

NOTICE OF BENEFITS

North Carolina
County Social/Human Services Agency

Date: _____

ICS or PDC#: _____

APPLICATION APPROVALS

On _____, you applied for: _____.

Your application for _____ is **approved** for:

Payment Amount:	Payment Month:
_____	_____
_____	_____
_____	_____

The State rules used to approve this application are in _____ of the _____.

_____ benefits from _____ to _____ are **denied** because you did not meet the following rule(s): _____. The State rules used to make this decision are in _____ which says: _____.

- Medicaid is **approved** starting _____ and ending _____.
- Your Medicaid covers all necessary medical services. If you get Medicare from the Social Security Administration, Medicaid will pay your Medicare A and B premiums, deductible, and coinsurance beginning: _____.
- Your Medicaid pays only your Medicare A and B premiums, deductible, and coinsurance for Medicare approved services.
- Your Medicaid only pays for services related to pregnancy and for conditions that may complicate the pregnancy.
- Your coverage is limited to Family Planning assistance.
- Retroactive Medicaid coverage is approved for the month(s) of _____.
- Your patient monthly liability for long-term care is:

Patient Monthly Liability:	Effective Date:
_____	_____
_____	_____
_____	_____

The State rules used to approve this application are in _____ of the _____.

Medicaid benefits from _____ to _____ are **denied** because you did not meet the following rule(s): _____. The State rules used to make this decision are in _____ which says that: _____.

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 at 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.

CONTINUING ELIGIBILITY

Your _____ **continues**. The State rules used to make this decision are in _____ of the _____.

Signature: _____ Telephone No. _____

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, write or contact via ePass (Medicaid Only) 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.

NC Medicaid Hearing Information

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 held on a standard schedule.

If you are requesting a hearing about a medical disability determination, call, write or contact via ePass your caseworker 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 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.

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