RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

COMMUNITY PARTNER TOOLKIT 2016

For questions or concerns, contact DHS directly:

COMMUNITY PARTNER INFORMATION LINE

(401) 415-8222

COMMUNITY PARTNER EMAIL

DHS.Advocates@dhs.ri.gov

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Dear Colleague:

The Rhode Island Department of Human Services (DHS) recognizes that community partners are often the first individuals customers seek when they are in need of health and human services and referrals. You play a vital role in ensuring that our customers learn about the programs offered by DHS. In order to provide you with support as we transition into a new eligibility system we are excited to share with you our Community Partner Toolkit.

This toolkit is designed to help community partners facilitate customers' access as they navigate the online customer portal that is being launched by DHS, answer some of the questions you may have and offer a direct information line for partners to call with questions to report any glitches that you may encounter.

The customer portal will help families apply for benefits, receive email notices, manage their DHS account 24 hours a day / 7 days a week, and upload supporting documents needed for their eligibility determination. For example, the toolkit contains instructions on how to create a log-in for the customer's account, and explains the types of documentation a customer will need, in order to apply for benefits or recertify eligibility.

We at DHS are working to transform human services by working more effectively for our community. We cannot do this work without your support, and our hope is that this toolkit provides you with the information that you need to empower our customers in managing their benefits.

Sincerely,

Melba Depeña Affigne
Director

OVERVIEW OF PROGRAMS

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low-income families purchase food. A household's income (earned and unearned), certain allowable deductions, and various other criteria are used to determine eligibility. To determine eligibility for SNAP, DHS requires a customer or authorized representative to participate in an interview over the telephone or in an office.

Rhode Island Works (RIW)

RIW provides cash assistance to eligible families in need of support, including those who are unable to work, in training, and/or looking for a job. For a household to be potentially eligible for RIW, they must contain a child under age 18, or between ages 18 and 19 in certain circumstances. Pregnant women with no other children may qualify if they are in the third trimester of pregnancy. RIW requires an interview with a DHS employee.

Child Care Assistance Program (CCAP)

CCAP is available to certain Rhode Island families to cover childcare costs for the hours of the parent/guardians' employment and/or short-term training. Families may be required to pay a co-payment based on their household size and income level. Families participating in RIW may automatically meet eligibility requirements for CCAP.

General Public Assistance (GPA)

GPA is for adults aged 18-64 years with limited income and resources that have a chronic or disabling illness/medical condition preventing them from working. Adults with a pending application for Supplemental Security Income (SSI) may be eligible for GPA benefits.

Eligibility determination for Medicaid affordable health care coverage must be completed prior to a determination of GPA eligibility based on a disabling condition.

Long Term Services and Support (LTSS)

LTSS is a program for individuals with particular clinical "level of care" needs, who also meet certain income/resource requirements. Medicaid LTSS may be provided in a health institution such as the individual's home, a nursing home, or in other community settings. The range of long-term services Medicaid covers includes, but is not limited to; homemaker/certified nursing assistant services, environmental modifications, case management, self-directed care, respite, minor home modifications, and shared living. The range and choice of services is based on an individual's care needs.

SSI State Supplemental Payment Program (SSP)

For eligible individuals, the State of Rhode Island provides a supplement to their SSI benefit. Authorization of the monthly SSP for current SSI recipients will be completed automatically when applying through the Social Security Administration (SSA). Applicants for SSP who have been denied for excess income must meet particular eligibility standards established by Medicaid for low-income persons. If a customer is eligible based on income, and is claiming a disability not yet reviewed or determined by SSA, the Medicaid Review Team will need to make a disability determination.

Medicaid for Low-Income Elders and Persons with Disabilities (EAD)

To potentially qualify for EAD, an individual or member of a couple must be age 65 years or older and/or be living with a disability. Persons who are blind may also qualify for coverage. Some individuals who have income and/or resources above eligibility limits may qualify for Medicaid if they have high medical expenses each month.

Medicaid for Working People with Disabilities Program/Sherlock Plan

Eligible individuals are entitled to the full scope of Medicaid benefits, home and community-based services, and services needed to gain or maintain employment.

Affordable Care Coverage (ACC)

Medicaid is available for individuals/families who meet particular eligibility requirements, including income and financial resource limits. Individuals/families that are ineligible for Medicaid may be eligible for a tax credit to help pay for a private a health plan.

Medicare Premium Payment Program (MPP)

Eligibility for the Medicare Premium Payment Program (MPP) is based on income and helps adults over age 65 and adults with disabilities pay all or some of the costs of Medicare Part A and Part B premiums, deductibles and co-payments. Medicare Part A is hospital insurance coverage and Medicare Part B is for physician services, durable medical equipment and outpatient services.

Katie Beckett

Katie Beckett provides health insurance coverage to eligible children living at home with complex health needs that typically require the care provided in a health facility. To determine eligibility, only the income and resources of the child who needs coverage are considered. A child may qualify for the same services available through this pathway if family income is within the limits for coverage for the ACC groups.

For more information on these programs, refer to the program guides on page 17.

GENERAL INFORMATION

Implementing an integrated eligibility system

Q: Why is Rhode Island implementing a new eligibility system?

A: The new integrated eligibility system will make it easier for families to apply for, and securely manage, all of their health and human services. Under the old system, customers had to apply separately for health care coverage and programs like SNAP, RIW, CCAP, and LTSS. Customers also had to call or visit an office to provide documentation, update personal information, or renew benefits – which are now able to be completed online. The new system improves the way the state serves our customers and provides convenient 24/7 access to their account.

Q: How does the new eligibility system affect Rhode Islanders?

A: With the new integrated eligibility system, customers can apply for several assistance programs simultaneously using a single application. Applications can be submitted through the secure web portal and information can be verified online, reducing the likelihood of a visit to a DHS field office. The new system also makes it easier for customers to manage their account. Any time, day or night, they can log into their account to view a summary of their assistance, renew eligibility, or report a change.

Q: When did the new system launch?

A: The new system launched on September 13, 2016.

Q: How is the new eligibility system different from HealthSource RI?

A: The new customer portal looks very similar to, and is linked to, HealthSource RI. Now it also provides the ability to apply for additional assistance programs.

Q: What agencies are responsible for implementing the new eligibility system?

A: Several agencies, including the Department of Human Services, the Executive Office of Health and Human Services, and HealthSource RI are responsible for implementing the new system.

