DFCS - LAURENS CNTY
PO BOX 4147
ATLANTA GA 30302

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 ID: 756339
Worker Name: N.Johnson
Worker Phone Number: (229) 646-9755
Case Number: 111845079
Client ID: 151583408

MELINDA HAZLEY
706 S JEFFERSON ST
DUBLIN GA 31021 -5030

DATE: 10/26/2023

Report Medicaid Fraud: 1-800-533-0686

Dear MELINDA HAZLEY,

Supplemental Nutrition Assistance Program (SNAP)

Application Date: 10/26/2023

Benefit Period	Person(s)	Decision	Program Information
10/01/2023 - 03/31/2024	MAURLI HALL MELINDA HAZLEY JAMIR TRIMMINGS	Approval	**Program:** Food Stamps **Amount:** $766.00 a month See **SNAP Information** section below.

Medical Assistance

Application Date: 10/26/2023

Benefit Period	Person(s)	Decision	Program Information
03/01/2023 - 10/31/2024	MAURLI HALL JAMIR TRIMMINGS	Approval	**Program:** Children Under 19 Years of Age See **Medical Assistance Information** section below
11/01/2023 - 10/31/2024	MELINDA HAZLEY	Approval	**Program:** Family Planning Services See **Medical Assistance Information** section below

SNAP Information

We have completed your **SNAP** renewal, and you are still eligible for SNAP benefits.

You will continue to receive benefits in the amount of **$766.00** per month. You will receive this amount from 10/01/2023 through 03/31/2024 unless there is a change in your household circumstances.

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.

Medical Assistance Information

Planning for Healthy Babies®

Thank you for returning your Planning for Healthy Babies® (P4HB) Renewal papers. You have completed your renewal process and remain eligible for P4HB services. You must always remain eligible to continue receiving P4HB services.

What if my situation changes?

If your situation changes, you must tell us within ten (10) business days. Changes that you need to tell us about include:

- New phone number
- New address
- If your family or household size changes
- If you become pregnant
- If you are no longer able to have a baby
- If you get a job or a pay raise
- If you begin to receive any new income
- If you get private insurance

To tell us about the change, call 1-877-423-4746, or fax to 1-888-744-2102 or mail to the address below.

What if my income changes?

If your income changes, you must send in proof of your income using one paper from this list:

- Most recent consecutive month's pay stubs in a row showing gross income.
- Letter from your employer. The letter must state gross income and how often you get it. An officer of the company must sign and date the letter.
- Unemployment Check, Compensation Letter or letter stating how much Unearned Income you get and how often you get it.

You must report your changes within ten (10) days. If you are not sure you must report the change, contact P4HB and we will let you know if you are required to report this change.

You will be given time to provide proof of all income changes. If you need assistance with obtaining this proof please contact P4HB.

How do I send in my new changes?

By fax: 1-912-632-0389

By mail: Planning for Healthy Babies®
P.O. Box 786, Alma, GA 31510

Important: Write your Account Number on all pages.

What if I have questions?

We can answer your questions. Call us at 1-877-423-4746.The call is free.
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 10/31/2024 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 10/31/2024 medical bills you are responsible for paying.

The information listed below helped us make our decision.

Medicaid- Children Under 19 Years of Age	JAMIR TRIMMINGS
We understand that you live	At Home
You requested assistance for this many people	2
Income Limit for HH size	$ 2186.00
Medicaid- Family Planning Services	MELINDA HAZLEY
We understand that you live	At Home
You requested assistance for this many people	1
Income Limit for HH size	$ 3468.00
Medicaid- Children Under 19 Years of Age	MAURLI HALL
We understand that you live	At Home
You requested assistance for this many people	2
Income Limit for HH size	$ 3087.00

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**.**

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, and 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 **SNAP/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over $2694.00**. You must report this change within 10 calendar days following the end of the month the change happens.

You must also report when your household receives substantial lottery and gambling winnings. This is a cash prize won in a single game. If you or a household member receives lottery or gambling winnings, gross amount of **$4250.00** or more (before taxes or other amounts are withheld), you must report these winnings within 10 days from the end of the month in which the household received the winnings.

During your P4HB services, if your situation changes, you must tell us within ten business days. Changes that you need to tell us about include:

- New phone number
- New address
- If your family or household size changes
- If you become pregnant
- If you are no longer able to have a baby
- If you get a job or a pay raise
- If you begin to receive any new income
- If you get private insurance

What if my income changes?

If your income changes during your P4HB services, you must provide one of the documents from this list:

- Most recent consecutive pay stubs showing a month of gross income.
- Letter from your employer. The letter must state gross income and how often you get it. An officer of the company must sign and date the letter.
- Unemployment Check, Compensation Letter or letter stating how much Unearned Income you get and how often you get it.

How do I send in my new changes for P4HB?

By fax: 1-912-632-0389

By mail: Planning for Healthy Babies®
P.O. Box 786, Alma, GA 31510

Important: Write your Case Number on all pages

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 **SNAP/Senior SNAP** will continue to receive them unless there is a change in their situation or regulations. You will need to complete a **SNAP/Senior SNAP Renewal in March, 2024** to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP/ Senior SNAP 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).
- In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.
  Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

  CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS
  USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, 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:** Food and Nutrition Service, USDA
  1320 Braddock Place, Room 334, Alexandria, VA 22314; or
  2. **fax:** (833) 256-1665 or (202) 690-7442; or
  3. **phone:** (833) 620-1071; or
  4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

  For any other information regarding 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: SNAP hotline.

  CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.
To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Under the Department of Human Services (DHS), you may also file discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights and 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 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**.
- **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 SNAP and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.
- **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:
    - o **90 days** from the date of this notice **for SNAP/Senior SNAP**

o **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.

Planning for Healthy Babies® Right to Review

If you disagree with this decision, you may send a request for reconsideration to Planning for Healthy Babies® (P4HB). Your request for reconsideration must be received in writing within thirty (30) days from the date of the closure letter. A panel which consists of members from Right from the Start Medical (RSM) Assistance, and the Department of Community Health (DCH) will review your request for reconsideration and issue an Initial Determination. Please send your request for reconsideration to:

Planning for Healthy Babies® Resolution Coordinator
P.O. Box 786, Alma, GA 31510

Fax to:
1-912-632-0389

If you want to maintain your services pending the appeal process, you must send a written request before the date your services change. If the Department's determination is deemed correct, the agency may institute recovery procedures against you in order to recover the costs of any services provided to you.

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).

If any of the information that was used to determine your eligibility is inaccurate, please inform us by reporting a change at www.gateway.ga.gov or contact us directly at 1-877-423-4746.

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
   888-522-4464

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: ☐ **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.

You have ten (10) days from the date on the form to request a hearing. All hearing requests must be in writing. Any member of the CAPS program will be glad to provide the necessary forms and assist you with questions regarding the appeal process. You or an authorized representative may represent you during your hearing. You can get information about hearings on the Internet at http://www.ganet.org/osah/.

_____ _____

Signature or Mark of Claimant Date

Please return this completed form to your County Department

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