

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064

Reason for this Transmittal

- State Law or Regulation Change
 Federal Law or Regulation Change
 Court Order or Settlement Change
 Clarification requested by One or More Counties
 Initiated by DCSS

April 16, 2007

LCSA LETTER: 07-05

ALL IV-D DIRECTORS

SUBJECT: CALIFORNIA INSURANCE INTERCEPT PROGRAM – CREDIT
 TRANSMITTAL INSTRUCTIONS

This letter updates the instructions for completing and submitting the California Insurance Intercept Program (CIIP) Credit Transmittal (CS 4268) that were provided in LCSA Letter 03-07.

DCSS must submit a CIIP credit request to the vendor within specific timeframes from the match date. **DO NOT hold the CS 4268 transmittal forms and submit them once a month as previously instructed.**

LCSAs should immediately submit a completed CS 4268 transmittal form to DCSS when one or more of the following situations occur:

- The LCSA already identified the specific claim and is pursuing it, but a lien has not yet been filed with the insurance company. Provide the information in the "Other" box and include the date the claim was previously identified, if possible.
- Incorrect match for the noncustodial parent. The CS 4268 transmittal form does not require a date; however, DCSS must submit a credit request within thirty days of the match date.
- The arrearage is already paid in full or the arrearage is minimal. Include in the "Date Claim Was Closed" box the complete date the arrearage was paid in full.
- The child support case is closed. Check the "Already Closed" box and include in the "Date Claim Was Closed" box the complete date the case was closed.
- The insurance claim is paid and closed or the insurance claim was closed without being paid. Check the "Already Closed" box and include in the "Date Claim Was Closed" box the complete date the insurance company paid or closed the claim.

- The claim is for medical expenses only. Include in the "Date Claim Was Closed" box the complete date it was determined the claim was for medical expenses only.
- The claim is denied or no benefits are paid. Include in the "Date Claim Was Closed" box the complete date the insurance company denied the claim or determined there would be no benefits paid. Check the "Other" box and indicate appropriate remarks.
- There is an ONTW (Order/Notice to Withhold) order established with the insurance company for this specific insurance claim. Confirm the ONTW date created coincides with the date of injury on this specific claim. Include in the "Date ONTW Was In Place" box the complete date of the ONTW. **This IS NOT a Notice to Withhold with the claimant's employer, unless the employer is self-insured.**
- The insurance claim is for property damage only. Check the "Other" box and indicate "Property damage only."
- No arrears have accrued since the date of injury. Check the "Other" box and indicate "No arrears have accrued since the date of injury."

Please mail the completed CS 4268 transmittal form to:

California Department of Child Support Services
Operations Division
P.O. Box 419073, MS A-231
Rancho Cordova, CA 95741-9073

Attention: Melanie Henderson

If you prefer, you may fax your forms to Ms. Henderson at (916) 845-0154.

If you have any questions or concerns regarding this matter, please contact Melanie Henderson at (916) 845-3641.

Sincerely,

/s/

ROBERT JONES
Acting Deputy Director
Operations Division