



How to Contact Us

Go Online: <https://healthyrhode.ri.gov>

For questions about affordable health coverage or human services programs, call Department of Human Services at 1-855-MY-RI-DHS (1-855-697-4347)

NOTICE OF SSI EX-PARTE

Dear [REDACTED] :

Our records indicate that the following member(s) in your household has stopped receiving Supplemental Security Income (SSI). As a result, they will not qualify for Medicaid as a member of the SSI coverage group and will no longer be eligible for coverage. The requirements for providing Medicaid to SSI recipients are set in 210-RICR-40-00-1 of the Rhode Island Code of Regulations.

Name of Household Member	Medicaid End Date
[REDACTED]	06/30/2023

Other forms of coverage may be available, steps you should take:

The above mentioned member(s) may qualify for health coverage in another Medicaid eligibility category or through a HealthSource RI subsidized plan. The member(s)' eligibility has been reviewed, but additional information is needed to complete this process. To avoid gaps in coverage, please do one of the following:

- You may contact the Department of Human Services at the number listed above.
- You may visit a Department of Human Services field office. Call the number listed above for locations.
- You may call the number above to request an application be mailed to you, or you may print and mail an application. You can find the application at: www.dhs.ri.gov
- The application should be mailed to:

RI Department of Human Services
P.O. BOX 8709
CRANSTON, RI 02920-8787

For more information visit <https://healthyrhode.ri.gov>

Para más información visite <https://healthyrhode.ri.gov>

Para mais informações visite <https://healthyrhode.ri.gov>



Case #: [REDACTED]

You must return the first page of this letter with your application for prompt processing.

Please complete a DHS -2 and send in any verifications needed for processing along with this cover page to determine your potential eligibility for other Medicaid coverage by 06/11/2023.

If you have been receiving State Supplemental Payments through SSI your payments will stop on 06/30/2023 unless we receive a new DHS-2 application from you to redetermine your eligibility. You can locate these applications on the DHS website at www.dhs.ri.gov or request one by contacting DHS at 1-855-697-4347.

You have the right to appeal this decision. If you think we made a mistake in determining the eligibility, see the information about appealing to request an administrative hearing below. If you file an appeal within ten (10) days, your Medicaid coverage will be continued until a hearing decision is made.

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You have a RIGHT to non-discriminatory treatment. In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: (833) 620-1071; or
4. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

For more information visit <https://healthyrhode.ri.gov>

Para más información visite <https://healthyrhode.ri.gov>

Para mais informações visite <https://healthyrhode.ri.gov>



Date : 05/12/2023

Account Number : [REDACTED]



STATE OF RHODE ISLAND

P.O. BOX 8709

CRANSTON, RI 02920-8787

APPEAL RIGHTS

You may have the right to appeal and have an Administrative Fair Hearing if you disagree with our decisions. You may:

- 1. Call us to discuss the benefit decision. Contact us at the telephone number at the top of the first page of this notice. Be sure to have this notice and the case/identification number on-hand when you call.
2. Appeal for an Administrative Fair hearing. An Appeal is a formal request asking for the decision to be reviewed at an administrative hearing. Please continue reading for further information.

What is a fair hearing?

A fair hearing is a chance for you to tell an administrative hearing officer why you disagree with the agency's decision about your eligibility, benefits, and/or any costs you must pay. An agency representative is also present at the hearing to explain the basis for the agency decision. By law, the administrative officer must review the facts of the case presented by both sides in a fair and objective manner.

Deadlines for appeals and asking for a fair hearing

The chart below explains the deadlines for filing an appeal for each program. For some programs, your benefits or services may be continued until a hearing decision is made if you appeal by the deadlines listed in the chart. If you miss this deadline, you may lose your right to appeal. After you have filed your appeal, we will schedule your hearing and issue a decision within 90 days, or 60 days if the hearing relates to your SNAP benefits. A decision will issue on all HealthSource RI appeals within 90 days of the date an appeal request is received, as administratively feasible.

Table with 3 columns: Program, You must file an appeal in:, Will benefits continue if the appeal is made within 10 days of the notice ("Aid Pending")? Rows include Medicaid, SNAP, CCAP, GPA, Commercial Health Insurance, and All other programs.



Case #: [REDACTED]

Expedited Appeals

You have the right to an expedited appeal if you have an immediate need for health services or SNAP benefits and waiting for a standard appeal could seriously jeopardize your life or health, or ability to attain, maintain, or regain maximum function. We must decide expedited appeals as quickly as possible, given the circumstances. If we deny your request for an expedited appeal, we must inform you quickly, and we must handle your appeal through our standard process.

Right to Continue Benefits While Awaiting Hearing

You may have the right to have your benefits continue unchanged while you wait for your hearing (this is called "Aid-Pending"). Except for Commercial Health Insurance through HealthSource RI, if you appeal within 10 days, in most instances, you will be automatically granted Aid-Pending. Unless you can show otherwise, for Medicaid and HealthSource RI, we will assume that you received the notice 5 days after the date on the notice.

If you have Medicaid and you receive Aid-Pending, and then you lose your appeal, the State may make you pay back its costs for covering you during the Aid-pending period. For HealthSource RI, Aid-Pending is only available if you are appealing an eligibility redetermination that occurred within 30 days of the date you file your appeal, and the request is made by telephone to HealthSource RI at 1-855-840-HSRI (4774). If you are receiving tax credits to help pay for your premiums and you receive Aid-Pending, and then you lose your appeal, then you may owe extra money in your federal taxes next year. If you pay monthly premiums, you must still pay during the Aid-Pending period.

