

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2021-117 Rule Number He-W 403.02

<p>1. Agency Name &amp; Address:</p> <p><b>Department of Health &amp; Human Services Division of Economic and Housing Stability Bureau of Child Support Services 129 Pleasant Street Concord, NH 03301</b></p>	<p>2. RSA Authority: <u>RSA 161:4-a, V</u></p> <p>3. Federal Authority: <u>42 USC 644</u></p> <p>4. Type of Action:</p> <p><input type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Amendment (only if Initial Proposal was filed before 9/27/20.)</p> <p><input type="checkbox"/> Repeal</p> <p><input type="checkbox"/> Readoption</p> <p><input checked="" type="checkbox"/> Readoption w/amendment</p>
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5. Short Title: **Disbursement of Child Support Payments**

6. Contact person for copies and questions:

Name: **Allyson Zinno** Title: **Administrator-Administrative Rules Unit**  
Address: **Dept. of Health & Human Services** Phone #: **(603) 271-9604**  
**Administrative Rules Unit**  
**129 Pleasant Street, Brown Bldg.**  
**Concord, NH 03301**

7. The rulemaking notice appeared in the Rulemaking Register on **November 10, 2021**.

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET AND ONE COPY OF THE FOLLOWING: (optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.

9. Yes  N/A  Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.

10. Yes  N/A  The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).

11. Yes  N/A  The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.

Notice Number 2021-117

Rule Number He-W 403.02

1. Agency Name & Address:  
**Dept. of Health and Human Services  
Division of Economic and Housing Stability  
Bureau of Child Support Services  
129 Pleasant Street  
Concord, NH 03301**

2. RSA Authority: RSA 161:4-a, V  
3. Federal Authority: 42 USC 644  
4. Type of Action:  
Adoption \_\_\_\_\_  
Repeal \_\_\_\_\_  
Readoption \_\_\_\_\_  
Readoption w/amendment  X

5. Short Title: **Disbursement of Child Support Payments**

6. (a) Summary of what the rule says and of any proposed amendments:

**He-W 403.02 specifies the process for the disbursement of child support payments.**

**The Department of Health and Human Services (Department) is proposing to readopt with amendment He-W 403.02 by deleting paragraph (i).**

**The Department added paragraph (i) to He-W 403.02 in November 2013 to specify that the unobligated spouse's portion of the return shall be held for exactly 6 months, or until the Department is notified by the Secretary of Treasury that his or her portion has been released, whichever occurs sooner. The Department is authorized by federal law and regulation [42 USC 664(a)(3)(B) and 45 CFR 302.32(b)(3)(ii)(B) and 303.72(h)(5)] to withhold disbursement of the intercepted amount for a period not to exceed 6 months.**

**Because this provision is explicitly detailed in federal laws and regulations, the Department has elected to remove this provision from the administrative rule as it would prevent the Department from having the ability to act on an immediate federal law or regulation change or waiver.**

6. (b) Brief description of the groups affected:

**Groups affected by He-M 403.02 include individuals who are receiving child support disbursements.**

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Specific State or Federal Statute the Rule Implements
He-W 403.02	Section 454B of the SSA [42 USC 654B(c)]

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Zinno** Title: **Administrator- Administrative Rules Unit**  
Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**  
**Administrative Rules Unit** Fax#: **(603) 271-5590**  
**129 Pleasant Street, 2<sup>nd</sup> Floor** E-mail: [Allyson.E.Zinno@dhhs.nh.gov](mailto:Allyson.E.Zinno@dhhs.nh.gov)  
**Concord, NH 03301**

TTY/TDD Access: Relay NH 1-800-735-2964  
or dial 711 (in NH)

**The proposed rules may be viewed and downloaded at:**  
<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Tuesday, December 21, 2021**

Fax

E-mail

Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Tuesday, December 14, 2021 at 2:30pm**

Place: **DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 21:118, dated October 28, 2021

1. **Comparison of the costs of the proposed rule(s) to the existing rule(s):**  
There is no difference in cost when comparing the proposed rule to the existing rule.
2. **Cite the Federal mandate. Identify the impact on state funds:**  
No federal mandate, no impact on state funds.
3. **Cost and benefits of the proposed rule(s):**
  - A. **To State general or State special funds:**  
None.
  - B. **To State citizens and political subdivisions:**  
None.
  - C. **To independently owned businesses:**  
None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

**The proposed rule modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.**

CHAPTER He-W 400 SUPPORT OF DEPENDENT CHILDREN

PART He-W 403 DISTRIBUTION AND DISBURSEMENT OF SUPPORT PAYMENTS

**Readopt with amendment He-W 403.02, effective 7-24-18 (Document #12585), to read as follows:**

He-W 403.02 Disbursement.

(a) All child support payments shall be disbursed by the state disbursement unit (SDU) to a debit card account provided to payees.

(b) Use of the child support debit card shall be subject to the transaction fees as detailed in the informational enrollment package sent to payees by the department.

(c) Payees may submit a written request to the address in (d) below to:

- (1) Elect to receive direct deposit into their checking or savings accounts;
- (2) Request payment by paper check due to qualifying for a hardship exemption, as described in (h) below; or
- (3) Subsequently change their payment method.

(d) Payees shall mail written requests to:

State Disbursement Unit  
P.O. Box 9504  
Manchester, NH 03108.

(e) Payees electing payment by direct deposit or requesting payment by paper check shall submit their written request to the SDU within 30 days of receipt of the enrollment notice to avoid issuance of a debit card.

(f) Payees electing payment by direct deposit shall provide the SDU with a voided check or letter from the payee’s bank stating the payee’s bank account number and routing number.

(g) Payees requesting payment by paper check shall indicate in their written request the hardship exemption reason preventing them from accessing an electronically transferred payment.

(h) A hardship exemption shall be accepted if:

- (1) A physical or other disability imposes a hardship for the payee in accessing an electronically transferred payment;
- (2) A language or literacy barrier imposes a hardship for the payee in accessing an electronically transferred payment;
- (3) The payee lives and works more than 5 miles from an automated teller machine and more than 5 miles from a financial institution where the funds may be accessed; or
- (4) Other individual circumstances exist that impose a hardship for the payee in accessing an electronically transferred payment.

**Appendix**

Rule	Specific State or Federal Statute the Rule Implements
He-W 403.02	Section 454B of the SSA [42 USC 654B(c)]