

# Medi-Cal Program Guide Letter #708

September 21, 2010

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<b>Subject</b>	<b>ARTICLE A – GOOD CAUSE EVALUATION REQUIREMENT FOR COUNTY MEDICAL SERVICES (CMS)</b>
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<b>Effective Date</b>	Upon receipt
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<b>Reference</b>	County Policy
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<b>Purpose</b>	To inform staff of the requirement to evaluate for good cause prior to taking a CMS eligibility adverse action during the application, reapplication or recertification process.
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<b>Background</b>	Good cause exists when the applicant/beneficiary is unable to comply with eligibility requirements within the designated timeframe of the application, reapplication or recertification process for reasons beyond his/her control.
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<b>Good Cause</b>	<p>Good cause includes but is not limited to:</p> <ul style="list-style-type: none"><li>• Physical or mental illness or incapacity of the applicant/beneficiary which prevents him/her from contacting the County and/or obtaining/submitting the required documents/verifications to the County within the required timeframe.</li><li>• A level of literacy, in conjunction with other social and language barriers, of the applicant/beneficiary that would prevent him/her from meeting the established due date.</li><li>• A delay in receipt of information and the delay is beyond the control of the applicant/beneficiary.</li><li>• Obtaining the documents/verifications would cause harm to the individual.</li></ul>
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<b>Worker Action</b>	<p>At each application, recertification or reapplication, the worker must:</p> <ul style="list-style-type: none"><li>• evaluate for good cause when the applicant/beneficiary is unable to comply with eligibility requirements within the required timeframe;</li><li>• narrate in the case comments that good cause was evaluated, whether good cause was found or not, and the reasons why the good cause determination was made;</li></ul>
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- establish a new due date, if needed, based on case situation. Inform the applicant/beneficiary and narrate in the case comments the new due date; and
- inform applicant/beneficiary and narrate in the case comments of any acceptable alternative verifications.

**CMS IT System**

No impact

**Forms Impact**

No impact

**ACCESS Impact**

No impact

**Quality Assurance**

Effective with the November 2010 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

**Summary of Changes**

The table below shows the changes to Article A of the MPG.

Section	Change
A.2.0	Good cause statement added.

**Manager Approval** 



Janya Bowman, Assistant Deputy Director  
Health Care Policy Administration  
Strategic Planning and Operational Support Division

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## A.2.0

### Application Process

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#### General

This section contains procedures for handling requests to apply for the CMS Program. The adult requesting CMS or CMS Hardship may live alone, with a spouse, or with family members who are eligible to Medi-Cal.

When a CMS case is established using the CMS IT system, all documentation and verifications used to determine eligibility to and level of coverage within the CMS Program, including CMS forms completed by the patient and eligibility staff, must be imaged and saved into the CMS IT system. The Image Verification Checklist (CMS-107) may be used to eliminate the scanning of some forms for applicants/beneficiaries during the application process.

At each application, recertification or reapplication, the worker must:

- evaluate for good cause prior to taking a CMS eligibility adverse action when the applicant/beneficiary is unable to comply with eligibility requirements within the required timeframe;
- narrate in case comments that good cause was evaluated, whether good cause was found or not, and the reason why the good cause determination was made;
- establish a new due date, if needed, based on case situation. Inform the applicant/beneficiary and narrate in case comments of the new due date; and
- inform the applicant/beneficiary and narrate in case comments of any acceptable alternative verifications.

Good cause includes but is not limited to:

- Physical or mental illness or incapacity of the applicant/beneficiary which prevents him/her from contacting the County and/or obtaining/submitting the required documents/verifications within the required timeframe;
- A level of literacy, in conjunction with other social and language barriers, of the applicant/beneficiary that would prevent him/her from meeting the established due date.
- A delay in the receipt of information and the delay is beyond the control of the applicant/beneficiary; and/or
- Obtaining the documents/verifications would cause harm to the individual.