HOW TO APPLY FOR ASSISTANCE

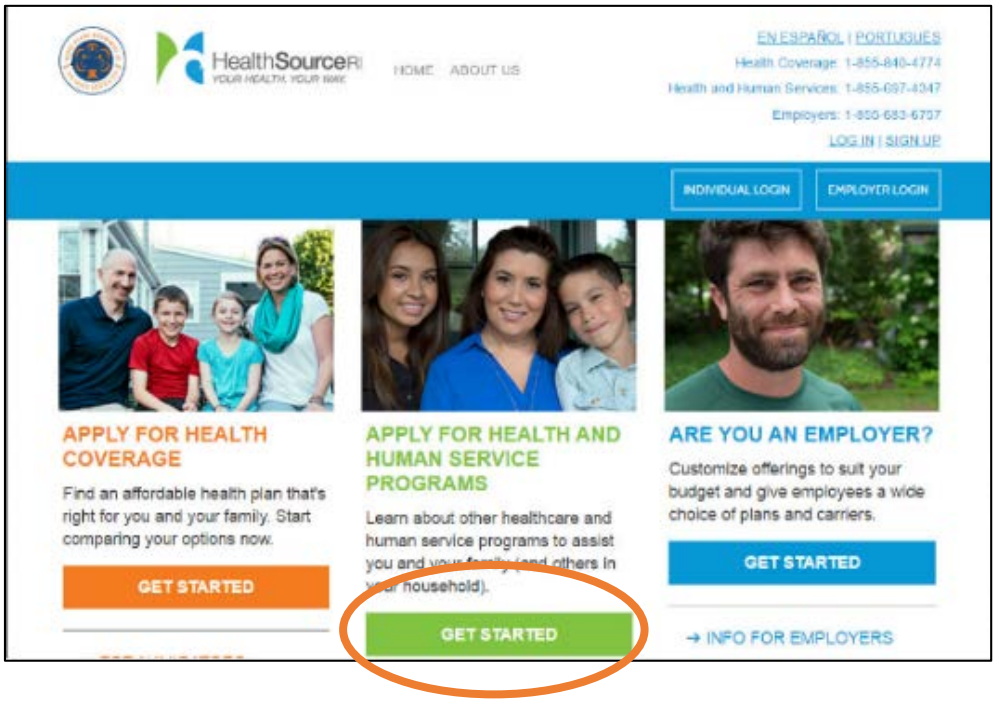
Q: What programs can customers apply for using the new eligibility system?

A: Customers can apply for all the programs listed on pages 3 and 4 of this guide.

Q: Where is the online application?

A: The online application can be found at www.healthsourceRI.com, www.healthyrhode.ri.gov, and www.dhs.ri.gov

Click ***Get Started*** to begin the application process.



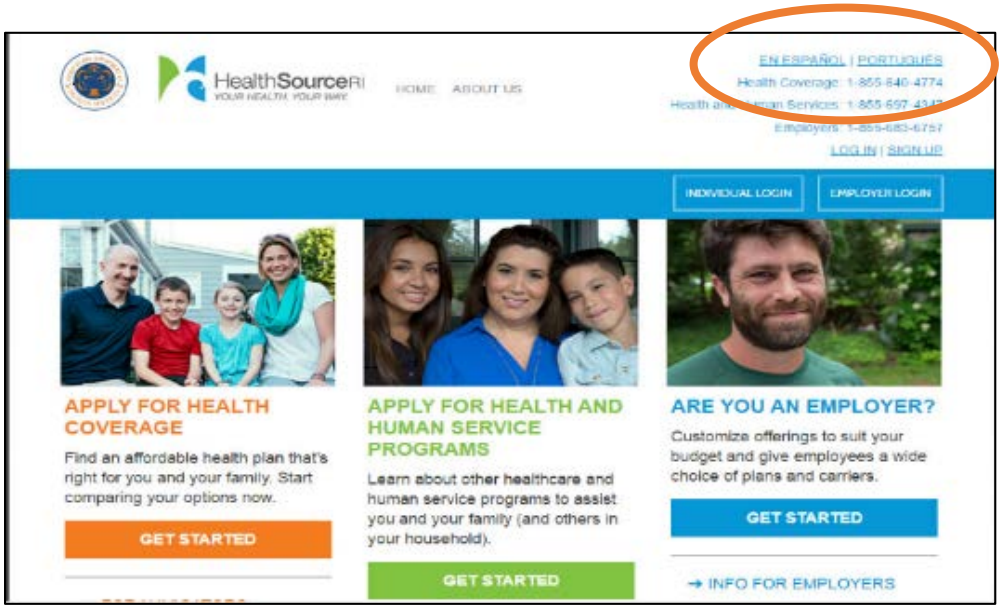
To use a screening tool, click ***See If You Qualify***

To apply click, ***Apply Now***

Q: **Can families apply online in a language other than English?**

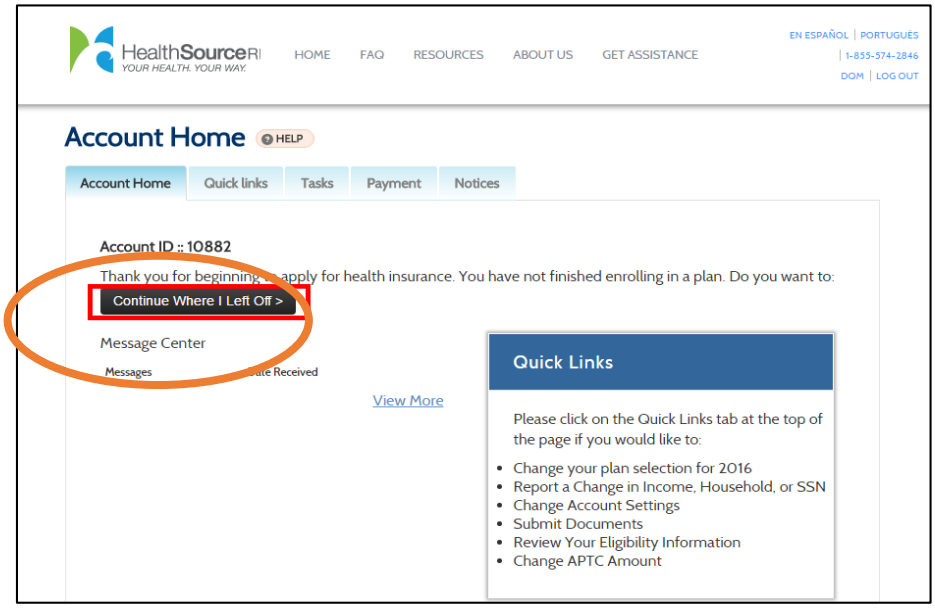
A: Families can apply online in Spanish or Portuguese.

Click either in ***En Español*** or ***Portugues*** links from the top right hand corner of any page.



Q: **If a customer starts an application online, but runs out of time, can they finish it later?**

A: Yes, an incomplete application can be saved and completed later. When returning, click ***Continue Where I Left Off*.**



APPLICATION Q&A

Q: Can customers still apply using a paper application?

A: Yes, it is still possible to apply using a paper application. Customers can pick up the application form from their local DHS office, complete it, and drop it off or mail it to their DHS office. They can also download the application for assistance from the DHS website.

Q: Can customers still apply using the existing Food Stamp Web Application?

A: No. The Food Stamp Web Application has been replaced by the new eligibility system.

Q: Is there someone who can help customers if they are not computer-savvy?

A: Yes, if a customer is uncomfortable using a computer or unable to access one, they may come in to any DHS office for assistance. Call DHS at 1-855-MY-RIDHS (1-855-697-4347) or visit www.dhs.ri.gov/DHSOffices/ to find the location of the office nearest them.

Q: If a customer is applying for health coverage, do they need to indicate whether they are applying for RIte Care or a qualified health plan?

A: No, they just need to indicate whether they are seeking help paying for their coverage. From there, the system will determine what program(s) the customer may be eligible for.

Q: If a customer currently has health coverage through HealthSource RI, and they apply online for human services, will DHS be able to see the information they entered previously while applying for health insurance?

A: Yes, they will not have to re-enter this information. All the information on their HealthSource RI account including address, phone number, email address, and other personal information will be automatically used if they apply for other human services programs. Any changes or updates to this information can be done online.

Q: If a customer is applying for benefits online, how do they provide the required verification documents to prove their identity and income?

A: The new eligibility system allows customers to upload documents to the online application. They no longer have to mail them in or drop them off at a DHS office. If they do not have the ability to provide documentation electronically and/or prefer to come into a DHS office, they still can do that. A worker will scan the documents for them, save the documents to their case, and return the originals to them.

Q: How do customers upload documents if they do not have access to a scanner?

