



[REDACTED]
Warwick, RI 02889

How to Contact Us

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

For questions about affordable health coverage, call
HealthSource RI at 1-855-840-4774

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)

BENEFITS DECISION NOTICE

This notice tells you about your health and human services program benefits. This page tells you our decision on your benefits. You will find more details in the next pages. If you have any questions, please contact us.

BENEFITS SUMMARY

Program	Decision
Health Coverage	Your health coverage is changing.

If you don't agree with this decision, you may ask for a hearing to appeal. There is more information about the appeal process at the end of this notice.

View Your Account Online or on the Mobile App

Your benefit information is also available by logging into your account at <https://healthyrhode.ri.gov/> or by downloading the HealthyRhode mobile app on your **smartphone**.

You can access your account using username MM [REDACTED]. If you don't remember your password, you can retrieve it by clicking LOG IN then clicking Forgot Username/Password? at <https://healthyrhode.ri.gov/>. Through your account, you can apply for and renew your benefits and report changes.



Your Health Coverage Benefit Details

Based on information we have on file, or information we have received from you, or an outside source, effective 05/13/2023, there has been a change to your eligibility for Health Coverage. See details below.

Individual Name:	[REDACTED]	Date of Birth: PII REDACTED
Effective Period / Effective Date(s)	Type of Assistance or Coverage	Decision and additional information
06/01/2023 to ONGOING	Advanced Premium Tax Credit	Approved
06/01/2023 to ONGOING	Cost Sharing Reduction	Approved
06/01/2023 to ONGOING	Private Health Insurance (Medical Coverage)	Approved with auto-enrollment
06/01/2023 to ONGOING	MAGI Medicaid	Closed You are age 65 or older and do not have a Medicaid eligible child you or your spouse claim as a tax dependent living in your household. Therefore, your Medicaid application has been denied. Legal Basis: 210-RICR-30-00-1.6

Your Monthly Premium Amount for 2023 coverage is: \$10.23

Commercial Health Insurance Details for 2023:



Your Medicaid coverage is ending after an eligibility redetermination process. According to the information on file, the members of your family listed above are eligible to enroll in commercial health insurance coverage through HealthSource RI, with financial assistance.

Background:

Due to a COVID-19 related federal law, the State of Rhode Island was required to keep Medicaid customers enrolled if they were on Medicaid on or after March 18, 2020. When this federal requirement ended, the State of Rhode Island began regular recertification and renewal processes.

Eligibility:



The members of your household listed above have been determined eligible for a program to be automatically enrolled into a private health insurance plan. The State of Rhode Island will pay the premium amount due for the first and second month, after Advanced Premium Tax Credits (APTCs) have been applied. APTC is a tax credit you can use to lower your monthly insurance premium when you enroll in a plan through HealthSource RI. Your APTC is based on your income and household information. You are eligible for this because of your household income and the ending of your Medicaid insurance.

As a result of your eligibility determination, you will be automatically enrolled in the health plan listed below. Your coverage will begin on the effective date below. This coverage is different from the plan you had through Medicaid, though it may be with the same insurance company. There will be a monthly payment (called a “premium”) due, and the State will pay your premium for the first and second month of coverage as part of a new limited time program funded by a federal grant.

Due to your circumstances, you have also been determined eligible for a **special enrollment period**. This special enrollment period lasts sixty days from the end of your Medicaid plan to select a plan other than the plan listed below if you prefer to do so. Please note, if you change plans, additional payment may be required, and it may change your eligibility for the auto-enrollment program where the first two months’ premium are paid by the State. **During this special enrollment period, you may also select and enroll in a dental plan, if needed.** If you select and enroll in a dental plan, you may be eligible for additional premium payments through this program for your dental coverage.

The legal basis for this decision can be found in the following places:

220-RICR-90-00-1.8(D); 45 CFR § 155.305; 45 CFR § 155.400; 45 CFR § 155.415; 45 CFR § 155.420.

Auto-Enrollment Information:

- You will be enrolled in ***Neighborhood VALUE (CSR94)**.
- Coverage through that plan will begin on **06/01/2023** and,
- Your monthly payment amount will be **\$10.23** after the application of APTC).

You qualified for an APTC of **\$886.74** per month to reduce your monthly premium bill. The APTC will be applied to your monthly premium. You can decide whether to take this full amount in advance to reduce your premiums, or to save some of the credit for your tax refund next year. Based on your household income, you have also qualified for **Cost Sharing Reduction (CSR) plans**. CSR plans have lower deductible and out-of-pocket costs, which means you pay less when you go to the doctor and receive other medical services. **If your income, family size, or access to other health coverage has changed since you last updated your account, it’s important to update your account with this information.** If your account information is out of date, you may receive too much of your tax credit in advance, and you may have to pay that back when you file your taxes next year.

