

NOTICE OF BENEFITS

North Carolina
County Department Of Social Services

Date: _____

County Case #: _____

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 that: _____
_____.

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.
- 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: _____
_____.

CONTINUING ELIGIBILITY

Your _____ **continues**.

The State rules used to make this decision are in _____ of the ____
_____.

Signature

Phone Number

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 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 ask for a hearing on Work First and you live in certain counties, the second hearing is before a county 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 1-866-219-5262 toll free.

If you have additional questions or concerns, contact your caseworker for information, or call DHHS Customer Support, 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.

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 Family Assistance Clients Whose Benefits Have Stopped:

Unless you ask the Child Support Enforcement Agency 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 department of social services for the name and telephone number of the Child Support Enforcement Agency in your county.