If you receive SNAP, RIW or GPA benefits and receive Aid-Pending, and you lose your appeal, you may need to pay back the benefits you were issued but were not entitled to during this period.

Right to Represent Yourself and Right to be Represented

You have the right to represent yourself at the hearing, or to be represented by anyone you choose, including an attorney, advocate, friend, or relative.

Legal advice is available from Rhode Island Legal Services, Inc. at 274-2652 or 1-800-662-5034. If you choose to have Legal representation, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the Legal representative access to the Agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

Eligibility of Other Household Members May be Affected

Our appeal decision may result in changes to the eligibility of another member of your household.

Access to Your Case Record

You have the right to see your case record, including any evidence the State will use at your hearing. To view your case record, call us at 1-855-MYRIDHS (1-855-697-4347). If you are appealing an action taken by HealthSource RI, you may request a copy of your record by calling: 1-855-840-HSRI (4774).

Informal Resolution

We may be able to fix your problem quickly without a hearing. Please call 1-855-MYRIDHS (1-855-697-4347) so that we can review your case informally. If you are appealing an action taken by HealthSource RI, you may contact HealthSource RI at 1-855-840-HSRI (4774) to request an informal review of your appeal. We will reach out to you in an effort to resolve your appeal informally. Your right to a hearing will not be impacted by efforts to resolve your issue informally.





APPEAL FORM

Appeal Request Process

You may request an appeal by doing one of the following below. If you submit this form, the state will complete a review of your case to try to resolve the issue.

- **Online.** Log into your account at www.healthyrhode.ri.gov and click on "file an appeal".
- **By phone.** You can file an appeal regarding Medicaid and Purchased Health Coverage through HealthSource RI by calling HealthSource RI at 1-855-840-HSRI (4774). For questions about filing an appeal for human services programs such as SNAP, RIW, Child Care, GPA, or SSP call the Department of Human Services at 1-855-MY-RI-DHS (1-855-697-4347).
- **In person.** For in-person assistance visit www.dhs.ri.gov to view office locations.
- **By mail.** Complete this form and mail it to
ATTN: Appeals STATE OF RHODE ISLAND, P.O. BOX 8709, CRANSTON, RI 02920-8787.

Name (required): _____

Date of Birth (required): _____

Account Number (as displayed at the top of the notice): _____

Address (required): _____

Phone number: _____

Email: _____

Do you need help speaking, reading or writing English? Yes No:

If yes, what is your primary language? _____

Preferred method of contact (circle one): email / paper mail

You must check off the reason(s) for your appeal:

Health Coverage:

Human Services:

_____ Medicaid

_____ SNAP

_____ GPA

_____ Purchased plan through HSRI

_____ RIW

_____ CHILD CARE

_____ Both/Unsure

_____ SSP

_____ Other (Please explain) _____



Case #: [REDACTED]

Please explain the reason for your appeal:

Do you need important health services or SNAP benefits immediately? If so, would you like an expedited appeal? Yes No:

If yes, Please explain:

IF THE HEARING DECISION IS NOT IN MY FAVOR, I UNDERSTAND THAT I MUST REPAY ANY ASSISTANCE AND/OR SNAP BENEFITS FOR WHICH I AM DETERMINED INELIGIBLE

Check this box if someone is going to help you with the appeal or represent you during the appeals process. This can be an attorney, friend, or family member. Provide this person's contact information:

Name: _____

Phone: _____

Address: _____

Email: _____

Would you like your coverage and benefits to continue unchanged while you wait for a hearing decision? Yes No:

Signature _____

Date _____

(Recipient)

TO BE COMPLETED BY THE AGENCY ONLY:

APPEAL IS ABOUT:	_____ RIW	_____ MEDICAID	_____ GPA
	_____ SNAP	_____ PURCHASED HEALTH PLAN	_____ CHILD CARE
		_____ OTHER	

Indicate Specific Policy Manual Reference: Section(s) _____

Agency response to appeal/explanation: _____

Agency Representative (Signature) _____ Supervisor(Signature) _____

(Print Name) _____ (Print Name) _____

Local Office _____



ATTENTION: Language assistance services are available to you free of charge. Call . 1-855-697-4347 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-697-4347 (TTY 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-697-4347 (TTY 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-697-4347 (TTY 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-697-4347 (TTY 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្ល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-697-4347 (TTY 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-697-4347 (ATS 711)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-697-4347 (TTY 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-697-4347(TTY 711)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-855-697-4347 TTY 711

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-697-4347 (телетайп 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-697-4347 (TTY 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-697-4347 (TTY 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-697-4347 (TTY 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-697-4347 (TTY 711).

Dè dɛ nà kɛ dyédé gbo: Ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Ɖá 1-855-697-4347 (TTY 711)

Non-Discrimination Notice

The Executive Office of Health and Human Services (EOHHS) and the Department of Human Services (DHS) does not discriminate on the basis of race, color, national origin, disability, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, EOHHS/DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 25 Howard Ave, Bldg. 57, Cranston, RI 02920, telephone number (401) 462-2971 (for deaf/hearing impaired 1-800-745-6575 voice; TTY 711).

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