

---

**NONFINANCIAL ELIGIBILITY FACTORS**

---

**UTILIZATION OF OTHER BENEFITS**

---

**D. FAILURE  
TO COMPLY  
AND GOOD  
CAUSE**

The agency must require clients to take all necessary and appropriate steps to obtain "other" benefits, unless good cause can be shown for not doing so. A denial or dismissal of the claim for other benefits because of the failure of the individual to submit requested verification does not satisfy the fulfillment of the requirement to apply.

Good cause for not applying for other benefits may be found to exist if the individual does not apply due to:

1. illness (and there is no authorized representative to apply in the client's behalf); or,
2. the individual previously applied and was denied and the reason for the denial has not changed; or,
3. the individual was unaware of the availability of a benefit and the agency did not advise him/her of its availability.

If good cause does not exist for the failure on the individual's part to take all appropriate steps to obtain an "other" benefit, the worker will take action to deny or terminate Medicaid benefits until such time as the requirement is fulfilled. Agreement to comply with the requirement does not negate any prior action to deny or terminate benefits. The effective month of establishing eligibility is the month in which the individual takes the steps necessary to obtain benefits from the other agency.