



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.

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
Private 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 Private 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, PO 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:

_____ Medicaid

_____ Purchased plan through HSRI

_____ Both/Unsure

Human Services:

_____ SNAP

_____ RIW

_____ SSP

_____ GPA

_____ CHILD CARE

_____ Other (Please explain) _____

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 _____

For More information visit www.healthyrhode.ri.gov
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