State Of Georgia Integrated Eligibility System (IES)

7.5 Forms, Templates, and Notices Detailed Design

Eligibility Determination – Approval/Denial

Document ID: NGGA0048

Version: see below

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# **Document Control Information**

## Document Information

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| --- | --- |
| Document Identification | NGGA0048 |
| Document Name | Eligibility Determination – Approval/Denial |
| Project Name | GA IES |
| Client | THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH |
| Document Author | See below |
| Document Version | See below |
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## Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
| --- | --- | --- | --- |
| 1.1 | 01/05/2015 | Made Spend Down in to one word – ‘Spenddown’ | Vignesh Manokaran |
| 1.1 | 0/06/2015 | Multiple months, Issuance cycle and initial benefit amount language added to Expedited Food Stamps section | Vignesh Manokaran |
| 2.3 | 04/22/2015 | Modified the selection logics from plain English to function specific | Vignesh Manokaran |
| 2.4 | 04/29/2015 | Updated Applied for GRG – DB details | Vignesh Manokaran |
| 2.4 | 05/06/2015 | GRG – CRISP section removed based on decision #: 300535 | Vignesh Manokaran |
| 2.5 | 07/06/2015 | The word ‘None’ was changed to ‘Denied’ in ‘Decision for individual people in the case’ table for better understanding | Vignesh Manokaran |
| 2.5 | 07/06/2015 | EXFS is added to TP09 section in page 22. Both are Food Stamps and the same language applies when denying for Food Stamps or Expedited Food Stamps. | Vignesh Manokaran |
| 2.5 | 08/03/2015 | Removed EXFS from the Food Stamps section on page 22. Expedited Food Stamps will be coded as TP09 and will be identified with Expedited SW. | Vignesh Manokaran |
| 2.5 | 08/03/2015 | EXFS approval in page 12 is changed to Type of Assistance = TP09 and EXPEDITED\_SW =’Y’ | Vignesh Manokaran |
| 2.5 | 08/18/2015 | Child support payment removed from the Information we had to determine your eligibility table. The Child support payments are listed as a type of unearned income type under list of unearned incomes, so this will be a repetition | Vignesh Manokaran |
| 2.6 | 09/10/2015 | On page 30, added ‘or’ before – ‘you lose your card’ | Vignesh Manokaran |
| 2.7.0 | 11/30/2015 | Added Senior SNAP language to Approval and Denial. CR - 316633 | Vignesh Manokaran |
| 2.7.0 | 12/03/2015 | 2.6.2, 2.6.3 is BPR submission of this document which will be implemented on a later date | Vignesh Manokaran |
| 2.7.0 | 12/15/2015 | As part of TTE defect – 39085 we are setting Payment Amt to 0 when the following waiver code is present –  AA, CU, FC, CP,HA,FM,TN | Vignesh Manokaran |
| 2.7.0 | 02/29/2016 | CR - CR\_357574, adding language to specify date on which the family should begin to have premium for PCK cases | Vignesh Manokaran |
| 2.7.0 | 03/17/2016 | P02 added to section 2.4.8.2 – You have a right to fair hearing | Vignesh Manokaran |
| 2.7.0 | 03/17/2016 | Changed Right from the Start Medicaid (RSM) Project to Right from the Start Medical (RSM) Assistance Group as per comment# 9859 | Vignesh Manokaran |
| 2.7.0 | 03/17/2016 | LIHEAP program fair hearing days changed to 30 days as per comment# 9865 | Vignesh Manokaran |
| 2.7.0 | 03/28/2016 | As per design review comment# 9861, The address and phone number under How do I send the papers for PeachCare for Kids®? | Vignesh Manokaran |
| 2.7.0 | 03/28/2016 | As per design review comment# 9862, The mailing and Fax number under How do I send in my new changes for P4HB? Are removed and the url for Georgia Gateway was added. | Vignesh Manokaran |
| 2.7.0 | 04/13/2016 | As per UAT defect # 45839, the following design modification is performed- The budget table will read 'Yearly gross income (before taxes) used $’ for Your application for Child Care Income | Vignesh Manokaran |
| 2.7.0 | 05/09/2016 | CR – 366478, Logic for Return address changed. See the logic in Cnty\_DFCS\_Name and Cnty\_DFCS\_Addr for more detail | Vignesh Manokaran |
| 2.7.0 | 05/31/2016 | As part of AI # 386231, 386232, 386233, Child Care language was added to Reporting Changes, Continuing benefits. Fair Hearing attachment was modified to include Child Care WIC and LIHEAP check boxes. A separate bullet point was added for LIHEAP. 2 bullet points that will be shown only for CC was added to the Fair Hearing attachment. | Vignesh Manokaran |
| 2.7.0 | 06/13/2016 | As part of CR 340765, Non discriminatory statement was added to the ‘Important Information’ section. | Vignesh Manokaran |
| 2.7.0 | 06/13/2016 | As part of CR 384187, the benefit amount for the month of application and ongoing month and all intervening months will be displayed for FS and TANF | Vignesh Manokaran |
| 2.7.0 | 06/30/2016 | As part of defects 52971 the payment address has been changed to the correct one on page 14. | Fabiana Latorre |
| 2.7.0 | 08/11/2016 | As part of UAT design mod 55038, the following Class of Assistance will use the 1st and 2nd fragment under Approval section 2.4.2.2- L01, L02, W01, W02, W03, W04, W07, W05, W06. The language “Your application for Medicaid benefits dated [Application\_Date] has been determined eligible effective [CERTIFICATION\_BEGIN\_DT]” will not be used for these class of assistance. | Vignesh Manokaran |
| 2.7.0 | 08/23/2016 | As part of 55668, The Reason code EL0001 will be suppressed in the GRG section. There is no GRG specific reason code. The Reason – not requesting benefit is for TANF denial. The GRG denial section is displayed only when GRG benefit is requested. So the reason ‘not requesting benefit’ is not relevant for GRG denial. | Vignesh Manokaran |
| 2.7.0 | 08/24/2016 | CR – 312990, Logo and agency names updated on the first page.  CR- 398892, update to FS verbiage in Reporting Changes and Important information section  CR- 403164, PCK language in Medicaid Patient Liability section and Review Result section updated | Vignesh Manokaran |
| 2.7.0 | 09/22/2016 | As per defect 57170, Adding verbiage and logic for TANF cases that become ineligible due to lump sum income. | Fabiana Latorre |
| 2.7.0 | 09/21/2016 | CR – 398892, adding Food Stamp and TANF to the trigger logic under the heading “Important Information” and also add an additional bullet under the same heading adding the OIG verbiage. | Fabiana Latorre |
| 2.7.1 | 10/13/2016 | As part of design mod 60000 updating approval section for TOA = EMA. | Fabiana Latorre |
| 2.7.1 | 10/24/2016 | As part of defect 61067, adding header, “Women, Infants, and Children” to WIC section | Fabiana Latorre |
| 2.7.1 | 11/10/2016 | As part of CR 414708 updating PCK language in Medicaid Patient Liability section and Review Result section updated | Fabiana Latorre |
| 2.7.2 | 11/30/2016 | As part of defect 62470 adding logic to in include approval condition when population Benefit\_Month, Year in the approval section. | Fabiana Latorre |
| 2.7.2 | 01/20/2017 | As part of CR 339384 updating verbiage to include the verifications not received. | Fabiana Latorre |
| 2.7.3 | 01/29/2017 | As part of CR 406037 updating TANF and Food Stamps Approval section to include benefit amounts on a monthly basis. | Fabiana Latorre |
| 2.7.3 | 02/3/2017 | As part of CR 393157 added section to display medical bills for all Medically Needy (MN) COAs and auto generate Form 400 | Fabiana Latorre |
| 2.7.3 | 03/27/2017 | Added CR 393157 new verbiage as to display medical bills for all medically needy COAs and do not auto generate form 400 | Angie Mumba |
| 2.7.4 | 04/17/2017 | Updated worker information as per CR-355829: The case worker's name and direct phone number should be provided on all notices sent to customers when the case has an owner. | Angie Mumba |
| 2.7.4 | 04/25/2017 | Updated State of GA Logo in header as per CR-355829 | Ann Zhao |
| 2.7.4 | 5/18/2017 | Updated template cosmetic changes as per CR433139 | Angie Mumba |
| 2.7.5 | 6/18/2017 | Updated Peachcare For Kids Logo and Fair hearing section as per CR433139 (UAT Defect 70946) | Ayushi Bhatnagar |
| 2.7.6 | 6/23/2017 | - Changed ODIS link in Medicaid, FS and TANF ( UAT Defect 71422)  - Added Dear [HOH\_Name], (UAT Defect 71460) | Ayushi Bhatnagar |
| 2.7.6 | 06/28/2017 | Remove BR Form 551 trigger information (UAT Defect 71607) | Ayushi Bhatnagar |
| 2.7.6 | 07/05/2017 | Unbold County DFCS name and Client ID from the header (UAT Defect 71769) | Ayushi Bhatnagar |
| 2.7.6 | 07/17/17 | Changed verbiage for GRG approval as per UAT defect 62465 | Ayushi Bhatnagar |
| 2.7.6 | 7/13/2017 | As part of CR 464234, updating the phone numbers on the Important Information Section in the Section 504 bullet point. | Fabiana Latorre |
| 2.7.7 | 08/10/17 | Updated verification item paragraphs (Denial reason 5054) as per CR 450095 and Gate 3 feedback. | Murugesh Mohan |
| 2.7.7 | 08/15/2017 | Changed verbiage for Medical Assistance as per CR 422140. | Sai Sahithya |
| 2.7.8 | 8/31/2017 | Per defect 72636 updating the Spenddown section to be repeating if the case is approved for Spenddown for more than one month in a given EDBC transaction | Fabiana Latorre |
| 2.7.9 | 10/31/2017 | Updated verbiage for EMA approval language as per CR 479201 | Murugesh Mohan |
| 2.7.9 | 11/20/2017 | Added verbiage for Disaster Food Stamps | Abhishek Bandela |
| 2.7.9 | 11/20/2017 | Attached Form 329 for TANF Program | Abhishek Bandela |
| 2.7.9 | 1/23/2018 | Update header for notice to be sent to Nursing home providers for CR 419663 | Ayushi Bhatnagar |
| 2.7.9 | 1/28/2018 | Updated the following as a part of CR 490933:  Added Worker ID, Work First Name, Worker Last Name and Work Phone Number to Notice of Decision header  Added “If you have been approved for TANF or SSI, please let us know. You may be potentially eligible to receive Food Stamp benefits.:” to TP09 denial section  Added “Here are the eligibility decisions for each person included on the case:” to benefit decision section  Added check for FS/MA Program code for displaying Income section in “Information that Helped Us” section of Notice  Added verbiage to “How Do I file a fair hearing?” à **right** **to request a fair hearing.**  Removed Xerox as option to remove EBT card loss  Removed Type of Assistance ‘F42’ for reporting changes logic  Added logic to check that Program Code is not Child Care when displaying section about repaying benefits | Abhishek Bandela |
| 2.7.9 | 1/30/2018 | Updated verbiage Disaster TANF for CR#332516 | Abhishek Bandela |
| 2.7.9 | 01/31/2018 | As part of defect 79064 updating URL of the USDA Program Discrimination from <http://www.ascr.usda.gov/complaint_filing_cust.html>to<http://www.ascr.usda.gov> | Fabiana Latorre |
| 2.7.9 | 01/31/2018 | As part of defect 79064 updating the PeachCare payment URL from www.gateway.ga.gov to<https://myprofile.bill2pay.com/login.aspx?client=peachcare> | Fabiana Latorre |
| 2.7.9 | 01/31/2018 | As part of defect 79064 updating the address of the Office of the State, Long-Term Care Ombudsman Division of Aging Services from 2 Peachtree Street, NW Suite 9-231 Atlanta, GA 30303-3142 888-454-LTCO (5826) to 2 Peachtree St, NW; 32nd Floor Atlanta, GA 30303-3142  866-552-4464 | Fabiana Latorre |
| 2.7.9 | 01/31/2018 | As part of defect 79064 updating the address of the Georgia Advocacy Office, Inc.  One Decatur Town Center from  150 E Ponce de Leon Avenue  Suite 430 Decatur, GA 30030 to #1 West Court Square Suite 625  Decatur, GA 30030 | Fabiana Latorre |
| 2.7.10 | 2/15/2018 | Updated the Denial section 2.4.4 to updated the Information Helped Us section for Medicaid type of assistance for defect 78241 | Ayushi Bhatnagar |
| 2.7.10 | 02/19/2018 | Replaced link to DECAL website on Child Care Denial portion for CR 469453 | Rohan Medhekar |
| 2.7.9 | 03/15/2018 | As part of M&O Request 80909 update the following:   1. Change a URL from [www.ConnectEBT.com](https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.ConnectEBT.com&data=02%7C01%7CCarlene.Burgess%40dhs.ga.gov%7C8993294d35b24f8c876008d57fa5a321%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636555271738954155&sdata=dG6eNWvAjxWUZKFTXwGEBaper76dzxa%2FvWwKQ5HPjSc%3D&reserved=0) to [https://www.connectebt.com/gaebtclient/](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.connectebt.com%2Fgaebtclient%2F&data=02%7C01%7CCarlene.Burgess%40dhs.ga.gov%7Cea5276f16a2f4d0e930508d57f1b0255%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636554676433910551&sdata=VgmM6DdGMN2bFjtA8OA%2Fh3S2ZagtrmZpRsjs87Wt5gM%3D&reserved=0) | Fabiana Latorre |
| 2.7.10 | 08/19/2018 | Updated the PeachCare for Kids® information and added trademark for P4HB for CR 481884  Requirement: 29481:ENH.481884.2 | Ayushi Bhatnagar |
| 2.7.10 | 09/06/2018 | Added verbiage to Denial Section for Regular Food Stamps when ‘Postponed Verification’ is not returned for CR 480002 | Rohan Medhekar |
| 2.7.11 | 11/12/2018 | Added Fragment Trigger Logic for Help Number to be displayed in Header of Notice  Added Fragment Trigger logic for “If you need help reading this document…” section  Added Worker Phone Number Extension to Header of Notice  For CR 570766 | Rohan Medhekar |
| 2.7.12 | 11/16/2018 | As part of defect 89339 Atlanta Legal Aid has included a separate number for Gwinnett County that says 678-407-6469 (Gwinnett County). | Hemanth Savaram |
| 2.7.13 | 01/15/2019 | As part of MO Request 500985 – (Defect 91176) Remove the Georgia Advocacy Office Agency Contact Information from DFCS Notices. | Hemanth Savaram |
| 2.7.14 | 02/25/2019 | Added Missing Verifications Section for Disaster TANF denial section for UAT Defect 91342 | Rohan Medhekar |
| 2.7.15 | 03/15/2019 | As part of defect 92810 set the date of action on the notice header based on the date when the notice was triggered (Generated Date) for all the programs other than Child Care. For Childcare display the System Date instead of Generate Date. | Hemanth Savaram |
| 2.7.16 | 03/19/2019 | As part of defect 92162 Removing the sentence **You will receive benefits for the month(s) of [Certification\_Begin\_Month, Year] through [Certification\_End\_Month, Year].** from Approval FoodStamps Expedited with pending verification and Approval SSNP expedited with pending verifications. | Hemanth Savaram |
| 12.0 | 2/6/2019 | Added Section for TANF Approvals when Application for GRG is denied for CR 493750 | Meredith Manley |
| 12.0 | 02/12/2019 | Added Fragment Trigger logic for Approval section for Child Care section for CR 585981 | Rohan Medhekar |
| 14.0 | 06/27/2019 | Made the following changes for Child Care as per CR 524507 –   1. Removed Medicaid Fraud Number 2. Updated Approval Verbiage 3. Updated Denial Verbiage 4. Added Child Care Specific Important Information, Continuing Benefits, Reporting Changes and Fair Hearing Section   Removed Legal Help Section for Child Care | Rohan Medhekar |
| 14.0 | 07/05/2019 | CR523912 design updates   1. Updated Denial section verbiage and Fragment Trigger logic for WIC and also displaying the new table with client id , client name, reason, policy reference. 2. Added new Important Information section for WIC 3. Added new Legal Information section for WIC 4. Excluded section 2.4.4 from notice for WIC Program   Excluded section 2.4.3.1 from notice for WIC Program | Bandela Abhishek |
| 14.0 | 09/05/2019 | As per BRD update on CR 523912 on 04/09/2019, made the following notice verbiage updates:   1. Updated policy reference online link for WIC under the denial section of the 48 notice 2. Under “Important information” section, updated eligibility determination policy link and replaced the word “appeal” with “a fair hearing’. | Keertana Subramani |
| 14.0 | 09/19/2019 | As part of WIC request dated 09/11/2019 regarding CR 523912, changed number of days to request fair hearing from 14 to 60 under important information section of the VCL when program is WIC. | Keertana Subramani |
| 15.0 | 12/11/2019 | Made Changes to Header logic for Child Care, Important Information Section for Child Care, Appeals and Grievances Section and Denial Section as per CR 636373 | Rohan Medhekar |
| 15.0.1 | 3/25/2020 | Added fragment trigger logic for essential services workforce priority group | Jakeise Moody |
| 15.0 | 12/17/2019 | Update the Return Address Logic for WIC Program CR 602143 | Abhishek Bandela |
| 15.0 | 10/10/2019 | Added EL5054 FS related verbiage for CR#629591 | Abhishek Bandela |
| 15.1 | 4/2/2020 | Added CC specific G Green message to notice header. | Jakeise Moody |
| 16.0 | 8/25/2020 | Updated the notice attachment section to add the ADA 504 form attachment. | Abhishek Bandela |
| 17.0 | 10/01/2020 | Update Made: Added the verbiage for Work Number CR#699147 in important information section. | Abhishek Bandela |
| 16.0 | 10/14/2020 | Update the URL in Nondiscrimination Statement as per request from the business to replace the URL with the new URL provided by state team <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> | Abhishek Bandela |
| vPATHWAYSv0.1 | 12/03/2020 | Pathways related updates including:  Pathways in the Benefit Summary Table  Pathways details in the Medical Assistance Information  Pathways text in the Reporting Changes section | Lata Grover |
| vPATHWAYSv0.2 | 12/08/2020 | Updates to the Approval / Denial notice structure with CR 650846 | Jakeise Moody |
| 20\_0 | 01/07/2021 | Updated to remove the fragment trigger logic from Page 56 in the important information section.  Update the ADA Verbiage for WIC and DECAL. | Abhishek Bandela |
| vPATHWAYSv2.0 | 1/8/2021 | The follows changes are incorporated for Release 1 Client Response:  658  659  660  661  662  663  664  665  666  667  668  669  670  671  672  673  674  676  694  698  699  701  707  708  715  757  758  759  765  881  883  985 | Jakeise Moody |
| vPATHWAYSv2.1 | 1/13/2021 | Updated to address client comment 705, 668, 670 and 883 | Jakeise Moody |
| vPATHWAYSv2.2 | 1/14/2021 | Updated to address client comment 883 and 985. | Jakeise Moody |
| vPATHWAYSv2.3 | 1/14/2021 | Updated to address client comment 670. | Jakeise Moody |
| vPATHWAYSv2.4 | 1/14/2021 | Updated to address client comment 670. | Jakeise Moody |
| vPATHWAYSv2.5 | 1/15/2021 | Updated to address client comment 670 with updated narrative text. | Jakeise Moody |
| vPATHWAYSv2.6 | 3/8/2021 | Hyperlink updated from http://odis.dhs.ga.gov/Main/Default.aspx to <https://odis.dhs.ga.gov/General>. | Jakeise Moody |
| vPATHWAYSv2.7 | 03/26/2021 | Modifying to reconcile with M&O Design Document 20.0 updates deployed to Production with M&O Release 20.0  Revised SNAP fragment in the Reporting Changes Section to reflect desired approach of the business reflected in the 20.0 design. | Jakeise Moody |
| vPATHWAYSv2.8 | 4/14/2021 | Updated for Defect number 110272  Updated for Defect number 110761  • Update to "Information Helped Us" section header in 0048  • N/A logic for Denial Reason and Policy reference in Benefit Summary table  • Q03 fragment update  Updated reporting changes section to remove child care fragment as part of defect 110800  Updated reporting changes section to add the child care fragment to a new location as part of defect 110800  Updated the important information section to remove the child care fragment regarding need for prompt hearing request as part of defect 110800  Updated fair hearing request section trigger logic as part of defect 110800  Updated the fair hearing request section to remove the fragment with the OSAH link and any Child care specific fragments as part of defect 110800  Updated Appeal and Grievance section verbiage as part of defect 110800  Updated fragment “If your circumstances…” in the Denial section to not display for MA, FS, or TF as part of defect 110835. | Jakeise Moody  Mark Gonyea |
| vPATHWAYSv2.9 | 4/23/2021 | Modified “right to a fair hearing” verbiage to remove an extra “to” per State Review Comment ID 1524  Modified “Grievance or Fair Hearing” section to align font and size with the rest of the document per State Review Comment ID 1534 | John Wood |
| vPATHWAYSv4.0 | 4/28/2021 | Removed two instances of duplication of a fragment as part of defect 111122  Corrected capitalization of “food stamp” to “Food Stamp” as part of defect 111121.  Updated SNAP fragment on gambling winnings as part of defect 111250  Removed references to LIHEAP program from Fair Hearing section as part of defect 110754.  Refined notice header agency name alignment as part of defect 110754. | John Wood |
| vPATHWAYSv4.1 | 5/6/2021 | Removed LIHEAP Checkbox per State Review Comment 1678. Reconciled with R2 version. | John Wood |
| vPATHWAYSv4.2 | 5/12/2021 | Re-ordered fragments in Reporting Changes and Continuing Benefits sections as part of defect 111392.  Added headers for Food Stamps, TANF, and Medical Assistance fragments in the Subsequent Text, Continuing Benefits and Reporting Changes sections as part of defect 111392.  Revised Benefit Summary table row ordering as part of defect 112574. | Jakeise Moody |
| vPATHWAYSv4.3 | 5/18/2021 | Updated Food Stamps/Senior SNAP reporting changes fragment logic for the resource limit to reflect the Disabled/Elderly limit in all scenarios in response to comment # 1781.  Revised font size for the Reporting Changes and Continuing Benefits section headers to be consistent with the implementation in response to comment # 1777  Revised P4HB fragment trigger logic to replace ‘P24’ with the appropriate types of assistance (180 or 181 or 182 or 183) in response to comment #1776. | Jakeise Moody |
| vPATHWAYSv4.4 | 5/19/2021 | Added “s” to “Food Stamp/Senior SNAP” header within the Reporting Changes and Continuing Benefits sections as part of defect 111392. | Jakeise Moody |
