

CHILD SUPPORT

MA-3365 CHILD SUPPORT

REVISED EFFECTIVE 04/01/10 – CHANGE NO. 04-10

I. INTRODUCTION

The Child Support Enforcement Agency (IV-D) can assist the family in obtaining financial and/or medical support or medical support payments from the child's non-custodial parent. Child Support can help establish paternity and a support order either through the court or voluntarily. Working with Child Support may also benefit the child by establishing eligibility for Social Security, pensions and veteran's benefits. Finally, by working with the Child Support Agency, the family may aid the child by helping to form a bond between child and parent and by making available a complete family medical history.

II. REQUIREMENTS FOR MAKING REFERRALS TO THE CHILD SUPPORT ENFORCEMENT AGENCY

A. Evaluate and refer all Medicaid cases, including MAD, to Child Support Enforcement when one of the statements in 1, 2 or 3 is true and the conditions in 4 are met. See II.B. for exceptions.

1. The caretaker applies for Medicaid for himself and a child(ren).
2. The caretaker applies for himself and a child(ren) has ongoing coverage.
3. The caretaker is not applying for or receiving Medicaid but applies for a child(ren) only, requests services through Child Support Enforcement, and agrees to cooperate.

AND

4. The child(ren) meets the following conditions:
 - a. The child(ren) is under age 18, or
 - b. The child(ren) is 18 through 20 years of age and
 - (1) Child support was established before age 18 and
 - (2) The child(ren) is attending primary or secondary school.
 - c. The child(ren) has at least one absent parent who is not deceased.
 - d. The child(ren) does not have health insurance or medical support payments.
 - (1) Even if the child(ren) has health insurance, if the caretaker requests services through Child Support, make the IV-D referral.

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(II.A.4.d.)

- (2) When the health insurance or medical support is lost, make the IV-D referral.

B. Do Not Make the Referral to Child Support in the Following Situations:

1. Good Cause is established (See IV.)
2. The application for the child(ren) is for retroactive coverage only or it is known in advance that it will be an open and shut application.
3. The child(ren) is living independent of a parent/caretaker. However, if requested, Child Support Enforcement could establish a medical support obligation for a minor child living independently from a caretaker, if that child has not been legally emancipated.
4. The child(ren) is an SSI recipient. The referral can be made if the caretaker requests IV-D assistance and agrees to cooperate.
5. During the mother's post-partum period when the child(ren) receives Automatic newborn coverage. Do not send a referral to Child Support Enforcement for a child authorized for automatic newborn coverage until the end of the mother's 60 day postpartum period unless the mother agrees to cooperate with Child Support Enforcement and requests that referral be made earlier.
6. The child(ren) or caretaker is receiving Expanded Foster Care Program Medicaid (EFCP). See II.C.2.
7. The caretaker is pregnant.
 - a. Any program category

Do not require a pregnant woman receiving Medicaid under any category to cooperate with IV-D in establishing paternity and obtaining medical support or medical support payments for the unborn child through the end of the postpartum period.

- b. MPW

Do not require a pregnant woman receiving Medicaid under the MPW category to cooperate with IV-D in establishing paternity and medical support or medical support payments for any other children receiving Medicaid or Work First for whom she is the caretaker. At the end of the postpartum period, provided that one or both of the newborn child's parents is absent from the home, evaluate and refer to Child Support, if appropriate. The woman must cooperate with IV-D to continue receiving Medicaid for herself. Inform the pregnant a/r of this requirement. Medicaid for the children is unaffected by this requirement.

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(II.B.7.)

- c. Require a pregnant woman who is ineligible for M-PW and is receiving Medicaid under the M-AF category to cooperate with IV-D in establishing paternity and medical support or medical support payments for any children, other than the unborn, receiving Medicaid or Work First for whom she is the caretaker.
8. The caretaker is receiving transitional Medicaid.
9. 19 or 20 year olds receiving Family Planning Waiver Medicaid (FPW).

When the individual in the FPW case is 19 or 20 years of age, a referral screen is displayed. Do not send a referral on this case to Child Support unless the individual is a caretaker of a child receiving Medicaid.