What happens next?

- **If you do not need or do not want this coverage**, you must opt-out no later than 07/31/2023.
- **If you would like to keep this plan**, please make sure your household income and other information are up to date.
 - *After the first two months, you will be responsible for making a monthly premium payment as designated by your monthly invoice.*
- **If you would like to enroll in a different plan**, you may do so before the opt-out date above.
 - HealthSource RI offers plans from multiple insurance companies, and you may choose to switch to a plan with another company within this program.



- o *Please note, if you change plans, additional payment may be required, and it may change your eligibility for the auto-enrollment program where the State makes premium payments.*
 - o Find more details at: healthsourceri.com/transition
- **Watch the mail or email!** You will receive an Enrollment Notice and an Invoice soon with additional details and information. These documents will also be available in your customer portal account for your reference.

You can view or update your account in the following ways:

- **Online.** Create or access your user account at <https://healthyrhode.ri.gov>;
- **By phone.** Call the HealthSource RI contact center at 1-855-840-4774; or
- **Make an in-person appointment** for our Walk in Center.
Go to healthsourceri.com/appointments/ to find a time and date that works best for you.

**More information about what to expect and what your options are can be found at:
www.healthsourceri.com/transition**

What if I disagree with the decision about my Health Coverage?

There are deadlines for filing an appeal, so you should act quickly. You can appeal our decisions about your health coverage. For example, you can appeal if you think we made a mistake on your household size, income, the type of coverage or the amount you have to pay, if any. You can also appeal what health services you get. An appeal is just a way of asking for another review of any decisions we make affecting your eligibility and/or benefits through an Administrative Fair Hearing. There is more information on appeals and hearings later in this notice.



Change Reporting Requirements

You must report any of the following changes that may affect the eligibility and enrollment of anyone in your household within 10 days of the date of the change:

- Residential address;
- Mailing address;
- Income;
- Marital status;
- Persons moving in or out of your home, or who is in your tax filing unit;
- Pregnancy status of any person in the household;
- Incarceration or institutional status;
- Access to other health insurance coverage including eligibility for Medicare or access to insurance through your job or through a family member's job;
- Immigration or citizenship status;
- Birth, adoption, placement for adoption, marriage, divorce, or death;
- Federal income tax filing status; or
- The number of tax dependents claimed on federal income taxes.

You have a RIGHT to non-discriminatory treatment. In accordance with Federal civil rights law 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at

<https://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.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: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender. In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Executive Office of Health and Human Services (EOHHS) and the Department of Human Services (DHS), do not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age 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 and DHS do 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 (401) 462-2971. To place a call using Rhode Island Relay, dial 7-1-1 or call one of these toll free numbers: TTY: 1-800-745-5555, Voice: 1-800-745-6575. The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs. The Secretary of EOHHS is responsible for Medicaid related discrimination issues and any such complaints will be referred accordingly.



YOUR RIGHTS

Information about your Coverage and Rights:

You have a RIGHT to request, and if found eligible, to receive financial or Medicaid or Supplemental Nutrition Assistance Program benefits based on policies and standards established under State and Federal laws and regulations.

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.

Program	You must file an appeal in:	Will benefits continue if the appeal is made within 10 days of the notice ("Aid Pending")?
Medicaid	30 days after the notice date plus five days for mailing time	Yes, benefits will automatically continue unless you tell us otherwise
SNAP	90 days from the notice mail date	Yes, benefits will automatically continue unless you tell us otherwise
CCAP	30 days from the notice mail date	Benefits may be reduced until a hearing decision is made.
GPA	10 days from the notice mail date	Yes, but the request must be made in writing
Commercial Health Insurance	30 days after the notice date plus five days for mailing time.	You must call HealthSource RI within 30 days of the notice to request Aid-Pending.
All other programs	30 days from the notice mail date	Yes



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.

You have a RIGHT to confidentiality. Under state law, all agencies administrating programs are bound by state and federal laws and regulations to use information about you and other members



Account #: PII REDACTED

of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information. HIPAA restrictions prevent us from discussing the health information of you or any member of your household with anyone, including unauthorized representative, unless that individual has power of attorney or you have signed a consent form authorizing the disclosure of this information. This includes disclosure of mental health information, HIV, AIDS, STD test results or treatment and chemical dependency services.

