

**PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID APPROVAL NOTICE**

NORTH CAROLINA \_\_\_\_\_ County Department of Social Services

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**Approvals**

- The application for \_\_\_\_\_ for \_\_\_\_\_ is approved. Medicaid Identification Number (MID) is: \_\_\_\_\_
- Eligibility for \_\_\_\_\_ for \_\_\_\_\_ is granted. **Continues** from \_\_\_\_\_ to \_\_\_\_\_ Medicaid Identification Number (MID) is: \_\_\_\_\_
- Medicaid is **approved** starting \_\_\_\_\_ and ending \_\_\_\_\_
  - Medicaid covers all necessary medical services.
  - Medicaid pays only for labor and delivery (emergency Medicaid).
  - Medicaid covers ambulatory pregnancy related services, including prescriptions (not labor, delivery, or other inpatient services-Presumptive)
  - Medicaid pays only for limited services related to Family Planning and COVID 19 vaccine.(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 \_\_\_\_\_ of the Family and Children’s Medicaid Manual which says that: \_\_\_\_\_

**Denials**

Medicaid is denied from \_\_\_\_\_ to \_\_\_\_\_ because: The State rules used to make this decision are in \_\_\_\_\_ of the Family and Children’s Medicaid Manual 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 60<sup>th</sup> 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 1-866-219-5262 toll free.

Caseworker Name: \_\_\_\_\_

Caseworker Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*\* YOU WILL RECEIVE A RE-ENROLLMENT NOTICE WHEN IT IS TIME TO REVIEW YOUR ELIGIBILITY FOR MEDICAID. IT IS IMPORTANT TO RE-ENROLL 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.

A hearing is a meeting where an impartial person will review your case and give you the correct benefits if you are eligible. The hearing is informal and is your chance to explain why you think we are wrong. You can also bring new information or paperwork to the hearing. Call, write, or contact via ePASS your caseworker or local Medicaid Office 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 local hearing can be postponed, for good reasons, for as much as 10 more calendar days. Then, if you think the decision in the local hearing is wrong, call or write your local Medicaid Office **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing officer. If you choose to have your Medicaid continued and the hearing shows that the changes were correct, you may have to repay benefits you received while waiting for the hearing decision. If you choose not to have benefits continued and the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits you missed.

**STATE HEARING** After your local hearing, you have the right to a state hearing if you ask for it within 15 days from the mailing of the local hearing decision. A state hearing is held by a state official who does not work for your local Medicaid Office. You will be able to submit new information or paperwork you did not give to the Medicaid Office before the hearing. If you are requesting a hearing about a medical disability determination, there is no local hearing. A state hearing officer holds the medical disability hearing.

**DO YOU NEED YOUR STATE HEARING RIGHT AWAY** 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 7 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 a doctor, nurse, or social worker) to support your request. If you do not provide documentation, your appeal will be held 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 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 **1-866-219-5262** 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 1-888-245-0179. TDD/Voice for the hearing impaired is also available through the DHHS Customer Service Center number 1-888-835-5322. 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. Your Partner may also be potentially eligible for Family Planning Medicaid. In addition to the family planning services noted here, Family Planning Medicaid also covers the cost of COVID-19 vaccines.