C. Foster Care

1. If appropriate (see II.B.6.), refer a child for whom an application has been made for I-AS (Title IV-E Foster Care) or H-SF (Non-Title IV-E Foster Care) after receiving form DSS-5120 (Eligibility Documentation/Verification for Foster Care Assistance and/or Medical Assistance) from the social worker.
 - a. The revised DSS-5120 contains a section in which the foster care worker indicates whether referral to IV-D is needed. The form also contains information regarding the non-custodial parent.
 - b. If the DSS-5120 has not been received when the DSS-8124 is keyed, exit the referral screen by pressing PF2 and complete referral at a later date, if necessary.
 - c. Always enter the SIS Number on the Children Being Referred screen. When transferring a foster care case to another county a new SIS# must be assigned. Contact the child's social worker in your county.
2. Exempt I-AS and H-SF adolescents in the Expanded Foster Care Program (EFCP) from cooperating with Child Support when they are caretakers of minor children. There is no child or medical referral requirement for a foster adolescent who now has a child, as long as the individual remains covered in the Expanded Foster Care Program. However, if the individual's category of coverage is changed to a family group where child support requirements must be met as a condition of eligibility for the caretaker, then make a referral to Child Support.

CHILD SUPPORT**REISSUED EFFECTIVE 04/01/10 – CHANGE NO. 04-10****III. CARETAKER RESPONSIBILITIES WHERE COOPERATION IS REQUIRED****A. As a condition of Medicaid eligibility for the caretaker, the caretaker is required to:**

- Assign to Medicaid rights to medical support and to payment for medical care from any third party;
- Cooperate in identifying and providing information to assist in pursuing legally liable third parties, unless excused from the obligation of cooperating with Child Support (see II.B.), and
- Cooperate in establishing paternity and in obtaining medical support or medical support payments unless excused from the obligation of cooperating with Child Support (see II.B.).

When the parent/caretaker is applying for Medicaid for himself, and cooperation with social services and child support agencies is a condition of Medicaid eligibility, the cooperation requirements must be met or good cause for not cooperating (refer to IV. below) must be established. A parent/caretaker who fails to meet the cooperation requirements and fails to establish good cause for not meeting the cooperation requirements is ineligible for Medicaid unless one of the exceptions in II.B. applies.

B. Cooperation for medical support and/or medical payment requirement purposes is defined as:

- Providing information or evidence relevant to an investigation;
- Appearing as a witness at a court or other proceeding;
- Identifying third parties and providing information;
- Taking any other reasonable steps to assist in establishing paternity and securing medical support payments.

C. Assignment of Rights

By making an application for Medicaid, the adult caretaker assigns his right to any medical support or medical payments from any third party over to the Division of Medical Assistance. This means that any medical payment or medical support as a result of a court order (divorce/separation agreement, legal support order, etc.) will be sent from IV-D to the Third Party Recovery Section of DMA.

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(III.)

D. Face To Face Interview

During the face-to-face interview at application and redetermination, inform the parent/caretaker of his right to establish good cause in not making a referral to the Child Support Enforcement Agency. Give the a/r a copy of the [DSS-5334, Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement](#).

E. Child Support Enforcement

If cooperation is required, the caretaker must provide information in order to:

1. Identify and locate the parent of any child for whom assistance is requested.
2. Establish the paternity of any child born out of wedlock for whom assistance is requested.

NOTE: When referring a case to IV-D in which the mother was married at the time of the child's birth, but not to the biological father of the child, refer the legal father/husband as the non-custodial parent, noting that the mother has stated that another man is the biological father, and include that name. See [EIS 4900, Appendix C](#) for referral process.

3. Obtain medical support and/or medical payment from any third party for the child(ren).

The Child Support Enforcement agency determines whether a caretaker has cooperated with this requirement. **If the caretaker is otherwise eligible, include him in the a.u. until such time as Child Support Enforcement notifies the dss of non-cooperation.**

IV. DETERMINING GOOD CAUSE FOR NOT COOPERATING WITH CHILD SUPPORT ENFORCEMENT

The parent/caretaker may have good cause not to cooperate in the state's efforts to establish paternity or collect medical support or medical payments for a child. The a/r may be excused from cooperating if he believes that cooperation would not be in the best interest of the child or the caretaker, and if evidence can be provided to support this claim. Always inform the parent/caretaker of his right to establish good cause.