The EOHHS and DHS do not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12, 40-6-12.1, and 42-7.2-5(13), regulations set forth in the DHS Administrative Code and Medicaid Codes of Administrative Rules. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

You have a RIGHT to apply for support enforcement services through the Office of Child Support Services. To get an application for these services, go to <http://www.cse.ri.gov/> or visit your local Office of Child Support Services at 77 Dorrance St., Providence, RI 02903.

You have a RIGHT to name an authorized representative. An authorized representative is a person designated by the head of the household or the spouse, or any other responsible member of the household, to act on behalf of the household in applying for program benefits, or using the benefits. The authorized representative for benefits may or may not be the same individual designated as an authorized representative for the application process or for meeting reporting requirements. The authorized representative designation must be made in writing.

YOUR RESPONSIBILITIES

Information about your Coverage and Responsibilities:

You have a RESPONSIBILITY to supply accurate information about your income, resources and living arrangements on this application.

Premium Tax Credit Information

You may choose to defer some of your health insurance tax credit amount and receive the balance when you file your federal taxes. You may be responsible for repaying tax credits when filing your federal taxes if the amount you apply to your monthly premium exceeds the amount you are eligible for based on your total annual income.

In order to be eligible for the health insurance tax credits, you must comply with the following requirements:

- File taxes for the year in which you are receiving health insurance coverage.
- Report any changes affecting your eligibility as required above.

Cost Sharing Reductions Information

Based on your income, you can receive more financial assistance for insurance. Cost sharing reductions bring down the amount you have to pay for your health care out-of-pocket (in other words for medicines at the drug store or for co-pays at the doctor's office). For instance, if your income goes down, your copays or deductibles may be lowered. The level of reductions depends on your household income. If your household income changes, your copays and deductibles may also change.



You have a RESPONSIBILITY to provide Social Security numbers (or proof that you have applied for one) for yourself and the members of your household, as a condition of eligibility. The collection of information on the application, as well as the Social Security numbers of all members of your household for whom you receive assistance, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036 and under Federal Law (45 CFR 155.305 and 42 CFR 435.910). This information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP, Medicaid, RIW, GPA, CCAP, and/or Commercial Health Insurance with Financial Help. The Department will verify this information through computer matching with the Department of Labor and Training, the Social Security Administration, the Internal Revenue Service, the Food and Nutrition Service, and other governmental and non-governmental entities authorized by law, regulation or contract, and they will be subject to verification by Federal, State, and local officials. The income and eligibility information obtained from these agencies will be used to make sure your household is eligible for and receiving the correct amount of SNAP benefits, GPA, Child Care, RIW, Medicaid, and Commercial Health Insurance with Financial Help. This information will also be used to monitor compliance with program regulations, for program management as well as to prevent fraud and verify health care claims.

This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a claim arises against your household, the information you provided on your application, including all SSNs, may be referred to Federal and State agencies as well as private claims collection agencies for claims collection action. Providing the requested information is voluntary. However, failure to provide a SSN will result in the denial of benefits to any individual applying for benefits. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

You have a RESPONSIBILITY to cooperate fully with state and federal personnel conducting quality control reviews.

You have a RESPONSIBILITY to cooperate with the Office of Child Support Services if you receive RI Works, Child Care Assistance or Medicaid. You must help establish, modify, or enforce child support for the child(ren) in your care, and establish paternity (if necessary). If you can show that you have a good reason to believe that cooperating with the Office of Child Support Services puts you, your children, or the children in your care at risk of harm from the non-custodial parent, you may claim good cause not to cooperate.

RI WORKS PROGRAM, MEDICAID, CHILD CARE ASSISTANCE AND GENERAL PUBLIC ASSISTANCE LIENS AND ASSIGNMENTS

Pursuant to Rhode Island General Law, Sections 40-6-9, 40-6-10, or 40-8-15, without the necessity of signing any document:

a.) Regarding Child Support and Establishment of Paternity

I have assigned any and all rights that I may have for and on behalf of myself, and for and on behalf of my child or children, to the Department of Human Services (DHS) whether acting on its own or as an eligibility agent of the Executive Office of Health and Human Services (EOHHS), against any person failing to provide for support, maintenance, and medical care for myself and my minor child or children for whom assistance is paid by either or both agencies. In this capacity, the DHS is authorized to institute a suit to establish paternity and/or to collect support for myself or my child or children who receive or received assistance from the DHS and/or EOHHS. If I stop getting financial assistance or Medicaid, I must tell the Office of Child Support Services about any changes that affect child/medical support such as if my child moves out of my home or there is a change in my address.

