



Medicaid I.D.: _____

NOTICE OF TERMINATION OF MEDICAID BENEFITS

Dear Nursing Home Medicaid Recipient:

I regret to inform you that due to financial constraints resulting from the reduction of the Medicaid budget in the recently approved State Budget, the Department of Community Health is no longer able to provide you with Nursing Home Medically Needy Medicaid effective July 1, 2004. This program is being eliminated from the State's Medicaid Plan. *See 42 CFR § 440.220.*

As you are aware, Nursing Home Medically Needy Medicaid paid for your nursing home care after you have already applied your income and any third-party insurance to the bill. Medicaid can no longer pay for a portion of your nursing home care. I encourage you to consult with your nursing facility's financial office and with your family members for options available to you.

I am deeply sorry for the difficulty that being unable to continue with this program may cause you. If you believe that you remain entitled to Medicaid benefits, please find attached to this letter the Notice of Your Right to a Hearing. If a determination is made at hearing that the loss of Nursing Home Medically Needy Medicaid is the result only of a change in Georgia's Medicaid policy, then benefits will not continue pending a hearing decision. Further, if this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services.

Again, I apologize for the problems that the budget crisis has caused you.

Sincerely,

NOTICE OF YOUR RIGHT TO A HEARING

You have the right to a hearing about this decision. **To have a hearing, you must ask for one in writing. You should send a copy of the attached letter in 30 days or less to this address:**

**Department of Human Resources
Legal Services
2 Peachtree Street, NW-29th Floor
Atlanta, Georgia 30303-3159**

If you want to keep your services, you must send a written request for a hearing before the date that your services change.

The Office of State Administrative Hearings will notify you of the time, place and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member to speak for you. You also may ask a lawyer to help you. You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of these numbers:

1. Georgia Legal Services Program
1-800-498-9469
(Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)
2. Georgia Advocacy Office
1-800-537-2329
(Statewide advocacy for persons with disabilities or mental illness)
3. Atlanta Legal Aid
404-377-0701 (DeKalb/Gwinnett Counties)
770-528-2565 (Cobb County)
404-524-5811 (Fulton County)
404-669-0233 (So. Fulton/Clayton County)
4. State Ombudsman Office
1-888-454-5826
(Nursing Home or Personal Care Home)

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