Note: Assistance will not be denied, delayed or discontinued pending a determination of good cause for refusal to cooperate if the a/r has complied with the requirements of evidence and information. **The IMC makes the final determination of good cause.**

(IV.)

A. Good Cause for not making a referral:

Good cause exists where:

1. Cooperation can reasonably be expected to result in physical or emotional harm to the child for whom assistance is requested, or to the caretaker to the extent that it would reduce his capacity to adequately care for the child.
 - a. Physical harm must be of a serious nature to justify good cause.
 - b. Emotional harm may only be found if it would substantially affect the individual's functioning. Consider the following:
 - (1) The present emotional state of the caretaker.
 - (2) The emotional health history of the caretaker.
 - (3) The degree of cooperation to be required.
 - (4) The extent to which the child would have to be involved in the establishment of paternity or support enforcement activity.

Or

2. At least one of the following circumstances exists which would make cooperation detrimental to the child:
 - a. The child for whom medical support or medical payments is sought was conceived as a result of incest or rape.
 - b. Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction.
 - c. The caretaker is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or relinquish him for adoption, and the discussions have not gone on for more than three months.

B. Establishing Good Cause

— If the parent/caretaker claims to have good cause for not making a referral, give the parent/caretaker the [DSS-8104](#), Second Notice of Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement. The caretaker claiming good cause must provide evidence to establish his claim.

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(IV.B.)

1. Evidence:
 - a. Birth certificates or medical or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape.
 - b. Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction.
 - c. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the putative father or non-custodial parent might inflict physical or emotional harm on the child or the caretaker.
 - d. Medical records or records of a mental health professional which indicate the emotional health history and present emotional health status of the caretaker or child for whom medical support or medical payment is being sought.
 - e. A written statement from a public or licensed private social agency that the caretaker is being assisted by the agency to resolve the issue of whether to keep the child or relinquish him for adoption.
 - f. Sworn statements from individuals other than the caretaker with knowledge of the circumstances which provide the basis for the good cause claim.
2. Request evidence necessary to determine if good cause exists. Set a date for the a/r to return the evidence. Allow twenty calendar days and offer assistance if needed.
3. Upon receipt of evidence, determine if good cause exists.
4. If you determine that additional evidence is necessary:
 - a. Notify the client that additional evidence is needed, and
 - b. Advise him how to obtain the documents and offer to assist in obtaining documents he cannot readily obtain without assistance.
5. If the evidence has not been provided by the deadline, approve the application if all other eligibility criteria are met. Indicate that good cause was denied on the Required Client Data screen. Refer to EIS 4900, Appendix C.

Document the findings on the base document.
6. If the good cause claim was due to anticipated physical harm and proper supportive evidence is not provided by the caretaker, the agency may investigate and accept the claim if:

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(IV.B.6.)

- a. It is believed that evidence is unavailable, or
 - b. It is believed that the claim is credible without evidence.
7. If the good cause claim and the evidence provided are insufficient for making a determination of good cause, the agency may conduct its own investigation. The IMC may:
- a. Contact the non-custodial parent from who support would be sought.
 - b. Notify the caretaker of the necessity of this contact in order that he may present additional evidence, withdraw the good cause claim or the application for assistance, or have the good cause claim denied.
8. If good cause is established:
- a. Indicate that good cause is approved on the Required Client Data Screen. Refer to EIS 4900, Appendix C.
 - b. Document the findings in the case record and attach any supporting evidence.
9. If good cause does not exist, indicate that good cause was denied on the Required Client Data screen. Refer to EIS 4900, Appendix C.
10. The IMC makes the final determination of good cause.

V. MAKING A REFERRAL TO IV-D

Prior to referring a case to IV-D, review exceptions in II. B.

A. Explain to the caretaker that he will be asked to do the following things:

1. Name the parent of any child applying for or receiving Medicaid, and give information to help find the parent.
2. Help determine the legal father of the child if the child was born out of wedlock.
3. Report money which is given directly to the caretaker by the non-custodial parent or the caretaker's absent spouse.
4. Come to the social services office, the child support office, or the court to sign papers or give necessary information.

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(V.)