| vPATHWAYSv4.5 | 5/25/2021 | Update made to not be all caps and for font size to be 14 for “Georgia Medicaid for Workers with Disabilities (GMWD)” in response to comment # 1792. | Jakeise Moody |
| 22.0 | 7/30/2021 | Added logic to attach Consumer Education Statements for Childcare. | Jakeise Moody |
| 24.0 | 8/30/2021 | Refined logic for “Maintaining Scholarships” section for no enrollment scenario.  Added narrative for no enrollment scenario.  29587:ENH.713615.15 | Jakeise Moody |
| 24.0 | 10/4/2021 | Updated verbiage for provider selection narrative. | Jakeise Moody |
| 24\_0 | 09/09/2021 | Update Made: Added the ADA verbiage to the notice in the “IMPORTANT INFORMATION” section | Sagar Gupta |
| 24.0 | 10/7/2021 | Updated Rev date | Jakeise Moody |
| 24.0 | 10/15/2021 | Updated to reflect replacement of ADA text. | Jakeise Moody |
| 24.0 | 10/19/2021 | Corrected hyperlink formatting of ADA fragment. | Jakeise Moody |
| 24.0 | 10/19/2021 | Adjusted spacing of ADA fragment. | Jakeise Moody |
| 27.0 | 1/7/2022 | Added fragment trigger logic for student parent priority group | Samantha Doctor |
| 28.0 | 5/6/2022 | Added logic to attach forms 138, 354, and 786. | Sagar Gupta |
| 28.0 | 5/13/2022 | Added logic to attach forms 138, 354, and 786. | Sagar Gupta |
| 29.0 | 6/17/2022 | Updated Payment table to include child name (pg 55). Updated Parental to Parent (pg 53). Remove Child Care from DHS Fair Hearing Request Form as part of CR 711616 | Samantha Doctor |
| 30.0 | 3/28/2022 | Modified and incorporated ELE-CU19 and ELE-PCK per CR 727932. Added Express Lane Eligibility Opt Out Statement | Samantha Doctor |
| 30.0 | 4/7/2022 | Added a section for ELE Opt Out Statement with customer identifier and header (Section 2.6) | Samantha Doctor |
| 30.0 | 4/14/2022 | Updated ELE Opt Out statement, removed the word MORROW from Page 37 | Samantha Doctor |
| 30.0 | 6/28/2022 | Updated ELE verbiage per ADA observations | Samantha Doctor |
| 31.0 | 8/3/2022 | Added new WIC NDS per CR 777248 | Jessica Wright |
| 31.0 | 8/11/2022 | CR 772535  Add Benefit Summary section, and moved approval and denial fragment for FS, TANF, MA to its own section.  Updated RSM Address  Added Trademark logo for PCK and Planning for Babies  Removed WellCare as CMO  Removed IVR Steps  Updated DCH language under “Important Information” to remove reference to color/national origin.  Removed and/or reference, replaced with or  Added a fragment for EL8015  Added GMWD Premium changes (104040 and CR 772535) | Samantha Doctor |
| 31.0 | 8/15/2022 | Updated the PCK Rights to Review verbiage as part of CR 773626.  Made updates to replace Food Stamps with Supplemental Nutrition Assistance Program (SNAP).  Updated Header Worker Logic to include SPR Approver and or Customer Contact Center Number. | Tyler Bacote |
| 31.0 | 8/30/2022 | Updated the Food Stamps references from review comments | Jessica Wright |
| 31.0 | 9/2/2022 | Made ON OR BEFORE changes to EL5054 verification requirements. | Jessica Wright |
| vPATHWAYS2.0v0.1 | 2/16/2023 | Interim 2.0 Pathways submission | Ramanesh Nurani |
| 33.0 | 11/29/2022 | Updated Condition to display case level and Individual level reasons When SNAP AG failed with reason EL5018 | Harsha Singanamala. |
| vPATHWAYS2.0v0.2 | 2/24/2023 | Updated existing verbiage and Inserted Pathways Mobile verbiage to “How Do I Report QAs” section per State Comment ID: 181. Added p02 and P44 to section beginning with “The Department of Community Health will mail a Medicaid” per State Comment ID: 184. Added P02 and P44 to trigger logic that follows the ADA/504 statements per state comment ID: 188. Added P02, and P44 to trigger logic for sub-fragment below “You have the right to ask for a fair hearing” section per State Comment ID: 189. Added the word “the” to the F44 logic description in section titled: “**Fragment Trigger Logic (Type of Assistance=F44) [new content]”** per State Cproodomment ID: 179 | Chris Barbara |
| vPATHWAYS2.0v0.3 | 2/27/2023 | Inserted logic for ‘worker\_id’ to Header Section Variables based on logic from Initial Pathways 1.0 submission per State Comment ID: 193 | Chris Barbara |
| vPATHWAYS2.0v1.0 | 3/1/2023 | Final Design Submission  Updated verbiage, formatting as per State comments ID # 179, 181, 184, 188, 189. | Ramanesh Nurani |
| vPATHWAYS2.0v1.0 | 3/15/2023 | Capitalized the A in Activities for ‘Qualifying Activities’ in the How to Report QAs section per State comment 181 | Chris Barbara |
| vPATHWAYS2.0v1.1 | 3/22/2023 | Inserted P02 and P44 coverage types to MA\* and MA\*\* lists on page 91 per State comment 190  Added P44 to the fragment [(P02 or P44) and PP] per State comment 180 Updates made throughout the document to reflect change in dates for not complying with QA requirement i.e the new dates are 3rd of the month and 17th of the month replacing the old dates, 7th of the month and 23rd of the month | Chris Barbara |
| vPATHWAYS2.0v1.2 | 4/25/2023 | Added CMS recommended language (CR# - 811028) for all MA denial notices regarding availability of primary and preventive care in Georgia (Important Information Section below the following trigger logic: **If (Type of Assistance = MA and Status = Denied)**, highlighted in yellow text) | AB Putrevu |
| 33.1 | 10/5/2022 | CR 779128  Additional text to review result notice | Sudheer Appana |
| 34.0 | 3/27/2023 | Remove logic to mail Form 786 when TANF is authorized. | Faizah Thernize |
| vPATHWAYS2.0v1.3 | 5/4/2023 | Updated Form 329 in Notice Attachments Section | Vighnatha Amanaganti |
| vPATHWAYS2.0v1.4 | 5/8/2023 | CR 811028 Design Response Submission for comments ID# 249, 252 | Vighnatha Amanaganti |
| vPATHWAYS2.0v1.5 | 5/17/2023 | Updated Revision Date to 7/23 to reflect accurate go-live date per Comment 301 | Chris Barbara |
| vPATHWAYS2.0v1.6 | 5/24/2013 | Updated the TANF section to include full text and verbiage from R31.0. | Jessica Wright |
| vPATHWAYS2.0v1.7 | 5/30/2023 | Based on Recent UAT Discussions, Updated Xerox (option to remove EBT card loss) to **Conduent** throughout the design. | N/A |
| vPATHWAYS2.0v1.8 | 6/6/2023 | Removed Black Mastercard Item from Section 2.1.10.2 per State Comment 344. Updated the placement of the Fragments within the Fragment Trigger Logic of the Important Information Section to match the logic in 0049 per State Comment 344. Updated font of word “Conduent” in the TANF Information Section to be consistent with the rest of the notice per State Comment 344. | Chris Barbara |
| vPATHWAYS2.0v1.9 | 6/9/2023 | In response to State Comment 342 Xerox has been removed from the document title on pg. 1  In response to State Comment 344 the Mastercard logo has been removed | N/A |
| vPATHWAYS2.0v1.10 | 6/13/2023 | Inserted image of Black Mastercard below “Fragment Trigger Logic  If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)  AND If (Type of Assistance = TP01)” per State Comment 355.  Updated the following logic “Fragment Trigger Logic  If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W06, W05, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, F15, A03, F99, P99, R03, R02, P06)” in the Important Information Section and changed placement of verbiage within the trigger logic per State comment 356.  Updated Medical Information Logo in section 2.1.6 per State Comment 356. | Chris Barbara |
| vPATHWAYS2.0v1.11 | 6/15/2023 | As per State Comment 358   1. Removed the extra   verbiage for SNAP ("Application Date: [Application\_Date]") (Duplicated) in the section 2.1.6.2 (page 28)   1. Removed Number for the   fragment "If (EDBC\_action\_cd = dn, set action code = d) and (Type of assistance = DSAS) as these are 2 separate paragraphs | Vighnatha Amanaganti |
| vPATHWAYS2.0v1.12 | 6/22/2023 | Updated Fragment Trigger Logic in section 2.1.11.2  Updated from  If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Not Met at Intake, no active FT IHE enrollment, no Vocational Training, no active GVRA enrollment)  To  If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Not Met at Intake, no active FT IHE enrollment, no Vocational Education Training enrollment, no active GVRA enrollment)  Updated Fragment Trigger Logic Verbiage in the same section 2.1.11.2  Updated From  If (Type of Assistance = PTH, Eligibility Status = Approved, active FT IHE or Vocational Education Training present for the current month)  To  If (Type of Assistance = PTH, Eligibility Status = Approved, active FT IHE or Vocational Education Training Enrollment present for the current month) | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R2v1.0 | 6/29/2023 | Pathways 2.0 Release 2 Initial Design Submission –  Merged with archived release 2 document to reconcile changes between 2.0 R1 and 2.0 R2.  Inserted LIHEAP trigger logic into section 2.1.13.  Inserted LIHEAP trigger logic into section2.1.12  Inserted logic into 2.1.11.3 Section Variables  Inserted new trigger logic for PTH denial and new logic for PTH approval into section 2.1.11.2.  Inserted logic for RMA, RCA type of assistance into section 2.1.10.2.  Inserted the following verbiage “If you have questions regarding your case, please call 404-370-6236 or send an email to the Senior SNAP program at [**seniorSNAP@dhs.ga.gov**](mailto:seniorSNAP@dhs.ga.gov)**.”** in Fragment trigger logic **If (EDBC\_ACTION\_CD = DN, Set Action Code = D) *[Moved from Denial Section]***  **AND (Type of Assistance = SSNP).**  Inserted new selection logic into 2.1.6.3 Section Variables  Inserted logic for special note into Header section. | Chris Barbara |
| vPATHWAYS2.0\_R2v1.1 | 7/14/2023 | As per JAD Session on 7/13/2023 with State  Removed LIHEAP Information in 2.1.12.2 section and 2.1.13.2 sections | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R2v1.2 | 7/20/2023 | Updated Fragment Trigger logics in Section 2.1.11.2 to read “**If (Type of Assistance = PTH, Eligibility Status = Approved, active FT IHE or active FT Vocational Education Training Enrollment present for the current month)” and “If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Not Met at Intake, no active FT IHE enrollment, no active FT Vocational Education Training enrollment, no active GVRA enrollment)” per state comment 364** | Chris Barbara |
| vPATHWAYS2.0\_R2v1.3 | 8/31/2023 | 8/23/2023 - Updated Revision date from (07/23) to (01/24)  8/28/2023 - In response to State Comment #398  Replaced 'Health Management Systems' with 'Gainwell Technologies'.  8/31/2023 - Per State Discussions –  1. Updated Important Information section 2.1.18.2 under HIPP Program point.  2. Updated section Text/Layout section 2.1.11.2 FROM  Gainwell Technologies  TO  Gainwell Technologies / Georgia Pathways HIPP Unit. | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R2v1.4 | 9/5/2023 | Updated Verbiage below “Fragment Trigger Logic  If (Type of Assistance = PTH , Eligibility Status = Denied) and denial reason is EL8002” and “Fragment Trigger Logic  If (Type of Assistance = PTH, Eligibility Status = Denied with a denial reason of “The Agency received information that your referral to GVRA has been denied”)” per DHS request detailing where to find additional information regarding Qualifying Activities. CR #830330 | Chris Barbara |
| vPATHWAYS2.0\_R2v1.5 | 9/7/2023 | Updated Verbiage below “Fragment Trigger Logic  If (Type of Assistance = PTH , Eligibility Status = Denied) and denial reason is EL8002” and “Fragment Trigger Logic  If (Type of Assistance = PTH, Eligibility Status = Denied with a denial reason of “The Agency received information that your referral to GVRA has been denied”)” per DHS request detailing where to find additional information regarding Qualifying Activities. CR #830330 | Chris Barbara |
| vPATHWAYS2.0\_R2v2.0 | 9/7/2023 | 9/7 Full Design Package Submission for Pathways 2.0 Phase 2 | Chris Barbara |
| vPATHWAYS2.0\_R2v2.1 | 9/12/2023 | Strikethrough “RMA” in the section 2.1.10.1 since we don’t have Type of Assistance = RMA  Updated the below Condition as we don’t have any code called RMA in PROD today, but TOA as RMA with 2 codes in the section 2.1.10.2  If (EDBC\_ACTION\_CD = DN, Set Action Code = D)  AND If (Type of Assistance in (RCA, R02, R03) | Vighnatha Amanaganti |
| 36.0 | 5/31/2023 | Updated the PCK approval section notifying of client they have 10-day to report changes. | Petra Hall/ Sarthak Patel |
| 36.0 | 6/12/2023 | Updated situational changes section (Sectioni 2.1.16.2) to left-align the address | Sarthak Patel |
| 37.0 | 06/07/2023 | Updated Periodic Reporting Verbiage to SNAP Section | Harsha Singanamala |
| 39.0 | 8/28/2023 | CR 811024 - Added verbiage for Continuous eligibility | Sudheer Appana |
| vPATHWAYS2.0\_R2v2.2 | 9/28/2023 | 9/15/2023  Updated EL8002 (8 series) Notices codes to EL9121 (9 series) Notice codes in section 2.1.11.2  9/19/2023  In response to State Comment#936  Updated the design pages from 1-77 for the revision date from 7/23 to (1/24)  In Response to State Comment #933  Updated the section logic (functionality) for the Tag - Enrollment\_end\_Date FROM  End date of IHE and/or GVRA  TO  End date of vocational educational training program or IHE and/or GVRA  In response to State Comment#934  Updated the Fragment Trigger logic Condition in section 2.1.11.2 FROM  CE Status IN (UD, ND, NC) TO  CE Status = (UD, ND, NC)  In response to State Comment#937  Added Pathways HIPP Fragment in the section 2.1.18.2  In Response to State Comment # 932  Updated the typo mistake FROM Higher “ “ TO Higher education in the  Fragment Trigger Logic  If (Type of Assistance = PTH, Eligibility Status = Approved) in the section 2.1.11.2  In Response to State Comment # 940  Updated the verbiage FROM 'under the QI1-1 (QI1) program' TO 'under the Qualifying Individual-1 (QI1) program’ in the following 2 fragments (2.1.11.2 section)  Fragment Trigger Logic – [Moved from Approval Section]  If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)  If (Type of Assistance =QI1 and RETRO\_SW = (P0 & (P1 OR P2 OR P3))), set RETRO\_SW =1)  and  Fragment Trigger Logic – [Moved from Approval Section]  If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)  If (Type of Assistance =QI1 and RETRO\_SW = P0 only, set RETRO\_SW =2)  In response to State Comment# 939  Removed the sentence “You can read the policy reference online at https://odis.dhs.ga.gov/General.  “from the fragment trigger logic If (EDBC\_ACTION\_CD = DN, Set Action Code = D)  AND If (Type of Assistance in (RCA, ~~RMA~~, R02, R03)  Updated correct ODIS weblink to <https://odis.dhs.ga.gov/> in the entire design.  Updated This “Information Helped Us Make Our Decision” trigger logic section and added EL8021. State Comment 631. | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R2v2.3 | 10/23/2023 | Design Document merged with R38, R39 changes | Sarthak Patel |
| 41.0 | 10/10/2023 | Update For applications processed after the 60th day, no additional text should be added for verification. | Sudheer Appana |
| vPATHWAYS2.0\_R42v3.0 | 10/24/2023 | R42 Initial Design Submission  CR#828262  Updated to add new fragment trigger logic.  If (Type of Assistance = PTH, Eligibility Status = Approved , This section is displayed when an individual’s selects Qualifying activity type as “Job Readiness-Skilled Nursing Facility” or “Job Readiness-Hospital Stay” in intake in the section 2.1.11.2 | Vighnatha Amanaganti  FR-NO-2213 |
| 39.0 | 10/24/2023 | Add [PR\_Review\_End\_Date\_Month, Year] to section variables | Faizah Thernize |
| vPATHWAYS2.0\_R42v3.1 | 11/15/2023 | Removed V38 GA Access related change log as that was never implemented.  Revision date is updated to (03/24)  In response to State comment # 1216  Updated the verbiage for the Fragment Trigger Logic If (Type of Assistance = PTH, Eligibility Status = Approved, this section is displayed when an individual’s selects Qualifying activity type as “Job Readiness-Skilled Nursing Facility” or “Job Readiness-Hospital Stay” in intake.  in the section 2.1.11.2 | Sarthak Patel  Vighnatha Amanaganti |
| vPATHWAYS2.0\_R42v3.2 | 11/22/2023 | In response to State Comment # 1216  Added variable [TOTAL\_HOURS] in the section 2.1.11.3 | Vighnatha Amanaganti |
| 39.1.3 | 11/20/2023 | Updated the Fair Hearing Section as part of M&O 837008. | Tyler Bacote |
| vPATHWAYS2.0\_R42v3.3 | 1/12/2024 | Merged M&O release 39.1.3 (Cr# 837008) to update  In the section 2.1.18.2(Important Information) and 2.1.20.2(Fair Hearing Request) | Vighnatha Amanaganti |
| ~~vPATHWAYS2.0\_R42v3.4~~ | ~~1/19/2024~~ | 1. ~~Merged M&O release 41.0, 42.0 , 42.0~~ 2. ~~Updated the selection logic for the variable Total\_Hours in the section 2.1.11.3~~ | ~~Vighnatha Amanaganti~~ |
| vPATHWAYS2.0\_R42v3.5 | 1/26/2024 | ~~1.Updated the Variable Total\_Hours selection logic FROM~~  ~~Total required monthly QA hours. This is 80 hours minus any hours from a Qualifying Activity type of Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay in the [Report Month] (80 -(REDUCTION\_HOURS)~~  ~~TO~~  ~~Total required monthly QA hours. This is 80 hours minus any hours from a Qualifying Activity type of Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay in the [Report Month] (80 -(REDUCTION\_HOURS – any QA from Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay) in the section 2.1.11.3~~  ~~2.Updated Source Table & Source Field for the variable Total\_Hours in the section 2.1.11.3~~  3. Struck through the version vPATHWAYS2.0\_R42v3.4 and removed the merge changes from 1/19/2024 | Vighnatha Amanaganti |
| 42.0 | 11/22/2023 | CR819820 – Added CAPS to ELE approval for PCK and Medical Assistance and CAPS and WIC to Opt Out of ELE section. | Petra Hall |
| 42.0 | 1/10/2024 | CR 819820 – Update ELE Opt Out Statement verbiage | Faizah Thernize |
| vPATHWAYS2.0\_R42v3.6 | 1/31/2024 | In response to State Comment # 1423  Struck thru the below sentence from the section 2.1.11.3  ~~Total required monthly QA hours. This is 80 hours minus any hours from a Qualifying Activity type of Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay in the [Report Month] (80 -(REDUCTION\_HOURS – any QA from Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay)~~  In response to State Comment # 1451  Updated text formatting to black font for previously approved changes. | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R42v3.7 | 3/8/2024 | 1.Updated FROM  If you have a change in your reporting requirements because of an Institution of Higher Education Enrollment, Vocational Education Training Program Enrollment, Georgia Vocational Rehabilitation Agency (GVRA) enrollment, or a reduction in hours, you will be notified of the change through a Change Notice for Reporting Requirements.  TO  Changes must be reported within 10 calendar days of the date on which the change occurs.  In the Fragment Trigger Logic  If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Not Met at Intake, no active FT IHE enrollment, no active FT Vocational Education Training enrollment, no active GVRA enrollment)  In the section 2.1.11.2  2.Merged M&O Release 39.0 (CR # 801556) as of date 10/24/2023–  (1). Added a variable in the section 2.1.6.3  (2). Updated to add the below logic in the section 2.1.7.1  Fragment Trigger Logic – Periodic Reporting – Yes (Configurable)  (3). Updated to add the below logic in the section 2.1.8.2  Fragment Trigger Logic – Periodic Reporting – Yes (Configurable) | Vighnatha Amanaganti |
| vPATHWAYS2.0\_  R43v.4.0 | 2/1/2024 | Release 43 Submission  CR # 838560  1. Updated from Vocational Educational Training to Vocational Education Training in section  2.1.11.3, 2.1.16.2. - FR-NO-2217 2. Updated Revision Date to (05/24)  3. Added Fragment Trigger Logic for Community Service-Relative Caregiving. - FR-NO-2216 | Vighnatha Amanaganti Crystal Wilson |
| vPATHWAYS2.0\_  R43v.4.1 | 2/8/2024 | Release 43 Submission 2  CR # 838560  Struck through EL8021 in Information helped us make us decision since it is entered twice (typo mistake). | Vighnatha Amanaganti |
| vPATHWAYS2.0\_R  43v4.2 | 3/19/2024 | Updated header on the Relative Caregiving table to be centered to conform with notice standards. | Crystal Wilson |
| vPATHWAYS2.0\_R43v4.3 | 4/1/2024 | Updated verbiage from “Changes must be reported within 10 calendar days of the date on which the change occurs.” to “You will be notified if there is a change in your reporting requirements because of an Institution of Higher Education Enrollment, Vocational Education Training Program Enrollment, Georgia Vocational Rehabilitation Agency (GVRA) enrollment, or a reduction in hours.”  Updated Table header from ”Agency Provider Name” to ”Agency Provider Name(s). | Crystal Wilson |
| vPATHWAYS2.0\_R  43v4.4 | 4/3/2024 | 1. Added concatenated agency provider names separated by commas in the Relative Caregiving table.  2. Updated 'Enrollment' to 'enrollment' for the sentence 'You will be notified if there is a change in your reporting requirements...' | Crystal Wilson |
| vPATHWAYS2.0\_R45v5.0 | 4/12/2024 | Updated Pathways tables to ensure the header row is centered both vertically and horizontally. Also updated any subsequent rows to ensure they are centered horizontally, but vertically aligned to the top. Defect ID #64743. | Crystal Wilson |
| vPATHWAYS2.0\_R45v5.1 | 4/19/2024 | Revision Date updated. | Crystal Wilson |
| vPATHWAYS2.0\_R45v5.2 | 4/23/2024 | Updated remaining revision dates to 06/24 | Chris Barbara |

## Document Review/Approval History

| Date | Name | Organization/Title | Comments |
| --- | --- | --- | --- |
|  |  |  |  |

# **Notice Information**

## Notice Summary

The purpose of this notice is to notify the client of Approval or Denial of their application for benefit.