A: Customers can use a mobile phone or tablet with a camera to take a picture of the necessary documents, email the picture to themselves (or their community helper), save the picture on the computer they are using, and follow instructions for uploading the file.

Q: What type of information do families need to apply for human services programs either online or in a DHS office?

A: The application process requires various types of information about families and members of their household in order to determine their eligibility for benefits and/or services. Generally, the following types of information are requested –

- Who the customer lives with and their relationship (e.g., mother, father, child, etc.).
- Who in the household is requesting assistance.
- What financial assets/income the customer and the members of their household have.
- What expenses and/or medical coverage the household has.
- Information on any authorized representatives they wish to add to their account.

Turn to page 17 of the Toolkit to review the Desk Guides, which describe in more detail what documentation may be necessary to determine program eligibility.

Contact a DHS customer service representative at 1-855-MY-RIDHS (1-855-697-4347) with any questions.

Q: Can families apply for or renew all types of Medicaid online?

A: Yes, the new eligibility system enables families to apply for Medicaid affordable care coverage as well as all other types of Medicaid, including LTSS and Katie Beckett.

Q: Will the process to apply for RIte Share change?

A: No, the application process remains the same. If a customer is found to be eligible for RIte Share, the system will automatically refer their application to the RIte Share Unit and the enrollment process will begin.

Q: Is there an app that customers can use on their phone to apply for benefits?

A: No, a mobile app is not currently available.

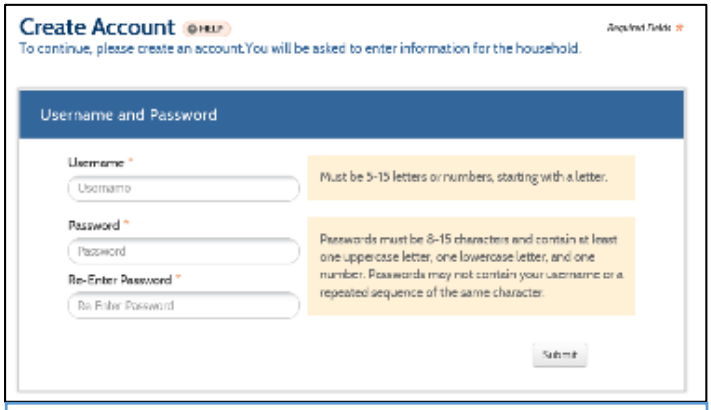
CUSTOMER PORTAL ACCOUNTS

With the launch of the new integrated eligibility system, the existing customer portal is being enhanced with additional functionality for both health insurance *and* human service programs. To use the enhanced customer portal, customers need to either create a new account or access their existing account with a username and password.

Once customers have a username and password, they will be able to view their account online at any time to get answers to some of their case-specific questions and perform case functions. Their account may help them avoid unnecessary trips to a DHS office.

Q: If a customer already has an account on HealthSource RI, will it work with the new eligibility system?

A: Yes, a customer's existing username and password will provide access to the new, enhanced customer portal.



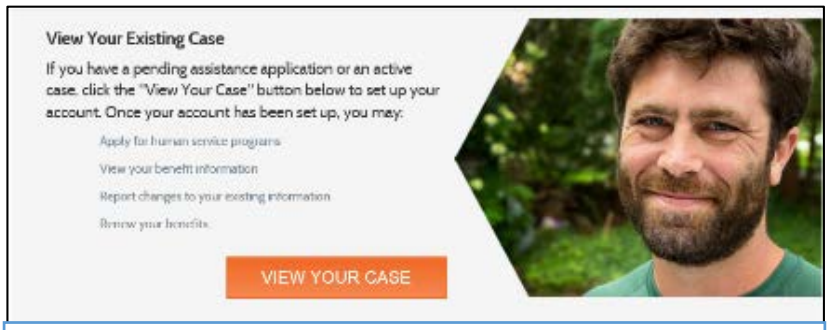
New customers must create an account to apply for assistance

Q: What if a customer received benefits though HealthSource RI but never created an account?

A: If a customer received benefits from HealthSource RI, then an account was created for them by the worker who helped with their application. They will receive a notice alerting them to the existence of this account – and how to access it – the next time an action is taken on their account.

Q: If a customer applies in the office and wants to view their case on the customer portal, how can they do this?

A: Yes, customers can view their existing case information by selecting to link their account on the customer portal. After providing their DOB and either SSN or Individual Number, they will be able to see the existing information on their case via their account.



After a case has been created in a local office, customers can log on and create an account to view their existing case.

Q: If a customer forgets their username or password, what is the process for recovering that information? Who can they call if they can't remember the answers to the security questions?

A: If a customer has trouble logging in, there is a ***Forgot Username/Password*** link they can access after clicking ***LOG IN*** on the upper right corner of the home page. This leads to security questions to help recover information. If they do not remember the answers to their security questions, they may call HealthSource RI for assistance at 1-855-840-4774.

Q: Can customers set up an account if they are not the head of their household?

A: Yes, if a customer is part of an account but they are not the head of their household they can still create an account through the Customer Portal at https://healthyrhode.ri.gov and accessing the ***SIGN UP*** option in the upper right corner. It enables them (or someone helping them) to create an account and link to the case with which they are currently involved. They will be able to view benefit information, but they will not be able to report changes on the account; only the head of household is authorized to make changes.

Q: Will the system define a "household" differently for SNAP and affordable coverage through Medicaid? Will customers need more than one account?

A: The system does consider different definitions of "household" based on program policy and regulation and determines which rules apply to a household's specific case. Families do **not** need to apply separately for different services and they do **not** need to create more than one account.

Q: If a customer has already received services from DHS, but they do not yet have an online account, can they create one and handle their renewal online?

A: Yes, customers can create a linked account at https://healthyrhode.ri.gov and submit their renewal information online.

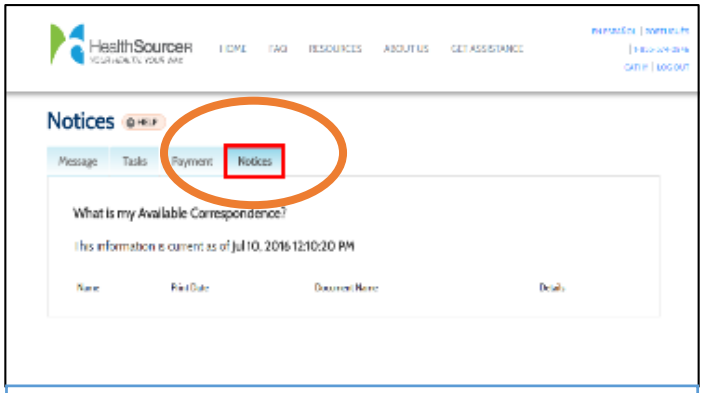
IDENTITY VERIFICATION AND PROOFING

Q: Do customers need to provide proof of their identity to apply for health coverage or human services benefits?

A: If they are applying for health coverage, they **are required** to provide proof of their identity. If they cannot provide this information, they cannot apply online for health coverage. If they have questions about this requirement or the application process, they should contact a customer service representative at HealthSource RI at 1-855-840-4774. If a customer is applying only for human services benefits like SNAP, child care, or cash assistance, they are **not required** to provide proof of their identity.

Q: How will customers know they need to provide a verification document in order to complete the application process?

A: A notice is sent to the customer if further documentation is needed. They can also log in to their account to see what may have been requested. Customers can access the Notices tab on the Customer Portal to learn what more they may need to submit.



Copies of document requests are available on the Customer Portal.

Q: What happens after a customer submits a verification document online? How quickly will their application be processed?

