

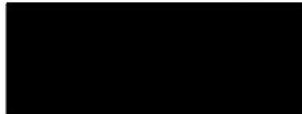
DFCS - [REDACTED] CNTY  
1142 N THORNTON AVENUE  
DALTON GA 30720  
1-877-423-4746



DEPARTMENT OF HUMAN SERVICES  
DEPARTMENT OF COMMUNITY HEALTH  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF EARLY CARE AND LEARNING

## CHANGE RESULTS

Worker Name: [REDACTED]  
Worker Phone Number: [REDACTED]  
Case Number: [REDACTED]  
Client ID: [REDACTED]



DATE: 08/22/2022

Report Medicaid Fraud: 1-800-533-0686

Dear [REDACTED]

### MEDICAL ASSISTANCE



You or someone in your household is still eligible for Medical Assistance. People approved for Medical Assistance will continue to get coverage through the last day of June, 2023 unless there is a change in their situation or regulations. We will send you another letter the month before this period ends telling you what to do to keep getting Medical Assistance.

If you have a Medicaid Spenddown case, Medicaid will only pay for your medical care after your Spenddown is met in a month. A "spenddown" is the amount of your income you must pay on medical bills you are responsible for paying.

People on your application were denied benefits for the following reasons. You can read the policy reference online at <http://odis.dhs.ga.gov/Main/Default.aspx>.

Client Name	Program	Reason	Policy Reference
[REDACTED]	Medical Assistance	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052
[REDACTED]	Medical Assistance	There are no eligible people in your household.	2050

Here are the eligibility decisions for each person included in your benefits:

Client Name:	[REDACTED]	Client ID:	[REDACTED]
Program	Medical Assistance-Institutional Hospice		
Benefit Month(s)	Decision		
July, 2022	Eligible		
August, 2022	Eligible		
September, 2022	Eligible		
October, 2022 --- June, 2023	Eligible		

Client Name:	[REDACTED]	Client ID:	[REDACTED]
Program	Medical Assistance		
Benefit Month(s)	Decision		
September, 2022	Closed		
October, 2022	Closed		

Program	Medical Assistance-Qualified Individual		
Benefit Month(s)	Decision		
July, 2022	Closed		
October, 2022	Closed		

The information listed below helped us make our decision.

**Medicaid- Institutional Hospice**

We understand that you live

Institutionalized  
Hospice

1

You requested assistance for this many people

Social Security (RSDI) Survivor or Retirement  
Benefit

The total value of your cash, savings and  
investments (assets)

Net Countable Income Used

Income Limit for HH size

**Medicaid- Qualified Individual**

We understand that you live

Institutionalized  
Hospice

1

You requested assistance for this many people

Social Security (RSDI) Survivor or Retirement  
Benefit

Diverted Income

The total value of your cash, savings and  
investments (assets)

Net Countable Income Used

Income Limit for HH size



**How do I file a fair hearing?**

If you disagree with our decision, please see the last two (2) pages of this form for information on your **right** to request a fair hearing.



You will not receive a new Medicaid card. Your current card will still be valid for use. If you have lost or misplaced your card, please call 1-866-211-0950 or go to the Medicaid website at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov).



You will not receive a new EBT card. Your current card will still be valid for use. If you have lost or misplaced your card, please call Conduent Customer Service at 1-888-421-3281 or go to <https://www.connectebt.com/gaebtclient/> to request a replacement card.

## REPORTING CHANGES:

You must report changes in the following situations:

### MEDICAL ASSISTANCE



During your **Medicaid** eligibility period, you must report if anyone moves in or out of your home, any changes in your household's income, or any changes in your household's resources. You must report these changes within 10 calendar days of the date on which the change occurs.

**If you fail to report the required changes, you may have to repay any benefits** you receive for which you were not eligible and you may also be prosecuted for fraud.



**You may report changes, check the status of your benefits, and renew your benefits on-line at [www.gateway.ga.gov](http://www.gateway.ga.gov).** You may also report changes to your situation or get information about your benefits by phone at 1-877-423-4746.

