



and ongoing. No additional deductions were authorized pursuant to the Respondent's policy manual. (Testimony of [REDACTED]; Exhibit R-1.)

4.

The Respondent notified the Petitioner of its determination on November 18, 2008, and the Petitioner filed a timely appeal therefrom. (Testimony of [REDACTED], Exhibits P-1, R-2.)

### III. Conclusions of Law

1.

Because this matter involves a reduction of the Petitioner's Medicaid benefits, the Respondent bears the burden of proof. Ga. Comp. R. & Regs. r. 616-1-2-.07(d). The standard of proof is a preponderance of the evidence. Ga. Comp. R. & Regs. r. 616-1-2-.21(4).

2.

Pursuant to the Respondent's policy manual, Medicaid recipients are required to contribute toward the cost of their care. Each recipient's patient liability/cost share is calculated after certain deductions from gross income are allowed. The patient/liability cost share is recalculated each time a change in income occurs. Economic Support Services Manual of the Georgia Department of Human Resources ("ESSM") §§ 2552 (Exhibit R-5), 2559 (Exhibit R-4), Appendix A1.

3.

In this case, the Petitioner was properly afforded deductions for federal tax, her insurance premium, and her personal needs allowance. There was no evidence that the Petitioner was entitled to any additional deductions under the Respondent's policy manual. ESSM, § 2252.

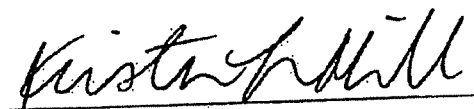
4.

The Respondent correctly determined that the Petitioner's patient liability/cost share, effective December 1, 2008, was \$2,189.00.

### IV. Decision

In accordance with the above Findings of Fact and Conclusions of Law, the Respondent's determination of the Petitioner's patient liability/cost share is hereby **AFFIRMED**.

**SO ORDERED**, this 15<sup>th</sup> day of January, 2009.



KRISTIN L. MILLER  
Administrative Law Judge

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