

Medicaid Transportation No-Show Final Notice
North Carolina _____ County Department of Social Services
_____ Date

Our records indicate that you were a No-Show for scheduled transportation pick ups on the following dates: _____ and _____.

As a recipient of Medicaid transportation, you must comply with the Medicaid Transportation No-Show policy. The Medicaid Transportation No-Show policy was explained/given to you on _____, after you were a No-Show for a scheduled transportation pick up.

It is very important that you review the Medicaid Transportation No-Show Policy below:

- You are responsible for making sure that you are ready and available at least 15 minutes prior to the scheduled pick up time.
- If you must cancel a scheduled transportation trip, you must contact the County Transportation Coordinator at _____, (or the Transportation Provider if you have been instructed to do so) prior to the pick up time. It will be helpful if you write down the name of the person to whom you speak when canceling a scheduled transportation trip. Failure to cancel the trip prior to the pick up time will result in a No-Show for a scheduled trip unless you can prove you have a good cause.
- If you have three No-Shows for scheduled transportation trips within a three month period, without a good cause, you may be suspended from receiving Medicaid Transportation for a period of thirty days.

This notice serves as a final Notice. The next No-Show for a scheduled transportation pick up, without a good reason, may result in a suspension of Medicaid Transportation services for a period of thirty days.

If you disagree with this decision or have a good reason for your No-Shows, please contact the Transportation Coordinator at the number listed above.

Transportation Worker Signature

Do you disagree with the decision? You can ask for a hearing.

If you think we are wrong in denying your request for medical transportation, 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 situation and provide you with transportation services if the decision on your request was wrong.

Contact your DSS County Transportation Coordinator at the phone number given on the other side of this form, 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 a good reason), for as much as 10 calendar days. If you think the decision of the local hearing is wrong, contact your DSS County Transportation Coordinator WITHIN 15 DAYS of receiving the decision of the local hearing to ask for a state hearing.

You have the right to be represented.

You may have someone speak for you at your hearing, such as a relative, paralegal or an 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.

Do you understand your rights or have other questions?

Do you understand how to get a hearing? If you have any questions, please contact your DSS County Transportation Coordinator as soon as possible.

Also, you may call the DHHS Customer Service Center, toll-free at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (Note: this is a TTY number that is only answered for deaf or hearing impaired callers). The DHHS Customer Service Center is open from 8:00 a.m. until 5:00 p.m., Monday through Friday.

You also have the responsibility:

1. To use transportation resources available and appropriate to your needs.
2. To make timely requests for transportation assistance.
3. To be ready and available for transportation pick-up or cancel the transportation request timely.
4. To follow the instructions of the driver.
5. To respect the rights of other passengers and the driver. Respect means not creating a disturbance or engaging in threatening behavior.
6. To complete a transportation assessment at each Medicaid application, review, or when you experience a change, to continue receiving transportation assistance.
7. To report all changes (for example, change in income or resources, family members in the household, change of address) to your Medicaid caseworker at your local Department of Social Services within 10 days of the change. If you do not know if a change is important, ask your caseworker.