



North Carolina Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

September 9, 2009

Re: **Revised DMA 5002/5003**

Dear County Director of Social Services:

The DMA-5002, Medicaid or Special Assistance Approval Notice, and the DMA-5003, Medicaid or NC Health Choice Approval Notice, have been revised to allow for inclusion of the recipient's Medicaid Identification number (see attachments below). There was limited space on the forms for these additional lines, but caseworkers should be able to include Medicaid Identification numbers (MIDs) for each approved individual named on the forms. Providers can use the MID to verify eligibility. This will allow recipients to access services before receiving their Medicaid card.

Spanish translations of both forms are in process. We will notify you by terminal message when the Spanish versions are posted to the online website.

Sincerely,

Craig L. Gray, MD, MBA, JD

CLG/wja



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 Special Assistance/In-home payment is: _____

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

Month: _____ Amount: _____

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 limited services related to Family Planning. Your partner may be potentially eligible also.

Retroactive Medicaid coverage is approved for the period(s) of _____

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

The State rules used to make this decision are in _____, which says 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 Number

Address _____

FOR OFFICE USE ONLY:

County Case # _____

Case ID # _____

Aid Program/Category _____

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.

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.

PLEASE READ THIS IMPORTANT NOTICE ABOUT YOUR MEDICAID OR NC HEALTH CHOICE

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: _____

Medicaid is approved starting _____ and ending _____.

Medicaid covers all necessary medical services.

Medicaid pays only for services related to pregnancy and for conditions that may complicate the pregnancy.

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

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

_____.

NC Health Choice for Children is approved starting _____ and ending _____.

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

The State rules used to make this decision are in _____ of the Family and Children's Medicaid Manual which says that: _____

DENIALS

Medicaid NC Health Choice is denied from _____ to _____ because: _____.

The State rules used to make this decision are in _____ of the Family and Children's Medicaid Manual 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 Number

Address _____

FOR OFFICE USE ONLY:

County Case # _____

Case ID # _____

Aid Program/Category _____

** YOU WILL RECEIVE A RE-ENROLLMENT NOTICE WHEN IT IS TIME TO REVIEW YOUR ELIGIBILITY FOR MEDICAID OR NC HEALTH CHOICE. IT IS IMPORTANT TO RE-ENROLL TO CONTINUE YOUR HEALTH COVERAGE.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING. DMA-5003 09/01/09

**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.

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