## Notice Trigger Logic

|  |  |
| --- | --- |
| **Manual Trigger?** | No |
| **Automatic Trigger?** | Yes |
| **Triggered By:** | EDBC |
| **Automatic Trigger Condition(s):** | When an application for benefit is approved or denied |

## Section Summary

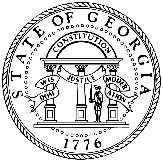
|  |  |
| --- | --- |
| **Inclusion Order** | **Section Name** |
| 1 | Header |
| 2 | Benefit Summary Tables |
| 3 | Food Stamp Information Section |
| 4 | Senior SNAP Information Section |
| 5 | Disaster SNAP Information Section |
| 6 | TANF Information Section |
| 7 | Disaster TANF Information Section |
| 8 | GRG Information Section |
| 9 | Refugee Assistance Information Section |
| 10 | Medical Assistance Information Section |
| 11 | Approval |
| 12 | Denial |
| 13 | This Information Helped Us Make Our Decision |
| 14 | Subsequent Text |
| 15 | Reporting Changes |
| 16 | Continuing Benefits |
| 17 | Important Information |
| 18 | Fair Hearing |

## Section Details

* + 1. **Header**
       1. **Section Trigger Logic**

This section is always included.

* + - 1. **Section Text/Layout**

[Cnty\_DFCS\_Name] **DEPARTMENT OF HUMAN SERVICES**

[Cnty\_DFCS\_Addr] **DEPARTMENT OF COMMUNITY HEALTH**

IF(PROGRAM CONTAINS WIC) **DEPARTMENT OF PUBLIC HEALTH**

Cnty\_DFCS\_Name\_WIC

[Cnty\_DFCS\_Addr\_WIC] **DEPARTMENT OF EARLY CARE AND LEARNING**

1-877-423-4746

IF Program\_CD CONTAINS CC and FAILURE\_REASON\_CD CONTAINS (EL0001, EL0039, EL1025, EL3016, EL5023, EL5054, EL5056, EL6174, EL9009, EL9014, EL9032, EL9033, EL9034, EL9035, EL9104)

**NOTICE OF DISPOSITION**

If Program\_CD CONTAINS CC and FAILURE\_REASON is null OR FAILURE\_REASON CONTAINS (EL1005, EL1006, EL1007, EL1008, EL1052, EL1055, EL1059, EL1067, EL3006, EL3007, EL3008, EL9002, EL9013, EL9028, EL9051)

**NOTICE OF DECISION**

**Note – If conditions for both, ‘Notice of Disposition’ and ‘Notice of Decision’ are satisfied, ‘Notice of Disposition will be displayed.**

If PROGRAM\_CD is not CC

**NOTICE OF DECISION**

If case worker is identified

                                                                                                                             Worker ID: [Worker\_ID]

Worker Name: [Worker\_F.NameIntitial\_ . \_Last\_Name]

Worker Phone Number: [Worker\_Phn\_Num]

Case Number: [Case\_Num]

If case worker is not identified

Customer Contact Center: 1-877-423-4746

[HoH\_Name] CLIENT ID**:** [Client\_ID]

[Case\_Mailing\_Addr]

IF (PROGRAM\_CD CONTAINS CC)

**Go Green!**

You can opt-in to electronic delivery of notices or view mailed notices at https://gateway.ga.gov/access/ after linking your case.

IF (PROGRAM\_CD CONTAINS CC)

DATE: [System\_Date]

IF (PROGRAM\_CD DOES NOT CONTAIN CC)

DATE: [Generate\_Date] IF (PROGRAM\_CD DOES NOT CONTAIN CC)

Report Medicaid Fraud: 1-800-533-0686

Dear [HoH\_Name],

IF (PROGRAM\_CD DOES NOT CONTAIN CC)

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

IF (PROGRAM\_CD CONTAINS CC) and FAILURE\_REASON is null OR FAILURE\_REASON CONTAINS (EL1005, EL1006, EL1007, EL1008, EL1052, EL1055, EL1059, EL1067, EL3006, EL3007, EL3008, EL9002, EL9013, EL9028, EL9051, EL9104)

We have made a decision on your recent request for child care assistance.

IF Program\_CD CONTAINS CC and FAILURE\_REASON\_CD CONTAINS (EL0001, EL0039, EL1025, EL3016, EL5023, EL5054, EL5056, EL6174, EL9009, EL9014, EL9032, EL9033, EL9034, EL9035)

We have taken action on your application for child care assistance. [Note – This section will be displayed if criteria for both Denial and Unable to Process/Withdrawal is met]

**Fragment Trigger Logic**

**Included at bottom of first page, if special notes was entered.**

***Special Notes:***

***[Special\_Note]***

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| HoH\_Name | Alpha-numeric | Head of Household name for the case | DC\_INDV | First\_Name + Last\_Name |
| Case\_Mailing\_Addr | Alpha-numeric | Concatenation of Address line, city, and zip from WP /CP based on hierarchy approach on when to pick up the case reported address vs customer reported address.  Hierarchy:  Consider the Address from the latest new applications or renewal application or reapplications  submitted.  In case of multiple submitted applications, then pick up the address from latest address.  If case address is updated to latest address when compared application submission date, then consider the address from the case address. | DC\_CASE\_ADDRESSES OR  CP\_APP\_RGST | ADDRCAREOFLINE+ ADDR\_LINE1 + ADDR\_LINE2 + ADDR\_CITY + ADDR\_STATE\_CD + ADDR\_ZIP5 + ADDR\_ZIP4  OR  HSHL\_L1\_ADR+  HSHL\_L2\_ADR+  HSHL\_CITY\_ADR+  HSHL\_STA\_ADR+  HSHL\_ZIP\_ADR |
| Cnty\_DFCS\_Name | Alpha-numeric | DFCS County Name | MO\_OFFICES | OFFICE\_NAME |
| Cnty\_DFCS\_Addr | Alpha-numeric | Concatenation of County\_Office\_Addr\_Street, County\_Office\_Addr\_City, County\_Office\_Addr\_State, County\_Office\_Addr\_Zip | MO\_OFFICE\_ADDRESSES | ADDR\_LINE1 + ADDR\_LINE2 + ADDR\_CITY + ADDR\_STATE\_CD + ADDR\_ZIP5 + ADDR\_ZIP4 |
| Cnty\_DFCS\_Phone | Numeric(xxxx-xxx-xxxx) | County DFCS Office Phone number | MO\_OFFICES | PH\_NUM |
| Worker\_ID | Alpha-numeric | Worker ID  *Logic to populate case worker on Notice for MA/FS/TANF –*   1. *Display the name of the worker who authorized the case in the Notice Header.* 2. *If upon authorization, a second party review (SPR) task is generated, then the name of the worker who generated the SPR task will be displayed on the notice header.* 3. *If there are multiple EDGs on the case, and there is partial authorization due to which multiple workers authorize the case on the same day, then display the name of the worker who generated the Authorization task.* 4. *If the Approval/Denial Notice is generated by the Past Due VCL batch, then the name of the worker who generated the VCL notice will be displayed on the notice.* 5. *If the Approval/Denial Notice is generated by a batch that is not the Past Due VCL batch, then ~~the~~ populate the name of the case owner in the header of the notice.* 6. *If the Approval/Denial Notice is generated by a batch that is not the Past Due VCL batch and the case does not have an owner, then there will be no case worker populated on the Notice* | MO\_EMPLOYEES | EMP\_ID |
| Case\_Num | Numeric | Case Number | CO\_REQUEST\_HISTORY | CASE\_NUM |
| Client\_ID | Numeric | Client ID | DC\_INDV | INDV\_ID |
| Special\_Note | Alpha-numeric | If there is a Special Notes (from View Pending Correspondence Screen), the grey area and the text is included. | N/A | N/A |
| Generate\_Date | Alpha-numeric | Month DD, YYYY | CO\_REQUEST\_HISTORY | Generate\_Dt is the date in the trigger table, that corresponds to the date when the notice was triggered. If the notice was triggered on 3/25 at 9 AM, the Generate Date would be 3/25. |
| System\_Date | Alpha-numeric | Month DD, YYYY | System Parameters | The System Date corresponds to the date when the notice PDF is getting generated. If the notice was generated at 1 AM on 3/26, then the system date would be 3/26. |
| Cnty\_DFCS\_Addr\_WIC | Alpha-numeric | Display the latest WIC Clinic Address associated to the Primary Individual, IF the Primary Individual does not have a WIC Clinic display the next oldest individual’s latest WIC Clinic Address | DC\_WIC\_NUTRITION\_DTLS | CLINIC\_ADDR\_LINE1+CLINIC\_ADDR\_LINE 2 + CLINIC\_ADDR\_CIT+ CLINIC\_ADDR\_STATE\_CD+CLINIC\_ADDR\_ZIP5+ CLINIC\_ADDR\_ZIP4 |
| Cnty\_DFCS\_Name\_WIC | Alpha-numeric | Display the WIC Clinic Name | DC\_WIC\_NUTRITION\_DTLS | CLINIC\_NAME |

* + 1. **Benefit Summary Tables** 
       1. **Section Trigger Logic**

This section is always displayed.

* + - 1. **Section Text/Layout**

**Fragment Trigger Logic [ Functional Meaning – The eligibility decision for the Food Stamps EDG will be displayed below.]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = TP09 or DSAS) and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = TP09)**

**Supplemental Nutrition Assistance Program (SNAP)**

https://167.193.156.41/servlet/webacc/dk1jn3Zgaqibnk1Jqd/GWAP/AREF/51?action=Attachment.View&Item.Attachment.id=51&User.context=dk1jn3Zgaqibnk1Jqd&Item.drn=24177z23z0

**Application Date:** [Application\_Date]

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** [Type\_of\_Assistance]  **If the SNAP EDG is approved and the Benefit Amount is $0:**  **SNAP Information:** Not eligible to receive a benefit amount  **If the SNAP EDG is approved and the Benefit Amount > $0:**  **Amount:** $ [Month\_SNAP\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **SNAP Information** section below. |

**Fragment Trigger Logic [ Functional Meaning – The eligibility decision for the Senior SNAP EDG will be displayed below.]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP) and FS\_EXPEDITED\_SW = ‘N’ and Approved for only one month or (FS\_EXPEDITED\_SW = ‘Y’ and Approved for only one month and no pending verification)))**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP) and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**Type of Assistance = SSNP)**

**Senior SNAP**

**Application Date:** [Application\_Date]

https://167.193.156.41/servlet/webacc/dk1jn3Zgaqibnk1Jqd/GWAP/AREF/51?action=Attachment.View&Item.Attachment.id=51&User.context=dk1jn3Zgaqibnk1Jqd&Item.drn=24177z23z0

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** [Type\_of\_Assistance]  **Amount:** $ [Month\_SNAP\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Senior SNAP Information** section below. |

**Fragment Trigger Logic [ Functional Meaning – The eligibility decision for the Disaster SNAP EDG will be displayed below]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = DSAS) and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = DSAS)**

**Disaster SNAP**

**Application Date:** [Application\_Date]

https://167.193.156.41/servlet/webacc/dk1jn3Zgaqibnk1Jqd/GWAP/AREF/51?action=Attachment.View&Item.Attachment.id=51&User.context=dk1jn3Zgaqibnk1Jqd&Item.drn=24177z23z0

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** [Type\_of\_Assistance]  **Amount:** $ [Month\_SNAP\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Disaster SNAP** **Information** section below. |

**Fragment Trigger Logic [This displays the eligibility decisions for the TANF program].**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = TP01)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

**Temporary Assistance for Needy Families (TANF)**

**Application Date:** [Application\_Date]



|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** Temporary Assistance for Needy Families (TANF)  **Amount:** $ [Month\_TANF\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **TANF Information** section below. |

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = TP01) AND If Applied for GRG = 1 (Grand Parents Raising Grandchildren Benefit Amount) GRG\_BEN\_AMT > 0)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

**AND If Applied for GRG = 1**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = A)**

**AND If (Type of Assistance = TP01)**

**AND If Applied for GRG = 1**

**AND If (REASON\_CD\_LIST CONTAINS EL9101)**

**Grandparents Raising Grandchildren (GRG)**

**Application Date:** [Application\_Date]



|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** Grandparents Raising Grandchildren (GRG) Monthly Subsidy Payment  **Amount:** $ [GRG\_BEN\_AMT] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Grandparents Raising Grandchildren Information** section below. |

**Fragment Trigger Logic [This displays the eligibility decisions for the Disaster TANF program]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = DTNF)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = DTNF)**

**Disaster Temporary Assistance for Needy Families (DTANF)**

**Application Date:** [Application\_Date]



|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility\_Status] | **Program:** Disaster TANF  **Amount:** $ [Month\_TANF\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Disaster TANF Information** section below. |

**Fragment Trigger Logic [This displays the eligibility decisions for the Refugee Assistance, Refugee Medical Assistance, and Transitional Refugee Medical Assistance program.**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = RCA)**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = R02, R03)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = RCA)**

**Refugee Assistance**

**Application Date:** [Application\_Date]

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** Refugee Cash Assistance  **Amount:** $ [Month\_TANF\_Amt] a month  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Refugee Assistance Information** section below. |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** Refugee Medical Assistance  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Refugee Assistance Information** section below. |
| [Benefit\_Start\_Month] [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **Program:** TransitionalRefugee Medical Assistance  **Reason:** [Reason]. **Policy:** [Policy] *only display when the decision is ‘denied’. Repeat the reason and policy combination for each reason*.  See **Refugee Assistance Information** section below. |

**Fragment Trigger Logic [Functional Meaning – The eligibility decisions for each individual evaluated for Medical Assistance will be displayed in the table below. If the individual is denied, then all denial reasons associated with that individual will be displayed in the ‘Program Information’ column]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance=PTH, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, F01, F07, P02, F09, F22, F44, P01, P02, F15, S95, A03, F99, P99, P44, P06, SSI, L01 or L02 or W01 or W02 or W03 or W04 or W07 or W05 or W06))**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance= EMA and EMA\_SW = ‘Y’)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P02, P06, P10 , P11, P12, P13, P14, P15, P44, F15, S95, S99, A03, F99, P99, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI, 180 or 181 or 182 or 183)**

**Medical Assistance**

Application Date: [Application\_Date]

| **Benefit Period** | **Person(s)** | **Decision** | **Program Information** |
| --- | --- | --- | --- |
| [Benefit\_Start\_Month] - [Benefit\_End\_Month] | [Client\_Name(s)] | [Eligibility Status] | **If EDG is for Prior Months:**  **Program:** Medical Assistance -[Type\_of\_Assistance] (Prior Months)  **If EDG is for Type of Assistance = P02 and P44 :**  **Program:** PeachCare for Kids®  **If EDG is for Type of Assistance is not P02 and P44 :**  **and not Prior Months:**  **Program:** Medical Assistance – [Type\_of\_Assistance]  **If the PCK EDG (Type of Assistance = P02 and P44) is approved and the Premium Amount is $0:**  **PeachCare for Kids® Information:** No Premium Payment Required  **If the PCK EDG (Type of Assistance = P02 and P44) is Pending Premium payment:**  **PeachCare for Kids® Information:**  Premium payment required for enrollment  **Premium Amount:** $[ Initial\_Payment ] per month  **If EDG is Pathways and Eligibility Status is Approved and Cost Effectiveness Status = (NE, UD, ND, NC, NA):**  No Premium Payment Required  **If the PCK EDG (Type of Assistance = P02 and P44) is approved and Premium paid:**  **PeachCare for Kids® Information:**  Premium Paid. Enrolled  **If (Type of Assistance = L01 or W01 ) and (Patient Liability\_cost\_share\_amt >=0 and month is not a penalty month)**  **Patient Liability Amount:** $ [Patient Liability\_cost\_share\_amt]  **If (Type of Assistance = W03 or W04 or W05 or W07 ) and (Patient Liability\_cost\_share\_amt >=0 and Month is not a Penalty Month)**  **Cost Share Amount:** $ [Patient Liability\_cost\_share\_amt]  **If (Type of Assistance = L01 or W01 ) and (Patient Liability\_cost\_share\_amt = 0 and Month is a Penalty Month)**  **Patient Liability Amount:** Please note, this month is a full penalty month in which you are responsible for the full cost of your care.  **If (Type of Assistance = L01 or W01 ) and (Patient Liability\_cost\_share\_amt > 0 and Month is a Penalty Month)**  **Patient Liability Amount:** $ [Patient Liability\_cost\_share\_amt]  Please note, this month is a partial penalty month. Medicaid will make a vendor payment in this month, however, you are responsible for an increased patient liability.  **IF Denied**  **Program Denial Reason:** [Reason]  **Policy Reference:** [Policy]  **IF Suspended**  **Program Denial Reason:** [N/A]  **Policy Reference:** [N/A]  **Always displayed:**  See **Medical Assistance Information** section below~~.~~ |

**Fragment Trigger Logic**

**If (Pathways is Approved):**

**Special Note:** At this time, all copayments and premiums are waived for all Pathway Medical Assistance cases. Once it is determined that premiums are no longer waived, we will notify you of your premium amount and due date if applicable.

* + - 1. **Section Variables**

*The table will be in following order of decisions: ‘Approved’; ‘Pending Premium Payment (for PCK only); ‘Denied’; ‘Closed’; ‘Suspended’, then by Benefit Periods (oldest to newest).*

*When the eligibility decision is at the case level, the summary table shall display all household members in the “Person(s)” column on a single row.*

*When the eligibility decision is at the individual level, the summary table shall list each individual household member in the “Person(s)” column on separate rows.*

*If the Amount, Decision, Program and Person(s) are the same, the row should be condensed with Benefit Period reflecting span. The rows will repeat for each combination of Amount, Decision, Program and Person(s).*

*Refugee Cash Assistance will always show in a separate row from Refugee Medical Assistance and Transitional Refugee Medical Assistance*

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| Application\_Date | MM/DD/YYYY | Application Date for class of assistance for which a determination has been made. | ED\_ELIGIBILITY | APPLICATION\_DT |
| Client\_Name(s) | Alpha-numeric | Names of the Clients associated to said Benefit Period Span, Status and Amount.  For GRG, This will only be display ‘Eligible Children’ for months the EDG is approved for GRG. This will display ‘Ineligible Children’ for months the EDG is denied for GRG. | DC\_INDV | First\_Name + Last\_Name |
| [Eligibility Status] | Alpha-numeric | The status associated to the [Type\_of\_Assistance]  [“Approved”, if PART\_STATUS\_CD = ‘EC’ or ‘EA’ else “Denied”, (if PART\_STATUS\_CD = ‘IA’ or ‘IC’) or (if PART\_STATUS\_CD = ‘XA’ or ‘XC’ and Applied for Benefit), “SUSPENDED” if PART\_STATUS\_CD is ‘SU’] | ED\_ELIGIBILITY | EDBC\_ACTION\_CD |
| Type\_of\_Assistance | Alpha-numeric | Alphanumeric | RT\_EDTOA\_MV | DESCRIPTION |
| Month\_SNAP\_Amt | Numeric | Numeric | ED\_ELIGIBILITY | BENEFIT\_AMT |
| Patient Liability\_cost\_share\_amt | Numeric | For a given TOA check get all the EDG\_TRACE\_IDs Patient Liability Amount and filter to only those EDG\_TRACE\_IDs that have record in ED\_ELIG\_MEDICAID\_BUDGET  Patient liability amounts that vary based on number of days in the month are to display on separate lines to show variation in amounts. | ED\_ELIG\_MEDICAID\_BUDGET | PL\_COST\_SHARE\_AMT |
| Reason | Alpha-numeric | Alphanumeric  “N/A” if Null  If Type of Assistance is TANF and the case level denial reason is “EL1059“, then suppress all individual level denial  If Type of Assistance is “SSNP” or “TP09” and the case level denial reason is “EL5018“, then suppress all individual level denial  Do not display the denial reason EL9011 (“Not an Eligible Month”) if denied for Pathways  Do not display the denial reason EL9127 (If the individual is now required to report Qualifying Activities for the month because they have lost their GVRA exemption and are not found to have any other exemption reason) | RT\_EDREASONCD\_MV | ENGDESCRIPTION (if case language preference is English)  SPANISHDESCRIPTION (if case language preference is Spanish) |
| Policy | Alpha-numeric | Alphanumeric  “N/A” if Null | RT\_EDREASONCD\_MV | FOODSTAMPSREF |
| Benefit\_Start\_Month | Numeric | If approved, beginning of coverage date.  If denied, first day of application month. | ED\_ELIGIBILITY | PAYMENT\_BEG\_DT |
| Benefit\_End\_Month | Numeric | If approved, certification end date.  If denied, last day of month of eligibility authorization or payment end date (which is earlier). | ED\_ELIGIBILITY | PAYMENT\_END\_DT |
| Month\_TANF\_Amt | Numeric | Numeric | ED\_ELIGIBILITY | BENEFIT\_AMT |
| GRG\_BEN\_AMT | Numeric | Check for all EDG\_TRACE\_IDs when TOA = TP01 | ED\_ELIGIBILITY | GRG\_BEN\_AMT |
| Initial\_Payment | Month, Year | From the set of EDG\_TRACE\_IDs given by EDBC and for TOA= ‘type of assistance’ Sort by PREMIUM\_START\_DT Select first PREMIUM\_START\_DT from ED\_DC\_CHIP WHERE WAIVER\_TYPE\_CD = NULL | DC\_ED\_CHIP | PREMIUM\_START\_DT |
| [PR\_Review\_End\_Date\_Month, Year] | Month, Year | Month and Year of PR\_REVIEW\_END\_DT FROM ED\_CASE\_RECERT\_DATES | ED\_CASE\_RECERT\_DATES | PR\_REVIEW\_END\_DT |

* + 1. **Supplemental Nutrition Assistance Program (SNAP)Information**
       1. **Section Trigger Logic**

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = TP09) and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = TP09)**

**Supplemental Nutrition Assistance Program (SNAP)Information**

**Fragment Trigger Logic - SNAP Approval with no postponed verification [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = TP09 and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

51?action=AttachmentWe have completed your **SNAP**application received [Application\_Date]. Your certification period for SNAP is for the months of [Certification\_Begin\_Month, Year] through [Certification\_End\_Month, Year].

