



NOTICE OF DECISION

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



DATE: 06/16/2022

Report Medicaid Fraud: 1-800-533-0686

Dear [REDACTED]

We have made a decision on your recent request for benefits.

Approval

Since you are receiving Medicaid as a hospice care recipient, Medicaid will only pay for services that are approved by the hospice agency that is providing your care.

Denial

Medical Assistance



Your application for Medical Assistance benefits dated 06/07/2022 has been denied for the following month(s) and reason(s):

Client Name	Month	Case Number	Reason	Policy Reference
[REDACTED]	June	[REDACTED]	You are eligible in another Medical Assistance program.	2052
[REDACTED]	June	[REDACTED]	There are no eligible people in your household.	2050

You can read the policy reference online at <http://odis.dhs.ga.gov/Main/Default.aspx>.

If your circumstances change or have changed, you may reapply at any time.

NOTICE OF DECISION

Date: 06/16/2022

Client Name: [REDACTED]

Client ID: [REDACTED]

Here are the eligibility decisions for each person included on the case:

Client Name: [REDACTED] Client ID: [REDACTED]

Program: Medical Assistance-Nursing Home

Benefit Month(s)	Decision
March, 2022	Eligible
April, 2022	Eligible
June, 2022	Ineligible

Program: Medical Assistance-Institutional Hospice

Benefit Month(s)	Decision
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022 --- May, 2023	Eligible

Based on information we now have, the maximum amounts you must pay toward the cost of your care are listed below. If your situation changes, the amount you are required to pay may change.

Your patient liability/cost share amount:

Client Name: [REDACTED] Client ID: [REDACTED]

May, 2022	\$2,077.00
June, 2022	\$2,077.00
July, 2022	\$2,077.00
August, 2022 --- May, 2023	\$2,247.00

Client Name: [REDACTED] Client ID: [REDACTED]

March, 2022	\$2,077.00
April, 2022 --- April, 2022	\$2,077.00

The information listed below helped us make our decision.

Medicaid- Institutional Hospice [REDACTED]

We understand that you live Institutionalized Hospice

You requested assistance for this many people 1

Social Security (RSDI) Survivor or Retirement Benefit Pension [REDACTED]

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

Net Countable Income Used [REDACTED]

Income Limit for HH size [REDACTED]

Medicaid- Nursing Home [REDACTED]

We understand that you live Institutionalized Hospice

You requested assistance for this many people 1

Social Security (RSDI) Survivor or Retirement Benefit Pension [REDACTED]

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

Net Countable Income Used [REDACTED]

Income Limit for HH size [REDACTED]