

CONTRACT # 9
RFS # 345.13-21309
FA # 09-27872
Edison # 16511

Department of Human Services
Division of Child Support

VENDOR:
State of Rhode Island



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanserv/

BILL HASLAM
GOVERNOR

RAQUEL HATTER, MSW, Ed.D.
COMMISSIONER

February 11, 2013

Mr. Lucian Geise, Executive Director
Tennessee General Assembly
Fiscal Review Committee
320 Sixth Ave., N.
8th Floor Rachel Jackson Building
Nashville, TN 34243

Dear Mr. Geise:

In 2009, the Tennessee Department of Human Services entered into contract (FA 09-27872) with the State of Rhode Island for participation in the Child Support Lien Network (CSLN). The State of Rhode Island is the host state for CSLN.

CSLN provides a national web-enabled network seamless to state child support agencies and other users of the system, with the objective of performing data matching activities to identify and intercept insurance claim settlements before these are sent to a claimant who owes past-due child support. Ultimately, such activities result in an increase in child support collections, which benefits both families owed the child support payments, as well as the state.

The contract with the State of Rhode Island has, as a structure for payment, an amount to be paid for each matched claim that is available for enforcement/collection actions. When the contract was written and executed, the projected number of claim matches was underestimated. This has been positive in terms of child support collections but, has resulted in a shortage of funding. Increasing the maximum liability by \$45,200 should provide the funds necessary to continue this crucial service through the contract expiration date of May 31, 2013.

In addition to the actual text of the non-competitive amendment #1 with its corresponding *Summary Cover Sheet*, we have provided a copy of the executed base contract, a *Non-competitive Amendment Request* form associated with this proposed amendment, and the supplemental documentation that is required by the FRC.

If you require additional information, please contact Basil A. Dosunmu, Assistant Commissioner of Finance and Administration, at 615-313-4705. Otherwise, thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Raquel Hatter".

Raquel Hatter, MSW, Ed.D.
Commissioner

RH: EJC

Attachments

Supplemental Documentation Required for
Fiscal Review Committee

| | | | | |
|--|------------------------------|---|----------------|-----------|
| *Contact Name: | Basil A. Dosunmu | *Contact Phone: | (615) 313-4705 | |
| *Original Contract Number: | FA 09-27872 | *Original RFS Number: | 34513-21309 | |
| Edison Contract Number: <i>(if applicable)</i> | 16511 | Edison RFS Number: <i>(if applicable)</i> | | |
| *Original Contract Begin Date: | June 1, 2009 | *Current End Date: | May 31, 2013 | |
| Current Request Amendment Number: <i>(if applicable)</i> | One | | | |
| Proposed Amendment Effective Date: <i>(if applicable)</i> | April 15, 2013 | | | |
| *Department Submitting: | Department of Human Services | | | |
| *Division: | Division of Child Support | | | |
| *Date Submitted: | February 13, 2013 | | | |
| *Submitted Within Sixty (60) days: | Yes | | | |
| <i>If not, explain:</i> | | | | |
| *Contract Vendor Name: | The State of Rhode Island | | | |
| *Current Maximum Liability: | \$240,000 | | | |
| *Current Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet) | | | | |
| FY: 2009 | FY: 2010 | FY: 2011 | FY: 2012 | FY: 2013 |
| \$5,000 | \$60,000 | \$60,000 | \$60,000 | \$55,000 |
| *Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from STARS or FDAS report) | | | | |
| FY: 2009 | FY: 2010 | FY: 2011 | FY: 2012 | FY: 2013 |
| \$4,011 | \$40,933 | \$57,944 | \$81,770 | \$33,529 |
| IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent: | | N/A | | |
| IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision: | | N/A | | |
| IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage: | | N/A | | |
| *Contract Funding | State: | \$81,600 | Federal: | \$158,400 |

Supplemental Documentation Required for
Fiscal Review Committee

| | | | |
|--|--------|---|--------|
| Source/Amount: | | | |
| Interdepartmental: | \$0.00 | <i>Other:</i> | \$0.00 |
| If “ <i>other</i> ” please define: | | | |
| Dates of All Previous Amendments or Revisions: <i>(if applicable)</i> | | Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i> | |
| N/A | | | |
| | | | |
| Method of Original Award: <i>(if applicable)</i> | | Non-Competitive Contract Request | |
| *What were the projected costs of the service for the entire term of the contract prior to contract award? | | \$240,000 | |

Supplemental Documentation Required for
Fiscal Review Committee

For all new non-competitive contracts and any contract amendment that changes Sections A or C.3. of the original or previously amended contract document, provide estimates based on information provided the Department by the vendor for determination of contract maximum liability. Add rows as necessary to provide all information requested.

If it is determined that the question is not applicable to your contract document attach detailed explanation as to why that determination was made.

This amendment does not change Sections A or C.3.

Planned expenditures by fiscal year by deliverable. Add rows as necessary to indicate all estimated contract expenditures.

| Deliverable description: | FY: | FY: | FY: | FY: | FY: |
|--------------------------|-----|-----|-----|-----|-----|
| | | | | | |
| | | | | | |
| | | | | | |

Proposed savings to be realized per fiscal year by entering into this contract. If amendment to an existing contract, please indicate the proposed savings to be realized by the amendment. Add rows as necessary to define all potential savings per deliverable.

| Deliverable description: | FY: | FY: | FY: | FY: | FY: |
|--------------------------|-----|-----|-----|-----|-----|
| | | | | | |
| | | | | | |
| | | | | | |

Comparison of cost per fiscal year of obtaining this service through the proposed contract or amendment vs. other options. List other options available (including other vendors), cost of other options, and source of information for comparison of other options (e.g. catalog, Web site). Add rows as necessary to indicate price differentials between contract deliverables.

| | | | | | |
|--|-----|-----|-----|-----|-----|
| Proposed Vendor Cost: (name of vendor) | FY: | FY: | FY: | FY: | FY: |
| | | | | | |
| Other Vendor Cost: (name of vendor) | FY: | FY: | FY: | FY: | FY: |
| | | | | | |
| Other Vendor Cost: (name of vendor) | FY: | FY: | FY: | FY: | FY: |
| | | | | | |

Non-Competitive Amendment Request

NOT required for a contract with a federal, Tennessee, or Tennessee local government entity or a grant.