### Continuing Benefits

### MEDICAL ASSISTANCE



People approved for Medical Assistance will continue to receive coverage unless there is a change in their situation or regulations. Before your eligibility ends, we will send you a letter telling you what to do to keep getting Medical Assistance.

#### IMPORTANT INFORMATION:

- **Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov/Main/Default.aspx>.
- In accordance with Section 504 of the **Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides Reasonable Modifications and Communication Assistance to persons with disabilities. More information can be found at Notice of ADA/Section 504 Rights, at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>.
- In accordance with Federal laws and State policy, the **Department of Human Services (DHS)** is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and in some cases religion or political beliefs.
- If you need help reading or completing this document or need help communicating with us, ask us or call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

- Under the Department of Human Services (DHS), you may also file other discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street N.W., Ste 19-454, Atlanta, GA, 30303, 404-657-3735. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at: Two Peachtree Street, N.W., Suite 29-103 N.W., Atlanta, GA 30303 or call 404-657-5244 (voice), 404-463-7591 (TTY), 404-651-6815 (fax).
- Under the Department of Community Health (DCH) policy, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religious beliefs.
- To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local 404-463-7590) or (toll free) 800-533-0686. You may also report suspected Medicaid fraud by calling (toll free) 1-800-533-0686.
- Under the **Department of Community Health (DCH)** policy, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's **Office of Program Integrity (local 404-463-7590) or (toll free) 800-533-0686**. You may also report suspected Medicaid fraud by calling (toll free) 1-800-533-0686.
- **Health Insurance Premium Payment (HIPP):** Do you need help paying your employer sponsored insurance premiums? If you have high medical bills and are approved for Medical Assistance, the Medicaid agency has a program called HIPP that may be able to assist. If approved for this program Medicaid may pay all or part of your employer sponsored insurance premiums for you. Ask for a HIPP referral form from DFCS to start the process. If you want to talk with someone about the program, you may call (678) 564-1162.
- **Health Check:** Health Check is Georgia's well child or preventive health care program. This program provides preventive and primary health services for children. All Medicaid members under age 21 and all PeachCare for Kids® members under age 19 are eligible to participate in this program. Ask your doctor about Health Check or call **1-866-211-0950** to find the provider nearest you.
- **If you need help reading this document** or do not understand English call 1-833-442-2277 for free translation services.
- **You have the right to ask for a fair hearing** before a state hearings officer if you do not agree with this decision. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing in writing or by contacting the agency within:
  - **30 days** from the date of this notice for **Medical Assistance**

**If you wish to continue receiving benefits while waiting for your hearing decision** you must request the hearing within **14 days** from the date of this notice. Please understand that benefits may not be continued if your case terminated at the end of a certification period or if your application to receive benefits was denied.

This decision may be based in whole or in part on information contained in a consumer report. Such information may include employment and/or income verification provided by The Work Number, a service operated by the TALX Corporation (a provider of Equifax Verification Services, Equifax, Inc.) ("Consumer Reporting Agency"). Because the Consumer Reporting Agency did not make this decision, the Consumer Reporting Agency is unable to provide the specific reasons why this decision was made.

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. 1681 et seq., you have the right to dispute the accuracy or completeness of any information the Consumer Reporting Agency has provided by contacting them directly. Additionally, you have the right to obtain a free copy of a consumer report within sixty (60) days by contacting them directly. You may contact the Consumer Reporting Agency at Equifax Workforce Solutions, 3470 Rider Trail South, Earth City, MO 63045, 866-222-5880 (voice), 800-424-0253 (TTY).

