

Medicaid Transportation Suspension Notice

North Carolina _____ County Department of Social Services

_____ Date

Our records indicate that you were a No-Show for scheduled Medicaid Transportation trips 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 had the first No-Show for a scheduled transportation trip.

A Final Notice was explained/given to you on _____ after you had a second No-Show for a scheduled trip, informing you that the next No-Show for a scheduled transportation trip, without a good cause, may result in suspension of medical transportation services for a period of thirty days.

This notice is to inform you that your Medicaid Transportation services have been suspended from _____ to _____. You may still request transportation to the following critical service _____ (does not apply if blank) during this time period. For services other than the one indicated above, you can call and request Medicaid Transportation to be provided after _____.

If you disagree with this decision or have a good reason for your No-Shows, you may request an appeal by calling the Transportation Coordinator at _____.

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.