

NOTICE OF TRANSITIONAL BENEFITS

The letter that came with this notice tells you that your Medicaid will continue. However, you must begin filling out and returning a quarterly report.

Transitional Medicaid

To continue to receive Medicaid, you must fill out and turn in a report every three months showing your gross income and any changes in your situation. You must turn in the report by the date printed on the form.

You also **must** live in North Carolina and have a child who receives Work First or Medicaid or SSI.

Your Medicaid will stop

- At the end of the 6th, 7th, or 10th month if you have not met the quarterly reporting rules above; **or**
- At the end of the 7th or 10th months if your average gross countable wages in the 3 prior months are more than allowed to receive Transitional Medicaid; **or**
- At the end of the 7th or 10th months if you have no wages in 1 of the 3 prior months, unless you can prove *good cause*. Good Cause reasons are:
 - You lost your job involuntarily (example: laid off)
 - You were sick and can provide a doctor's statement
 - You had to go to court
 - You had a family crisis
 - Your car broke down and you had no other way to get to work
 - Your child care arrangement stopped
 - Your employer was paying you less than the normal wage for the same type of job somewhere else in the community or the job did not match your skills or the job was dangerous
 - You could not travel to work because of bad weather
 - You are already employed in another job
 - You were referred for a job with no employment related services in place
 - You refused to accept major medical and social services offered by your employer, even when they were required by your employer
 - You could not obtain child care because of your child's special needs
 - Any other reason found by the Department of Social Services

WHAT ARE MY RIGHTS?

If your Transitional Medicaid is going to be changed or stopped, you will receive a notice explaining what will happen to you. We must send this notice before we take any action to change or stop your Medicaid.

The notice also explains your right to request a hearing if you do not agree with the action that will be taken in your case.