

\_\_\_\_\_ date

Dear Parent/Guardian:

Your Medicaid has been re-instated for four months, \_\_\_\_\_ through \_\_\_\_\_ because your family may not have been evaluated for Medicaid when Work First terminated. You will receive Medicaid cards for the members of your family who qualified for re-instatement.

If you wish to continue receiving Medicaid benefits complete the attached re-enrollment form DMA-5063R. Mail the re-enrollment form in the enclosed envelope and return it no later than \_\_\_\_\_. The County Department of Social Services will notify you if additional information is necessary to make a determination of eligibility. You will receive a notification in the mail advising you of your eligibility status. Please refer to the back of this page for Rights and Responsibilities.

Note: Your Food Stamps benefits may have been terminated when Work First terminated. You may apply for Food Stamps benefits at any time.

If you have questions call your County Department of Social Services or CARE-LINE at 1-800-662-7030.

Estimado Padre/Guardian:

Es posible que sus beneficios de Medicaid no se evaluaron cuando se descontinuaron sus beneficios de Work First. Por esa razón, sus beneficios de Medicaid se han restablecidos de \_\_\_\_\_ a \_\_\_\_\_. Usted recibirá tarjetas de Medicaid para cada miembro de su familia que es eligible. Si desea seguir recibiendo Medicaid, complete la forma DMA-5063R adjunta y regresela antes de \_\_\_\_\_ en el sobre que se le envía. El Departamento de Servicios Sociales le notificara si necesitan informacion para la evaluacion. Por correo se le enviará los resultados de la evaluacion. El reverso de esta forma (lee en Ingles) le informa sus derechos y responsabilidades.

Nota: Es posible que sus beneficios de cupones para comida (food stamps) se descontinuaron cuando se descontinuaron sus beneficios de Works First. Usted puede volver a solicitar para cupones de comida.

Si tiene preguntas comuniquese con el Departamento de Salud y Servicios Humanos de Carolina del Norte llamando gratis a CARE-LINE al 1-800-662-7030.

Attachment 2

Division of Medical Assistance (01-01)

## **YOU HAVE THE RIGHT TO:**

Apply for assistance, and if found ineligible, reapply at any time.

Be protected against discrimination on the grounds of race, color, national origin, sex, religion, age, or disability.

Have any information given to the agency kept in confidence.

Withdraw from the assistance program at any time, including if you do not want your social security number stored in a computer or matched with other information stored in a computer.

Receive assistance, if found eligible.

## **Appeal to the local department of social services and to the State Division of Social Services for a hearing if:**

You were denied the right to apply or reapply for assistance.

You were encouraged to withdraw your application.

Your application was not acted upon timely.

Your application was denied and you believe the decision is not correct.

Your assistance is incorrect based on the county's interpretation of state regulations.

The NC Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

## **YOUR RESPONSIBILITIES –**

Your signature on the re-enrollment form binds you and persons for whom you are re-enrolling to the conditions outlined in this section.

## **If you or your children qualify for Health Check (Medicaid) or NC Health Choice for Children, you must:**

1. Provide all necessary information to help county social services, state, or federal Medicaid agencies determine your eligibility for the program.
2. Certify that everyone listed on this application currently lives in North Carolina and plans to remain indefinitely.
3. Understand that information on this application will be stored on computer and may be compared to computer records of other agencies such as Social Security, Employment Security, Motor Vehicles, Internal Revenue, or other states' assistance programs.
4. Report change of address, household membership, plans to move, availability of other health insurance, changes in income within **10 DAYS** of knowing of the change.
5. Make no false statements, withhold any relevant information, or fail to report changes in the household as required by #4. It is illegal to obtain, assist, or help another person, directly or indirectly, to obtain money or services they are not entitled to as a recipient of these programs. It is also against the law to alter, sell, or lend a program identification card to another person. Violators will be prosecuted under state and/or federal law.

## **If you or your children qualify for Health Check (Medicaid) you must:**

1. Turn over all medical payments from private insurance or any other persons or groups as repayment for medical services paid by Medicaid.
2. Provide social security numbers or apply for a social security number for each eligible individual if one has not been issued.
3. Turn over to the State Medicaid agency any medical support paid or owed to any child due to a court order. You also agree to turn over any payments owed or due by a private insurance company or any other person or group as a result of medical services, medical care and/or hospital bills that Medicaid has paid or will pay.
4. Agree to help obtain medical and financial support for children who receive Medicaid. Cooperate with social services and child support agencies to get any support owed you or your children. \*\*\*You may be excused from cooperating if you believe that cooperation would not be in the best interest of your children. If you do not cooperate and do not have good cause, you will be ineligible for Medicaid unless you are pregnant. Failure to cooperate will not affect the children's eligibility for Medicaid.

\*\*\* If you want to claim good cause for not cooperating, contact your county social services caseworker. You will be given a notice that explains the types of good cause, and evidence or information that social services needs to make a decision on your claim.

5. Inform the county department of social services if anyone covered under this program is involved in an accident. This agreement (assignment of rights) continues as long as anyone listed on this application receives Medicaid.

## **Funding Limitations**

- NC Health Choice for Children is a federal and state-funded program that may be discontinued if federal funds are not provided for its continuation.

**Arriba estan sus derechos y responsabilidades. Si tiene preguntas llame gratis a CARE-LINE al 1-800-662-7030. Se le atendera en Español.**