

Responsibility to Report Changes

Under penalty of law, it is your responsibility to report any change that could affect your eligibility for, or the amount of, the benefits you receive. Changes that could affect your eligibility or benefit amount include, but are not limited to:

- Health Care Coverage – changes in income, expenses assets, address, living arrangement, the number of persons living in the home, individuals moving in or out of the household, household member passes away, or a change in Federal income tax filing status, a change in insurance coverage. Changes must be reported within ten (10) days.
- Child Care Assistance Program (CCAP) – a non-temporary loss of allowable activity, state residency, When the household's monthly gross income, minus allowable expenses, exceeds 85% State Median Income (SMI) and when there is no longer an eligible child in the household. Changes must be reported within ten (10) days.
- Low Income Home Energy Assistance Program (LIHEAP) – changes in household members, moving to a new home, change in the home heating type and changes in rent subsidy status. Changes must be reported within ten (10) days.
- Supplemental Nutrition Assistance Program (SNAP) – gross monthly income (before deductions), is more than the gross income limit for your household size, Able Bodied Adult without Dependents (ABAWD) work hours decrease below 20 hours per week, when a household member has substantial lottery or gaming winnings equal to or greater than \$4,250. Changes must be reported by the 10th day of the month following the month of the change.
- Temporary Assistance for Needy Families (TANF) – all changes in household circumstances must be reported which include income, assets, number of persons in the household, address, living arrangements or any other change that may affect eligibility and benefit amounts to the household. Changes must be reported within 5 days, except when reporting the birth of a newborn, which must be reported with 10 days.

Changes may be reported online or contact your Human Service Zone Office that handles your case. You may report a change verbally, in writing, or by completing a Change Report for HCC or Monthly Report Form for TANF.

ESTATE RECOVERY FOR MEDICAID

State and Federal law requires the Department of Health and Human Services (Department) to make claims against the estate of a Medicaid member who: (1) was age 55 or older when the individual received Medicaid services; (2) who has been permanently institutionalized and received services, regardless of age; or (3) is a spouse of a Medicaid member who was age 55 or older or permanently institutionalized when the Medicaid benefits were provided. Effective August 1, 2015, except for the portion of the payment made to a private carrier for nursing facility services, home and community-based services and hospital and prescription drug services received while in a nursing home or while receiving home and community-based services, the Department may not file a claim against the estate to recover payments made on behalf of members who received coverage through a private carrier. Effective January 1, 2020, pharmacy services are no longer part of the coverage through a private carrier and are provided by the Department and are subject to Medicaid estate recovery. Individuals eligible under the Medicaid Expansion coverage receive their coverage through a private carrier.

RIGHTS TO A HEARING

If you do not agree with the decision on the notice, you may request a hearing before the Department of Health and Human Services (Department). Contact your Human Service Zone Office for instructions on how to request a hearing.

- Health Care Coverage requests may be made in writing, over the telephone, internet, mail, in-person or through other commonly available electronic means within 30 days from the mail date on the notice of action. If Medicaid benefits are administered through a Managed Care Organization, a request must first be made to the Managed Care Organization in accordance with the policies established by the Managed Care Organization. Upon receipt of a notice of resolution upholding the adverse determination, a request for hearing may be made to the Department within 120 days of the date of the notice.
- Supplemental Nutrition Assistance Program (SNAP) requests may be made in writing, over the telephone, internet, mail, in-person or through other commonly available electronic means within 90 days of the notice date.
- Temporary Assistance for Needy Families (TANF), Child Care Assistance Program (CCAP), Low Income Home Energy Assistance Program (LIHEAP) or Basic Care Assistance Program requests must be made in writing within 30 days of the notice date.

If you request a hearing prior to the effective date of the action described on the timely Notice of Eligibility Determination, or if timely notice is not given before the effective date, within 10 days of the notice date for CCAP, TANF, or SNAP, or within 30 days of the notice date for LIHEAP, the action described on the notice will not be taken and benefits will continue at their current level until the hearing decision is made unless:

- You requested an exemption from the TANF lifetime limit.
- Your TANF Division case is denied or closed.
- You withdraw your hearing request.
- You fail to appear at your scheduled hearing.
- Your review period ends. You have the right to reapply.
- The Department reverses the proposed action without a hearing.
- The hearing official makes a decision in writing before or at the hearing that your benefits were computed correctly based on federal or state law or policy.
- You report a new change that affects your case while a hearing decision is pending, and you do not appeal the new change.
- The Department determines that the issue involved in such hearing is one of state or federal law or change in state or federal law and not one of incorrect benefit computation, or a mass program change affecting your case occurs while a hearing decision is pending.
- You waive your right to continue to receive benefits at this level.

If the hearing decision is not in your favor, the additional benefits issued to you or on your behalf during the appeal are subject to recovery.

You can have an attorney, relative, friend or any other person assist you with your hearing. If you cannot afford an attorney, one of the free legal service organizations listed below to see if they can assist you. If you would like them to represent you, you should contact them as soon as possible.

Legal Services of North Dakota
www.legalassist.org
1-800-634-5263
Senior Intake: 1-866-621-9886

Standing Rock Sioux Reservation
Dakota Plains Legal Services
(701) 854-7204

A hearing officer will contact you to arrange a time and place for the hearing. You will receive a written decision from the Department for appeals related to health care coverage, TANF, CCAP and LIHEAP. For appeals related to SNAP, you will receive a written decision from the Office of Administrative Hearings.