

**\* YOUR BENEFITS ARE CHANGING \***

Date Mailed \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**A change is about to take place in your benefits. Please read all pages of this form carefully.**

**What The Change Is:** \_\_\_\_\_

**If this block is checked, you will receive a separate notice about your Medicaid.**

**Why The Change Will Be Made:** \_\_\_\_\_

**When The Change Will Happen:** \_\_\_\_\_

**Medicaid Payment of Your Medicare Premium Will** \_\_\_\_\_

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

**The State Regulations Requiring This Change Are Found In** \_\_\_\_\_

**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 on 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](http://Healthcare.gov) or call **1-800-318-2596****

**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 60<sup>th</sup> 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 help you. Contact your nearest Legal Aid or Legal Services office, or call **1-866-219-5262** toll free.

In some cases, you may choose to get your benefits until your hearing. If you want a hearing, read the instructions included on this form.

*If this block is checked, your benefits will be changed without further notice. You may request a hearing by the date above.*

*If this block is checked, and if you contact your caseworker by \_\_\_\_\_ to ask for a hearing, your benefits will continue at the present level until the first hearing decision, unless you waive this right. If your benefits continue and the hearing shows the changes were correct, you may have to repay the benefits you received while waiting for the hearing decision. Continuation of benefits DOES NOT apply to North Carolina Health Choice.*

\_\_\_\_\_  
**Caseworker Name and Phone Number**

\_\_\_\_\_  
**Address**

**FOR OFFICE USE ONLY:**  
County Case # \_\_\_\_\_  
Case ID # \_\_\_\_\_  
Aid Program/Category \_\_\_\_\_

**PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO 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.** Refer to the phone number on the other side of this notice.

**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.

**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.

**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