Route a completed request, as one file in PDF format, via e-mail attachment sent to: Agsprrs.Agsprsr@state.in.us

APPROVED

COMMISSIONER OF FINANCE & ADMINISTRATION

| | | |
|---|--|--|
| Request Tracking # | 34513-09613 | |
| 1. Procuring Agency | Department of Human Services | |
| 2. Contractor | State of Rhode Island | |
| 3. Contract # | FA 09-27872 | |
| 4. Proposed Amendment # | 01 | |
| 5. Edison ID # | 16511 | |
| 6. Contract Begin Date | June 1, 2009 | |
| 7. Current Contract End Date – with ALL options to extend exercised | May 31, 2013 | |
| 8. Proposed Contract End Date – with ALL options to extend exercised | May 31, 2013 | |
| 9. Current Maximum Contract Cost – with ALL options to extend exercised | \$ 240,000 | |
| 10. Proposed Maximum Contract Cost – with ALL options to extend exercised | \$ 285,200 | |
| 11. Office for Information Resources Endorsement – information technology service (N/A to THDA) | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 12. eHealth Initiative Support – health-related professional, pharmaceutical, laboratory, or imaging | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 13. Human Resources Support – state employee training service | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 14. Explanation Need for the Proposed Amendment | <p>The Department of Human Services participates in the Child Support Lien Network (CSLN), for which Rhode Island is the host state. CSLN provides a national, web-enabled network, with the objective of performing data matching activities in order to identify and intercept insurance claim settlements before these are released to a claimant owing past-due child support. The network is beneficial to both families receiving child support payments, and to the state, inasmuch as it increases child support collections, thereby resulting in either incentives from the federal government, or the avoidance of federal penalties.</p> | |

| | |
|---|-------------|
| Request Tracking # | 34513-09613 |
| 15. Name & Address of the Contractor's Principal Owner(s) <i>- NOT required for a TN state education institution</i> N/A | |
| 16. Evidence Contractor's Experience & Length Of Experience Providing the Service The State of Rhode Island established the Child Support Lien Network (CSLN) in 1999. | |
| 17. Efforts to Identify Reasonable, Competitive, Procurement Alternatives CSLN represents the only national, web-enabled network of its kind. | |
| 18. Justification <i>- specifically explain why non-competitive negotiation is in the best interest of the state</i> The State of Rhode Island is the host state for a national, web-enabled network, which performs data matching activities intended to identify delinquent child support obligors who are due to receive insurance claim settlements. Through this data-match identification, a lien can be placed on the settlement monies, such that it is redirected to satisfy the delinquent child support obligation. The network is of great benefit to families dependent upon child support for their well-being, and it provides an assist to the state in its objective of meeting federal goals relating to child support collections. As the seat agency for the contract, the State of Rhode Island has acquired necessary network services through a competitive bid process. Tennessee's participation in a consortium of states for these services provides for a cost-sharing arrangement, and results in an avoidance of costs associated with developing and maintaining its own database. | |
| Agency Head Signature and Date <i>- MUST be signed by the ACTUAL agency head as detailed on the current Signature Certification. Signature by an authorized signatory is acceptable only in documented exigent circumstances</i>  RAQUEL HATTER, COMMISSIONER | |
| 02-13-13 | |



CONTRACT AMENDMENT

| | | | | | | | |
|--|--------------------|--|--------------------------|---|--|---------------------------------|--|
| Agency Tracking # 34513-213-09 | | Edison ID 16511 | | Contract # FA-09-27872 | | Amendment # 01 | |
| Contractor Legal Entity Name The State of Rhode Island | | | | Edison Vendor ID 5474 | | | |
| Amendment Purpose & Effect(s) To add \$45,200 to FY 2013. | | | | FEIN or SSN (optional) | | | |
| Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | End Date May 31, 2013 | |
| TOTAL Liability Increase or Decrease per this Amendment (zero if N/A): | | | | | | \$45,200.00 | |
| FY | State | Federal | Interdepartmental | Other | | TOTAL Contract Amount | |
| 2009 | \$1,700.00 | \$3,300.00 | \$0.00 | \$0.00 | | \$5,000.00 | |
| 2010 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | | \$60,000.00 | |
| 2011 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | | \$60,000.00 | |
| 2012 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | | \$60,000.00 | |
| 2013 | \$34,068.00 | \$66,132.00 | \$0.00 | \$0.00 | | \$100,200.00 | |
| | | | | | | \$0.00 | |
| TOTAL: | \$96,968.00 | \$188,232.00 | \$0.00 | \$0.00 | | \$285,200.00 | |
| American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | |
| Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. <div style="text-align: center;"><i>Basil A. Dasunmu</i></div> | | | | OCR USE | | | |
| Speed Code (optional) HS00000229 | | Account Code (optional) 70899000 | | | | | |



**CONTRACT BETWEEN THE STATE OF TENNESSEE
AND THE STATE OF RHODE ISLAND FOR THE PROVISION OF
SERVICES OF THE CHILD SUPPORT LIEN NETWORK**

The following amendment is made to the existing agreement for CSLN services:

The Contract section titled CSLN Pricing Structure is deleted in its entirety and replaced with the following:

CSLN PRICING STRUCTURE

Maximum Liability – In no event shall the maximum liability of the State of Tennessee under this contract exceed Two Hundred Eighty-Five Thousand Two Hundred Dollars and No Cents (\$285,200.00). The Service Rates indicated on this document shall constitute the entire compensation due the Host State for service and all Host State's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Host State.

The Host State is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State of Tennessee. The maximum liability represents available funds for payment to the Host State and does not guarantee payment of any such funds to the Host State under this Contract unless the State of Tennessee requests work and the Host State performs said work. In which case, the Host State shall be paid in accordance with the Service Rates detailed in "Option 1: Traditional Costs per Claim Match" below. The State of Tennessee is under no obligation to request work from the Host State in any specific dollar amounts or to request any work at all from the Host State during any period of this Contract.

