

## **RIGHTS AND RESPONSIBILITIES**

Of Applicants/Beneficiaries of RI Works Program (RIW), Supplemental Nutrition Assistance Program (SNAP), Medicaid and Private Health Insurance with Financial Help (ACC, EAD, KB, LTSS), Child Care Assistance, General Public Assistance (GPA), RI SSI State Supplemental Payment Program (SSP)

### **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 have a RIGHT** to appeal and to receive an administrative fair hearing if you disagree with any agency actions or if there are delays in the process of your application. Hearings are the responsibility of the Executive Office of Health and Human Services Hearing Office, which has been designated to serve as the appeal entity for all public-funded health and human services programs included in this application. If you request an appeal, your hearing must be held promptly. You may be represented by a lawyer or any other person you select to appear on your behalf. For some programs, your benefits or services may be continued until a hearing decision is made if you appeal by certain deadlines. See the chart below for details.

<b>Program</b>	<b>You must file an appeal in:</b>	<b>Will benefits continue if the appeal is made within 10 days of the notice?</b>
Medicaid/Private Health Insurance with Financial Help	30 days after the notice date, which begins five days after mailing	Yes
SNAP	90 days from the notice mail date	Yes
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 request must be made in writing
All other programs	30 days from the notice mail date	Yes

**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, sex, 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. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or 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. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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 EOHHS and the Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, 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 206 Elmwood Avenue, Providence, RI 02907 telephone number 415-8500 (for deaf/hearing impaired 1-800-745-6575 Voice; 1-800-745-5555 TTY, or 711). 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.

**You have a RIGHT to confidentiality. Under state law, all agencies administering programs included as part of this application are bound by state and federal laws and regulations to use information about you and other members 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 health information about you or any member of your household with anyone, including unauthorized representatives. This includes disclosure of mental health information, HIV, AIDS, STD test results or treatment and chemical dependency services.

I understand that by signing this application, I am giving the EOHHS and the DHS my consent to use or disclose protected health information for the purposes of treatment, payment and health care administration in accordance with applicable agency notices of privacy practices. 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 file a joint application for more than one program or file a separate application for SNAP or Medicaid benefits without applying for other program benefits. All SNAP applications, regardless of whether they are joint applications or separate applications, must be processed for SNAP and Medicaid purposes in accordance with procedural, timeliness, notice, and fair hearing requirements. No household shall have its SNAP or Medicaid application denied solely on the basis of an agency action related to eligibility for another health and human services program without a separate determination by the appropriate agency that the household failed to satisfy a SNAP or Medicaid eligibility requirement. Households that file a joint application for SNAP and another program and are denied benefits for the other program shall not be required to resubmit the joint application or to file another application for SNAP, but shall have its SNAP eligibility determined based on the joint application in accordance with the SNAP processing time frames from the date the joint application was accepted by the Department.

**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 (for SNAP and RIW). 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.

**If you are applying for Medicaid affordable health care coverage**, the EOHHS requires that the Department must:

- Provide you with thirty (30) days to give us the information we need to review your eligibility. If you don't give us the information or ask for more time we may deny, end, or change your health care coverage.
- Notify you, in most cases, at least ten (10) days before we stop your health care coverage.
- Give you a written decision, in most cases, within thirty (30) days on an application for eligibility. Health care coverage and some disability cases may take forty-five (45) to ninety (90) days.
- Continue Rhode Island Medicaid coverage while we decide if you are eligible under another program.

## **RESPONSIBILITIES**

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

**You have a RESPONSIBILITY** within ten (10) days for most programs and within thirty (30) days for Private Health Insurance with Financial Help of any changes in your income, resources, family composition, or any other changes that affect your eligibility for benefits. For Medicaid, the ten (10) days begins five (5) days after the date the request for information was sent via email (transmittal date) or U.S. mail (postmark date). If you don't give us the information or ask for more time, we may deny, terminate suspend or change your health care coverage or benefits. For RIW Cash and CCAP, you must tell us within five (5) days when a child leaves your household for any reason. For SNAP, if you are a simplified reporter, you must report changes in income which bring the household's gross monthly income over the allowable amount for your household size. If you are unsure about your reporting requirements, contact DHS for assistance.

