

YOUR APPLICATION FOR BENEFITS IS BEING DENIED OR WITHDRAWN

Date Mailed _____

Name

Address

**We are taking action on your application.
Please read all pages of this form carefully
for important information.**

Your application for _____ is _____

because: _____

If this block is checked, you will get a separate letter about your Medicaid benefits.

The state regulations requiring this action are found in _____

Individuals who are ineligible for Medicaid or NC Health Choice or individuals who are eligible for a Medicaid program that is not considered minimal essential coverage, may be eligible for assistance in purchasing insurance on the Federal Marketplace. Application information is sent to the Federal Marketplace via secure electronic transfer for those who may be eligible for assistance and will be contacted by someone at the Federal Marketplace if further information is needed. For more information, visit Healthcare.gov or call **1-800-318-2596.**

HEARING RIGHTS: If you disagree with this decision, you have a right to a hearing to review this 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 rights, you may BOTH reapply AND ask for a hearing.

FREE LEGAL HELP: Free Legal Aid may be available to help you. Contact your nearest Legal Aid or Legal Services office, or call **1-866-219-5262** toll free.

North Carolina Division of Social Services (NC DSS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, religion, creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by U.S. Health and Human Services.

Caseworker Name and Phone Number

Address

FOR OFFICE USE ONLY:

County Case # _____

Case ID # _____

Aid Program/Category _____

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

YOUR RIGHT TO A HEARING: If you think we're wrong, you have until _____, which is 60 days from the date of this notice, to ask for a hearing.



Calling your worker may fix the problem!

Did you miss an appointment or fail to return a form or other information? **You can:**

1. Call your caseworker to reschedule your appointment or see what you can do.
2. Return the form or other information immediately. Be sure you answer every question. Be sure you provide any proof of income.
3. If your case has already been closed, call your caseworker to see what you can do.

Did you not do something your caseworker asked you to do? You can call your caseworker to explain why and try to solve the problem.

Did your caseworker make a mistake or has your situation changed? Call your caseworker right away.



Is there still 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 ask for a hearing on Work First and you live in certain counties, the second hearing is before a county 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.

NC Medicaid Hearing Information

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 the delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong. You may call, write, send electronically, or via ePass to your caseworker a request 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 15 calendar days. Then, if you think the decision in the local hearing is wrong, you may call, write, send electronically, or via ePass **WITHIN 15 calendar DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

If you believe a standard hearing could seriously jeopardize your life or health or could threaten your ability to attain, maintain, or regain maximum function, you may request an expedited hearing. An expedited hearing will be held within 3 days unless you ask for it to be postponed. You will be required to provide documentation from a person who has knowledge of your situation (such as doctor, nurse, or social worker) to support your request. If you do not provide

documentation, your appeal will be held on a standard schedule.

If you are requesting a hearing about a medical disability determination, call, write, send electronically, or via ePass to your caseworker a request for a hearing. There is no local hearing. A state hearing officer holds the medical disability hearing. If you believe a standard hearing could seriously jeopardize your life or health or could threaten your ability to attain, maintain, or regain maximum function. You may request an expedited medical disability hearing if you have medical records (such as physical examination, laboratory findings, etc.) to support your request. A doctor's note providing an opinion about your health without the submission of supporting medical records is not sufficient to justify an expedited fair hearing. If you do not provide medical records, your appeal will be handled on a standard schedule.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative, paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Contact your nearest Legal Aid or the Legal Aid Helpline at 1-866-219-5262, toll free.

If you have additional questions or concerns, contact your caseworker for information, or call DHHS Customer Service Center, toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday – Friday, excluding State holidays.

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.

Medicare Medicaid Recipients

Prescription drug coverage for Medicare individuals who also have Medicaid is only covered through a Prescription Drug Plan (PDP). You must be enrolled in a PDP to receive prescription drug coverage. PDP co-payments differ from Medicaid co-payments. For questions about a PDP, co-payment, or assistance with enrolling, you may call 1-800-MEDICARE.

Beware of Fraud!

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.



Notice to Work First Cash Assistance Clients Whose Benefits Have Stopped: Unless you ask the Child Support Services office to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county social/human services agency for the telephone number of the Child Support Services office.