**Fragment Trigger Logic – Periodic Reporting – Yes (Configurable)**

You will need to complete a **SNAP** **Periodic Report** form in **[PR\_Review\_End\_Date\_Month,Year]** 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.

Your benefit issuance is on the [Cycle\_Day\_of\_Month] of each month.

**Fragment Trigger Logic - SNAP Approval with Expedited Benefits and Postponed Verification for Ongoing [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = TP09) and FS\_EXPEDITED\_SW = ‘Y’ and Pending Verification is present)**

51?action=AttachmentWe have completed your **SNAP** application received [Application\_Date]. You are temporarily approved for benefits.

If postponed verifications are not returned by [Certification\_End\_Date] no additional benefit months will be issued after [Certification\_End\_Date].

Postponed verifications required: [Verification\_Item]

If all verifications are returned, your certification period will be [Certification\_Begin\_Date] to [Certification\_End\_Date].

Your benefit issuance is on the [Cycle\_Day\_of\_Month] of each month.

**Fragment Trigger Logic - [Moved from Subsequent Text Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance= (TP09) and Approval)**

1. If this is the first time you have been approved for **SNAP/Senior SNAP** benefits, your EBT card will be mailed to you separately. If you have had an EBT card before and have lost or misplaced your card, please call **Conduent** Customer Service at 1-888-421-3281 or go to [https://www.connectebt.com/gaebtclient/](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.connectebt.com%2Fgaebtclient%2F&data=02%7C01%7CCarlene.Burgess%40dhs.ga.gov%7Cea5276f16a2f4d0e930508d57f1b0255%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636554676433910551&sdata=VgmM6DdGMN2bFjtA8OA%2Fh3S2ZagtrmZpRsjs87Wt5gM%3D&reserved=0) to request a replacement card.



**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

https://167.193.156.41/servlet/webacc/dk1jn3Zgaqibnk1Jqd/GWAP/AREF/51?action=Attachment.View&Item.Attachment.id=51&User.context=dk1jn3Zgaqibnk1Jqd&Item.drn=24177z23z0

We have denied your **SNAP** application received [Application\_ Date].

**Fragment Trigger Logic – *[Moved from Denial Section]***

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP09)**

You can read the policy reference online at https://odis.dhs.ga.gov/~~Main/Default.aspx~~

**Fragment Trigger Logic**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09 and Reason\_CD\_List = ‘EL8015’ ) [new content]**

The Assistance Unit is ineligible to participate in the SNAP program until they cooperate with Quality Control or [Compliance\_End\_Date] whichever occurs first.  The case has been referred to OIG requesting they investigate the Household for potential program violations that led to the Household’s refusal to cooperate with the Quality Control Process.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

**AND (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated AFTER the 60 day from Application Received Date) AND No/Partial Verification were returned**

**<<If above fragment is satisfied then no additional verbiage with regard to 30/60 day must be populated applicable for No&Partial Verification>>**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

**AND (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ON OR BEFORE the 30 day from Application Received Date) AND No Verification were returned**

If you return all required ~~verifications~~ proof within 30 days from the date ~~of application~~ you applied, the application will be reopened and benefits will be provided from the date of application.

If you return all required proof within 60 days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

**AND If (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ~~ON OR~~ AFTER 30 day from Application Received Date) AND No verification is returned**

~~If you return all required proof within 30 days from the date of application, the application will be reopened, and benefits will be provided from the date of application.~~

If you return all required proof within 60 days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section] [new content table]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

**AND If (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ON OR BEFORE the 30 day from Application Received Date) AND partial verification is returned**

If you return all required verification within 30 days from the date of application, the application will be reopened and benefits will be provided from the date of application.

If you return all required proof within 60days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

Proof Not Received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | [Type\_of\_Assistance] | |  | | |
|  | |  | | | |
| **Who?** | **What information is needed?** | | | **What Time Period?** | **What is accepted as proof?** |
| [Client\_Name] | [Verification\_List] | | | [Time\_Period] | [Verification\_Value] |

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D) *[Moved from Denial Section]***

**AND (Type of Assistance = TP09)**

**AND If (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ~~ON OR~~ AFTER 30 day from Application Received Date) AND partial verification is returned**

If you return all required proof within 60days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

Proof Not Received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | [Type\_of\_Assistance] | |  | | |
|  | |  | | | |
| **Who?** | **What information is needed?** | | | **What Time Period?** | **What is accepted as proof?** |
| [Client\_Name] | [Verification\_List] | | | [Time\_Period] | [Verification\_Value] |

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP09)**

If you have been approved for TANF or SSI, please let us know. You may be potentially eligible to receive SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D) *[Moved from Denial Section]***

**AND (Type of Assistance = TP09)**

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

* + 1. **Senior SNAP Information Section**
       1. **Section Trigger Logic**

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP) and FS\_EXPEDITED\_SW = ‘N’ and Approved for only one month or (FS\_EXPEDITED\_SW = ‘Y’ and Approved for only one month and no pending verification)))**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP) and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = SSNP)**

* + - 1. **Section Text/Layout**

**Senior SNAP Information**

**Fragment Trigger Logic - SNAP Approval with no postponed verification [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP and FS\_EXPEDITED\_SW = ‘N’ or (FS\_EXPEDITED\_SW = ‘Y’ and no pending verification))**

51?action=AttachmentWe have completed your **Senior SNAP** application received [Application\_Date]. Your certification period for **Senior SNAP** is for the months of [Certification\_Begin\_Month, Year] through [Certification\_End\_Month, Year].

**Fragment Trigger Logic – Periodic Reporting – Yes (Configurable)**

You will need to complete a **SNAP** **Periodic Report** form in **[PR\_Review\_End\_Date\_Month,Year]** 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.

Your benefit issuance is on the [Cycle\_Day\_of\_Month] of each month.

**Fragment Trigger Logic - SNAP Approval with Expedited Benefits and Postponed Verification for Ongoing [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = SSNP) and FS\_EXPEDITED\_SW = ‘Y’ and Pending Verification is present)**

51?action=AttachmentWe have completed your **Senior SNAP** application received [Application\_Date]. You are temporarily approved for benefits.

If postponed verifications are not returned by [Certification\_End\_Date] no additional benefit months will be issued after [Certification\_End\_Date].

Postponed ~~verifications~~Proof required: [Verification\_Item]

If all verifications are returned, your certification period will be [Certification\_Begin\_Date] to [Certification\_End\_Date].

Your benefit issuance is on the [Cycle\_Day\_of\_Month] of each month.

**Fragment Trigger Logic - [Moved from Subsequent Text Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance= (SSNP) and Approval)**

1. If this is the first time you have been approved for **SNAP/Senior SNAP** benefits, your EBT card will be mailed to you separately. If you have had an EBT card before and have lost or misplaced your card, please call **Conduent** Customer Service at 1-888-421-3281 or go to [https://www.connectebt.com/gaebtclient/](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.connectebt.com%2Fgaebtclient%2F&data=02%7C01%7CCarlene.Burgess%40dhs.ga.gov%7Cea5276f16a2f4d0e930508d57f1b0255%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636554676433910551&sdata=VgmM6DdGMN2bFjtA8OA%2Fh3S2ZagtrmZpRsjs87Wt5gM%3D&reserved=0) to request a replacement card.



**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

51?action=AttachmentWe have denied your **Senior SNAP** application received [Application\_Date].

**Fragment Trigger Logic]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

If you have questions about your case, please call the DFCS customer Contact Center at 1-877-423-4746.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

**AND (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ON OR BEFORE the 30 day from Application Received Date) AND No Verification were returned**

If you return all required proof within 30 days from the date of application, the application will be reopened and benefits will be provided from the date of application.

If you return all required proof within 60 days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

**AND (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ~~ON OR~~ AFTER 30 day from Application Received Date) AND No verification is returned**

If you return all required proof within 60 days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D) *[Moved from Denial Section]***

**AND (Type of Assistance = SSNP)**

**AND REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ON OR BEFORE the 30 days from Application Received Date) AND partial verification is returned**

If you return all required proof within 30 days from the date of application, the application will be reopened and benefits will be provided from the date of application.

If you return all required proof within 60days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

Proof Not Received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | [Type\_of\_Assistance] | |  | | |
|  | |  | | | |
| **Who?** | **What information is needed?** | | | **What Time Period?** | **What is accepted as proof?** |
| [Client\_Name] | [Verification\_List] | | | [Time\_Period] | [Verification\_Value] |

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

**AND (REASON\_CD\_LIST contains EL5054) AND If (EL5054 was generated ~~ON OR~~ AFTER 30 day from Application Received Date) AND partial verification is returned**

If you return all required proof within 60days from the date you applied, you may be eligible to receive benefits without submitting a new application. Benefits will be based on the date we receive your information. If your proof is not returned by the 60th day, then you must reapply for SNAP benefits.

Proof Not Received:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | [Type\_of\_Assistance] | |  | | |
|  | |  | | | |
| **Who?** | **What information is needed?** | | | **What Time Period?** | **What is accepted as proof?** |
| [Client\_Name] | [Verification\_List] | | | [Time\_Period] | [Verification\_Value] |

**~~Fragment Trigger Logic - [Moved from Denial Section]~~**

**~~If (EDBC\_ACTION\_CD = DN, Set Action Code = D)~~**

**~~AND (Type of Assistance = SSNP)~~**

**~~AND (REASON\_CD\_LIST contains EL5054)~~**

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D) *[Moved from Denial Section]***

**AND (Type of Assistance = SSNP)**

You may still be eligible for SNAP, but you will need to apply at your local DFCS office or online at [**www.gateway.ga.gov**](http://www.gateway.ga.gov). If you have questions regarding your case, please call 404-370-6236 or send an email to the Senior SNAP program at [**seniorSNAP@dhs.ga.gov**](mailto:seniorSNAP@dhs.ga.gov)**.**

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

If you have been approved for TANF or SSI, please let us know. You may be potentially eligible to receive SNAP benefits.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = SSNP)**

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

* + 1. **Disaster SNAP Information Section**
       1. **Section Trigger Logic**

**Fragment Trigger Logic [ Functional Meaning – The eligibility decision for the Food Stamps EDG will be displayed below.]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = DSAS)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = DSAS)**

* + - 1. **Section Text/Layout**

**Disaster SNAP Information**

**Fragment Trigger Logic - [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If ((Type of Assistance = DSAS)**

51?action=AttachmentWe have approved your **Disaster SNAP** application received [Application\_Date]. Your household is eligible for disaster benefits in the amount of $ [Benefit\_Amt] from [Certification\_Begin\_Date] to [Certification\_End\_Date].

If duplicate checks for benefits are being conducted off-site during operation of the Disaster SNAP program, any determination of your household’s eligibility is preliminary, and the final determination of eligibility is contingent upon the subsequent checks to be performed.

You have the right to request a fair hearing before a state administrative 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 to withdraw your request for a hearing, you may do so verbally or in writing.

**Fragment Trigger Logic - [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = DSAS)**

51?action=AttachmentWe have denied your **Disaster SNAP** application received [Application\_Date].

You may request a review of your case onsite regarding this denial decision

.

You have the right to request a fair hearing before a state administrative 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 to withdraw your request for a hearing, you may do so verbally or in writing.

**Fragment Trigger Logic – [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = DTNF)**

You can read the policy reference online at <https://odis>.dhs.ga.gov/~~General.~~

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

**Fragment Trigger Logic – [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = DTNF)**

Your application for **Disaster TANF** benefits dated [Application\_Date] has been denied.

You may request a review of your case onsite regarding this denial decision.

You have the right to request a fair hearing before a state administrative 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 to withdraw your request for a hearing, you may do so verbally or in writing.

**Fragment Trigger Logic – [Moved from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = DTNF)**

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

* + 1. **Refugee Assistance Information Section**
       1. **Section Trigger Logic**

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = RCA)**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = R02, R03)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance in (RCA, R02, R03, ~~RMA~~)**

* + - 1. **Section Text/Layout**

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A) AND If (Type of Assistance in ( R02, R03))**

Your application for Medical Assistance benefits dated [Application\_Date], including your request for assistance to pay medical bills in the (3) month period before this application date has been determined beginning with the month of [Benefit\_month, Year].

**Fragment Trigger Logic**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance in (RCA, ~~RMA~~, R02, R03)**

~~You can read the policy reference online at https://odis.dhs.ga.gov/General.~~

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

**TANF Information**

**Fragment Trigger Logic – *[Moved from Approval Section]***

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = TP01)**

Your application for **Temporary Assistance for Needy Families (TANF)** benefits dated [Application\_Date] has been completed. You have been determined eligible for TANF effective [Benefit\_Month, Year]**.**

**Fragment Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance = TP01)**

If this is your first time being approved for TANF or Child Support, a Georgia EPPICard Debit MasterCard will be mailed to you. If you have received Child Support in the last three years, you should have an EPPICard already and another card will not be mailed to you. If approved, your TANF will be placed on the same card as your Child Support. If you have had an EPPICard before and have lost or misplaced your card, please contact **Conduent** Customer Service at 1-800-656-1347 or go to **www.EPPICard.com** to replace your card or discuss your account.

**Fragment Trigger Logic – *[Moved from Denial Section]***

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

Your application for **Temporary Assistance for Needy Families (TANF)** benefits dated [Application\_Date] has been denied.

**Fragment Trigger Logic – *[Moved from Denial Section]***

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

You can read the policy reference online at https://odis.dhs.ga.gov/~~General.~~

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01 and REASON\_CD\_LIST contains EL3007)**

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

**Fragment Trigger Logic – *[Moved from Denial Section]***

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = TP01)**

**AND (Type of Assistance = TP01 and REASON\_CD\_LIST contains EL3007)**

Your application for **Temporary Assistance for Needy Families (TANF)** benefits dated [Application\_Date] has been denied for the following months due to [Lump\_Sum\_Recipient]’s Lump Sum Income from [LumpSum\_Source] of $[LumpSum\_Amt] on [LumpSum\_Date].

This is because you received a large amount of income, called a lump sum that can meet your family’s needs for several months based on TANF income standards. The lump sum you received caused your family to be ineligible for TANF for [Number of ineligible months, Subtract the Penalty\_Start\_Date from the Penalty\_End\_Date**]** months when it was divided by the TANF income limit for the number of people included in your TANF case.

You are ineligible for TANF from [Penalty\_Start\_Month and Year] to [Penalty\_End\_Month and Year].You should reapply for TANF in [Penalty\_End\_Month and Year]

**Fragment Trigger Logic**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND (Type of Assistance = TP01 and Reason\_CD\_List = ‘EL8015’ )**

The Assistance Unit is ineligible to participate in the TANF program until they cooperate with Quality Control.  The case has been referred to OIG requesting they investigate the Household for potential program violations that led to the Household’s refusal to cooperate with the Quality Control Process.

* + 1. **Medical Assistance Information Section** 
       1. **Section Trigger Logic**

**Fragment Trigger Logic [Functional Meaning – The eligibility decisions for each individual evaluated for Medical Assistance will be displayed in the table below. If the individual is denied, then all denial reasons associated with that individual will be displayed in the ‘Program Information’ column]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance= PTH, P44, F44, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, F01, F07, P02, F09, F22, P01, P02, F15, S95, A03, F99, P99, P06, SSI, L01 or L02 or W01 or W02 or W03 or W04 or W07 or W05 or W06))**

**OR**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND If (Type of Assistance= EMA and EMA\_SW = ‘Y’)**

**OR**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**AND If (Type of Assistance = PTH, P44, F44, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, P01, P02, P06, P10 , P11, P12, P13, P14, P15, F15, S95, S99, A03, F99, P99, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI, 180 or 181 or 182 or 183)**

* + - 1. **Section Text/Layout**

**Medical Assistance Information**

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

If (Type of Assistance=F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, F01, F07, F09, F22, F44, P01, F15, S95, A03, F99, P99, P06, SSI, L01 or L02 or W01 or W02 or W03 or W04 or W07 or W05 or W06)), and RETRO\_SW = (P0 & (P1 OR P2 OR P3), set RETRO\_SW =1)

Your application for Medical Assistance benefits dated [Application\_Date], including your request for assistance to pay medical bills in the (3) month period before this application date has been determined beginning with the month of [Benefit\_month, Year].

**Fragment Trigger Logic (Type of Assistance=F44) [new content]**

Your Medical Assistance benefits have been approved through Express Lane Eligibility (ELE) process.

**Fragment Trigger Logic (Type of Assistance=P44) [new content]**

Your child has been approved for **PeachCare for Kids®** through the Express Lane Eligibility (ELE) process. If you would like to opt out of Express Lane Eligibility (ELE) and have a full Medical Assistance determination made for your children, refer to the Express Lane Eligibility Opt Out Statement towards the end of this notice. You may qualify for Medicaid or a lower premium.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**and (Type of Assistance = L01, W01)**

Based on information we now have, the maximum amounts you must pay toward the cost of your care are listed above. If your situation changes, the amount you are required to pay may change.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance = S05 or S06)**

If you become eligible for Medicare, please contact your case worker immediately. This could affect your Medicaid eligibility.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance = Q03 and RETRO\_SW = (P0 & (P1 OR P2 OR P3)), set RETRO\_SW =1)**

The Department of Community Health (DCH) will pay your Medicare Part B premium effective [Benefit\_Effective\_Date] under the Specified Low-Income Medicare Beneficiaries (SLMB) program. This is the only benefit you will receive unless you are approved for full Medicaid coverage under another class of assistance.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A) If (Type of Assistance=** **Q03**

The Department of Community Health (DCH) will pay your Medicare Part B premium effective [Benefit\_Effective\_Date] under the Specified Low-Income Medicare Beneficiaries (SLMB) program. This is the only benefit you will receive unless you are approved for full Medicaid coverage under another class of assistance.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance =Q01)**

The Department of Community Health (DCH) will pay your Medicare premium, Medicare deductibles and Medicare co-insurance payments effective [Benefit\_Effective\_Date] under the Qualified Medicare Beneficiaries (QMB) program. This is the only benefit you will receive unless you are approved for full Medicaid coverage under another class of assistance. You will continue to receive QMB benefits unless there is a change in your situation.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance =QI1 and RETRO\_SW = (P0 & (P1 OR P2 OR P3))), set RETRO\_SW =1)**

The Department of Community Health (Medicaid) will pay your Medicare Part B premium effective [Benefit\_Effective\_Date] under the ~~QI1-1~~ Qualifying Individual-1 (QI1) program. This is the only benefit you will receive unless you are approved for full Medicaid coverage under another class of assistance.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance =QI1 and RETRO\_SW = P0 only, set RETRO\_SW =2)**

Department of Community Health (Medicaid) will pay your Medicare Part B premium effective [Benefit\_Effective\_Date] under the ~~QI1-1~~ Qualifying Individual-1 (QI1) program. This is the only benefit you will receive unless you are approved for full Medicaid coverage under another class of assistance.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance=** **Q03 or Q01 or QI1)**

Please allow up to three months for Medicaid to begin paying your Medicare Premium(s). You will be sent a lump sum payment from Social Security to cover payment of the premium for the past months for which you are eligible.

You will see an increase in your monthly Social Security check after Medicaid starts paying this premium. If this increase has not occurred by the third month after receiving this notice please contact the DFCS Contact Center at [DFCS\_CC]

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance = S99 or F99 or P99)**

If you need Medicaid for additional months, you must submit enough medical bills to spenddown your excess income of $[Spenddown\_Amount] per month.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Spenddown is present)**

**Iterate section if the case if spenddown is meet for more than 1 month for a given EDBC\_RUN\_ID**

{S99, F99 fragment} For when an S99 or F99 case goes from spend down status to active.

We made a decision on your Medicaid coverage. You met spend down on [Begin Authorization Date], which is the first day of Medicaid coverage for the month. If you need Medicaid for additional months, you must submit enough medical bills to spend down your excess income of $[Spenddown\_Amount] for each month in order to be eligible. We will apply any amounts over what is needed to meet Spend Down in a given month to the next month’s Spend down. You can send in any new medical bills each month.

(If the BAD is greater than the first of the month, list the Bills the member is responsible for with the break-even bill last)

You are responsible for [First Day Liability Amount], which includes the following bills:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Provider Name | Bill Amount | Amount Responsible |

[Provider\_Name] [Bill\_Amount] [Amt\_Responsible]

Payment is made only to Medicaid‐enrolled providers for covered expenses. You are responsible for any services not covered by Medicaid or services rendered by a provider who is not enrolled in Medicaid.

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance = A03)**

**Georgia Medicaid for Workers with Disabilities (GMWD)**

You applied for Georgia Medicaid for Workers with Disabilities (GMWD) on [Application\_Date]. Based on our records we have determined that you are eligible. Your coverage begins [Benefit\_month, Year].

**If** [Premium\_Amount] **> 0**

Your monthly premium is $[Premium\_Amount] and is always due 30 days prior to the coverage month. Your first premium payment is due on [Premium\_Due\_Dt] to provide coverage for the month of [First\_Paid\_month]. If your coverage is cancelled due to late or non-payment of premium you will be ineligible for GMWD for one month or until your payment is received, up to 90 days.

**How do I send a payment?**  
  
By internet: [www.gateway.ga.gov](http://www.gateway.ga.gov/)  
  
By phone: Call 1-877 GA PEACH (427-3224) to make a payment anytime.  
  
By mail: If paying by mail please write your Case Number on your check.  
  