**You have a RESPONSIBILITY** if you are applying for CCAP, to find a suitable child care provider for your child(ren) and to make appropriate arrangements to have your child(ren) attend that provider. The Department of Human Services will pay only for those hours when you are either at work or involved in a DHS approved education/training activity, and the cost of any child care in excess of those hours is your sole responsibility. If found eligible, you may be responsible for a share of the child care cost (co-payment) and you are responsible to make such payment directly to your child care provider. If you are not found eligible, you have thirty (30) days from the date on the written notice to request a hearing in writing to appeal your ineligibility. If the decision of the hearing is not in your favor, DHS is not responsible for any of the child care costs that you may have incurred with your child care provider. By signing this form, you are authorizing the Department of Human Services to inform the child care provider(s) after you have been notified if your child care assistance has been approved, discontinued or denied.

**You have a RESPONSIBILITY to provide Social Security numbers (or proof that you have applied for one) for yourself and your household, or to apply, if you are required to, for them 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 regulations (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, Private 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 Private 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.**

**Information you provide 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 on this 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 report and provide proof of your expenses shown in questions 16 through 19 in order to get the maximum amount of SNAP benefits allowed. Failure to report or provide proof of your expenses will be regarded as your statement that you do not want to receive a deduction for the unreported or unproven expense.

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

Only U.S. citizens and certain legal immigrants may be eligible for SNAP benefits. If there are non-citizens living with you who are not eligible, you may still apply for and receive benefits for other eligible household members. You are not required to provide immigration information for people not applying for benefits, but you may need to provide other information for those people, such as, income and resources.

**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.

**You have a RESPONSIBILITY** to apply for and make a reasonable effort to get potential income from other sources when you ask for or receive RI Medicaid coverage.

### **Information about Private Health Insurance with Financial Help**

If you enroll in a private health insurance through HealthSource RI and you do not provide enough information for HealthSource RI to verify your eligibility to purchase a plan or receive a reduced-cost plan, or if any information you provide is not verifiable, you will have ninety (90) days to provide further information to satisfy HealthSource RI's eligibility requirements. During this time, you should work with HealthSource RI staff to try to provide any missing information or resolve any inconsistencies so that you may obtain coverage as soon as possible, or, if you are provided conditional eligibility, you may avoid a disruption in coverage. If you enroll in private health insurance through HealthSource RI and you have a change in income, you must notify HealthSource RI within thirty (30) days of that change. A change in income could change the tax credits or cost-sharing reductions for which you are eligible to help you pay for insurance. We base your tax credit on the income you put on this application. If your income goes up, you will qualify for less of a tax credit on your health coverage. If you don't tell us about your income changing, we will continue to offer the same discount every month but you may have to pay that money back at tax time.

Premium rates are subject to change based on the health insurance carrier's underwriting practices and your selection of available optional benefits, if any. Final rates are always determined by the health insurance carrier. Premium rates are for your requested effective date ONLY. If the actual effective date of your policy is different from your requested effective date, the actual cost of your policy may differ from the rates listed on healthsourceri.com, due to rate increases or policy changes from the insurance company and/or one or

more family members having a birthday. (Rates are highly dependent on age.) The carrier you selected may not guarantee their rates for any period of time until a contract is signed.

**RIW Restrictions on Use of EBT Cash Benefits and Penalties:** Pursuant to Section 4004 of Public Law 112-96, it is prohibited for a TANF recipient to use their TANF cash assistance benefits received under RI Works, Rhode Island General Laws 40-5.2 et seq., in any electronic benefit transfer (EBT) transaction in:

- any liquor store; or
- any casino, gambling casino, or gaming establishment; or
- any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Any person receiving cash assistance through the RI Works Program who uses an EBT card in violation of the above standards shall be subject to the following penalties:

- For the first violation, the household will be sent a warning that a prohibited transaction occurred;
- For the second violation, the household will be charged a penalty in the amount of the EBT transaction that occurred at the prohibited location;
- For the third and all subsequent violations, the household will be charged a penalty in the amount of the EBT transaction that occurred at the prohibited location AND for the month following the month of infraction, the amount of cash assistance to which an otherwise eligible recipient family is entitled shall be reduced by the portion of the family's benefit attributable to any parent who utilized the EBT card in a restricted location. For a family size of two (2), the benefit reduction due to noncompliance with use of EBT at a restricted location shall be computed utilizing a family size of three (3), in which the parent's portion equals to one hundred and five dollars (\$105).