Compensation Firm. The Service Rates and the maximum liability of the State of Tennessee under this Contract are firm for the duration of the Contract and are not subject to escalation for any reason unless amended.

Payment Methodology. The Host State shall be compensated based on the Service Rates herein for units of service authorized by the State of Tennessee in a total amount not to exceed the Contract Maximum Liability established above in this Section.

Signed and executed on this _____ day of _____, 2013.



CHILD SUPPORT LIEN NETWORK

Hosted by the State of Rhode Island

RHODE ISLAND (HOST STATE)

By: _____

SHARON A. SANTILLI, ESQ.

ASSOCIATE DIRECTOR, OCSS

DATE: _____

TENNESSEE DEPARTMENT OF HUMAN SERVICES:

RAQUEL HATTER, COMMISSIONER

DATE



CHILD SUPPORT LIEN NETWORK

Hosted by the State of Rhode Island

RHODE ISLAND (HOST STATE)

By: _____

SHARON A. SANTILLI, ESQ.

ASSOCIATE DIRECTOR, OCSS

DATE: _____

TENNESSEE DEPARTMENT OF HUMAN SERVICES:

RAQUEL HATTER, COMMISSIONER

DATE

CONTRACT SUMMARY SHEET

121107

| | |
|------------------------------|--|
| RFS # | Contract # |
| 345.13-213-09 | FA-09-27872-00 |
| State Agency | State Agency Division |
| Department of Human Services | Child Support Services |
| Contractor Name | Contractor ID # (FEIN or SSN) |
| The State of Rhode Island | <input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 05-6000522 |

Service Description
Matching Services - CS Lien Network (CSLN)

| | | | |
|----------------------------|--------------------------|--------------------------------|---------------|
| Contract BEGIN Date | Contract END Date | Subrecipient or Vendor? | CFDA # |
| June 1, 2009 | May 31, 2013 | Vendor | 93.563 |

Mark Each TRUE Statement

Contractor is on STARS Contractor's Form W-9 is on file in Accounts

| Allotment Code | Cost Center | Object Code | Fund | Funding Grant Code | Funding Subgrant Code |
|----------------|-------------|--------------|-------------------|--------------------|-----------------------|
| 345.13 | 101 | 089 | 11 | 495 | 001 |
| FY | State | Federal | Interdepartmental | Other | TOTAL Contract Amount |
| 2009 | \$1,700.00 | \$3,300.00 | \$0.00 | \$0.00 | \$5,000.00 |
| 2010 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | \$60,000.00 |
| 2011 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | \$60,000.00 |
| 2012 | \$20,400.00 | \$39,600.00 | \$0.00 | \$0.00 | \$60,000.00 |
| 2013 | \$18,700.00 | \$36,300.00 | \$0.00 | \$0.00 | \$55,000.00 |
| TOTAL: | \$81,600.00 | \$158,400.00 | \$0.00 | \$0.00 | \$240,000.00 |

— COMPLETE FOR AMENDMENTS ONLY —

| | | | |
|-----------------|---|----------------------------|---|
| FY | Base Contract & Prior Amendments | THIS Amendment ONLY | State Agency Fiscal Contact & Telephone # |
| | | | Randy Lynch, Jr. (615) 313-4586 |
| | | | State Agency Budget Officer Approval |
| | | | Jeffrey W. Roberts |
| | | | Funding Certification (certification, required by T.C.A. § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred) |
| | | | MAY 15 2009 |
| TOTAL: | \$0.00 | \$0.00 | |
| End Date | | | |

Contractor Ownership (complete for ALL base contracts— N/A to amendments or delegated authorities)

| | | | | |
|---|---|--|--|-------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Person w/ Disability | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Small Business | <input type="checkbox"/> Government |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Female | <input type="checkbox"/> Native American | <input checked="" type="checkbox"/> NOT Minority/Disadvantaged | <input type="checkbox"/> Other |

Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)

| | | |
|--|---|--|
| <input type="checkbox"/> RFP | <input type="checkbox"/> Competitive Negotiation* | <input type="checkbox"/> Alternative Competitive Method* |
| <input checked="" type="checkbox"/> Non-Competitive Negotiation* | <input type="checkbox"/> Negotiation w/ Government (ID,GG,GU) | |

* **Procurement Process Summary** (complete for Non-Competitive Negotiation, Competitive Negotiation, OR Alternative Method)

Approved through a Non-Competitive Request on March 20, 2009.

OCR

MAY 15 2009

RECEIVED

**Interstate Agreement between
The State of Rhode Island
Acting by and through
The Department of Human Services
And The State of Tennessee
For Child Support Lien Network (CSLN) Services**

I. Preface

The State of Rhode Island and Providence Plantations (RI) established the Child Support Lien Network (CSLN) in 1999 under a 1998 Federal OCSE grant to extract data from each delinquent child support obligor file into one accessible, easy-to-use database for the purpose of asset matching, specifically intercepting insurance settlements owed to delinquent child support obligors. A supplemental 1999 Federal OCSE grant extended CSLN to four other New England states. The grant has expired; however, states outside of New England may now join CSLN through the execution of this agreement with the State of RI as host of the CSLN.

CSLN provides a national web-enabled network seamless to state child support agencies and other users of the system. The objective is to perform data matching to increase support collections through the interception of insurance claim settlements before they are sent to a claimant who owes past-due child support. The network also provides Participating Child Support Agencies with the additional optional services to assist in the collection of past due support.

Based upon the legal authority already granted to child support programs, all states can benefit from becoming a member in CSLN. The CSLN is adaptable to all state child support laws, practices and procedures regarding the identification and location of assets and the issuance of liens or withholding orders against assets belonging to a delinquent obligor. CSLN is adaptable for use by states in implementing specific state law and mandates that require insurance claim interception, or in states where insurers cooperate voluntarily with child support agencies to exchange information. The electronic interface will be performed by CSLN and the insurance industry. CSLN members only have to react to the matched claims sent to them.

II. Length of Agreement

This Agreement is between the State of Rhode Island, Department of Human Services, Child Support Services as Host State for the CSLN and the State of Tennessee for four (4) years, beginning the 1st day of June, 2009, through the 31st day of May, 2013.