B. Explain cooperation and good cause for non-cooperation to the caretaker.

1. Review requirements on the application/redetermination document when completing an application or redetermination.
2. Have the caretaker sign and date the [DSS-5334, Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement](#).

C. If the caretaker refuses to provide information regarding the non-custodial parent's identity and location or states that he does not know the identity of the non-custodial parent:

1. Complete the referral to IV-D. Enter UNKNOWN UNKNOWN for absent parent (AP) name. Use the Notepad function to explain the reason the information was omitted.
2. Do not deny the application or terminate an ongoing case for failure to provide information regarding the non-custodial parent.

D. At application, complete a referral for each non-custodial parent. If the applicant alleges good cause but has not provided verification, indicate that the good cause determination is pending. Refer to IV.**E. When the application is to add an additional person to an ongoing case, or pending application, access the referral by keying the DSS-8124. EIS case and individual information is automatically brought forward to the referral. Other information (non-custodial parent, etc.) must be keyed on the referral screens.****F. Complete a referral for newborns who receive under automatic newborn coverage when the caretaker has applied for or is receiving Medicaid for herself or has requested services through Child Support and agrees to cooperate.**

1. Do not send the referral prior to the end of the mother's postpartum continuation period unless she requests that the referral be made earlier.
2. When keying the DSS-8124 to authorize the newborn, press PF2 to exit the referral screens unless the mother has agreed to cooperate and requests that the referral be sent earlier.
3. When completing the re-enrollment for the caretaker at the end of the MPW certification period, if a referral is required obtain information regarding the non-custodial parent. Key the referral through the IV-D Menu in EIS.

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(V.)

G. When reopening a case where an individual has previously been referred to IV-D, key the minimal data necessary to send a referral plus any additional changes of which you are aware. If a referral is not completed, IV-D will be unaware the case has been re-opened and automatic updates and information exchanges will not take place.

Send additional or new information on the non-custodial parent by accessing the appropriate screen through the IV-D Menu in EIS.

H. IV-D places high priority on medical support for cases which have one of the following criteria. When referring high priority cases, indicate on the Notepad function that it is “High Priority” and the reason.

1. Children with high medical costs (disabled children, children requiring frequent hospitalization or with special medical needs, etc.).
2. Casehead has a great deal of information about the non-custodial parent or has frequent contact with the non-custodial parent.
3. There is high potential for support (i.e. insurance is available through non-custodial parent's employer). When IV-D reports that health insurance coverage has been established, the Third Party Recovery Section at the Division of Medical Assistance will verify coverage and will key the Third Party Health and Accident Resources Information form (DMA-2041) into EIS. The county dss will receive the turnaround document.
4. A support order exists, but does not include medical support or medical support payments. IV-D will notify the Third Party Recovery Section of the terms of the support order.

I. Documentation

Document in the eligibility case file that referral has been completed and the date sent.

VI. AUTOMATED REFERRAL PROCESS

Referrals to IV-D and updates to cases in EIS that have been referred to IV-D are completed on-line through EIS. A brief overview of the referral process follows. Refer to EIS-4900, Appendix C, for detailed instructions for referral and update procedures.

(VI.)

A. Referrals

Initial referrals are keyed following registration of the DSS-8124. This process is based upon the concept that the IMC will be registering the DSS-8124 and completing the referral at application. Exceptions are applications not registered immediately (outposts, etc.) or applications registered without completing the interview.

Referrals may also be made by accessing the referral screen through the IV-D Menu in EIS. This process can be used for keying a referral for a pending application, an active case, a change in situation, or when a new non-custodial parent is identified.

1. EIS Case Information for IV-D Referral

Case and individual data for the referral is brought forward from data captured in EIS when the DSS-8124 is registered. This information is displayed in a series of referral screens that must be completed by the IMC.

2. Referral Screens

The referral screens are designed for entry of information about the casehead/payee, non-custodial parent(s) and child(ren).

- a. The initial referral screen contains questions concerning the caretaker and child(ren) which must be answered.

Cases not requiring referral to Child Support Enforcement are eliminated from the referral process by completing these questions.