 Georgia Medicaid for Workers with Disabilities (GMWD) Payment  
 [GMWD\_Address]  
  
**Important: Write your Case Number on your check or money order.**

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If ((Reason Codes = ‘EL5064’ or ‘EL1009’) and (Type of Assistance = L01, W01))**

The Department of Community Health (DCH) will not pay for any of your [“Nursing Home” (If Type of Assistance = L01) or “Institutionalized Hospice” (If Type of Assistance = W01)] care for the following month(s). Although you remain Medicaid eligible, because of a transfer of resources penalty there will be no payment on your behalf for the “full” penalty month(s) listed in the Medical Assistance “Program Information” box below.

To determine the number of penalty months, we divided the value of the resource(s) you transferred by the average cost of [“Nursing Home” (If Type of Assistance = L01) or “Institutionalized Hospice” (If Type of Assistance = W01)] care in Georgia. If you disagree with our decision, please see the last page of the form for information on your right to a fair hearing. You can read the policy reference online at <https://odis>.dhs.ga.gov/~~General.~~

Penalty Months:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Case Number** |  | **[Benefit\_Month, list benefit months 1 -36]**  **[Prior Month, list prior months 1-3]** | | |
| **[Client\_Name]** | **Client ID: [Client\_ID]** | |  |  |  |
| [Program] | [Case\_Number] |  | [ “Penalty Month”, **if under penalty,** “None”, **if not eligible**] | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please note, this month is a full penalty month in which you are responsible for the full cost of your care.

Please note, this month is a partial penalty month. Medicaid will make a vendor payment in this month, however, you are responsible for an increased patient liability.

Reason(s): [Reason\_Txt] Policy Reference: [Medicaid\_Policy\_Ref]

**Fragment Trigger Logic – [Moved from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**If (Type of Assistance = W01)**

Since you are receiving Medicaid as a hospice care recipient, Medicaid will only pay for services that are approved by the hospice agency that is providing your care.

**If (Type of Assistance = F44, EDBC\_ACTION\_CD = DN, Set Action Code = D)**

You do not qualify for Express Lane Eligibility (ELE) coverage because you are not eligible for upcoming months for SNAP or TANF, you receive a form of SNAP or TANF that is not compliant with ELE process such as Transitional SNAP, Disaster SNAP & Disaster TANF or you receive other form of Medical Assistance.

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = P02) and If the following waivers are not present (AA/FC/CU)**

**PeachCare for Kids®**

You need to pay $[Initial Payment] to begin health benefits. Your case will be denied if premium is not paid by [Premium\_Due\_Dt]. Your coverage will start in the month that you pay your premium. After we get your payment, we will send ID cards.

The payment for the ongoing months is due 30 days before the first day of the month that [Children] gets health benefits.

**When do health benefits start?**

PeachCare for Kids® health benefits will not start until after we receive your payment.

Monthly payments are due 30 days before the first day of the month that [Children] gets health benefits. After we get your payment, we will send:

* ID cards
* A letter that tells you when health benefits begin

**Keep your account active so that your health benefits do not end. If your health benefits lapse, you may not be able to join the program again. To help keep your account active, be sure to reply to our requests and send your payments on time. To avoid a lapse in health benefits, we recommend having an additional payment on your account at all times.**

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = [(P02 or P44)and PP)]**

**How do I send a payment?**

By internet: [www.gateway.ga.gov](http://www.gateway.ga.gov)

By phone: Call 1-877 GA PEACH (427-3224) to make a payment anytime.

~~Here are the steps:~~

1. ~~Select “currently participating in this program”~~
2. ~~Select “make a payment”~~
3. ~~Enter your Case Number and zip code on this letter~~

By mail: If paying by mail please write your Case Number on your check.

PeachCare for Kids® Payment

[PCK\_Address]

**Important: Write your Case Number on your check or money order.**

Send your payment to this address. If you do not send it here, your health benefits might not start on time.

**If you do not have a coupon slip, send your payment to the address above.**

We may end your health benefits if you:

* Send your payment to another address
* Do not send your payment on time

If we end your health benefits, your child cannot get health benefits again for one month.

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = P02 or P44)**

**What if I have not received my plastic ID cards?** You have reported a full-time Institution

If you have not received your plastic ID cards after 45 days, call our Customer Interaction Center at 1- 866-211-0950. The call is free.

**What if my child needs to see a doctor?**

We will not refund out-of-pocket costs or medical expenses before we approve your application. PeachCare for Kids® may pay unpaid bills if:

* Your child is approved during the month services were received
* A PeachCare for Kids® provider treats your child
* PeachCare for Kids® covers the services provided

**If (Type of Assistance = P44, EDBC\_ACTION\_CD = DN, Set Action Code = D)**

You do not qualify for Express Lane Eligibility (ELE) coverage because you are not eligible for upcoming months for SNAP or TANF or you receive a form of SNAP or TANF that is not compliant with ELE process such as Transitional SNAP, Disaster SNAP & Disaster TANF or you receive other form of Medical Assistance.

**Fragment Trigger Logic – [Content brought up from Denial Section]**

**If Denial (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘DN’; Set Action Code = D)**

**AND**

**If (Type of Assistance = P02 or P44)**

You may qualify for other health benefit programs with the State of Georgia or with the Health Insurance Marketplace under the Affordable Care Act. To see if your family qualifies, we are sending your information to those programs for review. You will receive a letter from them with more details.

If you are due a refund, one will be sent to you within 60 days from the date of this letter.

If you can get health benefits from an employer, we advise you to sign up now. You may have only a few days to do so. Employers often limit when workers can sign up. You may have to show them this letter.

**If you have any questions or want to apply for PeachCare for Kids® benefits again call 1-877 GA PEACH (427-3224). The call is free.**

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = 180, 181, 182, 183)**

**Planning for Healthy Babies®**

Congratulations, you were approved for P4HB on [Certification\_Begin\_Dt] You have been assigned to a Care Management Organization (CMO) to receive services. You will be notified by Georgia Families (GF) by mail or phone regarding which CMO you have been assigned to. You may select a different CMO during the first 90 days of enrollment and Georgia Families can assist you with a selection if you request it.

**How do I choose a different CMO?**

First, learn about each CMO. Then, decide which CMO best meets your health care needs. Here are the web sites and phone numbers:

|  |  |  |  |
| --- | --- | --- | --- |
| **~~WellCare~~**  [~~georgia.wellcare.com~~](http://www.georgia.wellcare.com)  **~~1-877-379-0020~~**  **~~(TTY 1-877-247-6272)~~** | **Peach State**  [www.pshpgeorgia.com](http://www.pshpgeorgia.com/)  **1-800-704-1484**  **(TTY 1-800-659-7487)** | **Amerigroup**:  [www.myamerigroup.com](http://www.myamerigroup.com)  **1-800-600-4441**  **(TTY 1-800-600-4441)** | **CareSource**  [**www.caresource.com/ga**](http://www.caresource.com/ga)  **1-855-202-0729**  **(TTY 1-800-255-0056)** |

**You can** call **Georgia Families 1-888-423-6765** or visit [www.georgia-families.com](http://www.georgia-families.com/) to get information and to select a different CMO.

**When do P4HB services start?**

P4HB services start when you are assigned to a CMO **and** you get your CMO card. A plastic card will be mailed to you after your initial assignment. You can get P4HB services **after** you get your CMO card.

**How do I view my account?**

Visit our web site [**www.gateway.ga.gov**](http://www.gateway.georgia.gov)  to:

* View details in your account
* Update your address
* Update other information

**What if I do not get my plastic CMO card?**

You should get your CMO card 7-10 business days from the day you get this letter. If you do not get one, call your CMO and ask them to mail you a new card.

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = 180 and 181)**

Your P4HB coverage is for Family Planning Services, which include:

* Family planning initial or annual exams
* Follow up family planning or family planning related service visits
* Contraceptive services and supplies
* Screening for sexually transmitted infections (STIs)
* Treatment/drugs for STIs, except for HIV/AIDS and hepatitis
* Treatment/drugs for issues found during FP visits
* Treatment of major complications
* Tubal Ligation (Sterilization)
* Hepatitis B, tetanus-diphtheria (Td) (Ages 18-20)

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = 180)**

Based on the information you gave us, you qualify for Inter-pregnancy Care Services (IPC). Your benefits, in addition to the Family Planning Services, are:

* Primary Care (up to 5 visits per year)
* Limited Substance Abuse Services
* Pharmacy benefits (non-family planning medications)
* Non-emergency transportation
* Limited dental services

Additionally, your IPC coverage includes a personal Resource Mother and Nurse Case Manager to assist you with your personal goals.

**Your Resource Mother will:**

* + - Meet with you by phone or in person to assist you with healthy behaviors which includes healthy eating choices and smoking cessation.
    - Assist you with your primary care doctor’s appointments including making sure you have non-emergency medical transportation.
    - Provide short-term case management and referral services to you during emergency situations.
    - Arrange social services support for your family and life issues. Assist you in locating and using community resources which includes legal, medical, and financial services.
    - Provide mentoring for you including emotional support following substance abuse treatment.
    - Assist you with your very low birth weight baby, their doctor visits, and with keeping up their immunizations.
    - Provide you with peer and emotional support to assist with the health demands of your very low birth weight baby.

You will receive more information about these services from your Care Management Organization (CMO).

**Fragment Trigger Logic – [Content brought up from Approval Section]**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

**AND (Type of Assistance = 182 or 183)**

Based on the information you gave us, you qualify for Resource Mother Services. In addition to your full Medicaid benefits, your new added benefit is a personal Resource Mother and Nurse Case Manager to assist you with your personal goals.

**Your Resource Mother will:**

* + - * Meet with you by phone or in person to assist you with healthy behaviors which includes healthy eating choices and smoking cessation.
      * Assist you with your primary care doctor’s appointments including making sure you have non-emergency transportation.
      * Provide short-term case management and referral services to you during emergency situations.
      * Arrange social services support for your family and life issues. Assist you in locating and using community resources which includes legal, medical, and financial services
      * Provide mentoring for you including emotional support following substance abuse treatment.
      * Assist you with your very low birth weight baby, their doctor visits, and with keeping up their immunizations.
      * Provide you with peer and emotional support to assist with the health demands of your very low birth weight baby.

These benefits are given to you in addition to your current Medicaid benefits. You will receive RM benefits through your Care Management Organization (CMO), and you will receive more information about these services from your CMO. If you need to contact your CMO, here is their information:

**Fragment Trigger Logic – [Content brought up from Denial Section]**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D**

**AND (Type of Assistance = 180 or 181 or 182 or 183)**

**Planning for Healthy Babies®**

**What if I think I am eligible?**

Send the information to Planning for Healthy Babies**®**.

By fax: 1-912-632- 0389

By mail:

Planning for Healthy Babies**®**

[RSM\_Address]

By phone: 1-877 427-3224

**~~Fragment Trigger Logic – [Content brought up from Denial Section]~~**

**~~If (EDBC\_ACTION\_CD = DN, Set Action Code = D)~~**

**~~AND (Type of Assistance = P13)~~**

~~When you applied for PE Pregnant Women Medicaid, you may also have applied for Healthcare coverage. Your Healthcare coverage application has been sent to the Division of Family and Children Services (DFCS) office or the Right from the Start Medical (RSM) Assistance Group for a final determination of eligibility. DFCS or RSM may determine you are potentially eligible for another type of Medicaid and will notify you. If you are not eligible for Medicaid your Healthcare coverage application will be referred to the~~ **~~Federally Facilitated Marketplace~~** ~~(FFM) for consideration. You will be notified directly by the FFM.~~

~~You may find additional FFM information or apply directly for Healthcare coverage at~~ [**~~www.heathcare.gov~~**~~,~~](http://www.heathcare.gov/) ~~or you may call the FFM any time at 1-800-318-2596, TTY 1-855-889-4325.~~

**~~Fragment Trigger Logic – [Content brought up from Denial Section]~~**

**~~Fragment Trigger Logic~~**

**~~If (EDBC\_ACTION\_CD = DN, Set Action Code = D)~~**

**~~AND (Type of Assistance = P15)~~**

~~When you applied for PE Women’s Health Medicaid, you may also have applied for Healthcare coverage. The Healthcare coverage application will be sent to the MORROW Right from the Start Medical (RSM) Assistance Group. RSM will make the decision for your regular Medicaid benefits and notify you by mail. RSM may determine you are potentially eligible for another type of Medicaid and will notify you. If you are not eligible for Medicaid, your Healthcare coverage application will be referred to the~~ **~~Federally Facilitated Marketplace~~** ~~(FFM) for consideration. You will be notified directly by the FFM.~~

~~You may find additional FFM information, or apply directly for Healthcare coverage at~~ [**~~www.heathcare.gov~~**~~,~~](http://www.heathcare.gov/) ~~or you may call the FFM any time at 1-800-318-2596, TTY 1-855-889-4325.~~

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved)**

Person(s) in your household are now Approved for Pathways Medical Assistance. One of the Pathways Medical Assistance program requirements is to report work-related, higher education, vocational education training, or community service activity hours (Qualifying Activity hours) and provide verification each month.

**Fragment Trigger Logic:**

**If (Type of Assistance = PTH, Eligibility Status = Approved, and CE Status = (UD, ND, NC)**

As part of the process of determining your potential eligibility for Pathways Medical Assistance, a request was sent to ~~Health Management Systems (HMS)~~ Gainwell Technologies / Georgia Pathways HIPP Unit to make a cost-effectiveness determination on your reported employer-sponsored health insurance (ESI). ~~HMS~~ Gainwell Technologies / Georgia Pathways HIPP Unit has determined that it is not cost-effective at this time for you to enroll in the ESI and you are being approved for Pathways Medical Assistance and will be enrolled in a Care Management Organization (CMO).

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Not Met at Intake, no active FT IHE enrollment, no active FT Vocational Education Training enrollment, no active GVRA enrollment)**

The Approved Pathways Medical Assistance members are required to report 80 hours of Qualifying Activities by the 3rd of each month for the prior month. You first need to report by [3rd of the following month] for the month of [current month].

If you fail to meet this requirement, you will be suspended from the program and will lose access to medical assistance coverage.

~~Changes must be reported within 10 calendar days of the date on which the change occurs.~~

You will be notified if there is a change in your reporting requirements because of an Institution of Higher Education enrollment, Vocational Education Training Program enrollment, Georgia Vocational Rehabilitation Agency (GVRA) enrollment, or a reduction in hours.

~~If you have a change in your reporting requirements because of an Institution of Higher Education Enrollment, Vocational Education Training Program Enrollment, Georgia Vocational Rehabilitation Agency (GVRA) enrollment, or a reduction in hours, you will be notified of the change through a Change Notice for Reporting Requirements~~.

**How do I report my Qualifying Activities hours or request a Good Cause Exception?**

* **By internet:** [**www.gateway.ga.gov**](http://www.gateway.ga.gov)**.** You may use the Customer Portal to report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload documentation.
* **By mobile application:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and upload a photo of your documentation on your IOS or Android device.
* **By phone:** 1-877-423-4746. You may call to report Qualifying Activities and hours or Good Cause Exception requests and hours, but you will need to submit documentation of these through another reporting method in this section.
* **In person:** You may report Qualifying Activities and hours, Good Cause Exception requests and hours, and submit documentation at your local DFCS office.
* **By mail:** You may submit the appropriate Qualifying Activities or Good Cause Exceptions report form and documentation by mail to your local DFCS office.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved, 6 Months of QA Hours Met at Intake)**

The person(s) listed in the table below have reported 6 months of Qualifying Activity hours when applying for Pathways Medical Assistance. These persons(s) are not required to report Qualifying Activity hours monthly. The next time you need to report your Qualifying Activity hours is at your annual renewal.

This impacts the person(s) listed below.

|  |  |
| --- | --- |
| **Person(s)** | **Annual Renewal Date** |
| [FirstName\_LastName\_6month] | [Annual\_Renewal\_Date] |

During your **Pathways Medical Assistance** eligibility period, you must report the following changes:

* Reduction of activity hours below the 80-hour monthly minimum
* Disenrollment from Georgia Vocational Rehabilitation Agency (GVRA) participation
* Reduction/Withdrawal from Full-Time enrollment in an Institution of Higher Education or Vocational Education Training program

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

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved, active FT IHE or active FT Vocational Education Training Enrollment present for the current month)**

You have reported a full-time Institution of Higher Education (IHE) or Vocational Education Training enrollment. During the months of your enrollment, there is not a requirement to report Qualifying Activity hours monthly for continued Pathways Medical Assistance coverage.

This impacts the person(s) listed below.

|  |  |
| --- | --- |
| **Person(s)** | **Current Enrollment End Date** |
| [FirstName\_LastName] | [Enrollment\_End\_Date] |

During your **Pathways Medical Assistance** eligibility period, you must report the following changes:

* Reduction/Withdrawal from Full-Time enrollment in an Institution of Higher Education or Vocational Education Training program

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

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved, active GVRA present for the current month)**

You have been confirmed as enrolled in Georgia Vocational Rehabilitation Agency (GVRA) which is a Qualifying Activity for the Pathways Medical Assistance. For the duration of your enrollment in GVRA, you do not need to report your monthly Qualifying Activity hours. This impacts the following person(s):

This impacts the person(s) listed below.

|  |  |
| --- | --- |
| **Person(s)** | **Current Enrollment End Date (if available)** |
| [FirstName\_LastName] | [Enrollment\_End\_Date]  [N/A if no enrollment end date] |

During your **Pathways Medical Assistance** eligibility period, you must report the following changes:

* Disenrollment from Georgia Vocational Rehabilitation Agency (GVRA) participation

You must report these changes within 10 calendar days of the date on which the change occurs. If you are no longer enrolled in GVRA, you will need to engage in another type of Qualifying Activity and report your monthly hours for continued Pathways Medical Assistance coverage

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved , This section is displayed when an individual’s selects Qualifying activity type as “Job Readiness-Skilled Nursing Facility” or “Job Readiness-Hospital Stay” in intake.(EL8042)**

The following individual(s) have been approved for Pathways Medical Assistance with a Qualifying Activity type of Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay. These activity types can only be used during the initial determination for Pathways and cannot be used for regular ongoing reporting to meet the monthly Qualifying Activity requirements. If you need to report these activities to meet ongoing reporting requirements, please consider using any available Good Cause hours instead.

|  |  |
| --- | --- |
| **Person(s)** | **Qualifying Activity and/or Good Cause Exception Hours to be Reported Monthly** |
| [FirstName\_LastName] | [Total\_Hours] |

Please visit https://dch.georgia.gov/qualifying-activities-resources for more information on how to find qualifying activities and resources that can help you meet this requirement.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved, this section is displayed when an individual selected the Qualifying Activity Type as “Community Service-Relative Caregiving” (EL8043)**

The following individual(s) have been approved for Pathways Medical Assistance with a Qualifying Activity Type of Community Service-Relative Caregiving by providing relative caregiving services also known as Structured Family Caregiving within Elderly Disabled Waiver Program (EDWP), Community Care Service Program (CCSP), or Service Options Using Resources in a Community Environment (SOURCE). Should the individual(s) involvement with the structured family caregiving service end due to changes in circumstances of the qualified member receiving EDWP services, you would be required to report and verify additional qualifying activity hours.

|  |  |  |
| --- | --- | --- |
| **Person(s)** | **Agency Provider Name(s)** | **Qualifying Activity and/or Good Cause Exception Hours to be Reported Monthly** |
| [FirstName\_LastName] | [Agency\_Provider\_Name], Agency\_Provider\_Name], [Agency\_Provider\_Name] | [Total\_Hours] |

Please visit <https://dch.georgia.gov/qualifying-activities-resources> for more information on how to find qualifying activities and resources that can help you meet this requirement.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Approved)**

You may be asked to comply with random and periodic audits to verify your ongoing compliance. This can include contacting your employer/supervisor, your Institution of Higher Education, your Vocational Education Training Program, or the Georgia Vocational Rehabilitation Agency (GVRA). You should keep documentation records of your contin If you disagree with our decision ued participation to verify if audited.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Denied) and denial reason is EL~~8002~~9121**

You have been denied for Pathways Medical Assistance, as you have not reported and/or verified work-related, higher education, vocational education training program, or community service activity hours (Qualifying Activity hours) of 80 hours for the most recent 8 weeks for the period [Start\_QA] to [Application Date].

~~If you need assistance finding employment or education/training, please contact any of the below employment and training resources~~

* ~~Georgia Department of Labor at~~ [~~www.dol.georgia.gov~~](http://www.dol.georgia.gov) ~~or contact your local GDOL Career Center~~
* ~~Call the 2-1-1 community service line~~
* ~~Georgia Student Finance Commission at~~ [~~www.gsfc.georgia.gov~~](http://www.gsfc.georgia.gov) ~~or 1-800-505-4732 for information on higher education financial assistance, including HOPE scholarships and grants~~
* ~~Georgia Vocational Rehabilitation Agency at~~ [~~www.gvs.georgia.gov~~](http://www.gvs.georgia.gov) ~~or 1-844-367-4872~~
* ~~SSA Ticket to Work program for SS Disability beneficiaries at~~ [~~www.choosework.ssa.gov~~](http://www.choosework.ssa.gov) ~~or 1-866-968-7842~~
* ~~SNAP Works Program (if you are not already receiving SNAP food assistance) at~~ [~~SNAPWorks@dhs.ga.gov~~](mailto:SNAPWorks@dhs.ga.gov) ~~, at 404-463-1417, or contact your local DFCS office~~

Please visit <https://dch.georgia.gov/qualifying-activities-resources> for more information on how to find qualifying activities and resources that can help you meet this requirement.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Eligibility Status = Denied with a denial reason of “The Agency received information that your referral to GVRA has been denied”)**

The agency has received confirmation that you are not enrolled in GVRA services. Based on this information and the information currently on your case, you have not met the Qualifying Activity and your enrollment in Pathways has been denied.

Please visit <https://dch.georgia.gov/qualifying-activities-resources> for more information on how to find qualifying activities and resources that can help you meet this requirement.

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, Denial Reason = EL8021 (“The agency received information that you did not enroll in employer sponsored insurance (ESI) by the coverage start date.”)**

The agency received information that you did not enroll in employer sponsored insurance (ESI) by the coverage start date.