III. Termination

Termination for Convenience. The State of Tennessee may terminate this Contract without cause for any reason. Said termination shall not be deemed a Breach of Contract by the State of Tennessee. The State of Tennessee shall give the Host State at least Sixty (60) days written notice before the effective termination date. The Host State shall be entitled to receive compensation for satisfactory, authorized service completed as of the termination date, but in no event shall the State of Tennessee be liable to the Host State for compensation for any service which has not been rendered. Upon such termination, the

Host State shall have no right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

Termination for Cause. If the Host State fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Host State violates any terms of this Contract, the State of Tennessee shall have the right to immediately terminate the Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the above, the Host State shall not be relieved of liability to the State of Tennessee for damages sustained by virtue of any breach of this Contract by the Host State.

The terminating party shall send termination notices to the State of Rhode Island, CSLN, 77 Dorrance St. Providence, RI 02903, by U. S. Postal Service, Certified Mail.

IV. Rhode Island Responsibilities

The State of Rhode Island, or its assigns or contractors, will provide the following services to the Participating Child Support Agency / Agent:

- A. Oversee and administer the CSLN as Host State, based on the CSLN responsibilities, rules, understandings and agreements as outlined herein. Any changes to the CSLN rules subsequent to the date of this Agreement are automatically incorporated in Section IX without need for further amendment to this Agreement (See Section IX H).
- B. Oversee the hiring and performance of the CSLN contractor and the contractor's responsibility for providing outreach, research and customer service to the Participating Child Support Agency / Agent, as well as the contractor's services of outreach and research to Interested IV-D Agencies that are not yet CSLN members, and to oversee the contractor's provision of all necessary contractor hardware, related equipment, wiring, installation, repairs, maintenance, connectivity, software, updating and repairing of hardware and software required to support the operation of the CSLN.
- C. Work with the Contractor to market the CSLN.
- D. Facilitate any issues or concerns that may arise between a CSLN contractor and a Participating Child Support Agency / Agent.
- E. Guarantee to Participating Child Support Agencies/ Agent that it will timely pay the CSLN contractor for its undisputed invoice amounts.
- F. Provide each Participating Child Support Agency / Agent for the length of this agreement with the unlimited use of the current and future versions of the proprietary software utilized in the operation of the CSLN for the purpose of intercepting and/or encumbering insurance and other lump sum claims, without additional cost beyond the terms of this Agreement.
- G. Provide access to CSLN delinquent child support obligor matching information to authorized insurance companies, their directors, agents, employees and their central reporting organizations or agents, and to provide immediate electronic notice of insurance claimant matching information to all Participating Child Support Agency / Agents through customized secure web sites or other agreed upon delivery systems.
- H. Produce timely routine and customized reports from CSLN activity for auditing, accuracy, security, and informational purposes to each Participating Child Support Agency / Agent.
- I. Serve as a liaison between the Participating Child Support Agency / Agent and other interested or affected State Insurance Commissioners, agencies, counties or courts, other States, and insurance and title industry representatives for the purpose of educating about the CSLN, and encouraging participation in the CSLN.
- J. Serve as the CSLN liaison to the insurance industry trade associations, organizations and leadership to foster the insurance industry's continuing commitment to working with CSLN as the preferred method of data matching with child support agencies.
- K. Oversee the contractor's provision of responsive and accurate customer services and communications for CSLN users via a toll-free telephone line, help desk, secure online chat facilities, electronic mail and personal contact.

- L. Communicate regularly through scheduled conference calls and upon request with CSLN members regarding CSLN operations.
- M. Provide accurate and timely monthly invoices to participating child support agencies for their costs of participating in the CSLN system.
- N. Oversee the contractor's modifications of the design, software source code, reports, and any other aspect in order to more fully effectuate the intent of CSLN and to meet the reasonable needs of the participating states and the insurance industry in achieving the goals and objectives of the CSLN.
- O. Oversee the contractor's services of uploading and downloading data as required by the CSLN in an agreed format.
- P. Oversee the contractor's research of state and federal laws and regulations for methods of encumbering and levying that may be used in interstate cases.
- Q. Oversee the contractor's methods of safeguarding and protecting the CSLN data from unauthorized access and use and to otherwise meet all Federal and State security and confidentiality requirements.
- R. Oversee and support the coordination of the public relations and media interaction for the CSLN and its members.

V. Responsibilities of the Participating Child Support Agency / Agent

The Participating Child Support Agency /Agent agrees to:

- A. Provide case data in agreed formats to RI (contractor) for the CSLN use.
- B. Provide updated State data to the CSLN on a mutually agreeable frequency.
- C. Deny access to CSLN or CSLN contents to nonmember States, or other entities through the sharing of source code, private site access passwords, etc. (Nothing in this Agreement prohibits the member state from sharing IV-D information, data or statistics obtained through CSLN that may benefit a nonmember state in the collection of child support in an individual case, provided confidentiality restrictions and protocols used in the Title IV-D program are applied.)
- D. Provide the State of Rhode Island with a preview of any materials to be disseminated to the public and media regarding the "whole" operation of CSLN and to obtain prior authorization for its release from the State of RI as Host State of the CSLN. (Prior authorization is not needed for the release of information on the numbers, kinds and amounts of claims or collections received from any individual state CSLN activity).
- E. Participate in regular conference calls or in-person CSLN meetings as required.
- F. Make a good faith effort to use the CSLN method of matching insurance claimants to delinquent child support obligors for asset collection purposes as the alternative method to specific case by case or blanket case processing of administrative subpoenas or requests for information to individual insurance companies to obtain asset and claimant information that is otherwise available to members under the administrative enforcement provisions of state child support laws in return for the voluntary cooperation of the insurance companies in their utilization of the CSLN.
- G. Participating Child Support Agencies / Agents are responsible for handling any appeals or inquiries from the obligors and to carry out the appropriate methods of asset execution.
- H. Participating Child Support Agencies or their Agents agree to pay the State of Rhode Island match fees for successful matches referred to them by CSLN, based upon their elected match services level, resulting from their delinquent obligor cases in the CSLN database matching to insurance claims per the payment requirements and timeframes of the State of Rhode Island.
- I. Participating Child Support Agencies or their Agents agree to pay for any special postage requirements as defined in the agreement. (Special postage includes copies being mailed to additional clients and / or organizations).
- J. Participating Child Support Agencies or their Agents also agree to pay the State of Rhode for charges, as detailed within this agreement for any CSLN optional services requested and provided.