Do not refer child only cases to IV-D when the caretaker is not applying for or receiving Medicaid for himself unless the caretaker requests services through Child Support and agrees to cooperate. The referral screen will appear for these cases when the DSS-8124 is keyed. Accurate completion of the referral screen will ensure appropriate referrals.

- b. For cases requiring referral, enter information on the appropriate screens. The referral is automatically sent to ACTS through the interface upon completion of the required screens by pressing the ENTER key.
- c. You may exit the referral process at any time by pressing PF2. The referral will not be sent and all data entered will be deleted.

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(VI.A.)

3. Non-custodial Parent Data Form

- a. A paper referral known as the Non-custodial parent Data Form must be completed for applications taken at home visits, outposts, and when EIS is unavailable. Refer to EIS 4900, Appendix C.
- b. Key the referral to IV-D after registering the DSS-8124 or by accessing the referral screens through the IV-D Menu in EIS.

4. Good Cause

Referrals to IV-D are sent at the time of the interview unless good cause is already established and verified. A referral cannot be done if good cause is already established. The system has good cause indicators for pending, approved and denied status. If good cause is claimed but not established:

- a. Send the referral and indicate that the good cause determination is pending.
- b. Update the good cause indicator when a final determination is made. Refer to EIS 4900, Appendix C.

If the caretaker provides verification of good cause before the referral is keyed, answering yes (Y) to the question on the initial referral screen, "HAS THE APPLICANT PROVIDED PROOF/VERIFICATION OF GOOD CAUSE?" will stop the referral process. Refer to EIS 4900, Appendix C.

If the a/r had previously been referred to IV-D, the case was closed and the a/r now has proof of good cause, the IMC must send a written notice to IV-D indicating that the a/r now has good cause. Referral information cannot be sent after answering the above question with a "Y."

5. Add-on Applications

An add-on application for children being added to a case will generate the referral process after keying the DSS-8124, the same as with an initial application.

6. Existing Cases

Referrals on active cases may be completed and are keyed based upon the existing Case ID or pending application number (i.e. new non-custodial parent has been identified, loss of medical support, etc.). Use the IV-D Menu in EIS.

(VI.)

B. Information Transmittal

1. Automatic Transmittal

Certain information keyed into EIS for cases with an existing referral will be automatically sent to ACTS. Changes to data for applications, cases and/or individuals referred to ACTS are automatically sent (i.e. address changes, applications dispositioned, individual participant data, etc.) and require no additional action upon the part of the IMC.

2. Information Transmitted by IMC

Certain information is not sent automatically and must be keyed into EIS through on-line screens in order to transmit to IV-D. Select the “SEND DATA TO IV-D” function on the IV-D Menu in EIS. Do not key a new referral to send the following:

- a. Good cause indicators (when referral has been sent but good cause is verified later).
- b. Support order data.
- c. Changes/updates to non-custodial parent individual data.
- d. Changes/updates to Child Data not contained in EIS (i.e. - born out of wedlock).
- e. Casehead/Payee data not contained in EIS (i.e. - employment information).

NOTE: You must use the Notepad to update/change data if the casehead/payee is not included in the child's EIS case.

3. Notepad Function

A “notepad” screen is available for exchange of miscellaneous information in text form. Always enter the following on the Notepad if applicable:

- a. Minor mother in household - list name and which child belongs to minor mother.
- b. “High Priority” case.
- c. Health Insurance data for the non-custodial parent.
- d. Pregnancy of client or minor mother.
- e. Multiple non-custodial parents when little is known about them, making it unnecessary to complete the “AP” data screens.

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(VI.B.3.)

- f. Good Cause - If there is more than one non-custodial parent, indicate for which non-custodial parent the good cause claim is pending.

4. Information Sent From ACTS to EIS

Information received from ACTS will appear on a work list report in NCXPTR, which is generated nightly. The report is sorted by county, worker number and date sent. Someone in each county must check the report daily.

- a. The IMC must inquire into each record and determine if action is necessary.
- b. The IMC must indicate on each record screen when he is finished with a particular transaction. The item will then be deleted from the work list during nightly processing.

C. When IV-D Reports the Caretaker Failed to Cooperate

Complete an ex-parte evaluation for the caretaker. If eligible under MPW, authorize MPW coverage for the caretaker.

