- Physical or emotional harm to the child for whom medical support is being sought; or

- Physical or emotional harm to the parent or other responsible adult with whom the child lives, which would reduce such person's capacity to care for the child adequately. A finding of good cause for emotional harm may only be based upon evidence of an emotional impairment that substantially affects the parent or other relative's functioning.

  In determining good cause based in whole or in part upon the anticipation of emotional harm, the Worker must consider the following:

  o The present emotional state of the individual;

  o The emotional health history of the individual;

  o The intensity and probable duration of the emotional impairment; and

  o The extent of involvement of the child in the paternity establishment or medical support activity to be undertaken.

b. When the Client Refuses to Cooperate Prior to BCSE Referral

If the client indicates to the Worker, prior to BCSE referral, that he does not intend to cooperate in BCSE activities, the Worker must determine if good cause exists for the refusal.

If good cause does exist, no BCSE action is required or taken and no penalty is applied to the client. If good cause does not exist, the Medicaid case is referred to BCSE and the penalty described in item **6** below is applied. The Worker must record in RAPIDS the circumstances involved in the determination of good cause.

c. When the Client Claims Good Cause for Refusal to Cooperate After BCSE Referral

A client may claim good cause for refusal to cooperate prior to or after referral to BCSE.

When the client claims good cause after the referral, the Legal Assistant refers the case back to the Worker for a determination of

good cause. The Worker enforces the cooperation requirement; however, the Legal Assistant must participate in the good cause determination in an advisory capacity. The Worker must give the Legal Assistant an opportunity to review and comment on the good cause investigation and the decision. The Worker must consider the recommendation of the Legal Assistant in making the final decision.

The procedure to determine good cause is as follows:

- Form DFA-AP-1a, Notice to Individual Who Has Claimed Good Cause for Refusal to Cooperate in Child Support Activities, must be completed by the Worker during a face-to-face contact with the client who signed or was interviewed about the DFA-AP-1.

  The Worker must be sure the client understands the information on Form DFA-AP-1a. Two original forms must be completed and signed by the Worker and the client. One original is given to the client and the other filed in the case record.

- The client has the primary responsibility for obtaining the verification needed to establish good cause. Refer to Chapter 4. The client must provide the verification within 20 days of the date good cause is claimed.

  In certain situations, it is acceptable to make a determination of good cause without verification. These situations are:

  - The claim of good cause is based on the anticipation that cooperation will result in physical harm; and

  - The Worker believes, from the information provided by the client, that:

    - The claim is credible without corroborative evidence; or

    - Corroborative evidence is not available; and

    - The Worker and Supervisor agree that good cause exists.

7. Communication Between The Worker And The Legal Assistant

Communication between the Worker and the Legal Assistant continues until the case is closed, the child whose parent(s) is absent is removed from the benefit group, or, if applicable, the deprivation factor changes to unemployment, incapacity or death.

The Worker must notify the Legal Assistant, in writing, of the following:

Communication between the Worker and the Legal Assistant continues until the case is closed, the child whose parent(s) is absent is removed from the benefit group, or, if applicable, the deprivation factor changes to unemployment, incapacity or death.

The Worker must notify the Legal Assistant, in writing, of the following:

- A good cause determination is being made and the Legal Assistant's comments and recommendations are being requested prior to a final decision.

- The client has requested a Fair Hearing as the result of the Department's finding that good cause for non-cooperation is not established.

- Should the Worker become aware of information which could help the Legal Assistant in establishing paternity and/or obtaining medical support, this information must be shared.

The Legal Assistant must notify the Worker, in writing, of the following:

- The client refuses to cooperate in BCSE activities related to establishing paternity and/or obtaining medical support and the reason for the refusal.

- Information which affects eligibility or the amount of the payment.

- Change of address.

- Paternity is established.

- Information regarding a change in the deprivation factor or cause of absence, if applicable, is secured.

When health insurance information is entered by BCSE, an interface between OSCAR and RAPIDS occurs and RAPIDS alert 191 is sent to the Worker.

Changes in case circumstances are automatically referred to BCSE through RAPIDS.

E. HEALTH INSURANCE PREMIUM PAYMENT (HIPP)

This program is to assist Medicaid-eligible individuals who cannot afford available employer group health coverage. The Bureau for Medical Services (BMS) pays health insurance premiums, along with deductibles and co-payments, for Medicaid-eligible individuals when the policy is determined cost effective.

This program can also assist recently unemployed individuals with COBRA benefits available from a former employer. Under COBRA provisions, most employers are required to offer continued health benefits for 60 days after employment is terminated. Once an individual chooses to continue benefits, the benefits can be renewed for the next 18 months. Individuals are covered for services not included in the insurance policy, but covered under Medicaid. To qualify, there must be group health insurance available which covers at least 1 person who is Medicaid-eligible in West Virginia.

The application for HIPP may be completed online or printed at www.wvrecovery.com. The individual may also call HMS at (304) 342-1604 to request an application or to obtain additional information about program requirements and the eligibility determination process.