**You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.**

- |   |  |
|---|--|
| 1. Georgia Legal Services Program<br>1-800-498-9469<br>(Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)  | 2. Office of the State Long-Term Care Ombudsman<br>Division of Aging Services<br>2 Peachtree Street, NW;<br>32nd Floor<br>Atlanta, GA 30303-3142<br>866-552-4464 |
| 3. Atlanta Legal Aid<br>404-377-0701 (DeKalb County)<br>678-407-6469 (Gwinnett County)<br>770-528-2565 (Cobb County)<br>404-524-5811 (Fulton County)<br>404-669-0233 (So Fulton/Clayton County) | 4. Georgia Senior Legal Hotline<br>1-888-257-9519<br>(Statewide legal services for elderly persons)  |

**Where the sole issue involved is one of State policy, group hearings may be conducted 42 C.F.R. § 431.222.**

DATE: 08/22/2022

Client Name: [REDACTED]

Client ID: [REDACTED]



### FAIR HEARING REQUEST

- - Complete and return this form if you do not agree with this decision.

Today's Date:

Telephone No.  
(Where You can be Reached)

I am requesting a fair hearing for: ☐ Food Stamps/Senior SNAP ☐ Medical Assistance ☐ TANF

☐ WIC

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for Food Stamps/Senior SNAP, Medical Assistance, TANF, or WIC. I understand an administrative law judge will listen to the cases presented by both parties and will determine if state and federal law was followed correctly.

Please tell us why you want a fair hearing:

Check the correct box if applicable:

☐ I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

☐ I want to continue receiving the benefits I now receive while waiting for the decision. **I understand that I will be required to repay the Department of Human Services any overpayment in benefits to which I was not entitled as determined by the hearing official.** I understand that my benefits may not be continued if my case closed at the end of a period of eligibility or if my application to receive benefits was denied.

\_\_\_\_\_  
Signature or Mark of Claimant

\_\_\_\_\_  
Date

Please return this completed form to your County Department



# Notice of ADA/Section 504 Rights

## Help for People with Disabilities

The Georgia Department of Human Services and the Georgia Department of Community Health ("the Departments") are required by federal law\* to provide persons with disabilities an equal opportunity to participate in and qualify for the Departments' programs, services, or activities. This includes programs such as SNAP, TANF and Medical Assistance.

The Departments provide reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change policies, practices, or procedures to provide equal access. To ensure equally effective communication, we provide persons with disabilities or their companions with disabilities communication assistance, such as sign language interpreters. Our help is free. The Departments are not required to make any modification that would result in a fundamental alteration in the nature of a service, program or activity or in undue financial and administrative burdens.

## How to Request a Reasonable Modification or Communication Assistance

Please contact your caseworker if you have a disability and need a reasonable modification, communication assistance, or extra help. For instance, call if you need an aid or service for effective communication, like a sign language interpreter. You may contact your caseworker or call DFCS at 404-657-3433 or DCH at 678-248-7449 to make your request. You may also make your request using the DFCS ADA Reasonable Modification Request Form, which is available at your local DFCS office or online at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>, or you may obtain the DCH ADA Reasonable Modification Request Form at the DCH Katie Beckett (KB) Team office or online at <https://medicaid.georgia.gov/programs/all-programs/tefrakatie-beckett>, but you do not have to use a form.

## How to File a Complaint

You have the right to make a complaint if the Departments have discriminated against you because of your disability. For example, you may file a discrimination complaint if you have asked for a reasonable modification or sign language interpreter that has been denied or not acted on within a reasonable time. You can make a complaint orally or in writing by contacting your case worker, your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street N.W., Ste 19-454, Atlanta, GA, 30303, 404-657-3735. For DCH, contact the KB TEAM ADA/Section 504 Coordinator at: 2211 Beaver Run Road, Suite 150, Norcross, GA 30071 or P.O. Box 172 Norcross, GA. 30091, 678-248-7449.

You can ask your case worker for a copy of the DFCS civil rights complaint form. The complaint form is also available at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>. If you need help making a discrimination complaint, you may contact the DFCS staff listed above. Individuals who are deaf or hard of hearing or who may have speech disabilities may call 711 for an operator to connect with us.

You may also file a discrimination complaint with the appropriate federal agency. Contact information for the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) is within the "USDA-HHS Joint Nondiscrimination Statement" included within.

*\*Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; and the Americans with Disabilities Act Amendments Act of 2008 ensure persons with disabilities are free from unlawful discrimination.*

## **Nondiscrimination Statement**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- 2) fax: (202) 690-7442; or
- 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.





