Georgia Department of Human Services Division of Family and Children Services

GEORGIA PATHWAYS MEDICAL ASSISTANCE GOOD CAUSE EXCEPTION, REASONABLE MODIFICATION AND REASONABLE ACCOMMODATION FORM

Name:		Client ID:	
Case Number:			
Qualifying Activity and	elow to request a Good Cause Exception, Read/or report a Reasonable Accommodation for ways Medical Assistance case.		
Family and Children S	form to your Gateway case at www.gateway.governees (DFCS) county office, or deliver in pose completing this form, please call the Custor DFCS office.	erson at your local DFC	S county office.
Section 1—Good	d Cause Exceptions		
If any Georgia Pathwa Activities requirement Exception request. For that month. This Good Cause Ex the last month. For	se Exception Request ays Medical Assistance member in the house t in the last month, please provide the informat or example, John reports a temporary illness exception request must be submitted by the example: If the current month is April, April 3 on to be allowed for March's Qualifying Activity	ation in the table below to that kept him out of work a 3 rd of the month to be trd would be the due date	o make a Good Caus c in March for 20 hour allowed for to request a
Member Name	Good Cause Reason	Month of Good Cause Request	Number of Good Cause Hours Requested
Please provide a wr	itten explanation of the Good Cause Exce	ption request:	

Form 996 (Rev. 7/2023)

Some examples of appropriate Good Cause reasons are as follows:

Birth, adoption, foster placement, or death of an immediate family member

Life event or immediate family emergency

Date:

- Temporary illness or short-term injury
- · Serious illness or hospitalization of the member or immediate family member
- Victim of a natural or human-caused disaster
- Temporary homelessness
- COVID-19

Section 2—Reasonable Modification for Pathways Qualifying Activity Requests

Making a Reasonable Modification for Pathways Qualifying Activity Request

If any Georgia Pathways Medical Assistance applicant or member with a disability who is no longer able to perform any work, education, or Qualifying Activity needs assistance to meet the 80 hour Pathways Qualifying Activities requirement in a month, please provide the information below to make a request for a Reasonable Modification for Pathways Qualifying Activity.

If the requested Reasonable Modification for Qualifying Activity is needed one-time or ongoing, please indicate the month(s) you need the Reasonable Modification in the chart below:

Name	Do you need a Reasonable Modification because of a disability? Yes or No	Check the type of Reasonable Modification for Pathways Qualifying Activity that is requested.	Month(s) for Reasonable Modification for Pathways Qualifying Activity
		Additional time to meet reporting requirements at application.	
		Additional time for a referral to the Georgia Vocational Rehabilitation Agency (GVRA). (Note: To meet the Pathways Qualifying	
		Activity requirement with this Reasonable Modification, the customer is responsible for complying with the GVRA intake process, enrollment and participation.)	
		Additional time to meet reporting requirements at application.	
		Additional time for a referral to the Georgia Vocational Rehabilitation Agency (GVRA). (Note: To meet the Pathways Qualifying Activity requirement with this Reasonable Modification, the customer is responsible for complying with the GVRA intake process, enrollment and participation.)	

e same access t easonable Modif 57-3433 or DCH 14-and-civil-right	Reasonable Modification types listed above, Pathways applicar o Reasonable Modifications that are available for all categories ication or Communication Assistance, please contact your case at 678-248-7449. You may also make the request online at https://medicaid.georgia.gov/programs/all-programs/tefrakeaf-blind or have difficulty speaking, you can call us at the num	s of Medicaid. If you need a eworker or call DFCS at 40- ps://dfcs.georgia.gov/adase atie-beckett. If you are deaf
ection 3—Re	asonable Accommodation for Pathways Qualifyi	ng Activity
eporting an app	roved Reasonable Accommodation for Pathways Qualifyin	ng Activity
ctivities requirem accommodation for activity that you mays that because	hways Medical Assistance member with a disability needs help ent in a month, please provide information below about this pe or Pathways Qualifying Activity. The only Reasonable Accomm ay submit is an approved arrangement from your employer, su of a disability you are unable to meet the minimum hours and	rson's Reasonable odation for Pathways Quali pervisor, or institution – wh
	proved a reduction in hours in an amount less than 80 per mor	•
Member Name		•
Member Name	proved a reduction in hours in an amount less than 80 per mor What is the Qualifying Activity that you are reporting	Month(s) of approved Reasonable Accommodation for Pathways Qualifying

Section 4—General Reporting for Georgia Pathways

How do I report Qualifying Activities hours or request a Good Cause Exception?

- **By internet:** www.gateway.ga.gov. You may use the Customer Portal to report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload documentation.
- **By mobile application:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload a photo of your documentation on your IOS or Android device.
- **By phone:** 1-877-423-4746. You may call to report Qualifying Activities and hours or Good Cause Exception requests and hours, but you will need to submit documentation of these through another reporting method in this section.
- **In person:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and submit documentation at your local DFCS office.
- **By mail:** You may submit the appropriate Qualifying Activities or Good Cause Exceptions report form and documentation by mail to your local DFCS office.