- K. Participating Child Support Agencies or their Agents agree to request any credits to CSLN invoice billings in accordance with the CSLN Credit Policy and Procedures (Attachments 2 and 3)

VI. Case Placement and Enforcement

- A. The main feature of the CSLN is the time saving, ease of use of a single child support obligor database on the Internet by insurance claims adjusters. Adjusters can quickly determine if a claimant owes past due support by either entering claimant information on the secure web site for matching to the obligors in the CSLN database or the insurance company can elect an electronic interface of CSLN to their databases. If there is a match between a claimant and an obligor on CSLN, the CSLN automatically notifies the Participating Child Support Agency / Agent electronically. After the child support agency takes the appropriate action to lien, freeze or seize the settlement, the insurer forwards the past-due amount to the appropriate child support collection office upon settlement.
- B. A Participating Child Support Agency / Agent must initially place and maintain a minimum placement of 8,000 (eight thousand) of its qualifying delinquent obligors cases in the CSLN at all times. A Participating Child Support Agency / Agent may place as many of its qualifying delinquent obligor cases in excess of this minimum placement in the CSLN as it chooses to do so. Regardless of a member's individual state law or provision that defines a delinquent child support case, a CSLN qualifying case eligible for submission to the database is one in which a noncustodial parent owes a minimum of \$500.00 of child support arrears (either current or total arrears). If an obligor parent owes a delinquent amount on more than one IV-D case, a Participating Child Support Agency / Agent may combine the delinquent amounts and submit the delinquent obligor as one case to the CSLN.
- C. A Participating Child Support Agency / Agent state may choose to have an automatic lien generated by CSLN upon a confirmed match to an open, active claim with an insurer, determined through the CSLN Quality Assurance process option. The CSLN will generate an electronic or paper version of the interstate lien form for interstate cases, and / or the State's in-state lien form or income withholding form for cases in which the obligor resides in-state, upon approval by the Participating Child Support Agency or Agent and the agency's provision of the appropriate data elements and written permission to use an electronic signature as an authorized legal signature on such forms. Electronic liens, and paper-generated liens via first class mailing, will be sent to insurers. Alternatively, holds, freezes and turnovers of the claim may be conducted according to other methods approved by the Participating Child Support Agency / Agent and the State of Rhode Island, as Host State of the CLSN consistent with all CSLN goals, objectives, responsibilities, rules, understandings and agreements. Other options for the placement of a lien or withholding order are available to a member / state for implementation on the member's customized CSLN administrative web page, dependent upon the level of service requested by the member / state from CSLN.
- D. A Participating Child Support Agency / Agent may make its initial placement of delinquent obligor records on CSLN at anytime and are encouraged to submit subsequent full, refreshed file updates on at least a monthly basis to the CSLN contractor.
- E. A Participating Child Support Agency/Agent may place matched claim information received from other sources to CSLN for QA and Forms Generation which will be billable at the appropriate state rate within Option 3, Traditional Costs per Claim Match less the appropriate state rate for Cost for Returns of All Matches.

VII. Credit Policy

The Participating Child Support Agency / Agent agrees to seek any credits to amounts charged by CSLN for referred verified claim matches only, within 30 days of the date the match was released to the Member State.

Credits can only be requested for the following reasons:

1. Claim referred to agency was for Medical Only damages.
2. Claim closed prior to agency's receipt of match.
3. NCP's arrears paid up or paid to amount lower than CSLN minimum threshold.
4. Claim referred was denied by insurer resulting in No Benefits.
5. Lien Already in Place on claim / asset by Participating Agency/Agent.
6. NCP and the claimant are not the same person.

All credit requests will be reviewed by CSLN. Approved credits will be shown on the invoicing process for the next month. Inquiries about specific credit requests must be made directly to CSLN staff or by using the Close / Collect Tab on the state's website for communication.

Any credits requested by the Participating Child Support Agency / Agent after the described time period for seeking credits will be reviewed and approved or denied solely at the option of the Host State.

VIII. Charges and Billing - Insurance Claim Matching

CSLN Pricing Structure

Maximum Liability. In no event shall the maximum liability of the State of Tennessee under this Contract exceed Two Hundred Forty Thousand Dollars and No Cents (\$240,000.00). The Service Rates in "Option 1: Traditional Costs per Claim Match" below shall constitute the entire compensation due the Host State for the Service and all of the Host State's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Host State.

The Host State is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State of Tennessee. The maximum liability represents available funds for payment to the Host State and does not guarantee payment of any such funds to the Host State under this Contract unless the State of Tennessee requests work and the Host State performs said work. In which case, the Host State shall be paid in accordance with the Service Rates detailed in "Option 1: Traditional Costs per Claim Match" below. The State of Tennessee is under no obligation to request work from the Host State in any specific dollar amounts or to request any work at all from the Host State during any period of this Contract.

Compensation Firm. The Service Rates and the maximum liability of the State of Tennessee under this Contract are firm for the duration of the Contract and are not subject to escalation for any reason unless amended.

Payment Methodology. The Host State shall be compensated based on the Service Rates herein for units of service authorized by the State of Tennessee in a total amount not to exceed the Contract Maximum Liability established above in this Section VIII.

Beginning January 1, 2008 there will be several optional levels of service available to the Participating Child Support Agency/Agent. Please check your preferred service level option(s). The Participating Child Support Agency/Agent's monthly billing will be calculated as follows:

X
 (Select)

Option 1: Traditional Costs per Claim Match

| Cases Posted to CSLN | Cost per Claim Match |
|-------------------------|----------------------|
| 100,000 or less | \$48.50 |
| 100,001 through 200,000 | \$41.00 |
| 200,001 or greater | \$33.50 |

Traditional Costs Per Claim Match are defined as charges for just those claims referred to the Member/State that have been verified by CSLN as open and active claims available for enforcement / collection actions. Charges include all costs associated with the CSLN issuance of the initial automated lien or withholding order form to the insurer on behalf of the Member state upon such election. Match rate charges will be assessed and invoiced monthly based upon the member's volume of cases on CSLN at the time of the match.

