



9999999999

Good Cause Request Form Granite Advantage Health Care Program

Use this form to request good cause to excuse the inability to meet the community engagement hours for the one month indicated below. **DETAILED INSTRUCTIONS ARE ENCLOSED.** Print all information in the spaces provided and include 3rd party certification where required. Please note you can find your Medicaid ID Number (MID) in the lower left hand front corner of your blue Medicaid card that has **State of New Hampshire** on the front. If you are unable to locate your MID number, you may enter your birth date instead.

Name:	
Last _____	First _____
Medicaid ID#: _____	Date of Birth _____

By filling in the circle for good cause and signing this form, I attest under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided to the department in support of this request is true to the best of my knowledge and belief.

 Beneficiary Signature Date

FOR THE PARTICIPATION MONTH OF (MM/YYYY): _____

	Good Cause Reason	Attestation and Certification	Crediting a Finding of Good Cause
<input type="radio"/>	Birth or death of a family member	Name of family member: Relationship: Date of event:	# of days: _____
<input type="radio"/>	Severe inclement weather	Date(s) of event:	# of days: _____
<input type="radio"/>	Family emergency or life changing event	Description of event: Date(s):	# of days: _____
<input type="radio"/>	Parent/caretaker of child 6-12 unable to secure child care	Self-attestation of inability to secure child care	# of days: _____
<input type="radio"/>	Homeless or unable to find stable housing	Self-attestation	# of days: _____

Licensed Medical Professional Certification

A showing of good cause for "Disability" or "Caretaker Residing with Immediate Family Member with a Disability" requires certification by a licensed medical professional. As a licensed medical professional caring for this beneficiary or for a beneficiary's family member with a disability, I hereby certify that:

- The *beneficiary* is disabled and unable to meet the community engagement requirement for reasons related to their disability; or
- The *family member identified above* is disabled

Provider Name (Please Print):	NPI # _____
Date	Contact #: ()
Provider Signature: _____	

Instructions for Completing the Form

1. Enter your identifying information and sign and date the top section of the form. Please note you can find your Medicaid ID Number (MID) in the lower left hand front corner of your blue Medicaid card that has **State of New Hampshire** on the front. If you are unable to locate your MID number, you may enter your birth date instead.
2. Enter the month you are reporting activities for as a two-digit month and a four-digit year.
3. Fill in the circle in the far-left column of the row which applies to the good cause that you are requesting for the requested month.
4. If you are requesting good cause and fill in a number of days, the good cause hours granted are 8 hours per day.
5. If you are requesting good cause as a parent or a caretaker, enter the name and date of birth of the person being cared for.
6. If the good cause type requires certification by a licensed medical professional, ask the licensed medical professional to complete the Licensed Medical Professional Certification section of the form.
7. If the good cause type requires medical documentation, attach the necessary documentation to this form.
8. The beneficiary **MUST** return this form to the Department of Health and Human Services either by mail at the address on the front page, by fax to (603) 271-5623 or by submitting the form through your NH EASY account, or bringing the form to a local district office. You can call 1-844-275-3447 (1-844-ASK-DHHS) if you have any questions.

Licensed Medical Professional Instructions:

1. Review the Descriptions of Good Cause below for “Disability” or “Caretaker Residing with Immediate Family Member with a Disability” that the beneficiary has selected.
2. If, the beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability or if the beneficiary’s immediate family member identified above is disabled, select the appropriate certification box.
3. Fill in your provider information and sign the bottom section of the form.
4. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page or fax it to (603) 271-5623.
5. If you determine that the beneficiary or the beneficiary’s immediate family member is **not** disabled, please return this form directly to the department at the address on the front page or fax it to (603) 271-5623.

Descriptions of Good Cause

Birth or Death of a Family Member	For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, a showing of good cause requires self-attestation of the event to include the name of the family member, the date of the event and the family member’s relationship to the beneficiary as well as the number of community engagement hours that the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Severe Inclement Weather	For a beneficiary who experiences severe inclement weather including a natural disaster, a showing of good cause requires the date(s) of the event and self-attestation of the number of days the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Family Emergency or Life Changing Event	For a beneficiary who has a family emergency or other life changing event such as divorce, a showing of good cause requires self-attestation of the nature of the family emergency or life changing event to include the number of days that the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Parent/caretaker of Child 6-12 Unable to Secure Child Care	For a beneficiary who is a custodial parent or caretaker of a child 6 to 12 years of age and who is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship or the inability to obtain a child care provider due to capacity, distance, or another related factor, a showing of good cause requires monthly self-attestation of the inability to secure child care and the number of hours the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Homeless or Unable to Find Stable Housing	For a beneficiary who is homeless or unable to find stable housing, a showing of good cause requires self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.

Domestic Violence	For a beneficiary who is a victim of domestic violence, dating violence, sexual assault or stalking, a showing of good cause requires a copy of the court order which indicates that the beneficiary was the victim of domestic violence, dating violence, sexual assault or stalking OR the beneficiary's self-attestation of domestic violence, dating violence, sexual assault or stalking. Hours will be credited based on the date range specified in the court order at 8 hours per day or based on the beneficiary's self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Disability	For a beneficiary who has a disability and was unable to meet the requirement for reasons related to that disability but was not exempted from community engagement requirements, a showing of good cause requires self-attestation that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability AND certification by a licensed medical provider of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability. Hours will be credited based on the date range specified by the beneficiary's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Caretaker Residing with Immediate Family Member with a Disability	For a beneficiary who resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but was not exempted from community engagement requirements, a showing of good cause requires attestation by the beneficiary of the number of days the beneficiary was unable to meet the community engagement requirement for reasons related to that disability AND certification by the family member's licensed medical provider specifying the family members disability and the duration, if known. Hours will be credited based on the date range specified by the family member's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Inpatient Hospitalization	For a beneficiary who experienced inpatient hospitalization but was not exempted from community engagement requirements a showing of good cause requires entering the date admitted to the hospital AND copies of the beneficiary's discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness. Hours for inpatient hospitalization will be credited at 100 hours for one month.

<p>Caretaker Residing with Immediate Family Member who Experiences Hospitalization or Serious Illness</p>	<p>For a beneficiary who resides with an immediate family member who experienced hospitalization or serious illness, but the beneficiary was not exempted from community engagement requirements, a showing of good cause requires attestation by the beneficiary of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day AND copies of the family member's discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness. Hours will be credited based on the date range specified by the family member's medical provider at 8 hours per day or if no date range is indicated, based on the beneficiary's self-attestation of the number of hours at 8 hours per day.</p>
<p>Other Good Cause</p>	<p>Other good cause requires self-attestation of the circumstances beyond the beneficiary's control which relate to the beneficiary's ability to obtain or retain a qualifying activity to participate in and the number of days the beneficiary was unable to complete at 8 hours per day. This includes illness and outpatient hospitalization.</p>