A: Once a customer submits their verification document online, the new eligibility system alerts a worker to review their information and process their application or change. If no additional documents are required, most applications will be processed quickly and in the or in which they were received.

Q: What other types of documents are needed to apply for health care or human services benefits?

A: All documents required of individuals and families applying for health care and human services benefits are listed on the HealthSource RI website.

Some examples of required documents are also included in the Desk Guides at the end of this toolkit.

GETTING HELP

How to get help and check status of applications online

Q: Will staff be available in DHS offices to help customers complete an application and answer questions?

A: Yes, all DHS offices will have computers and workers available to help customers apply for benefits. Families can locate the DHS office nearest to them on the DHS.RI.gov. HealthSource RI will also have enrollment assistance available at their walk-in center at 401 Wampanoag Trail East Providence, Monday through Friday from 8:00 am - 7:00 pm.

Additionally, all offices will have workers who can access their case information and answer questions about benefits and any programs offered by DHS.

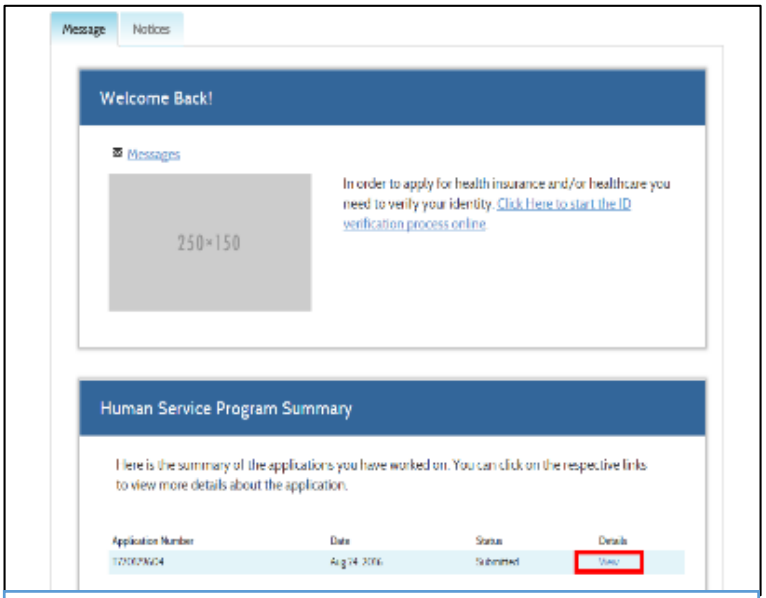
Q: How can customers check status of their application?

A: Customers can use the ***Check My Benefits*** link when they log into the Customer Portal. The ***Check My Benefits*** page allows them to see the status of any program for which they have applied. They will be able to see if their application is pending, approved, closed, or denied. If they prefer, they may call a DHS customer service representative to ask about their application for human services at 1-855-MY-RIDHS (1-855-697-4347). If they have questions about their health care application, they may call HealthSource RI at 1-855-840-4774. For either call they will need the tracking number of their application, which is provided when they submit their application online.

Q: How can a customer check the status of their human services benefits?

A: Customers can click on the ***View*** hyperlink under the **Human Services Program Summary** section when they log into the Customer Portal. This has a list of all applications which are pending or submitted. Click the ***View*** link to view the details of the application.

Note – if the application is pending, the ***Continue*** link will be displayed, allowing them to continue their application.



Customers can quickly check the status of their benefits online

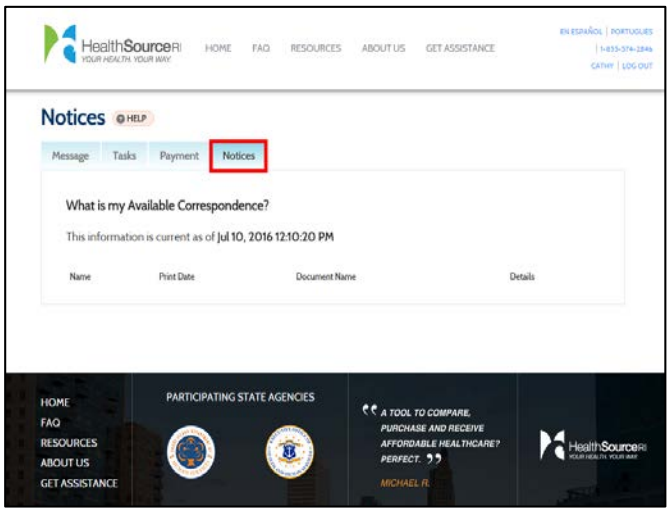
NOTICES

Q: Will customers still get paper notices with the new system?

A: Clients will have the choice of receiving paper notices or "going green" and opting for online-only correspondence. At this time, all SNAP customers will receive paper notices regardless of what communication method they choose.

Q: How will customers know that a notice was sent to them if they don't get a paper copy?

A: Customers opting to receive electronic communications will receive an email alert when there is a notice waiting for them to read online. They can access the notice in the **Notices** tab in the Customer Portal.



Q: If a family receives some services from HSRI and others from DHS, will they get multiple notices?

A: One of the benefits of the new system is the ability to combine notices. In general, they should receive fewer notices. They may choose to receive all notices online, eliminating paper notices altogether. As mentioned above, all SNAP customers will continue to receive paper notices regardless of what communication method they choose.

Q: What if a customer gets a notice that they don't understand?

A: All notices contain contact information, so please instruct customers to look at the top of the notice (whether online or paper) for the correct number to call.

Q: Will notices be in different languages?

A: Initially not all notices will be translated into Spanish and Portuguese. Notices will contain text in Spanish and Portuguese directing customers to someone who speaks these languages to discuss their application and/or benefits. In the future, fully translated notices will be made available to customers.

Q: Will there be new notices as part of the new eligibility system?

A: Yes, the new system will include new notices, including a **Benefits Decision Notice** (formerly the Combined Notice of Eligibility) which explains eligibility decisions for all programs applied for. In the past, separate notices were sent to confirm or deny eligibility for different programs. Now, these decisions will all be communicated in one document.

EBT CARDS

Q: What are EBT Cards and how can they be used?

A: Electronic Benefit Transfer (EBT) cards are the safe, convenient and easy way for customers to use their RI Works cash assistance and SNAP benefits. The EBT card is similar to a bank debit card. If a household is approved for RI Works, they can use the card to pay for purchases at approved stores and withdraw cash from approved ATMs. SNAP customers can use the card to buy eligible items at approved vendors.

Q: What is the Customer Service Number for EBT Card Services?

A: Customer Service Number is 1-888-979-9939

Q: How and when do customers get their benefits with the Rhode Island EBT Card?

A: Each month their benefits will automatically be added to their account. As they use their benefits to get cash or buy goods, their account balance will decrease. SNAP benefits are deposited to their account on the 1st of each month. RI Works cash assistance benefits are deposited to their account on the 1st and 16th of each month.

Q: Where can customers use their EBT Card?

A: Customers can use their EBT card at participating stores and ATMs (for cash benefits only) across the country. Cash assistance customers can also use their card wherever they see NYCE or Quest logos.

Q: If a customer loses their card, what should they do?

A: If a customer's EBT card is lost, stolen, or damaged and they need a replacement card, instruct them to call customer service toll-free at 1-888-979-9939.

Q: Where can customers pick up the replacement EBT cards?

A: Customers can no longer pick up replacement EBT at their local DHS office. Except in certain emergency circumstances, customers will receive replacement cards via US mail.

Q: Where can families check status/balance of their EBT card?

