

_____ County DSS

Address

City, State Zip Code

Case Identifier: _____
County Phone: _____
Worker: _____
Worker Phone: _____
Date Generated: _____

_____ County DSS

Name

Address

City, State Zip Code

Your Medical Assistance Benefits Are

Aid Program Category: _____

Please read all the information carefully because it is very important to you.

THE CHANGE WHICH WILL TAKE PLACE:

WHY THE CHANGE WILL BE MADE:

THINK WE ARE WRONG? YOU HAVE THE RIGHT TO A HEARING.

You have sixty (60) calendar days, that is until _____, to ask for a hearing. You have ninety (90) days or until _____ if you have good cause for not requesting the hearing within 60 days. If you do not ask for a hearing by then, you cannot have a hearing. You also may reapply for benefits at any time. To protect your rights, you may both reapply and ask for a hearing.

Your benefits will be changed without further notice.

FREE LEGAL HELP:

Free legal services may be available to you. Contact your nearest Legal Aid or Legal Services office or call 866-219-5262 toll free. You may have someone else speak for you at your hearing, such as a relative, friend, or a paralegal or attorney obtained at your expense.

Calling your worker may fix the problem.

Did you fail to return a form or other information we asked for?

1. Call your local Medicaid Office to find out what information we still need. The number to call is _____.
2. Provide the information we asked for as soon as you can. Provide proof of income and assets if that was requested.
3. If your case has already been closed, we may be able to reopen it if you provide the information we need.

Did your caseworker make a mistake or has your situation changed?

Call your or local Medicaid Office right away.

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NC Medicaid Hearing Information

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.

If you have additional questions or concerns, contact your caseworker or local Medicaid Office for information, or call the DHHS Customer Service Center toll free at 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 Medical Assistance record before the date of your hearing, including any notices sent to you about your case and any medical records or other information we considered. You may also see any new information we will use 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.

Health Insurance under the Affordable Care Act

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.

Beware of Fraud!

Don't forget to report all changes to your county department of social services within 10 calendar days. If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you could have to repay the overpayment and could be charged with a misdemeanor or felony.

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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:
 - o You lost your job involuntarily (example: laid off)
 - o You were sick and can provide a doctor's statement
 - o You had to go to court
 - o You had a family crisis
 - o Your car broke down and you had no other way to get to work
 - o Your child care arrangement stopped
 - o 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
 - o You could not travel to work because of bad weather
 - o You are already employed in another job
 - o You were referred for a job with no employment related services in place
 - o You refused to accept major medical and social services offered by your employer, even when they were required by your employer
 - o You could not obtain child care because of your child's special needs
 - o 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.