Georgia Department  
of Human Services

**For help reading or translating this notice, please contact your county office at the phone number or address listed on the attached notice. Our services are free.**

### **Arabic**

للمساعدة في قراءة وترجمة هذا الإخطار، الرجاء الاتصال بالمكتب القطري لديك على رقم الهاتف أو العنوان المدرج في الإخطار المرفق. خدماتنا مجانية.

### **Bosnian**

Za pomoć oko čitanja ili prevođenja ovog obavještenja molimo vas da se obratite vašem okružnom uredu na broj telefona ili adresu navedene u prilogu. Naše usluge su besplatne.

### **Simplified Chinese**

要获得有关阅读或翻译此通告的帮助，请依照所附通告上所列出的电话号码或地址联系县办公室。我们的服务是免费的。

### **Traditional Chinese**

如欲獲取關於閱讀或翻譯該通告方面的幫助，請按所附通告上所列示的電話號碼或地址與縣辦公室取得聯絡。我們的服務是免費的。

### **Farsi:**

در اعلامیه شده ذکر آدرس یا و شماره تلفن خود را در شهرستان دفتر با ما تماس بگیرید، لطفا این اعلان ترجمه یا و خواندن برای کمک به است. رایگان های پیوست شده. خدمات ما

### **Gujurati**

આ સુચના વાચવા કે સમજવા માટે, મહેરબાની કરી તમારે કાઉન્ટી ને આ સુચના પરના સરનામે અથવા ફોન દ્વારા સંપર્ક કરો. અમારી સેવાઓ નિ:શુલ્ક છે.

### **French**

Pour vous aider à lire ou traduire le présent avis, veuillez contacter votre bureau de comté au numéro de téléphone ou à l'adresse indiqués sur l'avis ci-joint. Nos services sont gratuits.

### **Hindi**

इस सूचना को पढ़ने या समझने के लिए कृपया इस सूचना में लिखे पते या फोन पर आपकी काउंटी का सम्पर्क करें! हमारी सेवाएं नि:शुल्क हैं!

### **Japanese**

この通知を読むもしくは翻訳の手助けが必要な方は、添付の通知に記載されているカウンティ(郡) 事務所の電話番号または住所までお問い合わせ下さい。私どものサービスは無料です。

### **Korean**

이 통지문을 읽거나 번역하는데 도움이 필요하시면 통지문에 첨부된 전화번호나 주소로 연락하시면 됩니다. 저희 서비스는 무료입니다.

### **Portuguese**

Para ajuda com a leitura ou tradução desta notificação, por favor, entre em contato com o escritório do seu condado através do número de telefone ou endereço que aparece na notificação anexada. Nossos serviços são gratuitos.

### **Russian**

Если вам необходима помощь в прочтении или переводе данного уведомления, просьба обращаться в наш окружной офис по телефону или адресу, указанному в прилагаемом уведомлении. Наши услуги являются бесплатными.

### **Spanish**

Si necesita ayuda para leer o traducir este aviso, favor de contactar a la oficina ubicada en su condado llamando al teléfono o dirigiéndose a la dirección que se incluyen en el aviso adjunto. Nuestros servicios son gratuitos.

### **Vietnamese**

Để được giúp đỡ đọc hoặc dịch thông báo này, xin vui lòng liên lạc với văn phòng quận của quý vị tại số điện thoại hoặc địa chỉ được liệt kê trên thông báo đính kèm. Dịch vụ của chúng tôi là miễn phí.

### **Burmese**

ဤအကြောင်းကြားစာကို ဖတ်ရှုရန် သို့မဟုတ် ဘာသာပြန်ဆိုရန် အကူအညီအတွက် ကျေးဇူးပြု၍ ပူးတွဲပါ အကြောင်းကြားစာတွင် စာရင်းပြုထားသော ဖုန်းနံပါတ် သို့မဟုတ် လိပ်စာဖြင့် သင့် ခရိုင်ရုံးကို ဆက်သွယ်ပါ။