**Fragment Trigger Logic**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

**If (Type of Assistance = MA)**

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

* + - 1. **Section Variables**

*When the eligibility decision is at the case level, the summary table shall display all household members in the “Person(s)” column on a single row.*

*When the eligibility decision is at the individual level, the summary table shall list each individual household member in the “Person(s)” column on separate rows.*

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| Application\_Date | MM/DD/YYYY | If in intake: Application Date  If in Change or Renewal: System Date | ED\_ELIGIBILITY | APPLICATION\_DT |
| Start\_QA | MM/DD/YYYY | First date of the month two months prior to the application month. E.g., if the application date is 5/15/2021, then Start\_QA is 3/1/2021 | ED\_ELIGIBILITY | APPLICATION\_DT |
| Benefit\_Month, Year | MM | Month from the date, Year (e.g.: April, 2015). Earliest Payment Begin Date from the list of EDG\_TRACE\_ID that belongs to the given TOA and approved (for the approval section) | ED\_ELIGIBILITY | PAYMENT\_BEG\_DT |
| Certification\_Begin\_month, Year | Month, Year | Month from the date, Year (e.g.: April, 2015). | ED\_ELIGIBILITY | CERTIFICATION\_BEGIN\_DT |
| Certification\_End\_Month | Month, Year | Certification End Date | ED\_ELIGIBILITY | CERT\_END\_DT |
| Cycle\_Day\_of\_Month | DD | if the last two digits of the Head of Household Number equal 00-09 insert the 5th, or 10-19 insert the 7th, or 20-29 insert the 9th, or 30-39 insert the 11th, 40-49 insert the 13th, or 50-59 insert the 15th, or 60-69 insert the 17th or 70-79 insert the 19th, or 80-89 insert the 21st, or 90-99 insert the 23rd | N/A | N/A |
| Certification\_End\_Date | MM/DD/YYYY | Certification End Date | ED\_ELIGIBILITY | CERT\_END\_DT |
| Certification\_Begin\_Date | MM/DD/YYYY | Certification Begin Date | ED\_ELIGIBILITY | CERTIFICATION\_BEGIN\_DT |
| Verification\_Item | Alpha-numeric | The item/piece of information identified as requiring verification by business rules (description retrieved from EDVCL code table). | ED\_VERIFICATION\_CHECKLIST | VCL\_TYPE\_CD |
| Missing\_Verification | Alpha-numeric | Missing Verification list from verification checklist | ED\_VERIFICATION\_CHECKLIST | VCL\_TYPE\_CD |
| Lump\_Sum\_Recipient | Alpha-numeric | Lump Sum Recipient’s Name; Concatenation of FIRST\_NAME + MID\_NAME + LAST\_NAME + SUFX\_NAME | DC\_INDV | FIRST\_NAME + MID\_NAME + LAST\_NAME + SUFX\_NAME |
| LumpSum\_Source | Alpha-numeric | Source of Lump Sum; Item considered lump sum if frequency of source is one-time | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT | UNEARNED\_SOURCE  SOURCE |
| LumpSum\_Amt | Numeric | Lump Sum Amount, Select using Individual ID and the latest sequence number | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT | FINAL\_PAY\_AMT  YEAR\_TO\_DT\_INCOME\_AMT |
| LumpSum\_Date | MM/DD/YYYY | Lump Sum Date | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT  DC\_EMP\_PAYMENT\_EXPENSES | FINAL\_PAY\_DT  EFF\_BEGIN\_DT  PAYMENT\_EXPENSE\_DT |
| Penalty\_Start\_Month\_Year | MM/DD/YYYY | Penalty Start Month & Year | ED\_DC\_INDV\_DISQ\_PENALTIES | PEN\_DIS\_BEG\_DT |
| Penalty\_End\_Month \_Year | MM/DD/YYYY | Penalty End Month & Year | ED\_DC\_INDV\_DISQ\_PENALTIES | PEN\_DIS\_END\_DT |
| Benefit\_Month, Year | MM | Month from the date, Year (e.g.: April, 2015). Earliest Payment Begin Date from the list of EDG\_TRACE\_ID that belongs to the given TOA and approved (for the approval section) | ED\_ELIGIBILITY | PAYMENT\_BEG\_DT |
| Premium\_Amount | Numeric | GMWD Premium Amount | ED\_ELIGIBILITY | PREMIUM\_AMOUNT |
| Benefit\_Effective\_Date | MM/DD/YYYY | Earliest Payment Begin Date for a give TOA | ED\_ELIGIBILITY | PAYMENT\_BEG\_DT |
| Begin Authorization Date | MM/DD/YYYY | ED\_BUDGET.SPENDDOWN\_BEGIN\_AUTHORIZE\_DT where spend\_down\_amt >0 and SPENDDOWN\_BEGIN\_AUTHORIZE\_DT is not null | ED\_BUDGET.SPENDDOWN\_BEGIN\_AUTHORIZE\_DT | SPENDDOWN\_BEGIN\_AUTHORIZE\_DT |
| First Day Liability Amount | Numeric | ED\_BUDGET.SPENDDOWN\_FIRST\_DAY\_LIAB\_AMT where SPENDDOWN\_AMT >0 and SPENDDOWN\_BEGIN\_AUTHORIZE\_DT is not null | ED\_BUDGET. | SPENDDOWN\_FIRST\_DAY\_LIAB\_AMT  SPENDDOWN\_AMT  SPENDDOWN\_BEGIN\_AUTHORIZE\_DT |
| Provider Name | Alpha-numeric | DC\_MEDICAL\_SPEND\_DOWN.SOURCE | DC\_MEDICAL\_SPEND\_DOWN | SOURCE |
| Bill\_Amount | Numeric | ED\_DC\_MEDICAL\_SPEND\_DOWN.ORIG\_EXP where AMT\_TOWARDS\_SPEND\_DOWN >0 | ED\_DC\_MEDICAL\_SPEND\_DOWN | ORIG\_EXP  AMT\_TOWARDS\_SPEND\_DOWN >0 |
| Amt\_Responsible | Numeric | ED\_DC\_MEDICAL\_SPEND\_DOWN.AMT\_TOWARDS\_SPEND\_DOWN where AMT\_TOWARDS\_SPEND\_DOWN >0 | ED\_DC\_MEDICAL\_SPEND\_DOWN | AMT\_TOWARDS\_SPEND\_DOWN  AMT\_TOWARDS\_SPEND\_DOWN >0 |
| Full\_Penalty\_Month | Month, Year | Penalty Month(s), comma separated based on PEN\_DIS\_BEGIN\_DT and PEN\_DIS\_END\_DT WHERE PLCS. | ED\_DC\_EDG\_PENALTY\_DETAILS | PEN\_DIS\_BEGIN\_DT |
| Initial\_Payment | Month, Year | From the set of EDG\_TRACE\_IDs given by EDBC and for TOA= ‘type of assistance’ Sort by PREMIUM\_START\_DT Select first PREMIUM\_START\_DT from ED\_DC\_CHIP WHERE WAIVER\_TYPE\_CD = NULL | DC\_ED\_CHIP | PREMIUM\_START\_DT |
| Premium\_Due\_Dt | MM/DD/YYYY | For Non Waiver scenario  (From the set of EDG\_TRACE\_IDs given by EDBC and for TOA= ‘type of assistance’ Sort by PAYMENT\_BEG\_DT Select first DI\_ACTION\_DATE from ED\_ELIGIBILITY WHERE CG\_STATUS\_CD = ‘PP’) +45 days | ED\_ELIGIBILITY/ DC\_ED\_CHIP | DI\_ACTION\_DT/PREMIUM\_START\_DT |
| Children | Numeric | Get the EDG\_NUM from the first record for a given EDG. Get the INDV\_ID for all the individuals in the EDG. Go to ED\_INDV\_ELIGIBILITY table and filter INDV\_ID to contain only those individuals with PART\_STATUS\_CD = EC. | DC\_INDV | First\_Name |
| Client\_Name | Alpha-numeric | Name of the Client | DC\_INDV | First\_Name + Last\_Name |
| Client\_ID | Numeric | Client ID | DC\_INDV | INDV\_ID |
| PL\_Month, Year | Month, Year | PAYMENT BEGIN and PAYMENT END from ED\_ELIGIBILITY where EDG TRACE ID is in ED\_ELIG\_MEDICAID\_BUDGET | ED\_ELIGIBILITY | PAYMENT\_BEGIN\_DT |
| Patient Liability\_cost\_share\_amt | Numeric | For a given TOA check get all the EDG\_TRACE\_IDs Patient Liability Amount and filter to only those EDG\_TRACE\_IDs that have record in ED\_ELIG\_MEDICAID\_BUDGET  Patient liability amounts that vary based on number of days in the month are to display on separate lines to show variation in amounts. | ED\_ELIG\_MEDICAID\_BUDGET | PL\_COST\_SHARE\_AMT |
| 3rd of the following month | MM/07/YYYY | 3rd day of the following month of when notice is triggered | CO\_REQUEST\_HISTORY | GENERATE\_DT |
| Current Month | MM/YYYY | Current month of when notice is triggered | CO\_REQUEST\_HISTORY | GENERATE\_DT |
| FirstName\_LastName | FirstName LastName | All Individuals in the case who meet the triggering condition of the notice batch. Each individual is listed in a new row | DC\_INDV | FIRST\_NAME, LAST NAME |
| Annual\_Renewal\_Date | MM/DD/YYYY | Certification end date for Pathways Medical Assistance | ED\_ELIGIBILIY | CERT\_END\_DT |
| Enrollment\_End\_Date | MM/DD/YYYY | End date of vocational education~~al~~ training program or IHE and/or GVRA  If there is no end date, list “Not applicable” | DC\_PATHWAYS | GVRA\_END\_DATE, TERM\_END\_DT |
| Total\_Hours | Numeric | Total required monthly QA hours. This is 80 hours minus any hours from a Reasonable Accommodations in the [Report Month] (80 -(REDUCTION\_HOURS)  ~~Total required monthly QA hours. This is 80 hours minus any hours from a Qualifying Activity type of Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay in the [Report Month] (80 -(REDUCTION\_HOURS – any QA from Job Readiness-Skilled Nursing Facility or Job Readiness-Hospital Stay )~~ | DC\_PATHWAYS\_REDUCTION  ~~DC\_PATHWAYS\_QA~~ | REDUCTION\_HOURS  ~~QAGC\_HOURS, QAGC\_TYPE~~ |
| Agency\_Provider\_Name | Alpha-numeric | Name of the Agency Provider for a Pathways Qualifying Activity Type of Community Service-Relative Caregiving | DC\_PATHWAYS | Agency\_Provider |
| Compliance End Date | MM/DD/YYYY | For Sanction type = RC and Compliance End Date is not Null | DC\_INDV\_NON\_COOPERATION | NON\_COOP\_END\_DT |
| RSM\_Address | Alpha-numeric | Address of RSM Group | RT\_AgencyAddress | Code=RSM |
| GMWD\_Address | Alpha-numeric | Address of GMWD | RT\_AgencyAddress | Code= GMWD |
| PCK\_Address | Alpha-numeric | Address of PCK | RT\_AgencyAddress | Code= PCK |
| DFCS\_CC | Numeric | Phone Number of DFCS Contact Center | RT\_AgencyNumber | Code=DCC |
| [Time\_Period] | Alpha-numeric | Display the value from the RT table  RT\_ERNDINCTIMEPERIOD\_MV, RT\_ UNERNDINCTIMEPERIOD\_MV, RT\_EXPTIMEPERIOD\_MV | RT\_ERNDINCTIMEPERIOD\_M, RT\_ UNERNDINCTIMEPERIOD\_MV, RT\_EXPTIMEPERIOD\_MV | DESCRIPTION |
| [Verification List] | Alpha-numeric | A common-separated list of example documents the household/individual could provide to verify the item. Retrieved from the corresponding verification list code table stored in ED\_VERIFICATION\_CHECKLIST. Use the Verification Code to get the Reference table from RT\_EDVCL and among the items in the list pick up only those items whose code matches the code in VALID\_VRF\_LIST. Don’t show if the value is ‘OT’ or CS. Display only the required verification for the partial verification provided.    Exclude Deduction and Expenses VC30 OR VC31 OR VC37 OR VC42 OR VC72 | ED\_VERIFICATION\_CHECKLIST | VALID\_VRF\_LIST |

* + 1. **Approval**
       1. **Section Trigger Logic**

**If Approval (At least one EDG\_TRACE\_ID has EDBC\_ACTION\_CD= ‘AP’; Set Action Code = A)**

* + - 1. **Section Text/Layout**

**Fragment Trigger Logic**

**Fragment Trigger Logic**

**If (Type of Assistance = CC)**

**Child Care**

Your application for **Child Care** assistance dated [Application\_Date] has been completed and you have been determined eligible for child care. Your certification period is from [Certification\_Begin\_Date] to [Certification\_End\_Date] for the following children:

[Children\_Name]

Payments to provider will begin on [Provider\_Payment\_Effective\_Date].

**If (GRANT\_TRANSITION\_SW = ‘SG’ or ‘SU’ or ‘HS’)**

You have been approved for CAPS due to your transition from a Quality Rated Subsidy Grant or Early Head Start-Child Care Partnership Subsidy Grant.

**If (PRIORITY\_WF\_SW = ‘YES and all other priority group flags are no or null.)**

You have been approved for CAPS assistance as your current occupation involves providing an essential service in the State of Georgia.

**If (STUDENT\_PARENT\_SW = ‘YES and all other priority group flags are no or null.)**

You have been approved for CAPS assistance as you are enrolled in an educational or training program.

**~~Fragment Trigger Logic~~**

**~~If (Type of Assistance = LI)~~**

**~~LIHEAP~~**

~~Your application dated [Application\_Date] for Home Heating Assistance under the Low Income Home Energy Assistance Program has been approved. You are eligible for a one-time payment of: $[BENEFIT\_AMT].~~

~~This amount will be paid to: [Vendor]~~

~~For LIHEAP inquiries, you can contact [Community Action Agency] in the following ways:~~

~~By phone call: [Community\_Action\_Agency\_Phone\_Number]~~

~~By mail:~~

~~[Community\_Action\_Agency\_Address]~~

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| Application\_Date | MM/DD/YYYY | Application Date | ED\_ELIGIBILITY | APPLICATION\_DT |
| Provider\_Payment\_Effective\_Date | Date MM/DD/YYYY | SELECT  MIN  START\_DATE, FROM ED\_INDV\_PROVIDER\_DETAIL  WHERE CASE\_NUM in (casenum) AND EDG\_TRACE\_ID = Edg\_trace\_id DELETE\_SW = 'N' | ED\_INDV\_PROVIDER\_DETAIL | START\_DATE |
| Benefit\_Amt | Numeric | Benefit Amount where PAYMENT\_END\_DT is NULL | ED\_ELIGIBILITY | BENEFIT\_AMT |
| Certification\_Begin\_Date | MM/DD/YYYY | Certification End Date | ED\_ELIGIBILITY | CERT\_BEG\_DT |
| Certification\_End\_Date | MM/DD/YYYY | Certification End Date | ED\_ELIGIBILITY | CERT\_END\_DT |
| Child (ren) | Numeric | Get the EDG\_NUM from the first record for a given EDG. Get the INDV\_ID for all the individuals in the EDG. Go to ED\_INDV\_ELIGIBILITY table and filter INDV\_ID to contain only those individuals with PART\_STATUS\_CD = EC. | DC\_INDV | First\_Name |
| Vendor | Alpha-numeric | Vendor Name | VM\_DETAILS | VENDOR\_NAME |
| Community\_ Action \_Agency | Alpha-numeric | Community Action Agency Name | IN\_LIHEAP\_INDV | ENERGY\_PROVIDER\_NAME |
| Community\_Action Agency\_Phone\_ Number | Numeric(xxx-xxx-xxxx) | Community Action Agency Phone Number | DC\_ADDRESS\_BOOK | PH\_NUM |
| Community\_Action Agency\_Address | Alpha-numeric | Community Agency Action Address | DC\_ADDRESS\_BOOK | ADDR\_ST\_NUM + ADDR\_ST\_DIR\_CD + ADDR\_ST\_NM + ADDR\_ST\_TYPE\_CD + ADDR\_LINE + ADDR\_CITY + ADDR\_STATE\_CD + ADDR\_ZIP5 + ADDR\_ZIP4 |

* + 1. **Denial**
       1. **Section Trigger Logic**

**If (EDBC\_ACTION\_CD = DN, Set Action Code = D)**

* + - 1. **Section Text/Layout**

**Fragment Trigger Logic**

**If (Type of Assistance = CC)**

**If FAILURE\_REASON CONTAINS (EL1005, EL1006, EL1007, EL1008, EL1052, EL1055, EL1059, EL1067, EL3006, EL3007, EL3008, EL9002, EL9013, EL9028, EL9051)**

Your application for **child care** assistance dated [Application\_Date] has been denied for the following reason(s):

**IF FAILURE\_REASON\_CD CONTAINS (EL0039, EL1025, EL3016, EL5054, EL5056, EL6174, EL9009, EL9014, EL9032, EL9033, EL9034, EL9035)**

We were unable to process your application for child care assistance dated [Application\_Date] for the following reason(s):

**If Failure Reason CD Contains (EL0001, EL5023)**

Your application for child care assistance dated [Application\_Date] has been withdrawn.

Note – Hierarchy for display of verbiage above – Denial, Unable to Process, Withdraw

|  |  |  |
| --- | --- | --- |
| **Case Number** | **Reason** | **Policy Reference** |
| [Case\_Number] | [Reason] | [Policy] |

You can read the policy reference online at [**https://www.caps.decal.ga.gov**](https://www.caps.decal.ga.gov)

**Fragment Trigger Logic**

**If (Type of Assistance = WIC)**

**Women, Infants and Children**

Your application for **WIC** dated [Application\_Date] has been denied for the following reason(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Client ID** | **Client Name** | **Reason** | **Policy Reference** |
| [Client\_ID] | [Client\_Name] | [Reason] | [Policy] |

You can read the policy reference online at [**www.wic.ga.gov/wic-publications**](http://www.wic.ga.gov/wic-publications)**.**

**~~Fragment Trigger Logic~~**

**~~If (Type of Assistance = LI)~~**

**~~LIHEAP~~**

~~Your application for~~ **~~Home Heating Assistance under the Low Income Home Energy Assistance Program~~** ~~dated [Application\_Date] has been denied for the following reason(s):~~

|  |  |  |
| --- | --- | --- |
| **~~Case Number~~** | **~~Reason~~** | **~~Policy Reference~~** |
| ~~[Case\_Number]~~ | ~~[Reason]~~ | ~~[Policy]~~ |

~~You can read the policy reference online at https://odis.dhs.ga.gov/General.~~

~~For LIHEAP inquiries and appeals, you may contact [Community Action Agency] in the following ways:~~

~~By phone call: [Community Action Agency Phone Number]~~

~~By mail:~~

~~[Community Action Agency Address]~~

**Fragment Trigger Logic**

**If (Type of Assistance not = LI) and (Type of Assistance not = WIC)**

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

**Fragment Trigger Logic**

**If (From the set of provided EDG\_TRACE\_IDs, if some are found in ED\_INDV\_NOTICE\_REASONS) AND Type of Assistance != WIC or MA or TANF or FS**

**(Note:Display only indv level closure reasons)**

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~~**](http://www.odis.dhr.state.ga.us)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Program** | **Case Number** | **Reason** | **Policy Reference** |
| [Client\_Name] | [Program] | [Case\_Number] | [Reason] | [Policy] |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. **Fragment Trigger Logic**

**Always Included AND Type of Assistance != WIC or CC or MA or TANF or FS**

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

|  |  |  |
| --- | --- | --- |
| **[Client\_Name]** | **Client ID: [Client\_ID]** | |
|  |  | |
| Program: [Program]-[Type of Assistance] | | |
| **Benefit Month(s)** | | **Decision** |
|  | |  |
| **[Benefit\_Month, list benefit months, the list should span from PAYMENT\_BEG\_DT to CERT\_END\_DT. For ongoing Denials only the first month of Denial need to be listed]** | | **[“Eligible”, if PART\_STATUS\_CD = ‘EC’ or ‘EA’ else “In Eligible”, (if PART\_STATUS\_CD = ‘IA’ or ‘IC’) or (if PART\_STATUS\_CD = ‘XA’ or ‘XC’ and Applied for Benefit), “SUSPENDED” if PART\_STATUS\_CD is ‘SU’]** |

**If Program Cd Contains CC**

|  |  |  |  |
| --- | --- | --- | --- |
| **[Client\_Name]** | **Client ID: [Client\_ID]** | |  |
|  |  | |  |
| Program: [Program]-[Type of Assistance] | | |  |
| **Benefit Month(s)** | | **Action** | **Ineligibility Reason** |
|  | |  |  |
| **[Benefit\_Month, list benefit months, the list should span from PAYMENT\_BEG\_DT to CERT\_END\_DT. For ongoing Denials only the first month of Denial need to be listed]** | | **[“Eligible”, if PART\_STATUS\_CD = ‘EC’ or ‘EA’ else “In Eligible”, (if PART\_STATUS\_CD = ‘IA’ or ‘IC’) or (if PART\_STATUS\_CD = ‘XA’ or ‘XC’ and Applied for Benefit), “SUSPENDED” if PART\_STATUS\_CD is ‘SU’]** | **If “In Eligible” display Eligibility Notice Reason** |

1. **This Information Helped Us Make Our Decision**
   * + 1. **Section Trigger Logic**

**ExcludeType of Assistance Food Stamps (TRFS, TP09, SSNP) or TANF (DTNF, RCA, TP01) from the following section.**

**If Program = MA, then reason code must be in (EL1009,EL1028,EL3006,EL3007,EL3008,EL3013,EL5064,EL6005,EL6009, ~~EL8021~~, EL9012,EL9017,EL9022,EL9023,EL9024,EL9026, EL8021)**