1. If ineligible for MPW, send a timely notice notifying the caretaker that he will be deleted from the assistance unit.
2. Delete the caretaker from the assistance unit at the end of the timely notice period unless you receive notice from IV-D that the caretaker has cooperated. Refer to D. below.

EIS automatically notifies IV-D that the caretaker has been deleted.

D. Caretaker Sanctioned for Non-Cooperation

After the caretaker has been sanctioned for non-cooperation with IV-D, he may reapply for assistance.

1. When the caretaker has been sanctioned for non-cooperation with IV-D and reapplies for a program/category in which cooperation with IV-D is required, he must cooperate unless good cause for not cooperating exists (See IV.). To be determined eligible for Medicaid, the caretaker must cooperate with IV-D within the application processing period. See VII.B. Advise the caretaker that coverage can begin no earlier than the first day of the month in which he cooperated.
2. When a caretaker has been sanctioned for non-cooperation with IV-D and applies for a program/category for which cooperation with IV-D is not a condition of eligibility, notification of cooperation from IV-D is not required. See VII.B.

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(VI.D.)

3. When IV-D certifies that the caretaker has cooperated for an ongoing case:
 - a. Notify him by using the [DMA-5182, Notice of Cooperation in Establishing Paternity and/or Medical Support](#), that he may once more be eligible for Medicaid. Inform him that in order to determine if he is eligible for Medicaid, he must reapply at his local county dss.
 - b. The effective date can be no earlier than the first day of the month in which he cooperated. All other application rules apply, based on the date of application.

VII. PENALTY FOR FAILURE TO COOPERATE

A. Do not include a caretaker who is ineligible due to non-cooperation with IV-D in any Medicaid assistance unit except MPW.

B. If a caretaker who is under a sanction due to non cooperation reapplies for Medicaid, determine his eligibility based upon the current circumstances.

1. The sanction continues to apply, and the caretaker must cooperate with IV-D (see II.B. for exceptions) when:
 - a. The child(ren) has ongoing coverage, meets the criteria in II.A., and the caretaker applies for ongoing coverage for herself, or
 - b. The child(ren) has ongoing coverage, meets the criteria in II.A., and the caretaker applies for retroactive coverage for herself. The sanction may have been imposed from a retroactive period.
 - c. The child(ren) from the case to which the existing sanction applies are no longer receiving but the caretaker is applying for herself and another child.
2. The sanction does not apply and no IV-D referral is required where:
 - a. The child(ren) does not have ongoing coverage and the caretaker applies for ongoing coverage for herself.
 - b. The child(ren) does not have ongoing coverage and the caretaker applies for retroactive coverage for herself.

C. If the parent of the child is a minor receiving assistance as a child, failure to cooperate with IV-D in seeking medical support or medical support payments will result in the ineligibility of the minor parent's caretaker, not the minor parent.

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(VII.C.)

EXAMPLE 1: Ms. Chatham is receiving M-AF with her 16 year old daughter Mary. Mary has a baby. Mary is referred to IV-D to establish paternity and obtain medical support or medical support payments. If IV-D reports non-cooperation, and the IMC does not establish good cause, take action to remove Ms. Chatham from the case. Mary would continue to be eligible for assistance as a child.

EXAMPLE 2: Ms. Warren, a 17 year old mother, applies for Medicaid for her child and herself as caretaker. She lives with her mother and has income budgeted to her from her mother. If IV-D reports non-cooperation, and the IMC does not establish good cause, take action to remove Ms. Warren from the case because she is receiving as a caretaker. The child would continue to be eligible for assistance. Delete income budgeted to the minor parent from his or her parent.

D. If the caretaker is the only individual in the a.u., notification from IV-D of failure to cooperate will result in termination of assistance.

Exception: Do not apply the penalty for non-cooperation to pregnant women during the 60-day postpartum period.

VIII. REPORTING CHANGES TO IV-D

A. After the initial referral, notify IV-D via the appropriate screens on the IV-D Menu in EIS of all changes not reported automatically through the interface. This includes reporting:

1. Receipt of support by assistance unit members.
2. Good cause determinations.
3. Additional information about the non-custodial parent or child(ren).
4. Casehead data not captured in EIS.

B. Notify IV-D of changes within five work days of the report of the change.