

PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID OR SPECIAL ASSISTANCE APPROVAL NOTICE

NORTH CAROLINA _____ County Department of Social Services
Date Mailed: _____

APPROVALS

The application for _____ for _____ is approved.
Medicaid Identification Number (MID) is: _____

Eligibility for _____ for _____ **continues**
from _____ to _____

Your patient monthly liability for long-term care is: Your Special Assistance/Adult Care Home Payment Is: _____
 Your Special Assistance/In-home Payment Is: _____

Month: _____ Amount: _____
Month: _____ Amount: _____
Month: _____ Amount: _____
Month: _____ Amount: _____

Your Medicaid is **approved** starting _____ and ending _____

- Medicaid covers all necessary medical services. If you get Medicare from the Social Security Administration, Medicaid will pay your Medicare A and B Premiums, deductible, and coinsurance beginning: _____
- Medicaid pays only Medicare Part A and B premiums and Medicare cost sharing for Medicare and Medicaid covered services.
- Medicaid pays only your Medicare Part B premiums.
- Medicaid pays for limited services related to family planning. (See page 2 for limited services)
- Retroactive Medicaid coverage is approved for the period(s) of _____

If you receive Medicare, Medicare is responsible for your prescriptions.

The State rules used to make this decision are in _____ which says that:

DENIALS

Medicaid Special Assistance/Adult Care Home Special Assistance/In-home

is **denied** from _____ to _____ because:

The State rules used to make this decision are in _____ which says that:

Individuals who are ineligible for full Medicaid coverage may be eligible for health insurance—and help paying for it—through the Health Insurance Marketplace. We sent your information to them. You can wait for a letter from the Marketplace or you can contact them directly. To contact the Marketplace, go online to Healthcare.gov or call 1-800-318-2596. After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial help. In North Carolina, several non-profit organizations offer free in person assistance with health insurance applications. To schedule an appointment, call 1-855-733-3711 or go online to ncnavigator.net.

HEARING RIGHTS: If you disagree with this decision, you have a right to a hearing to review the decision. Call your worker at the number below within 60 days to ask for a hearing. The 60th day is _____. If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. You may reapply for benefits at any time. To protect your right, you may BOTH reapply AND ask for a hearing.

FREE LEGAL HELP: Free Legal Aid may be available to you. Contact your nearest Legal Aid or Legal Services office, or call 1-877-694-2464 toll free.

Caseworker Name and Phone Number

Address _____

FOR OFFICE USE ONLY: County Case #: _____ Case ID #: _____ Aid Program/Category: _____

YOU WILL RECEIVE A NOTICE WHEN IT IS TIME TO REVIEW YOUR CONTINUED ELIGIBILITY 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



**Is there a problem?
You can ask for 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 state hearing official.

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 may be guilty of a misdemeanor or felony.

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 post-surgical 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.