(Select)

Option 2: Costs for Returns Matches Plus CSLN Quality Assurance

| Cases Posted to CSLN | Cost per Claim Match / Q&A Cost |
|-------------------------|---------------------------------|
| 100,000 or less | \$21.50 + \$7.50 * |
| 100,001 through 200,000 | \$17.50 + \$7.50 * |
| 200,001 or greater | \$13.50 + \$7.50 * |

Cost per Claim Match plus CSLN Quality Assurance is defined as a variable charge for all matches referred to the Member/State and charges of \$7.50 each for just those cases that have been verified by CSLN as open and active claims available for enforcement / collection actions by the Member/State. Match rate charges will be assessed and invoiced monthly based upon the member's volume of cases on CSLN at the time of the match.

(Select)

Option 3: Costs for Returns of All Matches

| Cases Posted to CSLN | Cost per Claim Match |
|-------------------------|----------------------|
| 100,000 or less | \$21.50 |
| 100,001 through 200,000 | \$17.50 |
| 200,001 or greater | \$13.50 |

Cost Per Claim for Matches Only is defined as charges for all matches referred to the Member/State that have matched a claimant, without any verification performed by CSLN as to the open/active status or pending status on such claim with the insurer. Match rate charges will be assessed and invoiced monthly based upon the member's volume of cases on CSLN at the time of the match.

(Select)

Location Verification on Closed Claims

| | |
|---|-------------|
| Cost per Verification Of Claimant Address | \$7.50 each |
|---|-------------|

Cost per location verification is defined as those charges per claim for address verification of the claimant on inactive or closed claim cases for enforcement potential action by the Member State. Match rate charges will be assessed and invoiced monthly based upon the number of verifications made.

The Host State shall submit invoices no more often than monthly, with all necessary supporting documentation.

Records. The Host State shall maintain documentation for all charges under this Contract. The books, records, and documents of the Host State, insofar as they relate to work performed or money received under this Contract, shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the State of Tennessee, the Tennessee Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.

The State of Tennessee shall have no liability except as specifically provided in this Contract.

Subject to Funds Availability. The Contract is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State of Tennessee reserves the right to terminate the Contract upon written notice to the Host State. Said termination shall not be deemed a breach of Contract by the State of Tennessee. Upon receipt of the

written notice, the Host State shall cease all work associated with the Contract. Should such an event occur, the Host State shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Host State shall have no right to recover from the State of Tennessee any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

IX. CSLN Rules

- A. All information, data, reports, manuals, studies, produced by or as a result of activity under this agreement shall be the property of State of Rhode Island and member States. No data that personally identifies an individual debtor or child support recipient shall be disclosed to persons or entities that are not using the information for child support locate and collection purposes if the information would not be disclosed under Participating Child Support Agency's State laws or policy.
- B. The CSLN Software is the sole and exclusive property of Contractor, who at all times retains all rights, title and interest in and to the CSLN Software subject to a limited, non-exclusive, non-transferable and non-assignable license (the "License"), hereby granted to the Participating Child Support Agency / Agent in the CSLN. The Participating Child Support Agency / Agent may not release or assign these rights or interest to any other third party or other state agency.
- C. Subject to any Federal binding rule to the contrary, a single claimant intercepted amount that is matched to identical delinquent obligor records referred to the CSLN from two or more Participating Child Support Agencies / Agents will be divided up proportionately between or among the matching participants, based on the prorated share of the amount of arrearages posted on the CSLN at the time of the Intercept. The CSLN will automatically calculate the prorated share of the claim to be disbursed to each participant member. The insurer or insurance company will be instructed to forward the intercepted claim amount for the total arrears and information regarding all multiple Participating Child Support Agency / Agent matches to the State of Rhode Island, which as the Host State, will make the appropriate disbursements to the members. Rhode Island will be the final arbiter regarding the correct apportioning of the arrearages and will certify its determination if needed for execution.
- D. Each Participating Child Support Agency / Agent agrees that the CSLN Confidentiality Agreement and Understandings, which is issued to all insurers cooperating with CSLN, attached as a separate document to this agreement (Attachment 1), meets the privacy and confidentiality requirements for their participation in the CSLN.
- E. Each Participating Child Support Agency / Agent agrees to only require insurance companies and reporting organizations to make inquiries to the CSLN on claimants that are subject to such inquiry, lien or offset per the appropriate parameters established by federal law, if any, and any individual state laws. All CSLN Participant Members agree to encourage Insurers and or reporting agencies to voluntarily make inquiries on claimants who are projected to receive claim amounts that are less than what any state law parameters may require for purposes of increasing child support arrearage offset.
- F. Each Participating Child Support Agency/Agent agrees to recognize and allow that priority be given to certain liens or written notices of health care providers, attorneys fees, holders of security interest or the assignment of rights of such amounts to public assistance agencies which may exist, before such claim amounts are subject to child support liens, unless a Participating Child Support Agency/ Agent's State law provides for other child support lien priority. The Participating Child Support Agency / Agent agrees to forward its statutes, rules or procedures regarding priority deductions to Rhode Island for record keeping.
- G. Each Participating Child Support Agency / Agent may independently interact with its own State's media about their involvement in the CSLN and produce its own informational materials about their individual role, membership, case placement and successes in their participating in the CSLN. If any such releases pertain to the "whole" functionality of CSLN, the materials and

informational releases however must be reviewed and approved by the State of Rhode Island as Host State of the CSLN prior to its release.

- H. The CSLN Rules incorporated in section IX of this agreement may be unilaterally amended by the State of Rhode Island by first-class mail notice of the proposed amendment to the Participating Child Support Agencies / Agent and an opportunity to discuss the proposed amendment prior to its effective date. All amendments take effect the first day of the month following a telephonic, electronic or in-person conference available to all Participating Child Support Agency / Agent unless stated otherwise in the proposed amendment, including any subsequent changes to the amendment as a result of the conference. Rhode Island will mail a copy of the final amendment to each Participating Child Support Agency / Agent. Nothing in this section should be construed to allow Rhode Island to unilaterally change any other terms of this Agreement beyond section IX, the CSLN Rules.