**This Information Helped Us Make Our Decision**

|  |  |  |  |
| --- | --- | --- | --- |
| The information listed below helped us make our decision. |  |  |  |
| **Fragment Trigger Logic**  (If PROGAM\_CD = ‘MA’ and there exists atleast one or more individuals under continuous eligibility period receiving Medical Assistance)  Under continuous eligibility, children under the age of 19 remain eligible for Medical Assistance for one year regardless of changes in household income. |  |  |  |
| |  |  | | --- | --- | | **[Program]-[Type of Assistance]** | **[Client\_Name]** |   **IF (Living Arrangements > spaces)** insert “**We understand that you live**” and insert Living arrangement type for each respective heading.  **IF (Number of clients in TANF or Food Stamps/Senior SNAP or Medicaid > 0)** “**You requested assistance for this many people**” and insert number of clients in each respective heading.  **IF (resource amount>0)** insert “**The total value of your cash, savings and investments (assets)**”  **(For every unearned income type in case)** insert unearned income type and unearned income for each respective heading.  **IF (Earned Income >0)** insert “**Paycheck amounts per month (before taxes)**” and insert earned income for each respective heading.  **IF(Type\_of\_Assistance = ‘MA’)** insert “**Net Countable Income Used”** [**Net countable income**]  **IF(Type\_of\_Assistance != ‘MA’)** **Insert** “**Before Tax Monthly Income Used**” [**Sum of earned and unearned income**]  **Only when TOA = CC Insert instead of above sentence “Yearly gross income (before taxes) Used”** [**Sum of earned and unearned income**]  **IF (Number of clients in TANF or Food Stamps/Senior SNAP or Medicaid > 0)** insert **“Income Limit for HH size”** and the corresponding income tax limit for the household size (“No of Client”).  **IF (Shelter Cost >0 OR Utility Cost >0 OR dependent care > 0)** “**Other Considerations used to determine your benefits**:”  **IF (Shelter Cost >0)** insert **“Rent/Mortgage payments”** insert the shelter cost for each respective heading.  **IF (Utility Cost>0)** insert **“Monthly utility”** and insert the utility cost for each respective heading.  **IF (Dependent Care Cost> 0)** insert “Monthly child care payments” and insert the dependent care cost for each respective heading. |  |  | Continuing Benefits |

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| Application\_Date | MM/DD/YYYY | Application Date | ED\_ELIGIBILITY | APPLICATION\_DT |
| Month | Month  (eg: April) | Benefit Month from the Payment Begin Date, repeat for all the records for the given TOA | ED\_ELIGIBILITYs | PAYMENT\_BEGIN\_DT |
| Case\_Num | Numeric | Case Number | ED\_ELIGIBILITY | CASE\_NUM |
| Reason | Alpha-numeric | For a given EDG\_TRACE\_ID pick up the Reason Code from FAILURE\_REASON\_CODE and refer to RT\_EDREASON for the corresponding DESCRIPTION | ED\_ELIG\_NOTICE\_REASONS;  ED\_INDV\_NOTICE\_REASONS | FAILURE\_REASON\_CODE |
| Policy | Numeric | Policy Reference Number | RT\_EDREASON | Refer to MEDICAID if TOA belongs to (FM, ABD, GMWD, MAGI, PC, RFM, RMA)  Refer to FOOD\_STAMPS if TOA belongs to (FS)  Refer to CHILD\_CARE if TOA belongs to (CC)  Refer to TANF if TOA belongs to (TF)  Refer to LIHEAP if TOA belongs to (LI)  Refer to WIC if TOA belongs to (WIC) |
| Verification\_Due | Numeric | MM/DD/YYYY; CERT\_END\_DT+ 1 Month | ED\_ELIGIBILITY | CERT\_END\_DT |
| Verification\_Item | Alpha-numeric | The item/piece of information identified as requiring verification by business rules (description retrieved from EDVCL code table). | ED\_VERIFICATION\_CHECKLIST | VCL\_TYPE\_CD |
| Lump\_Sum\_Recipient | Alpha-numeric | Lump Sum Recipient’s Name; Concatenation of FIRST\_NAME + MID\_NAME + LAST\_NAME + SUFX\_NAME | DC\_INDV | FIRST\_NAME + MID\_NAME + LAST\_NAME + SUFX\_NAME |
| LumpSum\_Source | Alpha-numeric | Source of Lump Sum; Item considered lump sum if frequency of source is one-time | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT | UNEARNED\_SOURCE  SOURCE |
| LumpSum\_Amt | Numeric | Lump Sum Amount, Select using Individual ID and the latest sequence number | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT | FINAL\_PAY\_AMT  YEAR\_TO\_DT\_INCOME\_AMT |
| LumpSum\_Date | MM/DD/YYYY | Lump Sum Date | DC\_UNEARNED\_INCOME  DC\_EMPLOYMENT  DC\_EMP\_PAYMENT\_EXPENSES | FINAL\_PAY\_DT  EFF\_BEGIN\_DT  PAYMENT\_EXPENSE\_DT |
| Penalty\_Start\_Month\_Year | MM/DD/YYYY | Penalty Start Month & Year | ED\_DC\_INDV\_DISQ\_PENALTIES | PEN\_DIS\_BEG\_DT |
| Penalty\_End\_Month \_Year | MM/DD/YYYY | Penalty End Month & Year | ED\_DC\_INDV\_DISQ\_PENALTIES | PEN\_DIS\_END\_DT |
| Community\_ Action \_Agency | Alpha-numeric | Community Action Agency Name | IN\_LIHEAP\_INDV | ENERGY\_PROVIDER\_NAME |
| Community\_Action Agency\_Phone\_ Number | Numeric(xxx-xxx-xxxx) | Community Action Agency Phone Number | DC\_ADDRESS\_BOOK | PH\_NUM |
| Community\_Action Agency\_Address | Alpha-numeric | Community Agency Action Address | DC\_ADDRESS\_BOOK | ADDR\_ST\_NUM + ADDR\_ST\_DIR\_CD + ADDR\_ST\_NM + ADDR\_ST\_TYPE\_CD + ADDR\_LINE + ADDR\_CITY + ADDR\_STATE\_CD + ADDR\_ZIP5 + ADDR\_ZIP4 |
| Client\_Name | Alpha-numeric | Name of the Client | DC\_INDV | FIRST\_NAME + LAST\_NAME |
| Type of Assistance | Alpha-numeric | Type of Assistance | RT\_EDTOA | DESCRIPTION |
| Applied for GRG | Boolean | Applied for GRG Flag | DC\_CASE\_PROGRAM | REQUESTING\_GRG\_SW |
| Living Arrangement\_MA | Alpha-numeric | For HOH INDV\_ID | DC\_INDV\_LIVING\_ARNGMNTS | LA\_TYPE\_CD |
| Living Arrangement\_FS | Alpha-numeric | For HOH INDV\_ID, description from RT\_LIVINGARRANGEMENTYPE | DC\_INDV\_LIVING\_ARNGMNTS | LA\_TYPE\_CD |
| Living Arrangement\_TANF | Alpha-numeric | For HOH INDV\_ID,  description from RT\_LIVINGARRANGEMENTYPE | DC\_INDV\_LIVING\_ARNGMNTS | LA\_TYPE\_CD |
| HH size | Numeric | For a given CASE count the number of individuals in DC\_CASE\_INDVIDUAL where ACTIVE\_IN\_CASE\_SW = ‘Y’ | DC\_CASE\_INDIVIDUAL | ACTIVE\_IN\_CASE\_SW |
| HH Income Limit | Numeric ($ amount) | RT\_TANFINCOMELIMITS for TANF  RT\_FSINCOMELIMITS for FS | RT\_TANFINCOMELIMITS;  RT\_FSINCOMELIMITS | Gross Income Ceiling;  Maximum Gross Monthly Income |
| Resources | Numeric ($ amount) | Get the first EDG\_TRACE\_ID where TYPE\_OF\_ASSISTANCE IN (SELECT CODE FROM RT\_EDTOA WHERE PROGRAMCD = MA for Medicaid, FS for Foodstamps and TF for TANF) | ED\_BUDGET | RESOURCE\_NET\_AND\_DEEM\_CONT\_AMT |
| Earned Income | Numeric ($ amount) | Get the first EDG\_TRACE\_ID where TYPE\_OF\_ASSISTANCE IN (SELECT CODE FROM RT\_EDTOA WHERE PROGRAMCD = MA for Medicaid, FS for Foodstamps and TF for TANF) | ED\_BUDGET | TOT\_SE\_AND\_EARNED\_PRE\_DED\_AMT |
| Unearned Income Type | Alpha-numeric | SELECT UNEARNED\_INCOME\_TYPE FROM DC\_UNEARNED\_INCME WHERE INDV\_ID IN (SELECT INDV\_ID FROM DC\_CASE\_INDIVIDUAL WHERE CASE\_NUM = case number AND ACTIVE\_IN\_CASE\_SW ='Y');  RT\_UNEARNEDINCOMETYPE to get the Description of the type code | DC\_UNEARNED\_INCOME | UNEARNED\_INCOME\_TYPE\_CD |
| Unearned Income Value | Numeric ($ amount) | SELECT UNEARNED\_AMT FROM DC\_UNEARNED\_INCME WHERE INDV\_ID IN (SELECT INDV\_ID FROM DC\_CASE\_INDIVIDUAL WHERE CASE\_NUM = case number AND ACTIVE\_IN\_CASE\_SW ='Y'); | DC\_UNEARNED\_INCOME | UNEARNED\_AMT |
| Shelter Cost | Numeric ($ amount) | Get the first EDG\_TRACE\_ID where TYPE\_OF\_ASSISTANCE IN (SELECT CODE FROM RT\_EDTOA WHERE PROGRAMCD = MA for Medicaid, FS for Foodstamps and TF for TANF) | ED\_BUDGET | SHELTER\_DED\_AMT |
| Utility Cost | Numeric ($ amount) | Get the first EDG\_TRACE\_ID where TYPE\_OF\_ASSISTANCE IN (SELECT CODE FROM RT\_EDTOA WHERE PROGRAMCD = MA for Medicaid, FS for Foodstamps and TF for TANF) | ED\_BUDGET | UTILITY\_ALLOWANCE\_AMT |
| Dependent Care Cost | Numeric ($ amount) | Get the first EDG\_TRACE\_ID where TYPE\_OF\_ASSISTANCE IN (SELECT CODE FROM RT\_EDTOA WHERE PROGRAMCD = MA for Medicaid, FS for Foodstamps and TF for TANF) | ED\_BUDGET | EARNED\_DEP\_CARE\_DED\_AMT |

* + 1. **Subsequent Text**
       1. **Section Trigger Logic**

Always visible

* + - 1. **Section Text/Layout**

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P06, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI or TP01 or TP09 or DSAS or SSNP, 181**

**180**,**182 or 183, DTNF)**

**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.**

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P06, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, P02, P44, SSI and Approval)**

****

The Department of Community Health will mail a Medicaid card for each person approved for Medical Assistance unless you are approved for a type of Medicaid that only pays for Medicare premiums. If this is a notice to extend your current benefits you will not receive a new Medicaid card. Your current card will still be valid for use. If you have not gotten your Medicaid card within a week of this notice, you lose your card, or you have questions about how to use Medicaid, please call 1-866-211-0950 or go to our website at [**www.mmis.georgia.gov**](http://www.mmis.georgia.gov)**.**

Some Medical Assistance members are assigned to a Care Management Organization (CMO) upon approval for coverage.  If this is true for any member of your household, you will be notified by Georgia Families (GF) by mail or phone regarding to which CMO the member(s) is assigned.  You may select a different CMO during the first 90 days of enrollment and Georgia Families can  assist you with a selection if you request it.  The Georgia Families website is [www.georgia-families.com](http://www.georgia-families.com) and the phone number is 1-888-GA-Enroll (1-888-423-6765).  You will get a CMO card from the CMO you are assigned to or choose.  Please keep both your Medicaid and your CMO cards with you when you schedule appointments to visit your doctor. Your doctor needs the numbers on your cards to schedule your appointment and see you.

* + 1. **Reporting Changes**
       1. **Section Trigger Logic**

**If Approval**

* + - 1. **Section Text/Layout**

**Reporting Changes:**

You must report changes in the following situations:

**Fragment Trigger Logic**

**If (Type of Assistance = W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P02, P44, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI))**

During your **Medical Assistance** eligibility period, you must report if anyone moves in or out of your home, any changes in your household’s income, and any changes in your household’s resources if you are receiving Medicaid for an adult. You must report these changes within 10 calendar days of the date on which the change occurs.

****

**If (Type of Assistance = PTH)**

**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.



Additionally, if you are enrolled in **Georgia Pathways**, you must report if your qualifying activity hours fall below the 80-hour monthly minimum, changes in Vocational Rehabilitation participation, changes in enrollment in an institution of higher education or vocational educational training program, gaining access to employer sponsored medical insurance, or any changes that may make you potentially eligible for a different class of Medical Assistance.

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

**Fragment Trigger Logic**

**If (Type of Assistance= TP09 or SSNP)**

During your **SNAP/Senior SNAP** certification period, you must report if your household’s monthly **gross income goes over $ [FS\_Income\_Limit].** 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.

51?action=Attachment

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 $**[Elderly/Disabled\_RESOURCE\_LIMIT\_AMT]** 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.

**Fragment Trigger Logic**

**If (Type of Assistance= TP01)**

During your **TANF** eligibility period, you must report if anyone moves in or out of your home, and any changes in your household’s income and resources. You must report these changes within 10 calendar days of the date on which the change occurs.



**Fragment Trigger Logic**

**If (Type of Assistance= P24)**

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 internet: [**www.gateway.ga.gov**](http://www.gateway.ga.gov)

**Fragment Trigger Logic**

**If (Type of Assistance= P02 or P44 and Approval)**

During your children’sPeachCare for Kids® eligibility period, if your situation changes, you must tell us within ten days. Changes that you need to tell us about include:

* New phone number
* New address
* New email address
* New parent on the account
* Add a child
* Remove a child
* Pregnancy-estimated due date
* Other Major Medical Health Insurance

To tell us about the change, call 1-877 GA PEACH(427-3224), visit [**www.gateway.ga.gov** ,](http://www.peachcare.org/) or mail to the address below.

PeachCare for Kids®

RSM Group

[RSM\_Address]

You must report your changes within ten (10) days. If you are not sure you must report the change, contact PeachCare for Kids® 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 PeachCare for Kids®.

**What if my income changes?**

If your income changes, you must send one paper from this list:

* Most recent consecutive month’s pay stubs, one stub after another, 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.
* Most recent Federal Tax Return.

**How do I send the papers for PeachCare for Kids®?**

By fax: 912-632-0389

By mail:

PeachCare for Kids®

RSM Group

[RSM\_Address]

**Important: Write your Case Number on all pages.**

**Fragment Trigger Logic**

**If (Type of Assistance= CC)**

|  |
| --- |
|  |

You are responsible for reporting changes in your circumstances to the CAPS program within 10 calendar days of becoming aware of the change. Some changes, while not required to be reported, could result in an increased benefit for the family by reporting them. If you fail to report changes that are required to be reported, you may have to repay monies for assistance you received for which you were not eligible, and you may also be prosecuted for fraud.

The following changes are **required to be reported within 10 calendar days of becoming aware of the change**:

* + Change in family income where the gross annual income exceeds 85% of the State Median Income (SMI) for a minimum of four consecutive weeks. 85% SMI for your family size of [insert family size] is [85\_SMI]
  + Change in activity that is not temporary (e.g., loss of employment, graduation from school or training activity). Parents who permanently lose their employment or stop attending training programs will be approved for subsidy assistance for an additional 13 weeks for job search if the change is reported promptly. If state-approved activity resumes, child care will resume for the remainder of the eligibility period
  + Request to change child care provider
  + Any change in child care arrangements (including change in child care provider’s location; change in the relationship of the provider and the child; change in cost; or change in need for care)
  + CAPS services are no longer needed
  + Family moves out of Georgia
  + Change in contact information (e.g., phone number, email address, mailing address)

The following changes are not required to be reported but may benefit you if reported by reducing the family fee:

* + Change in family income where the gross annual income is at or below 85% SMI. 85% SMI for your family size of [Insert family size] is [85\_SMI]
  + Child birth, adoption, or addition of a new child
  + Marriage
  + Change in activity requirement that is temporary and the activity may resume

**Fragment Trigger Logic**

**If Approval and If (Type of Assistance! = WIC or CC) :**

**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**](http://www.gateway.georgia.gov) **.** You may also report changes to your situation or get information about your benefits by phone at 1-877-423-4746.

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| FS\_Income\_Limit | Numeric | Food Stamps Gross Income Limit | ED\_ELIG\_FS\_BUDGET | GRS\_INC\_LIMIT\_AMT |
| **Elderly/Disabled** \_RESOURCE\_LIMIT\_AMT | Numeric | Food Stamps Resources – Elderly or Disabled | ED \_BUDGET | RESOURCE\_LIMIT\_AMT |
| RSM\_Address | Alpha-numeric | Address of RSM Group | RT\_AgencyAddress | Code=RSM |
| ADA\_Coordinator\_Address | Alpha-numeric | Address of the ADA Coordinator | RT\_AgencyAddress | Code ADA |
| ADA\_Coordinator\_Number | Numeric | Number of the ADA Coordinator | RT\_AgencyNumner | Code=ADA |

* + 1. **Continuing Benefits**
       1. **Section Trigger Logic**

**If (ACTION\_CD not ‘DN’) AND Atleast one EDG is ongoing.**

1. **Section Text/Layout**

**Continuing benefits:**

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P06, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI)**

****

People approved for Medicaid will continue to receive Medicaid 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 Medicaid.

**Fragment Trigger Logic**

**If (Type of Assistance= TP09 or SSNP)**

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 [Review\_Period\_End\_Date]** 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.

51?action=Attachment

**Fragment Trigger Logic**

**If (Type of Assistance= TP01)**



Households approved for TANF will continue to receive TANF 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 TANF benefits.

**Fragment Trigger Logic**

**If (Type of Assistance= CC and enrollment is present)**

**Maintaining Scholarships:**

Your child should attend the child care program regularly. Your child is required by the CAPS program and state rules and regulations to be signed in and signed out of the child care program every day they attend. Failure to sign your child in and out could result in the child care program having to pay back funds paid to them for your child’s care. If your child must be absent, give the provider as much advance notice as possible.

Some programs charge for extra services such as field trips and transportation. CAPS does not pay for these extra charges. Parents are responsible for costs associated with provider services not covered by CAPS. Confirm your total weekly responsibility with your provider.

**MAKE SURE YOU KNOW WHAT IS COVERED BY ANY FEE YOU PAY TO YOUR CHILD’S PROVIDER.**

**Fragment Trigger Logic:: Repeat for each child in the case**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Name 1** | | | | | | |
| Provider Name | Type of Care | Provider Rate | CAPS Weekly Rate | Family Fees | CAPS Weekly  Amount to  Provider | Parent~~al~~  Weekly  Responsibility |
| [Vendor\_Name] | [Type\_of\_Care] | [Provider\_Rate] | [Reimbursement\_Amt] | [Family\_Fees] | [Amount\_ToProvider\_By\_State] | [Parent\_Responsibility\_Amt] |

The child care provider you have chosen is a private business. It is not affiliated with, nor is it an agent of the Childcare and Parent Services program.

**Fragment Trigger Logic**

**If (Type of Assistance= CC and enrollment is not present)**

**Maintaining Eligibility for CAPS Scholarships:**

Your CAPS case is active but has no scholarships issued because you have not notified CAPS of your childcare provider selection If a provider is not selected by Enrollment\_Deadline, your CAPS case will be closed.

To have the scholarship issued for your selected provider, you will need to request a change in Georgia Gateway at [www.gateway.ga.gov](file:///C:/Users/vamanaganti/AppData/Local/Temp/R33%20775009%20-%20SNAP%20QC/WP/WP/Notices%20V_1_0_0/www.gateway.ga.gov) and follow the prompts to make a change. If you have questions or require assistance with submitting your change, call us at 1-833-4GA-CAPS (1-833-442-2277).

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| Review\_Period\_End\_Date | Date(MM/DD/YYYY) | Review Period End Date | ED\_ELIGIBILITY | CERT\_END\_DT |
| Worker\_Name | Alpha-numeric | User who authorized case/triggered notice. | ED\_ELIGIBILITY | Update\_User\_ID |
| Eonrollment\_Deadline | Date(MM/DD/YYYY) | Worker Portal date + 90 days.  Example: Approved 8/30/2021, Enrollment Deadline = 11/28/2021 | N/A |  |
| Type\_Of\_Care | Alpha-numeric | ED\_INDV\_PROVIDER\_DETAIL; using CERTIFICATE\_NUM AND INDV\_ID AND DELETE\_SW =’N’, repeat for each TYPE\_OF\_NEED\_CD; List of description for a given Code from RT\_CCNEEDSSCHEDULE  if TYPE\_OF\_NEED\_CD = 'VA'        and  AMOUNT\_TO\_PROVIDER\_BY\_STATE + PARENT\_RESPONSIBILITY\_AMT = PROVIDER\_FULL\_TIME\_AMT then “ Variable - Full time Care”  if TYPE\_OF\_NEED\_CD = 'VA'        and  AMOUNT\_TO\_PROVIDER\_BY\_STATE + PARENT\_RESPONSIBILITY\_AMT = PROVIDER\_BEFORE\_AFTER\_AMT then "Variable - Before and After Care” | ED\_INDV\_PROVIDER\_DETAI | TYPE\_OF\_NEED\_CD |

* + 1. **Important Information**
       1. **Section Trigger Logic**

**Always Included**

* + - 1. **Section Text/Layout**
* **IMPORTANT INFORMATION**

**If (Type of Assistance! = WIC or CC)**

* **Policy** used to determine your eligibility can be found at http://odis.dhs.ga.gov/~~General.~~

**If (Type of Assistance! = WIC or CC)**

* 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>.

**If (Type of Assistance=MA)**

* 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 (Type of Assistance = MA and Status = Denied)**

* If you are in need of primary or preventive care, Georgia operates 34 Federally Qualified Health Centers (FQHCs) with multiple clinics across the State. These clinics offer essential primary and preventive health services, including oral health, mental health, and substance abuse services. FQHCs use a sliding scale fee, which means based on your income, services may be available at low or no cost to you. To find the nearest center to you, go to [https://dch.georgia.gov/n-qualified-health-centers-fqhcs-community-health-centers-chcs](https://dch.georgia.gov/federally-qualified-health-centers-fqhcs-community-health-centers-chcs)

**If (Type of Assistance = WIC)**

* Policy used to determine your eligibility can be found at [**www.wic.ga.gov/details-and-eligibility**](http://www.wic.ga.gov/details-and-eligibility)**.**
* In accordance with federal laws and state policy, **WIC** is prohibited from discriminating on the basis of race, ethnicity, sex, age, disability, and in some cases religion or political beliefs.
* If you need help reading this document or do not understand English, call **1-800-228-9173** for free translation services.
* You have the right to request a fair hearing or file a grievance from an adverse determination. If you wish to file a fair hearing or a grievance, complete the Appeal and Grievance Request form included in this notice and submit it within **60 calendar days** of the date on this notice.