**RIW/SNAP EBT Card Replacement Provisions:**

Cardholders who request four (4) or more replacement EBT cards within a twelve (12) month period may be referred to the Fraud Unit for investigation of misuse or abuse of the EBT card. Documented violations may result in one or more of the following actions:

- Disqualification from the program;
- Recovery through recoupment/restitution; and/or
- Referral for criminal prosecution

In all cases, the agency shall act to protect households containing homeless persons, elderly or disabled members, victims of crimes, and other vulnerable persons who may lose EBT cards but are not committing fraud.

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

I understand that pursuant to Rhode Island General Law, Sections 40-6-9, 40-6-10, or 40-8-15:

**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 for financial and Medicaid payments made to me or on my behalf by the State 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" of the 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.

I understand that as a condition of receiving RIW benefits, all persons from whom I am requesting RIW, unless exempt by law, are required to comply with the RIW Program requirements.

I understand that this application will serve as authorization to the EOHHS to obtain from health care providers information that is pertinent to me or any person included in this application for as long as the case remains open.

I understand and agree that the agency representative may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

**SNAP PENALTY WARNINGS**

**I understand that:**

**Any member of my household who intentionally breaks a SNAP rule will be barred from the SNAP from one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. S/he may also be barred from SNAP for an additional 18 months if court ordered. Any member of my household who intentionally breaks a SNAP rule can be barred from the Supplemental Nutrition Assistance Program:**

- For a period of one (1) year for the first violation, with the exceptions in numbers 1. through 5. below;
- For a period of two (2) years after the second violation, with the exceptions in numbers 1. through 5. below; and,
- Permanently for the third occasion of any intentional program violation.

**1. Individuals found by a Federal, State, or local court to have used or received SNAP benefits in a transaction involving the sale of firearms, ammunitions or explosives shall be permanently ineligible for the Supplemental Nutrition Assistance Program upon the first occasion of such violation.**

**2. Individuals found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in the Supplemental Nutrition Assistance Program for a period of ten (10) years.**

**3. Individuals found guilty by a Federal, State or local court of law for using or receiving**

**benefits in a transaction involving the sale of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) will not be eligible for benefits for two years for the first offense, and permanently for the second offense.**

**4. Individuals found guilty by a court of law for buying or selling illegal drugs or certain prescription drugs in exchange for SNAP benefits will be prohibited from participating in the SNAP for 24 months for the first offense and permanently for the second offense.**

**5. An individual convicted by a Federal, State, or local court of having trafficked benefits for an aggregate amount of \$500 or more shall be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.**

*Trafficking* as defined in 7 CFR 271.2 means:

- 1) Buying, selling, stealing or attempting to buy, sell, steal, or otherwise effect an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signature, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone;
- 2) The exchange of firearms, ammunition, explosives, or controlled substances for SNAP benefits;
- 3) Purchasing a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount;
- 4) Purchasing a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food; or
- 5) Intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.

**DO NOT lie or hide information to get or continue to get SNAP benefits that your household should not get.**

**DO NOT use SNAP benefits to buy non-food items, such as alcoholic drinks and cigarettes or to pay on credit accounts.**

**DO NOT trade or sell (or attempt to trade or sell) EBT cards or use someone else's EBT card for your household.**

DHS and EOHHS can use or share information on this application for the administration of programs, as well as the administration of other federally funded assistance programs to the extent allowed in State and federal law, contract and regulation.

DHS can release non-identifying information for research purposes. Any release of identifying information shall be done in accordance with State and federal law.