b.) Regarding Amounts Recoverable from a Third Party



I have assigned any and all rights to the DHS or EOHHS, for and on behalf of myself and any person who I am legally authorized to represent, for amounts recoverable from a third party equal to the amount of financial assistance and Medicaid provided as a result of accident, injury, or illness.

c.) Regarding Amounts Recoverable from Workers' Compensation

The Department of Human Services and/or Executive Office of Health and Human Services may place a lien upon any pending award, order, or settlement, which I may be entitled to under the provisions of the Rhode Island Workers Compensation Act, Chapters 28-29 through 28-38 of the Rhode Island General Laws. The purpose of the lien is to secure reimbursement to the State for financial and Medicaid payments made to me or on my behalf for the period of time for which workers' compensation award, order, or settlement is made.

d.) Regarding Lien on Deceased Recipient's Estate for Medicaid Reimbursement

In accordance with R.I.G.L. 40-8-15, the EOHHS may place a lien upon the estate of a Medicaid recipient who was fifty-five (55) years of age or older at the time of death. For purposes of this section the term "estate" with respect to a deceased individual shall include all real and personal property and other assets included or includable within the individual's probate estate. The total sum of Medicaid paid on behalf of a Medicaid recipient who was fifty-five (55) years of age or older at the time of receipt is a debt to the state and constitutes a lien upon the estate of the recipient in favor of the EOHHS. However, the lien is effective and does not apply to the estate of a recipient who is survived by a spouse, or a child who is under the age of twenty-one (21) or a child who is blind or permanently and totally disabled as defined in Title XVI (SSI) of the Social Security Act. Tribal lands and certain properties belonging to American Indians and Alaskan Natives may be exempt from recovery.

Understand that your application will serve as authorization to the Department of Human Services to obtain from Medical providers information that is pertinent to you or any person included in your application for as long as the case remains open.

Understand and agree that the DHS office may contact other persons or organizations to obtain the necessary proof of your eligibility and level of benefits.

I also understand that EOHHS and DHS can use or share information I provided on my application and in my private account for the administration of any programs for which I applied and/or may be providing me with benefits in accordance with state and federal law, contract and regulation. The EOHHS and DHS can release non-identifying information for research purposes. Any release of identifying information must be done in accordance with state and federal law.

Commercial Health Insurance Plan: Termination by You

You may terminate health insurance coverage for any member of your household at any time. Their coverage will end on the last day of the month in which you submit your request. For example, if you request to terminate your coverage on May 17th, your last day of coverage would be May 31st. Please note: you may have to pay a penalty if you do not have health insurance coverage.

Commercial Health Insurance Plan: Termination by Your Carrier or by the Exchange

The following member(s) of your household may be enrolled in a Commercial Health Insurance Plan:

Name
[REDACTED]



Account #: PII REDACTED

Your coverage, or the coverage for any member of your household in a commercial Health Insurance plan can be cancelled only if the following things happen:

- if you or your household member are no longer eligible for affordable coverage through Medicaid or HealthSource RI
- if you or your household member does not pay premiums and your grace period ends (45 CFR § 155.430(b)(2)(ii)),
- if you or your household member's coverage is ended due to fraudulent information in your application,
- if you or your household member's insurer goes out of business, loses its license or certification under state law, and
- if you or your household member changes to another plan offered on HealthSource RI during an open or special enrollment period.

If you have special health care needs

You and members of your household might qualify for more services through Medicaid if anyone in your household has special health care needs.

- Does anyone in your household have a disability?
- Does anyone in your household need nursing home care or other long term care services?
- Does anyone in your household have high or frequent medical bills?

If so, find out if they qualify based on special health care needs. Call (855) 712-9158 or visit www.HealthSourceRI.com for more information.



Date : 05/13/2023

Account Number : PII REDACTED



STATE OF RHODE ISLAND

P.O. BOX 8709

CRANSTON, RI 02920-8787

APPEAL RIGHTS

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Deadlines for appeals and asking for a fair hearing

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GPA	10 days from the notice mail date	Yes, but the request must be made in writing
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All other programs	30 days from the notice mail date	Yes



Expedited Appeals

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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 <https://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) _____



Account #: PII 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 ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 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 dyédɛ gbo: Ɔ jũ ké m̃ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m̃ 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).

