

DFCS - DEKALB CNTY MAIN
2300 PARKLAKE DRIVE
ATLANTA GA 30345
1-877-423-4746



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

REVIEW RESULTS

DAISHA ANDERSON
3709 SOAP STONE WALK
LITHONIA GA 30038 -3486

Worker ID: 817540
Worker Name: B.Harris
Worker Phone Number: (470) 346-1198
Case Number: 117693047
Client ID: 714045488

DATE: 01/25/2023

Report Medicaid Fraud: 1-800-533-0686

Dear DAISHA ANDERSON,

Medical Assistance



Application Date: 01/25/2023

Benefit Period	Person(s)	Decision	Program Information
01/01/2023 - 12/31/2023	DALIYAH TURNER	Approval	Program: PeachCare for Kids PeachCare for Kids® Information: No Premium Payment Required See Medical Assistance Information section below

Medical Assistance Information

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 12/31/2023 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 12/31/2023 medical bills you are responsible for pay.

The information listed below helped us make our decision.

Medicaid- PeachCare for Kids	DALIYAH TURNER
We understand that you live	At Home
You requested assistance for this many people	1
Paycheck amounts per month (before taxes)	\$ 4812.04
Net Countable Income Used	\$ 4812.00

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Income Limit for HH size

\$ 5712.00

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

IMPORTANT INFORMATION:

- **Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov/General>.
- 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).
- Under the **Department of Human Services (DHS)**, you may file discrimination complaints by contacting your local DFCS office or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746 (voice)
- 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 religion.
- To report suspected Medicaid fraud on recipients or providers, call the Georgia Department of Community Health-Office of Inspector General at (local) 404-463-7590 or (toll free) (800) 533-0686; by email at oiganonymous@dch.ga.gov; by mail at Department of Community Health, OIG PI Section, 2 Peachtree Street NW, 5th Floor, Atlanta, GA 30303; or visit <https://dch.georgia.gov/report-medicaidpeachcare-kids-fraud>.

o **30 days** from the date of this notice **for Medical Assistance**

PeachCare for Kids® Right to Review

You may ask us to review actions taken on your account. You have 30 days from 01/25/2023 to ask for a review.

You may ask us to keep coverage during the review. Mail your request by the 10th of the month that health benefits end. If you do not qualify, you will need to repay us for:

- Monthly payments
- Health care we provide during this time

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How do I send a request for review?

By fax: 1-912-632-0389

By mail: PeachCare for Kids®

RSM Group

P.O. Box 786, Alma, GA 31510

Important: Write your Case Number on all pages.

This decision may be based in whole or in part on information contained in a consumer report. Such information may include employment 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.

- | | |
|---|---|
| <p>1. Georgia Legal Services Program
1-800-498-9469
(Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)</p> | <p>2. Office of the State Long-Term Care Ombudsman
Division of Aging Services
2 Peachtree Street, NW, 32nd Floor, Atlanta, GA
30303-3142
888-522-4464</p> |
| <p>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)</p> | <p>4. Georgia Senior Legal Hotline
1-888-257-9519
(Statewide legal services for elderly persons)</p> |

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

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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: ☐ SNAP/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 SNAP/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 terminated 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