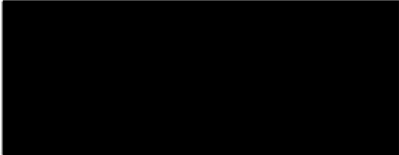




NOTICE OF DECISION

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



DATE: 05/05/2022

Report Medicaid Fraud: 1-800-533-0686

Dear [REDACTED]

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

Denial

Medical Assistance



Your application for Medical Assistance benefits dated 04/01/2022 has been denied for the following month(s) and reason(s):

Client Name	Month	Case Number	Reason	Policy Reference
[REDACTED]	March	[REDACTED]	You do not fall within the income limits for this Medicaid Class of Assistance (COA).	Appendix A1/A2
[REDACTED]	March	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	April	[REDACTED]	You do not fall within the income limits for this Medicaid Class of Assistance (COA).	Appendix A1/A2
[REDACTED]	April	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	May	[REDACTED]	You do not fall within the income limits for this Medicaid Class of Assistance (COA).	Appendix A1/A2
[REDACTED]	May	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712

NOTICE OF DECISION

Date: 05/05/2022

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

[REDACTED]	June	[REDACTED]	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]	June	[REDACTED]	You do not fall within the income limits for this Medicaid Class of Assistance (COA).	Appendix A1/A2
[REDACTED]	June	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	March	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	March	[REDACTED]	The value of your resources is more than the resource limit for this program.	Appendix A1/A2
[REDACTED]	April	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	May	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712
[REDACTED]	June	[REDACTED]	A mandatory member refused or failed to verify required information.	2051, 2060, 2065, 2706, 2708, 2712

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

If you still wish to be considered for Medical Assistance you will need to submit a new application.

Verification Not Received: Liquid Resources, Life insurance, Medical Expense

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

People on your case 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	Case Number	Reason	Policy Reference
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NOTICE OF DECISION

Client Name: [REDACTED]

Date: 05/05/2022

Client ID: [REDACTED]

[REDACTED]	Medical Assistance-Qualified Individual	[REDACTED]	2052
		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.	

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

Client Name: [REDACTED]	Client ID: [REDACTED]
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Program: Medical Assistance-Qualified Individual

Benefit Month(s)	Decision
March, 2022	Ineligible

Program: Medical Assistance-Nursing Home

Benefit Month(s)	Decision
March, 2022	Ineligible

The information listed below helped us make our decision.

Medicaid- Qualified Individual [REDACTED]	
We understand that you live	Nursing Home
You requested assistance for this many people	1
Social Security (RSDI) Survivor or Retirement Benefit	\$ 1553.00
The total value of your cash, savings and investments (assets)	\$ 248.91
Net Countable Income Used	\$ 1533.00
Income Limit for HH size	\$ 1529.00

Medicaid- Nursing Home [REDACTED]	
We understand that you live	Nursing Home
You requested assistance for this many people	1
Social Security (RSDI) Survivor or Retirement Benefit	\$ 1553.00
The total value of your cash, savings and investments (assets)	\$ 248.91
Net Countable Income Used	\$ 1553.00
Income Limit for HH size	\$ 2523.00

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.

NOTICE OF DECISION

Client Name: [REDACTED]

Client ID: [REDACTED]

Date: 05/05/2022

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.

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.

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.