

**PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID OR SPECIAL ASSISTANCE
APPROVAL NOTICE**

NORTH CAROLINA _____ County Department of Social Services

_____ Date Mailed: _____

APPROVALS

The application for _____ for _____ is approved.

Medicaid Identification number (MID) is: _____

Eligibility for _____ for _____
continues from _____ to _____.

Medicaid Identification number (MID) is: _____

Your patient monthly liability for long-term care is: Your Special Assistance/In-home payment is: _____
Month: _____ Amount: _____ Your Special Assistance/Adult Care Home payment is: _____
Month: _____ Amount: _____
Month: _____ Amount: _____
Month: _____ Amount: _____

Medicaid 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 and B premiums, deductible, and coinsurance beginning: _____.

Medicaid pays only Medicare Part A and B premiums and Medicare cost sharing for Medicare and Medicaid covered services.

Medicaid pays only your Medicare Part B premium.

Medicaid pays for only limited services related to Family Planning. Your partner may be potentially eligible also.

Retroactive Medicaid coverage is approved for the month(s) of _____, _____, _____.

If you receive Medicare, Medicare is responsible for your prescriptions.

The State rules used to make this decision are in _____ of the Aged, Blind and Disabled Medicaid Manual, which states 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 1-877-694-2464 toll free.

_____ **Caseworker Name and Phone**
Address _____

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

PLEASE CONTINUE READING 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.

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 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.

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 **1-877-694-2464** toll free.

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Raleigh area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. 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.

Do not forget to report all changes to your county department of social services within 10 calendar days (5 calendar days for Special Assistance). If you do not 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.