**If Program CD Contains CC**

**IMPORTANT INFORMATION:**

* Policyused to determine your eligibility can be found at **https://caps.decal.ga.gov/en/Policy/**
* In accordance with federal laws and state policy, DECALis 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 this documentor do not understand English, call 1-833-442-2277 for free translation services.

**If FAILURE\_REASON\_CD contains (EL1005, EL1006, EL1007, EL1008, EL1052, EL1055, EL1059, EL1067, EL3006, EL3007, EL3008, EL9002, EL9013, EL9028, EL9051)**

* You have the right to request an appeal or file a grievance from an adverse determination. If you wish to file an appeal or a grievance, complete the Appeal and Grievance Request form included in this notice and **submit it within 14 calendar days of the date on this notice.**

**Fragment Trigger Logic**

**If (Program = TANF or MA or SNAP or WIC)**

* 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).
* **Discrimination Statement:**

**If (Program = SNAP is included with MA or TANF)**

**[Joint\_NDS]**

**If (Program = SNAP Only or SSNAP)**

**[SNAP\_NDS]**

**If (Program = TANF Only or MA/TANF)**

**[TANF\_NDS]**

**If (Program = WIC)**

[WIC\_NDS]

**If (Program = MA Only)**

[MA\_NDS]

**If (Program = TANF or MA or SNAP or WIC)**

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 [ADA\_Coordinator\_Address], [ADA\_Coordinator\_Number]. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at [ADA\_Address], [ADA\_Coordinator\_Number] (voice)

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W06, W05, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, F15, A03, F99, P99, R03, R02, P06)**

* 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) [DCH\_Number] or (toll free) (800) 533-0686; by email at [oiganonymous@dch.ga.gov](mailto:oiganonymous@dch.ga.gov); by mail at Department of Community Health, OIG PI Section, [DCH\_Address]; 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 HIPP program, you may call the Gainwell Technologies/Georgia Pathways HIPP Unit at (678) 564-1162 (Option 1). Please note the HIPP Program cannot answer any questions about your eligibility for Medical Assistance. If you have questions about your eligibility for Medical Assistance, please contact DFCS.

* **Pathways Health Insurance Premium Payment (HIPP) Program:** If you are eligible for the Georgia Pathways to Coverage™ program and you have access to employer-sponsored insurance, then you will be automatically considered for a program called Pathways HIPP. If approved for the Pathways HIPP program, Medicaid will pay for your employer-sponsored insurance premiums and other healthcare expenses such as copayments, coinsurance and deductibles. Enrollment in the Pathways HIPP program is mandatory if a Pathways member has access to employer-sponsored insurance that is cost effective for the state. Pathways members are required to report a change in circumstance or report access to employer-sponsored insurance as part of their Pathways redetermination. If you have questions about your eligibility for Pathways, please contact DFCS. If you want to talk with someone about the Pathways HIPP program, you may contact the Gainwell Technologies/Georgia Pathways HIPP Unit at (678) 564-1162 (Option 4).
* **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.

**Fragment Trigger Logic**

**If (ASSISTANCE\_LIST contains at least one of the following (EMA, Q03,Q05,0l1,SSI,TP01,TP09)**

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

**Fragment Trigger Logic**

**Always Included**

* **~~If you need help reading this document~~** ~~or do not understand English call 1-877-423-4746 for free translation services.~~

**Fragment Trigger Logic**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P02, P44, P06, F15, S95, S99, A03, F99, P99, R03, R02, P06, EMA, Q01, Q03, Q05, QI1, SSI, TP0, TP09, SSNP, LI, CC)**

* **~~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:~~
* **You have the right to ask for a fair hearing** to be conducted in the Office of State Administrative Hearings if you do not agree with this decision. You may be represented by a lawyer, relative, friend or anyone you choose at the hearing. You must ask for the hearing in writing, or by contacting the agency within:
  + **[90 days** from the date of this notice **for SNAP/Senior SNAP If Type of Assistance =**  **TP09 or SSNP]**
  + **[30 days** from the date of this notice **for Medical Assistance If Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P06, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI, P02, P44]**
  + **[30 days** from the date of this notice **for TANF** **If Type of Assistance =** TP**01]**
  + **[30 days** from the date of this notice **for LIHEAP** **If Type of Assistance = LIHEAP]**
  + **[10 days** from the date of this notice **for CC** **If Type of Assistance = CC]**

**If (Type of Assistance = PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, P06, F15, S95, S99, A03, F99, P99, R03, R02, R01, P06, EMA, Q01, Q03, Q05, QI1, SSI or TP01 , TP09 ,SSNP, P44 or P02)**

**~~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 closed at the end of a certification period or if your application to receive benefits was denied.~~

**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. However, if your case terminated at the end of a certification period, or if your application to receive benefits was denied, your benefits may not be continued.

**If (Type of Assistance = CC)**

Your request for a hearing will be denied if you do not request it promptly. If you request an administrative hearing within ten (10) calendar days from the date noted on the top of the form, your benefits may be continued or your case returned to the same status that it was in before the action. However, if the Administrative Law Judge decides that you are not entitled to child care benefits based on state or federal law, you will not continue to receive the subsidy during your appeal period.

**Fragment Trigger Logic**

**If (Denial and (Type of Assistance = P02 or P44) and (Denial Reason = EL5023 or Private Health Insurance or EL1052 or Another parent has legal assistance or Proof not received/complete or failed to report changes or Income exceed the limit or Income proof not sent/complete/original or Enrolled in Medicaid))**

**PeachCare for Kids® Right to Review**  
If you do not agree with our decision, you may ask us to review actions taken on your account. You have 30 days from [System\_Date] 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

**How do I send a request for review?**

By fax: 1-912-632-0389

By mail: PeachCare for Kids®

RSM Group  
  
 [RSM\_Address]

**Important: Write your Case Number on all pages.**

**If (Denial and (Type of Assistance= P24) and (Denial Reason = State Employee or EL5003 or Baby not less than 1500 grams))**

**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

[RSM\_Address]

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.

**If (Type of Assistance != WIC)**

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 (Type of Assistance = PCK//Medicaid/** **ELE-CU19/ELE-PCK)**

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.”

* + - 1. **Section Variables**

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| System\_Date | Date(MM/DD/YYYY) | Present Date | N/A | N/A |
| ADA\_Coordinator\_Address | Alpha-numeric | Address of the ADA Coordinator | RT\_AgencyAddress | Code ADA |
| ADA\_Coordinator\_Number | Numeric | Number of the ADA Coordinator | RT\_AgencyNumner | Code=ADA |
|  |  |  |  |  |
| Joint\_NDS | Alpha-numeric | Joint NDS | RT\_NDS | Code=JNDS |
| SNAP\_NDS | Alpha-numeric | Joint NDS | RT\_NDS | Code=SNDS |
| TANF\_NDS | Alpha-numeric | Joint NDS | RT\_NDS | Code=TNDS |
| WIC\_NDS | Alpha-numeric | Joint NDS | RT\_NDS | Code=WNDS |
| MA\_NDS | Alpha-numeric | Joint NDS | RT\_NDS | Code=MNDS |
| DCH Address | Alpha-numeric | Address of the DCH | RT\_AgencyAddress | Code DCH |
| DCH Number | Numeric | Number of the DCH | RT\_AgencyNumber | Code=DCH |

* + 1. **Legal Information**
       1. **Section Trigger Logic**

**Always Included**

* + - 1. **Section Text/Layout**

**If (Type of Assistance!= WIC)**

|  |  |
| --- | --- |
| **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) | 1. Office of the State Long-Term Care Ombudsman   Division of Aging Services  [LTC\_DAS\_Address]  [LTC\_DAS\_Number] |
| 1. 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) | 1. Georgia Senior Legal Hotline 1-888-257-9519 (Statewide legal services for elderly persons) |
|  | |

**If (Type of Assistance= WIC)**

|  |  |
| --- | --- |
| **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) | 1. 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 (South Fulton/Clayton County) | |

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

* + 1. **Fair Hearing**
       1. **Section Trigger Logic**

**If (Type of Assistance= All TOA Except for CC and DSAS)**

* + - 1. **Section Text/Layout**

**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:

**o SNAP/Senior SNAP o Medical Assistance o TANF o 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**, Medicaid, 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:**

**Fragment Trigger Logic**

**Type of Assistance = All TOA Expect for CC**

**o** I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

**o** 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.

**Fragment Trigger Logic**

**~~Always Included~~**

**Only for CC**

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/.](http://www.ganet.org/osah/)

**Fragment Trigger Logic**

**Always Included**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or Mark of Claimant Date

**Please return this completed form to your County Division of Family and Children Services**

**If Program CD Contains CC (Display appeal section in a new page to fit in the same page)**

**If FAILURE\_REASON\_CD contains (EL1005, EL1006, EL1007, EL1008, EL1052, EL1055, EL1059, EL1067, EL3006, EL3007, EL3008, EL9002, EL9013, EL9028, EL9051)**

**APPEAL OR GRIEVANCE REQUEST**

You have the right to request an appeal or file a grievance if you do not agree with the decision made regarding your child care application/case. If the decision about your application/case is appealable, your appeal will be forwarded to the Office of State Administrative Hearings. If the decision is not appealable, it will be treated as a grievance and reviewed by the Childcare and Parent Services (CAPS) Adverse Action and Claims unit at DECAL. Refer to CAPS Policy for more detailed information.

All appeal or grievance requests must be in writing. **Complete and return this form within 14 calendar days from the date on this notice if you wish to file an appeal or grievance.** The request can be submitted in Georgia Gateway or in one of the following ways.

|  |  |  |
| --- | --- | --- |
| By Mail | By Fax | By Email |
| [Appeal\_Address\_CC] | [Appeal\_Fax\_CC] | [Appeal\_Email\_CC] |

**Provide current information below:**

Home Address:

Telephone Number:

Email Address:

**Tell us why you are filing an appeal or grievance:**

**If your action is appealable, and you are currently receiving child care assistance, you have two options for receiving assistance pending an administrative hearing determination. Check the option you choose below.**

Discontinue receiving assistance at the current level pending an administrative hearing determination.

Continue receiving assistance at the current level pending an administrative hearing determination. I understand if the court makes a determination not in my favor, I will be required to repay the Department of Early Care and Learning (DECAL) any monies received for child care assistance for which I was not eligible. I understand I must return this form within 14 calendar days from the date on this notice for subsidies to continue at the current level.

Not Applicable – I am not currently receiving child care assistance.

Signature Date

**MA\*-PTH, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, F15, S95, A03, F99, P99, R03, R02, R01, P06, P02, P44**

**MA\*\*- PTH, W01, L01, W02, W03, W04, W07, W05, W06, F11, F40, F13, D02, F12, F41, F42, PRT, S02, S03, S04, S05, S06, L02, F01, F07, F09, F22, F44, P01, F15, S95, A03, F99, P99, R03, R02, R01, P06, P02, P44**

## Notice Attachments

|  |  |  |
| --- | --- | --- |
| **Form Name** | **Attachment Trigger Logic (if any)** | |
| 339-Simplified Reporting Requirement (SRR) | If Approval and SRR household | |
| Form 329 | Auto populate an attach the form when case is authorized. (TANF Only) | |
| ADA 504 Form | Attach the ADA 504 Form if the case contains MA or FS or TF program for any program status. | |
| Large Print | If the reasonable modification is selected as ‘Large Print’ on the Data Collection – Applicant Group Information screen for the Head of the Household, then generate the Large Print notice and if the case contains MA or FS or TF or CC or WIC. | |
| 0255- CAPS Consumer Education Statement- Intake | Auto populate and attach this form for Childcare intake approvals where at least one valid future end dated scholarship of value has been issued. | |
| 0257- CAPS Consumer Education Statement- No Enrollment | Auto populate and attach this form for Childcare intake approvals where at least one valid future end dated scholarship of value has NOT been issued. | |
| Form 138 | Attach this form upon approved authorization only if on the TANF Required Forms screen, this form is answered as ‘No’ for a TANF applicant.  Note: Form generates for the indvs who are in the applicant group. If at least one of the months is approved in the EDBC run, attach form if it meets the criteria.  ~~The form should only be generated and mailed out when there is a change made on the field of this form on screen – TANF Required Forms.~~ |
| Form 354 | Attach this form upon approved authorization only if on the TANF Required Forms screen, this form is answered as ‘No’ for a TANF applicant.  Note: Form generates for the indvs who are in the applicant group. If at least one of the months is approved in the EDBC run, attach form if it meets the criteria.  ~~The form should only be generated and mailed out when there is a change made on the field of this form on screen – TANF Required Forms.~~ |
| ~~Form 786~~ | ~~Attach this form upon approved authorization only if on the TANF Required Forms screen, this form is answered as ‘No’ for a TANF applicant.~~  ~~Note: Form generates for the indvs who are in the applicant group. If at least one of the months is approved in the EDBC run, attach form if it meets the criteria.~~  ~~The form should only be generated and mailed out when there is a change made on the field of this form on screen – TANF Required Forms.~~ |

## Medical Assistance - Express Lane Eligibility (ELE) Opt Out Statement

## Section Trigger Logic

**This section will display on its own page. If Type of Assistance is FS, MA, TANF, CAPS, or WIC and Member has an approved ELE.**

## Section Text/Layout

**Georgia Department of Human Services**

**Division of Family and Children Services**

|  |  |
| --- | --- |
| Client Name: [HOH\_Client\_Name] | Case #: [CASE\_NUM] |
| Client ID: [HOH\_Client\_ID] |  |
|  |  |

**Medical Assistance – Express Lane Eligibility (ELE) Opt Out Statement**

**You may qualify for Medicaid or PeachCare for Kids® coverage through Express Lane Eligibility (ELE).** ELE is the automatic enrollment of children under the age of 19 who are receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Care and Parent Services (CAPS) or Women, Infants and Children (WIC) into the Medical Assistance program.  DFCS will use the information you provided to help enroll or renew your children in Medicaid or PeachCare for Kids®. If your children are eligible for PeachCare for Kids®, they may be subject to a premium. DFCS will send you a determination notice, let you make any changes, and allow you to opt out at any time.

If you would like to opt out of the ELE process or to terminate the Medical Assistance case for your children, you can call the DFCS call center at 1-877-423-4746 or complete the corresponding opt out statement and drop it off at your local DFCS office or upload online at [www.gateway.ga.gov](https://secure-web.cisco.com/1yqZ_UQKryRk3dxxvhLWnxiSv5wyL4gNXiMGUFldv1el0YuZairmTVUH0TVxXT5Y9FeOWfBwEm8FPY0il86_7_Z32IdDsY4Nc5kACPLcuKNMtX1tl0GecyQM2wJsEH3xsyxTVFucfEAENzWQ5-_QuWHz3IqhqnwOEYBFc0Bb7yhvS1hWbzFqeTl89dQ5mOvUaDgPd3_7_cgLpXXXDujHA30Z-IvAPdV6RuMlX-2jv7eRl2lUuLfxHEICebLZu5UPB3OcoUBnM5RI3PtafJM1KBA/https%3A%2F%2Furldefense.com%2Fv3%2F__https%3A%2Fsecure-web.cisco.com%2F1FyewrzHZ6CrnPAC5rP_6U6zhi-hUEbgWHyq8V43s1IusG19HFMomHRyzjMvx670rzT5Vn3sSeqnMThlqvNrNCwgN_KnyqCL5XS6lPgNZy1ZKU3onAEdKOqm9aK8F1e8wUzuv6ueJOuBMqYu4eK41mdF9aPVuwI4XzySYXchd5qBMNzcXfBGz0RBwpONtNbecufYn272hQOY0Awtd9p6KQxsdVfR6PVi2In7NuGSpdZ-_tb6zS6t26XKvC4oGhp4Q-gwHWHMGh8Ic0S12AIWKsMMU0hbsTQySyT-6gsuBph9mfWd2ilNSWqjEyMcYAttA%2Fhttps%2A3A%2A2F%2A2Furldefense.com%2A2Fv3%2A2F__https%2A3A%2A2Fsecure-web.cisco.com%2A2F1f8LoKfJWxkBHkOM8FjrKGmy2LTlRNvtbzmk0qj_JuW_jxMsaW9D8ReObI7aU9cpOQKb6mm6qufM5ekEOLFOa0tTTXtMUTK9qpZZsj1ghZkl1whiWr5oGwbsDUvpjG9QtJRqpehjVLBSJmL8VBelZINjPso4MtEwFkzR1NAOhQPmTylhvJal-WBzs4Fl4Kd2Q7AXHkqP9y2Y7JlHH_lxzdkafqyHokMDkSDeMCSOGJWSxqgd_KGR9Ll29HKTHTRTBUsbB3M3VzHUsmfRo5pifTSeAI2eA8RsgXRcdMC-GsoPidjss0ET_S6hMKoog1xjJ02NLc0EcTR7Ci6rKHwIqexGgRKhChqC63TJApQPBiCQGZQIPeXlj-nt9R6WCOoKANSrbQIzAr1y3DTTiUIeWXb4NutF1SEsiQg7s1NI9lMVwjhME-nFiu78a2YfBISbDtcpFeqoyJc1YNZfsqCh-_xbceWcM9arom-TlGB47n1NkKWswGv1xVjxqRuIJKOhJSqbalZZtYdxzDylxvwGQAQ%2A2Fhttps%2A2A3A%2A2A2F%2A2A2Furldefense.com%2A2A2Fv3%2A2A2F__http%2A2A3A%2A2A2Fsecure-web.cisco.com%2A2A2F13pOd-3MgR2tmOwBTOYXeS3zteQ3BbIKPKo-g76pLTwCEvwZrLb3DQhvXCjl1mQZp5aNQxLmd12ojR-9Az0v6Pe5OTVRAtfbyolxtWTr3msWLGjk756ZIVoTXHfZJWPC7R9B144xHxmlkISwWN3Tn8_6aJYTa825xJpPKuvwyuzQx8KZwZGqLyBOFU0d00qMBhoNr1gXI6h1nn2JRLCXWkGeqfSDRDc_H5mXGhrGA-gdQjlAyHcrzCfmQtgx6_tBKvlykQjNcd_QJaHLR_rap0Qtu4Qegsortk9anLZBUoNnCjGRyxlTedF30cTtJQGCq4R1td-PloyCtMRkIEPd1iYHB8mUAxQKN5oK7Uw-NS5EnWlLOJOdCZMdHoFMnmEx-2F4nE-eY-jrLbnZO8STJe2MILkuIOD8Wat1pvoSOyTGzS3MguS9vGAlp6v6hWBYDWV86owj6CmIxvhSf60J6Km5kKQp7KrzWs-mtt9HSOCd0zm4vl_IGJKu-hdvzX00BWBpCnkf_GLiuLscnxoBQDw%2A2A2Fhttp%2A2A2A3A%2A2A2A2F%2A2A2A2Fwww.gateway.ga.gov__%2A2A3BJSUl%2A2A21%2A2A21HWVSVPY%2A2A21nZrHV9LRc1OXVr7c) at any time.

**Opt Out of Medical Assistance Statement**

**Only select one of the options below if you DO NOT want your children to be automatically considered for Medicaid or PeachCare for Kids**® **healthcare coverage.**You may opt out of ELE for any child in your household. Please read these options carefully if you would like to opt out of ELE for any of your children.

☐ No, please do not use information in this application to consider my children for Medicaid or PeachCare for Kids®. **I would like to have a separate full Medical Assistance determination made for all my children.**

☐ No, please **NEVER** use my information to make a Medicaid or PeachCare for Kids determination for my children selected below. If I want Medicaid or PeachCare for Kids® coverage in the future, I will complete a new application.

☐ Client Name: [ELE\_Client\_Name] [Client ID]

☐ Client Name: [ELE\_Client\_Name] [Client ID]

☐ Client Name: [ELE\_Client\_Name] [Client ID]

☐ Client Name: [ELE\_Client\_Name] [Client ID]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**~~Georgia Department of Human Services~~**

**~~Division of Family and Children Services~~**

|  |  |
| --- | --- |
|  |  |
| ~~Client Name: [Client\_Name]~~ | ~~Case #: [CASE\_NUM]~~ |
| ~~Client ID: [Client\_ID]~~ |  |
|  |  |

**~~Medical Assistance – Express Lane Eligibility (ELE) Opt Out Statement~~**

~~A full Medical Assistance determination can be made if your children were approved for ELE-Children under 19 or ELE-PeachCare for Kids® (PCK). If your children were approved for PCK, they may qualify for Medicaid or lower premium after a full determination.~~

~~If you would like to opt out of the ELE process and have a full Medical Assistance determination made, you can call the DFCS call center at 1-877-423-4746 or complete the opt out statement below and drop off at your local DFCS office or upload online at~~ [~~www.gateway.ga.gov~~](http://www.gateway.ga.gov) ~~at any time.~~

~~☐Yes, I would like to opt out of Express Lane Eligibility (ELE) and have a full Medical Assistance determination made for my children.~~

~~Client Name: [Client\_Name] Client ID: [Client\_ID]~~

~~\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

~~Signature Date~~

## Section Variables

| Tag | Format | Selection Logic (Functional) | Source Table | Source Field |
| --- | --- | --- | --- | --- |
| HOH\_CLIENT\_ID | Number | ~~List all client with age less than 19~~  Head of Household's Client ID | DC\_INDV | INDV\_ID |
| HOH\_CLIENT\_NAME | Alpha-numeric  ~~First Name + Last Name~~ | ~~List all client with age less than 19~~ Head of Household name for the case | DC\_INDV | First\_Name Last\_Name |
| Case\_Num | Number | NA | DC\_CASE\_INDV | Case\_Num |
| ELE\_CLIENT\_NAME | First Name + Last Name | List all client with age less than 19 | DC\_INDV | First\_name last\_name |
| CLIENT\_ID | Number | List all client with age less than 19 | DC\_INDV | INDV\_ID |
| ~~LTC DAS Address~~ | ~~Alpha-numeric~~ | ~~Address of the LTC~~ | ~~RT\_AgencyAddress~~ | ~~Code LTC~~ |
| ~~LTC DAS Number~~ | ~~Numeric~~ | ~~Number of the LTC~~ | ~~RT\_AgencyNumner~~ | ~~Code=LTC~~ |