DFCS - FULTON CNTY NW
1249 DL HOLLOWELL PKWY
ATLANTA GA 30318

1-877-423-4746

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

NOTICE OF DECISION

Worker Name: B.Ball
Worker Phone Number: (229) 520-1492
Case Number: 117535819
Client ID: 5300512

CHINIQUA TAYLOR
4900 DELANO RD
7A
COLLEGE PARK GA 30349 -2646

DATE: 10/13/2022

Report Medicaid Fraud: 1-800-533-0686

Dear CHINIQUA TAYLOR,

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 October, 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.

FOOD STAMPS

You are still eligible for **Food Stamp** benefits. You will continue to receive benefits in the amount of **$1,288.00** per month. You will receive this amount from November, 2022 through April, 2023 unless there is a change in your household circumstances.

For the months November, 2022 through April, 2023, you will receive $1,288.00.

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

Client Name: LACYQUI PAGE	**Client ID:** 764043674
Program Food Stamps	
Benefit Month(s)	**Decision**
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
October, 2021	Eligible
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

Client Name: CHINIQUA TAYLOR **Client ID:** 5300512

Program Food Stamps

Benefit Month(s)	Decision
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
October, 2021	Eligible
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

Client Name: ABELLA GORDON **Client ID:** 105934208

Program Food Stamps

Benefit Month(s)	Decision
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

Client Name: SKYLAR TAYLOR **Client ID:** 795055600

Program Food Stamps

Benefit Month(s)	Decision
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
October, 2021	Eligible
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

Client Name: ZERENITY PAGE **Client ID:** 775051463

Program Food Stamps

Benefit Month(s)	Decision
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
October, 2021	Eligible
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

Client Name: ALAYA TAYLOR **Client ID:** 755039526

Program Food Stamps

Benefit Month(s)	Decision
November, 2022 --- April, 2023	Eligible

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
October, 2021	Eligible
November, 2021	Eligible
December, 2021	Eligible
January, 2022	Eligible
February, 2022	Eligible
March, 2022	Eligible
April, 2022	Eligible
May, 2022	Eligible
June, 2022	Eligible
July, 2022	Eligible
August, 2022	Eligible
September, 2022	Eligible
October, 2022	Eligible
November, 2022 --- October, 2023	Eligible

The information listed below helped us make our decision.

Medicaid- Parent/Caretaker with Child(ren)	ABELLA GORDON
We understand that you live	At Home
You requested assistance for this many people	6
Income Limit for HH size	$ 457.00
Medicaid- Parent/Caretaker with Child(ren)	LACYQUI PAGE
We understand that you live	At Home
You requested assistance for this many people	6
Income Limit for HH size	$ 752.00
Medicaid- Parent/Caretaker with Child(ren)	CHINIQUA TAYLOR
We understand that you live	At Home

You requested assistance for this many people	6
Income Limit for HH size	$ 826.00
Medicaid- Parent/Caretaker with Child(ren)	SKYLAR TAYLOR
We understand that you live	At Home
You requested assistance for this many people	6
Income Limit for HH size	$ 752.00
Medicaid- Parent/Caretaker with Child(ren)	ZERENITY PAGE
We understand that you live	At Home
You requested assistance for this many people	6
Income Limit for HH size	$ 752.00
Medicaid- Parent/Caretaker with Child(ren)	ALAYA TAYLOR
We understand that you live	At Home
You requested assistance for this many people	6
Income Limit for HH size	$ 752.00

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.

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.**

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. You must report these changes within 10 calendar days of the date on which the change occurs.

During your **Food Stamps/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over $4,029.00** . You must report this change within 10 calendar days following the end of the month the change happens. If you are a working adult with no children, you must also report when your work hours fall below 20 hours per week or 80 hours per month.

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. 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.

Households approved for **Food Stamps/Senior SNAP** will continue to receive them unless there is a change in their situation or regulations. You will need to complete a **Food Stamps/Senior SNAP Renewal in April, 2023** to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting **Food Stamps/Senior SNAP** benefits.

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.

§ 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.

§ To report Food Stamp and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.

- **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:

  - **90 days** from the date of this notice **for Food Stamps/Senior SNAP**
  - **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
   1-800-498-9469
   (Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)

2. Office of the State Long-Term Care Ombudsman
   Division of Aging Services
   2 Peachtree Street, NW;
   32nd Floor
   Atlanta, GA 30303-3142
   866-552-4464

3. Atlanta Legal Aid
   404-377-0701 (DeKalb County)
   678-407-6469 (Gwinnett County)
   770-528-2565 (Cobb County)
   404-524-5811 (Fulton County)
   404-669-0233 (So Fulton/Clayton County)

4. Georgia Senior Legal Hotline
   1-888-257-9519
   (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.

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

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