

NOTICE OF SPECIAL ASSISTANCE APPROVAL

North Carolina _____ County Department of Social Services

Name: _____ Date Mailed: _____
Address: _____

APPROVALS

The application for _____ for _____ is **approved**.

Your Special Assistance Adult Care Home Special Assistance In Home **payment** is: _____
Month: _____ Amount: _____
Month: _____ Amount: _____

Eligibility for _____ for _____
is **recertified** and **continues** from _____ to _____.

Your Special Assistance Adult Care Home Special Assistance In Home **payment** is: _____.

Medicaid (via Special Assistance) 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 & B premiums, deductible, and coinsurance beginning: _____.

Your Medicaid Identification number (MID) is: _____.

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: _____

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 you. Contact your nearest Legal Aid or Legal Services office, or call 1-866-219-5262 toll free.

Caseworker Name: _____ NC FAST Case ID# _____
Phone Number: _____ Aid/Program Category: _____
Address: _____

→ **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 BENEFIT COVERAGE.** ←

CONTINUE READING ON THE NEXT PAGE 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. You may call, write, or send electronically 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 many as 15 calendar days. Then, if you think the decision in the local hearing is wrong, you may call, write, or send electronically WITHIN 15 calendar DAYS a request 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 a doctor, nurse, or social worker) to support your request. If you do not provide documentation, your appeal will be handled on a standard schedule.

If you are requesting a hearing about a medical disability determination, call, write, or send electronically 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 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 1888-245-0179. 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 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.** You may also be responsible for repaying any benefits received that you were not eligible for.

