

CLAIMING "GOOD CAUSE" AND CHILD SUPPORT COOPERATION REQUIREMENTS
SECOND NOTICE

GOOD CAUSE CIRCUMSTANCES:

You may claim to have good cause for refusing to cooperate in getting third party payments and child support enforcement if you think that such aid would not be good for you or the person for whom Medicaid is being given.

The following are times when Med-QUEST may find that you have good cause for not cooperating with Child Support under §17-1705-20.

1. Helping is against the best interest of the child and it may result in serious physical harm to you (the parent, the caretaker relative) or the person for whom Medicaid is being given;
2. Helping may result in serious emotional harm to you or the person for whom Medicaid is being given;
3. The harm reduces the parent's or caretaker relative's ability to care for the child properly;
4. Physical or emotional harm is serious and would affect the parent's or caretaker relative's ability to act if help is required;
5. The child was born as a result of forcible rape or incest;
6. Court proceedings are going on for adoption of the child; or
7. Parent is working with public or private licensed social agency to decide whether to keep the child or place the child for adoption. Note: The discussion on whether to keep or place the child in adoption shall not exceed 3 months.

If you are claiming "Good Cause", please explain below.

PROVIDING GOOD CAUSE:

It is your responsibility to provide Med-QUEST with the proof needed to decide if you have good cause for not cooperating with Child Support. (If your reason for claiming good cause is your fear of physical harm and it is impossible to obtain proof, Med-QUEST may still be able to make a good cause claim decision after an investigation is made); or give the necessary proof to Med-QUEST within 20 days after claiming good cause.

Med-QUEST may decide your claim based on the proof you give; or an investigation may be done to confirm your claim. If an investigation is needed, you may need to give information such as the absent parent's name(s) and address(es) to help the investigation. Med-QUEST will not contact the absent parent without you knowing.

NOTE: If parents are already receiving Medicaid benefits, their benefits can be terminated. However the children are entitled to receive benefits. § 433.148

EXAMPLES OF ACCEPTABLE EVIDENCE:

The following are examples of acceptable kinds of proof needed from you to decide if good cause exists:

1) For refusing to cooperate in child support enforcement.

- a. Birth certificates, medical or law enforcement records that show that the child was conceived as a result of forcible rape or incest;
- b. Court documents or other records that show that legal proceedings for adoption are pending in court;
- c. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records that show the alleged or absent parent might inflict physical harm or emotional harm on you or the child;
- d. Medical records that show emotional health history and present health status of you or the child for whom support is needed for or written statements from a mental health professional showing a diagnosis or prognosis about the emotional health of you or the child;
- e. A written statement from a public or private agency confirming that you are being helped in resolving the issue of whether to keep or give up the child for adoption; and
- f. Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might know about the basis of your good cause claim.

2) For refusing to cooperate in obtaining third party payments.

- a. Court, medical, criminal, child protective services, social services, psychological or law enforcement records that show physical or emotional harm may be inflicted on you or the child;
- b. Medical records that show emotional health history and present health status of you or the child for whom support is needed for or a written statement from a mental health professional showing a diagnosis or prognosis about the emotional health of you or the child; and
- c. Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might know about the basis of your good cause claim.

I have read and have been provided a copy of this notice. I hereby apply to the Department for exception to the requirement that I cooperate in obtaining third party payment activities and child support activities. I have stated in the designated area above, the explanation to why I am claiming "Good Cause" and agree to provide evidence needed to establish good cause to the Department within 20 days after signing this form. Evidence includes any record(s) or document(s) needed to support my claim.

Signature of Applicant/Beneficiary

(Date)

Signature of Eligibility Worker

(Date)