposed to ask:

- The Medicaid case number.
- Name and social security number of the non-custodial parent.
- Names and social security numbers of the children.
- Home address of the non-custodial parent.
- Name and address of the non-custodial parent's place of employment.
- Whether the non-custodial parent has private health care coverage, and, if so, the policy name and number, and names of the persons covered.[53]

No such information is required of SCHIP applicants. For states that have tried to streamline the Medicaid and SCHIP application forms, this can be problematic. Ideally, a custodial parent could apply for both programs at the same time and be enrolled in the program for which the family qualifies. If the family meets the eligibility requirements for Medicaid, the custodial parent and the children should be enrolled in that program. If they are ineligible for Medicaid, but meet the SCHIP requirements, then the children should be enrolled in SCHIP. Since the family likely doesn't know, at the time of application, which program they qualify for, they may be asked child support questions when these are not necessary. Alternatively, the child support questions may not be asked when they should be, creating problems down the road for the child support agency.

Some states deal with this conundrum by not discussing child support on the application form. They obtain the information later, if needed. However, this can be confusing to families. The confusion can be compounded when the family situation changes and it is determined that a Medicaid-eligible family is now SCHIP eligible or vice versa. As one report noted " The lack of alignment in eligibility and enrollment procedures [is] very confusing to families, sometimes resulting in inappropriate interruptions or losses in coverage, and was observed as presenting the most challenging administrative and coordination problems for states."[54]

[53] Id § 303.30(a).
[54] Wooldridge et al., p. 63.

Issue 5. **The current requirements lead some parents and children to avoid coverage**. At the same time, the cooperation requirement contributes to some children's lack of coverage. In some cases this is because the rules are misapplied and they are denied coverage for which they are eligible simply because of parental non-cooperation. In others, their parents do not apply for coverage for fear of having to meet the cooperation requirement.

Ameliorating the Problems

All of the problems described above have a simple solution. The Medicaid child support cooperation requirement should be abolished. In its place, there should be a requirement that custodial parents seeking Medicaid or SCHIP coverage who are not already enrolled in the state's child support enforcement program be informed about the services available from these programs. This outreach effort could be accompanied by automatic referral of any interested parent without the need to file an application or pay an application fee.

In most cases, the referral will be unnecessary. The family is likely already participating in the state's child support program by virtue of receiving TANF or Food Stamps or because the custodial parent has already applied for such services. In the rare cases in which this is not so, custodial parents will fall into one of two groups. Most will gladly accept such services and pursue paternity and support. The remainder are likely those who have legitimate concerns about domestic violence. The state can explain what protections are in place and the parents can decide whether these protections are sufficient.

Under the current system, those who still do not wish to proceed are likely to claim a good cause exception, costing the state time and money to process claims that are likely to succeed. This is stressful to custodial parents and wasteful of scarce state resources.

In other words, this alternative approach is likely to bring those families not yet in the state's child support system into the program at less cost to the state. It will also facilitate the development of common Medicaid and SCHIP forms and protocols making it more likely that children will obtain and retain needed health care coverage.