A: To confirm balance of their EBT card, they can create a secure account at EBTedge.com or contact a DHS customer service representative at 1-855-MY-RIDHS (1-855-697-4347). The new eligibility system cannot provide the balance of their EBT card at this time.

WHERE TO APPLY

Online:

www.healthsourceRI.com or **www.healthyrhode.ri.gov**

In-person or by mail:

Providence Office	206 Elmwood Avenue Providence, RI 02907
Pawtucket Office	249 Roosevelt Avenue Pawtucket, RI 02860
Woonsocket Office	800 Clinton Street Woonsocket, RI 02895
Warwick Office	195 Buttonwoods Avenue Warwick, RI 02886
South County Office	4808 Tower Hill Road, Suite G1 Wakefield, RI 02879
Middletown Office	272 Valley Road Middletown, RI 02842

Questions?

Advocate Information Line: 401-415-8222

DHS Call Center: 1-855-MY-RIDHS (1-855-697-4347)

PROGRAM GUIDES

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is Supplemental Nutrition Assistance Program (SNAP)?

- SNAP benefits (formerly known as Food Stamps) are meant to help customers buy healthy foods for themselves and their family, if certain income rules are met. SNAP benefits are given monthly on an EBT card.
- Customers can use SNAP benefits to buy food at local grocery stores, markets, and farmers markets that accept EBT cards.

How to get SNAP Benefits

1. **Complete an application**
   Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. At minimum, they must provide a name, address and signature in order to protect the filing date of the application.

2. **Provide documents to verify eligibility.**

   Some examples of required documentation are:

   - *Proof of income for everyone in the household (everyone who eats and prepares food together), as well as housing, utility, child and adult day care costs, and medical bills (if elderly or disabled).*
   - *Proof of identity of the head of household and/or authorized representative, such as your driver's license, state ID, or other document to prove your identity.*

3. **Interview with a DHS worker, by phone OR in-person.**
   - An appointment date and time will mailed to the customer if he/she applies online or in person.
   - All applications must be reviewed for expedited service. Those who qualify for expedited service, will receive benefits within 7 days.

DHS may determine your eligibility in 1 day if you go into the office with all needed documents and are able to wait for an available worker.

What happens after the interview?

- Letters will be mailed if more information is required to process eligibility.
- An approval or denial letter will be mailed within 30 days of the date of the application. If the household qualifies for expedited service, benefits will be received within 7 days.
- Households will need to recertify when their eligibility expires. They will be mailed a renewal packet at 12 months for simplified reporters, or 24 months for change reporters. Simplified reporters will also receive an interim report form to complete before their six month of benefits.

Customers with questions about SNAP should call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347).*

If customer needs additional help completing an application, they can contact SNAP Outreach at 1-866-306-0270 or www.eatbettertoday.com.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EMPLOYMENT AND TRAINING (E&T) PROGRAM

Key to this document

Can be completed by mail | Can be completed in person | Required documents

What is the SNAP Employment and Training (E&T) Program?

The SNAP Employment and Training Program was created to assist able-bodied SNAP recipients in obtaining employment. The purpose of the E&T Program has been to help SNAP households gain skills, training, work, or experience that will increase self-sufficiency.

Who Participates?

Any SNAP participant may take part in SNAP Employment and Training. Mandatory work registrants, as well as SNAP applicants and recipients who are exempt from work registration, may volunteer to participate in an E&T activity with the SNAP E&T contractor, LISC.

The following persons are exempt from the work registration requirement:

- Persons Under 16 or Over 60 Years of Age
- Persons with Disabling Conditions
- Persons Who Are Participants in the RIW Program
- Persons Who Are Caretakers
- Recipients of Unemployment Compensation
- Persons with Drug and Alcohol Dependency
- Employed Persons
- Self-employed Persons
- Persons Who Are Students
- Joint Applicants for SSI and SNAP

How can customers participate in the SNAP E&T Program?

SNAP recipients must be informed about the SNAP E&T program and the available options for E&T activities. If a customer is interested in the E&T program, use the SNAP-511 as a basic assessment tool to determine the client's skills, experience and educational background. The customer should be provided with a form titled, "SNAP E&T Components 2014", which lists the available E&T components. A customer can use this form to choose which E&T component(s) interests him/her.

SNAP participants who volunteer to participate in the E&T program must sign the "SNAP Employment and Training Participant Agreement" (SNAP-511A) to be used as a release of information for DHS and the E&T vendor to share information, and to document a recipient's agreement to participate in the E&T program. If the interview/E&T assessment is being completed in person, the client should sign the 511A. If it is being completed by telephone, mail the SNAP-511A to the client for signature along with the "SNAP E&T Components 2014" form and the SNAP-510 form with a return envelope enclosed.

All completed SNAP-511 and 511A forms should be scanned into RIBridges in the individual's case. A case note should be entered indicating the following:

1. Each attempt to contact
2. When correspondence is mailed
3. Upon receipt of a signed release of information

4. Upon referral to vendor

All completed SNAP-511A forms should be compiled and faxed to LISC daily at **401-861-8866.**

Confirmation of continued SNAP participation must be confirmed monthly. LISC will email a monthly spreadsheet with list of current E&T participants. Once confirmed, the list needs to be sent back to LISC.

Reverse Referrals

At times, SNAP customers will independently seek out services from an E&T vendor. When this occurs, the vendor/agency will contact the E&T worker with the names of customers wishing to enroll in E&T. The E&T worker will then take the following steps:

- verify the customer's SNAP eligibility
- complete the SNAP-511 and SNAP-511A
- scan the SNAP-511A to the vendor/agency for the customer to sign and return to DHS
- send the completed SNAP-511A to the vendor/agency and to LISC

The date the SNAP-511A is signed by the DHS representative is the date services can begin.

How to complete the process

- *Customers can contact or will be contacted by the E&T Social Worker to discuss available E&T opportunities.*
- *Referrals to E&T vendors will be made by the DHS E&T Social Worker(s).*

If the customer has questions about the SNAP E&T Program, they can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

CHILD CARE ASSISTANCE (CCAP) PROGRAM

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is the Child Care Assistance Program (CCAP)?

The Child Care Assistance Program helps families pay for child care so that they can work or attend school or training. Child Care is also available for families with an approved Rhode Island Works (RIW) employment plan. Households may qualify for Child Care Assistance if:

There is a child in the home, and one these situations applies: AND	Specifically, • The child is 13 or under, OR • The child is under age 19 with a mental or physical disability who cannot care for him/herself
There is either an adult parent working or participating in an approved training or a teen parent finishing high school:	Specifically • working or participating in an approved training at least 20 hours per week • a teen parent currently in high school or earning a GED.

How does someone get Child Care Assistance (CCAP)?

1. **By completing an application**
   Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must give a phone number, email address and physical address where they can be reached.

2. **Provide copies of documents to verify eligibility.**
   The following documents should be mailed in or dropped off at a DHS Office:

   - *Proof of relationship to the child or children (example: birth certificates or proof of legal guardianship).*
   - *Proof of where residency (example: rent receipt, lease, mortgage bill, or utility bill, etc.).*
   - *Proof of gross income over the last 4 weeks (pay check stubs, or letter from your employer or any child support, etc.).*

3. **An interview is not required.**
   Eligibility will be determined based on the application and supporting documents. However, telephone or contact by mail may be required if there are additional questions.

