

Specific Medicaid Requirements

- 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:

- The present emotional state of the individual;
- The emotional health history of the individual;
- The intensity and probable duration of the emotional impairment; and
- 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 **5** 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

Specific Medicaid Requirements

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.

Specific Medicaid Requirements

- The Worker must determine if good cause exists within 45 days of the date good cause is claimed.
- If good cause is established, the case is not acted on by BCSE. However, at each redetermination, the Worker must determine if good cause still exists. If good cause no longer exists the Worker must notify the client and take appropriate action to notify BCSE.
- If good cause is not established, the Worker initiates the penalty and sends appropriate client notification. RAPIDS notifies BCSE that good cause was claimed, but not established, and that the penalty for refusal to cooperate has been applied.

5. Redirection Of Support And Income Withholding

NOTE: While there is no penalty for Medicaid recipients who refuse to redirect support payments, they must be instructed that being referred to BCSE automatically triggers income withholding, whenever there is an existing court order for support and an identifiable source of income.

When a Medicaid referral is made to BCSE, the Legal Assistant immediately implements income withholding for any child support the child may be receiving, whenever possible. This action may not be declined or terminated by the Medicaid client. Collection of support must, thereafter, be made through BCSE and distributed as non-public assistance (NPA) payments.

If the client refuses to cooperate in the establishment of paternity and in obtaining medical support, the Legal Assistant notifies the Worker. If the client has not claimed good cause, or if a claim is made and good cause is not determined, the penalty in item 6 below is applied.

6. Penalties For Failure To Cooperate

NOTE: A Poverty-Level pregnant woman, who fails to cooperate in securing medical support for children other than the unborn child, is not penalized until after the expiration of the 60-day postpartum period. Recipients of TM cannot lose eligibility for failure to cooperate with BCSE. However, BCSE services must be explained and a voluntary referral made when appropriate.

The penalty is as follows:

Specific Medicaid Requirements

The parent, other caretaker or responsible adult who failed to cooperate with BCSE is ineligible for Medicaid. The penalty is applied whether or not the adult and child receive Medicaid under the same coverage group.

The penalty continues until cooperation occurs. The individual becomes eligible for Medicaid the month following the month of cooperation.

In general, when a minor parent (mp) receives Medicaid as an adult, the Major Parent(s) (MP) is not required to cooperate in securing medical support for the minor parent. However, when the mp receives Medicaid as a dependent child and the MP fails to cooperate without good cause, the MP is excluded. See Chapter 9 to determine when the minor parent is included as an adult and as a dependent child.

An mp who receives Medicaid must always cooperate for the mp's child(ren) who receives Medicaid or be ineligible, unless good cause exists. This applies whether the mp is included as a child or an adult. An MP, or other caretaker who receives Medicaid, must cooperate as follows, based on the status of the mp, or be ineligible, unless good cause exists. It is possible for both the MP and the mp to become ineligible for Medicaid.

BCSE COOPERATION REQUIREMENTS INVOLVING MINOR PARENTS

When Medicaid status is:	mp, non-Medicaid	mp receives as Dependent Child	mp Receives as Dependent Child	mp Is Non-Caretaker Parent
	mp's Child Receives Medicaid	mp's Child Receives Medicaid	mp's Child non-Medicaid	
The cooperation requirements are:	MP, other caretaker or responsible adult, must cooperate for absent parent of mp's child, as required by BCSE. <u>EXAMPLE:</u> MP knows the whereabouts of child's father and refuses to reveal it.	MP, other caretaker or responsible adult, must cooperate for absent parent of mp and mp's siblings, if any; and MP and mp must cooperate for absent parent of mp's child, as required by BCSE.	MP, other caretaker or responsible adult, must cooperate for absent parent of mp and mp's siblings, if any.	MP, other caretaker or responsible adult, must cooperate for absent parent of mp's child, as required by BCSE. Minor parent must also cooperate

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:

- 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.
- **Cooperation in establishing paternity and/or obtaining medical support after a penalty for non-cooperation is established.**

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.