X. Miscellaneous

- A. Each section and subsection of this Agreement that is found to be in violation of a State or Federal law or procedure may be stricken as it pertains to the jurisdiction in which it is invalid without affecting the validity of the remaining sections or subsections for that or other jurisdictions.
- B. This Agreement takes effect for the undersigned Participating Child Support Agency upon the first day the agreement begins, as annotated in Section II.
- C. Except for Section IX above, this Agreement may be amended by the parties only upon written mutual consent.

XI. Notice and Contact

- A. The name, address and telephone number of the contact person for the Participating Child Support Agency for this contract is:

Ken Hall, DHS
400 Deaderick Street, 12th Floor
Nashville, TN 37243-1403
Telephone Number: (615) 313-5208
Email: ken.hall@state.tn.us

- B. The name, address and telephone number of the representative of the Host State responsible for administration of this contract and where financial and administrative records are maintained is:

Sharon Santilli, Esq.
Department of Human Services (DHS)
Office of Child Support Services
77 Dorrance Street -- 4th Floor
Providence, RI 02903
Telephone: 401-458-4404
Email: ssantilli@cse.state.ri.us

- C. The name (Host State) and mailing address of the official payee to whom the payment shall be made:

State of Rhode Island
FEIN: 05-6000522
Attn: IV-D Director
Department of Human Services
Office of Child Support Services
77 Dorrance Street
Providence, RI 02903

XII. Execution

The undersigned states that he or she fully understands and accepts the responsibilities and benefits of CSLN, the terms of this Agreement, the responsibility to work with insurance companies in the undersigned's State, and the role of Rhode Island as Host State. He or she further states that he or she has the power to bind his or her Participating Child Support Agency to this Agreement.

Signed by:

RHODE ISLAND (HOST STATE)

By: Sharon A. Santilli

Sharon A. Santilli, Esq.

Associate Director, OCSS

DATE: April 28, 2009

05-6000522
Rhode Island FEIN Number

DEPARTMENT OF HUMAN SERVICES:

Virginia T. Lodge 5/1/09
Virginia T. Lodge, Commissioner DATE

APPROVED:

M. J. [Signature] 2/2/09
COMMISSIONER OF FINANCE & ADMINISTRATION DATE

Justin P. Wilson
Justin P. Wilson
Comptroller of the Treasury
Date: 2/2/09

COMPTROLLER OF THE TREASURY

DATE

CSLN Optional Services

The undersigned certifies that he or she fully understands and accepts the membership responsibilities, rules and the terms of this Agreement, and the role of the State of Rhode Island as Host State of the Child Support Lien Network (CSLN) and chooses to expand their original CSLN Interstate Agency Agreement for the Options selected below. He or she further states that he or she has the power to bind his or her Participating Child Support Agency/Agent to this Agreement.

Please select one or more of the options listed below:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Option 1: CSLN and Financial Institution Data Matching |
|--------------------------|---|

(Select)

Provide financial deposit account(s), information or other financial asset instrument(s) information that has been obtained from an instate bank, credit union or other financial institution matching to a CSLN delinquent obligor record.

CSLN will provide the following FIDM services for the associated fees:

- Professional Outreach Services to Financial Institutions to Encourage
- Participation in FIDM Process
- Interfacing CSLN delinquent obligor files with financial deposit accounts and other financial asset instruments of the delinquent obligor on deposit with instate banks, credit unions and financial institutions.
- Process FIDM file results matched against financial institutions
- Provide information back to the state via website
- Provide member with lien document functionality on website
- Provide for Various Reporting Formats on website
- Provide electronic files to member to update state CSE systems (if desired)
- Provide lien document creation / tracking functions similar to CSLN functions

| | |
|--------------------------|---|
| <input type="checkbox"/> | Option 1a: Costs for above FIDM Services |
|--------------------------|---|

(Select)

| |
|-------------------------------|
| \$13.50 per bank / per month. |
|-------------------------------|

(Select)

Option 1b: Cost for CSLN creation and mailing of liens on behalf of the state member:

\$2.75 PLUS Postage

Postage will be charged to the state at the current rate of first class mail or any special mailing provisions required by the state (e.g. certified mail).

(Select)

Option 1c: Cost for CSLN performing additional services as required on behalf of the state member:

\$TBD

(Select)

Option 2 : CSLN and Location of Real Property / Assets

Provide asset information to state member upon a successful match of a CSLN delinquent obligor to an asset (other than an insurance claim or financial institution data match):

- Definition of assets:
 - Real property – real estate
 - Personal property – cars, boats, equipment, etc.
- CSLN Verification of Asset (Quality Assurance)
- Notification of Found Asset Information to member state
- Email- similar to the current data match email notices, or other email notification
- Asset Information and Holder of Asset Information provided to state member via:
 - Web site
 - Electronic file for upload to state's CSE System
 - Other Report formats as requested
- Electronic Lien for state filed by CSLN on asset
- State follows up with collection activity.

Option 2: CSLN and Location of Real Property / Assets

| Cases Posted to CSLN | Cost per Asset Match |
|-------------------------|----------------------|
| 100,000 or less | \$48.50 |
| 100,001 through 200,000 | \$41.00 |
| 200,001 or greater | \$33.50 |

Execution

The undersigned states that he or she fully understands and accepts the responsibilities and benefits of the above CSLN Optional Services, the terms of this Agreement, the responsibility to work with financial institutions and other state departments, agencies and, if applicable, holders of assets to encourage and enhance participation in these child support enforcement remedies, and the role of Rhode Island as the Host State of CSLN. He or she further states that he or she understands that these optional services, as elected, become part of the Interstate Agreement between The State of Rhode Island, acting by and through the RI Department of Human Services and their state / agency for Child Support Lien Network (CSLN) Services, and that he or she has the power to bind his or her Participating Child Support Agency to this Agreement.

Signed and executed on this _____ day of _____, 200_____.