CHILD CARE ASSISTANCE (CCAP) PROGRAM

In order to get Child Care Assistance, customers will need to:

- Cooperate with the Child Support Program for all children in the home, even if the parent is not requesting Child Care Assistance for all children. Tell the agency if they are a victim of domestic violence.
- Tell us about any parents who are not in the home for all children under the age of 18 in the home, even if they are not requesting Child Care Assistance for all children.
- Tell us the days and times that they normally work, including Saturdays and Sundays. If their schedule changes from week to week, they need to provide an example.

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *Customers should look for a letter or pending notice that has a number that has been assigned to the family. This letter and number should be provided to child care providers in order to receive services once the family has been approved.*
- *Customers will receive a letter of approval or denial within 30 days of the date of the application.*

What if the customer doesn't have a child care provider?

Customers should be encouraged to start looking for a child care provider a soon as possible. They should reach out to BrightStars at www.BrightStars.org or toll free at 1-855-398-7605 for a list of providers in your area and ask for the Family's Guide to Getting Started, which is a booklet with information about choosing a high quality child care program.

What happens after the application is approved?

- *Customers will show their approval letter to their child care provider in order to enroll their child(ren).*
- *Customers must report all changes in income, address, phone number or members in the household to DHS within 10 days of the change.*
- *Customers must renew their benefits when their eligibility expires. They will receive a notice in the mail telling them when it's time to renew.*

Customers with questions about the Child Care Assistance Program should call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

RHODE ISLAND WORKS (RIW) CASH ASSISTANCE PROGRAM

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is Rhode Island Works (RIW)?

RI Works is a temporary cash assistance and employment preparation program for one or two-parent families with no or low income who also have children under 18 in their home. Households may be able to get RI Works benefits for up to 24 months out of any 60 month period, for a lifetime limit of 48 months. In some cases, benefits can be continued under specific hardship situations.

In order to receive RI Works benefits, applicants must be willing to do a work activity for the required length of time (20-35 hours per week). DHS will create an employment plan and help households access other support services while participating in planned activities.

RI Works Monthly Benefit Amount	
Family Size	Monthly Amount for the Family/ Household
2	$449
3	$554
4	$632

How do customers apply for Rhode Island Works (RIW)?

1. **Complete an application**
   Households can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. They must provide a phone number, email address and mailing address where they can be reached on the application.

2. **Provide copies of documents to verify eligibility.**

   The following are examples of required documentation:

   - *Proof of residency (example: rent receipt, lease, mortgage bill, or utility bill, etc.),*
   - *Proof of income and financial resources (such as bank accounts),*
   - *Proof of identity, such as a driver's license, state ID, or other document to prove identity, and*
   - *Proof of last paycheck if income has recently stopped.*

3. **Interview in-person with a DHS eligibility worker and social caseworker.**

   DHS first needs to determine if the household is financially eligible to receive RIW, and then will work with the household to create an employment plan. In order to do this, a customer needs to meet in person with two members of the DHS team – an eligibility worker and a social caseworker. If the customer applies online or through the mail, they will receive an in-person appointment date and time in the mail. An in-person interview is required regardless of how the application was submitted.

4. **Create an employment plan with a social caseworker.**

DHS will do an assessment to learn about the applicant's background, skills, and interests to create an employment plan. DHS can help paying for child care and transportation in order for the applicant to participate in the employment plan activity.

What happens after the interview?

The applicant must complete employment plan activities.

- *If the household is getting child care assistance, it should start looking for a high quality provider. The household can visit www.BrightStars.org or call toll free at 1-855-398-7605 for a list of certified providers in the area. They should ask for the Family's Guide to Getting Started, which is a booklet with information about choosing a high quality child care program.*
- *The customer should be reminded to make sure they have transportation for the employment plan activity, and also think about a backup plan in case the first choice falls through.*
- *The customer should know where they need to go for their employment plan activity, and arrive there on time, dressed in attire that is appropriate for the position (if they do not have appropriate clothes, DHS should assist by offering resources).*
- *If something is missing from the application, application letter will be mailed to the household requesting the missing information.*
- *The household will receive a letter of approval or denial within 30 days. If the application is denied, the letter will have information about how to ask for a review of the decision.*

What happens after the application is approved?

- *Customers are reminded to report all changes in income, address, phone number, or change in members in the household to DHS within 10 days of the change (Households must report if a child leaves the home within 5 days).*
- *Households will need to recertify their benefits when their eligibility expires (in most cases, at 12 months). They will receive a letter in the mail informing them of when they need to recertify with a renewal form to fill out.*

Customers with questions about RIW should call the DHS Information Line at:
1-800-MY-RIDHS (1-855-697-4347).

GENERAL PUBLIC ASSISTANCE PROGRAM
Bridge and Hardship Funds

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What are Bridge and Hardship Payments?

Disabled individuals may be eligible to receive cash assistance in the form of a semi-monthly payment while they are awaiting the determination of SSI eligibility. This program of interim cash assistance is referred to as the "Bridge" fund or program. This program is limited to individuals who have applied for and been found eligible for Title XIX Medical Assistance as disabled and who have applied for and are actively pursuing a claim for Supplemental Security Income (SSI) benefits.

Eligibility for the Interim Cash Assistance for Disabled (Bridge Fund) is restricted to individual applicants only. Couples may apply as individuals (one or both could be found eligible as individuals). If both are eligible, each would receive individual bridge payments. A decision on Bridge Fund is made within 45 days from the date of application. If found eligible for MAGI Medicaid and awaiting a disability decision for Bridge, the recipient can request Hardship Funds. If the request for Hardship Funds is denied, there is no appeal. If the request for Bridge payments is denied, the applicant has 30 days to file a written request for an appeal.

Who Qualifies?

- Individuals having a physical or mental disability that will last longer than 30 days and prevents the person from working. These individuals may receive Hardship Fund benefits of up to $200/month for a maximum of 3 months at a time.
- Individuals who have applied for SSI benefits and who are receiving Medicaid are entitled to receive $200/month in “Bridge” payments. Payments continue until a decision on eligibility for SSI is made. If found ineligible, repayment is not required. If found eligible for SSI, the total amount of the payment is refunded to DHS out of the person’s retroactive SSI check.
- Individuals must be a citizen or legal immigrant. Legal immigrants include: Lawful permanent residents (green card), refugees, persons granted asylum, persons granted conditional entry or paroled into the U.S.

Income and Resources

- The resource limit is $400. The home in which the person lives is not counted. A car worth less than $4,650 and a car that is specially equipped/designed to transport a person with a disability are not counted.
- The income limit is $327/month for an individual

GENERAL PUBLIC ASSISTANCE PROGRAM
Bridge and Hardship Funds

How do customers apply for Bridge or Hardship payments?

1. **Customers can apply for Bridge payments online** www.healthyrhode.ri.gov, through the mail, or at any DHS office. Make sure you give a phone number, email address and mailing address where they can be reached.

   Applications for Hardship must be in person and completed through submitting a DHS GPA-CF-1, Application for Hardship Contingency Fund.

2. **Customers must provide copies of recent documents to help verify eligibility.**

   They also need to provide the following:

   - AP-70, MA-63 and DHS-125Ms;
   - Complete the AP-175 Authorization for Reimbursement form.

3. A determination for Medicaid affordable care coverage (MACC) must be completed under MAGI rules prior to a determination of eligibility under a disability.

If an applicant is found eligible for Medicaid through the RI Health Insurance Exchange and subsequently determined disabled by MART and have a pending SSI application, a Bridge cash payment may be processed via RI Bridges.

What happens when the process is complete?

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter of approval or denial within 45 days of the application.*

Customers with questions about Bridge or Hardship Funds should call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

GENERAL PUBLIC ASSISTANCE PROGRAM
Burial Assistance

Key to this document

Can be completed online Can be completed by mail Can be completed in person Required documents

What is Burial Assistance through General Public Assistance?

