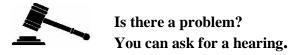
PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID OR SPECIAL ASSISTANCE

		APPROVAL NOTICE	
	NORTH CAROLINA _		partment of Social Services
		Date Maile	d:
APP	ROVALS		
	The application for	for	is approved.
		for	
		to	
	Your patient monthly liability for long-term c		
	Four patient monting hability for long-term e		- Tayment 15
		Your Special Assistance/In-home Paymer	nt Is:
	Month: Am Month: Am		
	Month: Am	ount:	
	Month: Am	ount:	
	Your Medicaid is approved starting	and ending	
	-	services. If you get Medicare from the Social Security Ac	lministration, Medicaid will pay your Medicare A and B
	_	nd B premiums and Medicare cost sharing for Medicare a	nd Medicaid covered services.
	☐ Medicaid pays only your Medicare P	rt B premiums.	
	☐ Medicaid pays for limited services re	ated to family planning. (See page 2 for limited services)	
	Retroactive Medicaid coverage is ap	roved for the period(s) of	
DEN	IALS Medicaid	Home Special Assistance/In-home	
	Medicaid D Special Assistance/Adult Care	Home D Special Assistance/in-nome	
is de	nied from	to	because:
The S	State rules used to make this decision are in	which says	s that:
sent y Healt North	your information to them. You can wait for a lett hcare.gov or call 1-800-318-2596. After you con	age may be eligible for health insurance—and help paying or from the Marketplace or you can contact them directly. aplete your application, the Marketplace will tell you if yo free in person assistance with health insurance application	To contact the Marketplace, go online to u qualify for health coverage and financial help. In
ask fo good	or a hearing. The 60 th day is reason for missing this deadline. You may reap	on, you have a right to a hearing to review the decision. C If you do not ask for a hearing by th ly for benefits at any time. To protect your right, you may ble to you. Contact your nearest Legal Aid or Legal Servi	is date, you cannot have a hearing unless you have a BOTH reapply AND ask for a hearing.
Case	worker Name and Phone Number	FOR OFFICE USE ONLY:	
		County Case #: Case ID #:	
Addr	ess	Aid Program/Category:	
	VOU WILL DECEIVE A NO	TICE WHEN IT IS TIME TO REVIEW YOUR CON	TINUED ELICIBII ITY FOR

BENEFITS. IT IS IMPORTANT TO COMPLETE THIS PROCESS TO CONTINUE YOUR HEALTH COVERAGE.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING



If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing is before a <u>state hearing official.</u>

If you are requesting a hearing about disability, call or write your caseworker to ask for a hearing. There is no local hearing. A state hearing officer holds the disability hearing.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Contact your nearest Legal Aid or Legal Services office, or call **1-877-694-2464** toll free.

If you have additional questions or concerns, contact your caseworker for information, or call the DHHS Customer Service Center, Information and Referral Service, toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the DHHS Customer Service Center number. Their hours of operation are 8 am to 5 pm, Monday through Friday.

Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

Do you understand your rights?



Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

Don't forget to report all changes to your county department of social services within 10 calendar days (5 calendar days for Special Assistance). If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you <u>may be</u> <u>guilty of a misdemeanor or felony.</u>

Family Planning Limited Services

Family planning services include one annual physical exam per 365 days, which should be scheduled as your first appointment and six family planning visits per 365 days. Services include contraceptive services and supplies, permanent sterilization, and screening for sexually transmitted infections (STDs) and HIV screening. You can access these services through a health department, community health or rural health clinic, or by any provider in your community who accepts your Family Planning Medicaid coverage. If you choose permanent sterilization and the necessary postsurgical follow-up testing has occurred, or if you have no medical need for family planning services. there are no other services available under Family Planning Medicaid.