STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787

APPEAL INSTRUCTIONS

Deadlines
You must request your appeal within the number of days mentioned on your enclosed notice. 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.

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"). You can only request Aid-Pending if you appeal within 10 days after you receive the notice you are challenging, unless you are appealing an eligibility redetermination made by HealthSource RI. 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). 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 pay monthly premiums, you must still pay those premiums during the Aid-Pending period. 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. 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 receive SNAP, RIW or GPA benefits and receive Aid-pending, and then 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 Effected
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 Private 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: _____

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

☐ Private Plan - HealthSource RI

☐ Both/Unsure

Human Services:

☐ SNAP

☐ RIW

☐ SSP

☐ GPA

☐ CHILD CARE

☐ Other (Please explain) _____

For More information visit www.healthyrhode.ri.gov
Para más información visite www.healthyrhode.ri.gov
Para mais informações visite www.healthyrhode.ri.gov

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 ☐ PRIVATE 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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