This program pays for the funeral and burial expenses when a person's resources and all other sources of payment are less than the DHS standard payment rates.

General Eligibility Criteria:

- **RI Residency**: The application is made in the city/town of the residence of the deceased. When a customer passes in a nursing/group home, the community in which the home is located is responsible for burial if the need exists.
- **Application timeframe**: must be filed on behalf of the decedent within 30 days of date of death.
- **Resource criteria**: All resources of the deceased are deducted from the cost standard in determining the amount of payment with certain exclusions as listed in DHS policy.
- **Income criteria**: The income of legally liable relatives, except for a relative on RIW, GPA, or SSI must be considered in determining eligibility for and the amount of payment. From the gross monthly income, certain deductions, listed in Section 0620.05.05.05, are made. The amount remaining, after applying these appropriate deductions, is compared to the approved funeral and burial cost expenses. If a deficit exists, that amount is met through the GPA Program.

For Active Recipients	For Non-recipients
• If the deceased was a recipient of RIW, GPA, Medicaid, SNAP, or Long Term Services and Supports at the time of death, the information in the integrated eligibility system is use to determine eligibility for GPA burial assistance.	• If the deceased was not previously known to the agency, an application must be made on behalf of the deceased to obtain information to determine eligibility.

If, after DHS pays for funeral or burial expenses, resources are discovered, the Director or his/her designee shall determine if efforts will be made by the Department to recoup the cost of funeral and burial expenses from the resources of the decedent or legally liable relative, or, if applicable, DHS shall file necessary Petitions with probate Court.

Additional Services and Merchandise
Friends or family of the decedent (other than legally liable relatives) may privately contract with the funeral director for additional or upgraded services and merchandise. Those individuals may contribute up to $1,600.00, for additional funeral home services and merchandise, without affecting eligibility for the $900.00 basic allowance. For each additional $1.00 that those individuals contribute over the $1,600.00 allowable supplement, a corresponding $1.00 is deducted from the basic allowance to be paid by the state ($900.00).

GENERAL PUBLIC ASSISTANCE PROGRAM
Burial Assistance

Unclaimed Bodies
If the person having custody of the unclaimed body in unable to locate a relative or friend of the decedent within 24 hours after the death, he/she shall notify the DHS Director or his or her designee, who shall arrange for the removal of the unclaimed body. The Department will complete and forward a "Body Removal Report" to the Rhode Island Department of Health, Office of State Medical Examiner for retrieval.

If the body is unclaimed at or before the expiration of 30 hours, and no relatives or friends come forward, DHS must Make a reasonable effort to ascertain if the decedent had relatives or friends who might wish to be responsible for the funeral and burial.

If no relative or friend of the decedent comes forward within a reasonable amount of time, the DHS Director or his/her designee shall have decision-making authority for the funeral and burial arrangements of the decedent.

If there are relatives unwilling to authorize burial, or unwilling to pay for the decedent's burial, the GPA burial application shall be processed and the DHS Legal Office shall determine if recovery of the decedent's assets shall be made by DHS, and an affidavit shall be obtained from family members.

How to receive assistance with burial costs

1. Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Make sure you give a phone number and address where we can reach you on your application.

2. Customers must provide copies of their most recent documents to verify eligibility.

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will received a letter of approval or denial within 30 days of the date of the application.*

Customers with questions about applying for Burial Assistance should call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347).*

Emergency Medicaid

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is Emergency Medicaid?

Individuals that meet the eligibility criteria for one of the Medicaid Programs but who are ineligible for benefits because of immigrant status (including undocumented individuals, Lawful Permanent Residents ineligible due to the 5 year bar and other legally present immigrants who are not eligible under federal rules) may be eligible for restricted Medicaid coverage. Only emergency in-patient hospital services and hospital emergency room services are covered under this program. Generally the hospital will assist the person with the application which is filed with DHS.

How do Customers Apply for Emergency Medicaid?

1. **Customers can apply for Affordable Health Coverage Online** www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must provide phone number, email address and mailing address where they can be reach.
2. **Hospital staff facilitate applications for Emergency Medicaid as the customer presents.**
3. **Customers must provide copies to verify eligibility.**

What do customers do to complete the process?

- *Customer will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *Customers will receive a decision letter within 30 days of the date of their application.*

Customers with questions about Emergency Medicaid should call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

HOUSING SERVICES, CATASTROPHIC ASSISTANCE AND MOVING EXPENSES

What are Housing Services?

Housing services are designed to help eligible individuals and families obtain or retain adequate housing in the community. The service is provided through the Economic Support Services unit and is directed toward the goal of helping people become self-sufficient regarding their housing needs. The service delivery process consists of assessment of the family and home situation, educating the client to resources available to ameliorate a housing problem, counseling and/or linking to an appropriate housing resource, and follow up evaluation.

The tasks performed by staff in the ESSU are:

- Assisting the client with those services related to obtaining adequate housing, providing information regarding the housing search, arranging minimum housing inspections, coordinating the relocation, and recommending approval for payment of the moving bill.
- Helping the client to maintain adequate housing, educating the client regarding his obligations and rights as a tenant, and assisting the client to develop problem-solving behavior related to the landlord-tenant relationship.

Who Qualifies?

- Individuals active on RIW may be eligible to receive cash to offset moving expenses, replacement of clothing, and replacement of essential household items.
- Active SSI clients- DHS will pay for moving expenses to one of four contracted movers.

CATASTROPHIC ASSISTANCE AND MOVING

ESSU casework staff have specific responsibilities in determining approval for payment for moving costs for eligible RIW and SSI recipients. GPA recipients also may be entitled to moving assistance in the event of a catastrophe. When a client makes a request for a moving payment either to the service worker, or a request is referred by the eligibility technician by use of a DHS- 48A, the ESSU worker has the responsibility to determine, as soon as possible, whether the moving payment criteria is met, and if so, to make a recommendation to approve the Assistance Payments, using a DHS-48A, Request/Recommendation/Referral/Authorization for Moving Payment.

MOVING ASSISTANCE	
RIW Policy	SSI and SSP Rules and Regulations
Moving Assistance is limited to instate moves for families who are forced to move. “Forced to Move” are situations which threaten the health and well-being of families who are forced to move their place of residence. Including but not limited to: Fire/Natural Disaster; Uninhabitable housing; Unsafe/sub-standard housing; Unsafe living conditions; Lead hazard; Domestic Violence; Foreclosure; Eviction; Homelessness.	Payment of in-state moving, within the cost guidelines, is provided for recipients of SSI wen the move is determined to be socially desirable. The move cannot be provided by the city or town or other community resources. The recipient requests vendor payment for the move. The agency makes no provision to meet the cost of out-of-state moves.

- The department reimburses the recipient for incurred expense up to $200. It is up to the recipient to pay the vendor.
- Payment will only be issued once in 12 months unless the need is caused by fire or natural disaster or a waiver is granted by the ESSU supervisor for unusual or exceptional circumstances.