STATE OF _____

By: _____

NAME: _____

TITLE: _____

DATE: _____

State FEIN Number _____

Attachment 1:
CSLN Agreement and Understandings

The undersigned insurance company, (Company Name), including and on behalf of its employees, directors, subcontractors and agents, hereby agrees to review, and otherwise protect from unauthorized use or disclosure, all personal and financial information obtained from the Child Support Lien Network (CSLN) and to use this data only for the purpose and to the extent necessary to match insurance claimants to delinquent child support obligors in order to facilitate the child support program's collection efforts.

The undersigned explicitly acknowledges a duty not to disclose information gathered from any source that reveals to the claimant the whereabouts of the claimant's child or spouse, ex-spouse or parent of claimant's child.

The undersigned agrees to comply with the appropriate laws of all states in which the undersigned does business and whose laws may apply in a specific child support insurance intercept case. These laws may include specific lien, levy or offset requirements of the insurer and specific rights or immunities of liability for the taking of such actions that may benefit or be claimed by the undersigned. By signing below, the undersigned acknowledges that any postings of such specific state laws, rights and immunities found on this CSLN web site is intended to be for informational assistance to the insurer only and may not necessarily be representative of the entire statute, provision or amendment that may be found under the appropriate publication source of a state's general laws and provisions on these subjects.

The undersigned acknowledges that this CSLN method of matching insurance claimants to delinquent child support obligors for asset collection purposes is an alternative method to a case-by-case or blanket subpoenaing of asset information that is possible under the administrative enforcement provisions of child support laws enacted in every state. The undersigned understands that all CSLN members will attempt to use CSLN procedures and any relevant seizure, levy or execution laws in lieu of a case-by-case method of insurance settlement interception.

I UNDERSTAND THAT BY TYPING THE DATE, MY NAME AND TITLE AND CLICKING THE "E-MAIL THE FORM" BUTTON ON THIS FORM BINDS ME, MY COMPANY, ITS EMPLOYEES, DIRECTORS, SUBCONTRACTORS, AND AGENTS TO THE SAME EXTENT AS A WRITTEN SIGNATURE. I FURTHER AGREE TO PRINT OUT A COPY OF THIS FORM AND MAIL A SIGNED COPY TO THE CSLN HOST WITHIN 30 DAYS OF REGISTERING MY COMPANY ON THE CSLN WEB SITE.

Name: _____

Title: _____

Insurance Co. _____

Attachment 2: CSLN Credit Policy and Procedures

Credits for referred verified claim matches only may be requested within 30 days of the date the match was released to the State. State Users request Credits by entering Closed Reason information on the Close / Collect tab for the individual match.

Credits can only be requested for the following reasons:

1. Claim referred to agency was for Medical Only damages,
2. Claim referred was denied by insurer resulting in No Benefits.
3. Lien Already in Place on claim / asset by Participating Agency/Agent.
4. NCP and the claimant are not the same person.

All credit requests will be reviewed by CSLN. Approved credits will be shown on the invoicing process for the next month. Inquiries about specific credit requests must be made directly to CSLN staff or by using the Close / Collect Tab on the state's website for communication. Any credits requested after the described time period for seeking credits will be reviewed and approved or denied solely at the option of the Host State.

Insurance Match Credit Request Procedures

| Closed Reason | Description and Close / Collect Tab Information | Credit | No Credit |
|-----------------------|--|---|-----------------------------------|
| Successful Intercept | Closed Reason = Successful Intercept Enter the Amount Collected Enter the most recent Collection Date ** If periodic payments are ending, please use <u>Successful Intercept</u> Closed Reason. You may wish to enter a Note stating the benefits are ending or other notation. | | X |
| Arrears Already Paid | The NCPs arrears were paid up or paid up to an amount lower than the minimum threshold for the CSLN Program. | | X |
| Already Closed | Use also for Medical Only, Denied or No Benefits Enter the Date the Match was Already Closed or determined to be Medical Only, Denied or No Benefits in the "Date Already Closed or IW Issued" field | Prior to or within 30 days of the Match Date* | 31 or more days after Match Date* |
| CSE Case Closed | CSE Unit / Office does not wish to pursue this enforcement lead, or CSE Case has been closed or CSE Case is not a candidate for this type of enforcement. | | X |
| Lien Already in Place | Enter the Date the Lien Document was created in "Date Already Closed or IW Issued" field for the matched claim / asset. If no date, the Closed Date is used. | Prior to or within 30 days of the Match Date* | 31+ days after Match Date* |

| Closed Reason | Description and Close / Collect Tab Information | Credit | No Credit |
|----------------------|---|-------------------------------|----------------------------|
| Not the Right Person | NCP and this owner are not the same person Credit will be allowed if within the timeframe. | Within 30 days of Match Date* | 31+ days after Match Date* |
| Other | Fill in a brief reason. You may explain in a Note as needed. | | |

**Attachment 3:
 Real Property / Assets Match Credit Request Procedures**

| Closed Reason | Description and Close / Collect Tab Information | Credit | No Credit |
|-------------------------------|--|---|----------------------------------|
| Successful Intercept | <p>Closed Reason = Successful Intercept</p> <p>Enter the Amount Collected</p> <p>Enter the most recent Collection Date</p> <p>** If periodic payments are ending, please use <u>Successful Intercept</u> Closed Reason. You may wish to enter a Note stating the benefits are ending or other notation.</p> | | X |
| Arrears Already Paid | The NCP's arrears were paid up or paid up to an amount lower than the minimum threshold for the CSLN Program. | | X |
| CSE Case Closed | <p>CSE Unit / Office does not wish to pursue this enforcement lead, or</p> <p>CSE Case has been closed or</p> <p>CSE Case is not a candidate for this type of enforcement.</p> | | X |
| Lien Already in Place | Enter the Date the Lien Document was created in "Date Already Closed or IW Issued" field for the matched asset. If no date, the Closed Date is used. | Prior to or within 30 days of the Match Date. | 31 or more days after Match Date |
| No Longer Owned by NCP | Property No Longer owned by NCP | Prior to or within 30 days of the Match Date. | |
| Not the Right Person | NCP and this owner are not the same person Credit will be allowed if within the timeframe. | Within 30 days of Match Date | 31 or more days after Match Date |
| Other | Fill in a brief reason. You may explain in a Note as needed. | | |