CATASTROPHIC ASSISTANCE	
Customer Responsibilities	• The incident must be reported immediately by the recipient to the agency. • The catastrophe must have been caused by fire, flood, lightning, severe wind or other natural cause. • The catastrophe must have occurred at the address recorded in the case record. If it occurred at a different address, the recipient must show that they were living there prior to having notified the agency. • Coverage is limited to possessions of the recipient or other family members of the assistance unit. • Whenever possible, community resources must be explored and utilized first.
Agency Responsibilities	• An ESSU representative must visit the site as soon as possible to begin to help the recipient and to authorize initial clothing and/or essential household equipment. • Immediate replacement funds of $123 per person can be authorized. • A written report must be prepared by the Caseworker and reviewed by the ESSU supervisor. Caseworker's report must be submitted within 5 working days of the recipient's notification. • Request a written report from a police or fire official. • Report must include a statement signed by the recipient attesting to the catastrophe and the extent of the damages. • Include a brief narrative describing the immediate action taken (such as use of the emergency shelter, the extent of any personal injury, whether hospitalization was required, etc.) • The ESSU supervisor reviews the report, discusses it with the caseworker and determines the final amount of the payment. • Case chronology and related information must be documented in the electronic case file.

- Emergency shelter, on a temporary basis, will be provided only where the damage to cooking or heating or plumbing facilities is severe enough to prevent their use in a minimally acceptable manner or the existing damaged structure either cannot provide adequate protection from the elements or is not safe to occupy.
- Funds for initial food and transportation for each recipient in the amount of $5.00 per person per day, if meals are prepared at home, or $15.00 per person per day, if restaurants are used, are provided from the date of the catastrophe to the fifth working day (or to the date of the next Assistance Payments recurring check, if earlier).
- Funds for initial clothing, if an individual recipient's clothing has been destroyed, can be authorized up to the maximum of $123, only to meet the immediate clothing need.

How can customers apply for Housing Services?

Individuals active on RIW or SSI are referred to the ESSU Unit for Housing Services, Catastrophic Assistance and Moving Requests.

If the customer has questions about applying for Housing Services, they can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

Katie Beckett Program

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is the Katie Beckett Program?

The Katie Beckett Program provides medical coverage through Medicaid to children with serious disabilities so they can live at home with their parents instead of in an institution.

Who Qualifies?

- Children under the age of 19 living at home but who need the level of care provided in a hospital, nursing facility or institutional facility where the estimate cost to provide care in the home is less than the cost of the institution.
- The applicant child must be citizen or eligible immigrant. Eligible immigrants are: refugees and persons granted asylum; Lawful Permanent Residents (LPR) or other immigrants lawfully present in the U.S. (e.g., applicant for asylum). See Immigrant Eligibility for Government Benefits (PDF) for more information.

Income and Resource Limits

- If the family of a child with serious disabilities is not MAGI eligible, the case is referred to the Katie Beckett Unit. This unit will review the income and resources of the child, separate and apart from the parents. Resources must be less than $4,000 and the child's income must be less than the cost of the care in the institution.

How to apply for the Katie Beckett Program

1. Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must give a phone number, email address and mailing address where they can be reached.

2. Customers must provide copies of documents to verify eligibility.

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter of approval or denial within 90 days of the date of their application.*

- **For Information on redeterminations or for general information on Katie Beckett**, Contact the Parent Consultant at: (401) 462-0633
- For **clinical** questions, contact the Public Health Nurse at: (401) 462-0070
- **For general information – call the DHS Information Line at: 1-800-MY-RIDHS (1-855-697-4347).**

Medicaid for Adults 19-64

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is Medicaid?

The Medicaid Program provides comprehensive medical coverage to low-income adults age 19 – 64 who do not have children in their care. Income must be less than 138% of the federal poverty level which is $16,394 for a single adult. There is no resource test for eligibility.

The Medicaid Program also provides comprehensive medical coverage to low to moderate-income adults 19-64 age 19 – 64 with children in their care. Income must be less than 141% of the federal poverty level for parents which is $28,426 for a family size of 3 (Effective April 2016). There is no resource test for eligibility.

Individuals who are determined eligible for Medicaid will have a choice of enrolling in one of two managed care plans, Neighborhood Health Plan of RI or UnitedHealthcare.

Who is eligible?

- Citizens
- Eligible immigrants:
- Refugees
- Persons granted asylum
- Lawful permanent residents

Lawful permanent residents (LPR) who entered the U.S. after August 22, 1996 must be in status for five years before they are eligible.

People with disabilities*:* People with disabilities can be eligible for Medicaid through this category of coverage, if income is within the limit. If income is above the income limit, a person with disabilities may be eligible for Medicaid under the current disability category (refer to **Medicaid for Adults 65 years or older and People with Disabilities Program Guide).**

Youth who were in foster care: Youth who were in foster care & receiving Medicaid on their 18th birthday are eligible for RIte Care until they turn 26. There is no income limit for these young adults. Application is through DCYF.

Medicaid for Adults 19-64

How does someone apply for Medicaid?

1. **Complete an application**
   Apply online (www.healthsourceri.com or www.healthyrhode.ri.gov), through the mail, or at any DHS office. Customers must give a phone number, email address and mailing address where they can be reached.

2. **Provide copies of documents to verify eligibility.**

3. **Eligibility will generally be determined by using data about income, citizenship, immigration status and other required information from other government agencies.**

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter informing them if they are approved or denied within 30 days of the date of their application.*

Need help?

- Contact the RI DHS at ***1-800-MY-RIDHS (1-855-697-4347)***
- Contact the HealthSourceRI Contact Center at 1-855-840-4774
- Find a "Navigator" who can help you apply for health coverage at www.healthsourceri.com

Medicaid for Adults 65 years or older and People with Disabilities

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is Medicaid?

The Medicaid Program provides comprehensive medical coverage to seniors (age 65+) and people with permanent disabilities.

To qualify…

- ***Low Income Aged/Disabled Program***
  - Resource limits are $4,000 for an individual/ $6,000 for a couple. (Home and car are NOT counted).
  - Monthly income limit in 2016 is $980.83 for an individual/ $1,327.50 for a couple.

OR

- ***Medically Needy Program***
  - Resource limits are $4,000 for an individual/ $6,000 for a couple. (Home and car are NOT counted).
  - Monthly income limit in 2016 is $867 for an individual/ $908 for a couple.

If the applicant has income above the Low Income Aged/Disabled limit, s/he can become eligible for Medical Assistance coverage for a six month period through the "flex test" by showing medical bills that equal the difference between income and the Medically Needy limit

Who's Eligible?

- 65 and older.
- People who have a severe physical and/or mental disability that has lasted or will last longer than one year or will result in death and prevents any substantial gainful employment.
- Citizens
- Eligible immigrants:
  - Refugees
  - Persons granted asylum
  - Lawful permanent residents

    Lawful permanent residents (LPR) who entered the U.S. after August 22, 1996 must be in status for five years before they are eligible. Immigrants who were in lawful status in the U.S. before 8/22/96 and lived in RI at some time before 7/1/97 may be eligible for coverage.

Medicaid for Adults 65 years or older and People with Disabilities

How does someone apply for Medicaid?

1. **Complete an application**
   Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must give a phone number, email address and mailing address where they can be reached on your application.

2. Provide copies of documents to verify eligibility.

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter of approval or denial within 30 days of the date of their application.*

If a customer has questions, he/she may call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

Medicare Premium Payment Program

Key to this document

Can be completed online Can be completed by mail Can be completed in person Required documents

What is the Medicare Premium Payment Program?

These programs pay for some of the cost of Medicare for seniors and people with disabilities who are not otherwise eligible for Medicaid but whose income falls within the program guidelines. People receiving Medicare pay a monthly premium that is usually deducted from their Social Security check. For 2016 the monthly premium is $121.80 but most people will continue to pay the 2015 amount of $104.90 if they were enrolled in Part B on or before December 31, 2015. They also pay some or all of the out-of-pocket Medicare expenses. The Medicare Premium Assistance Program pays for Medicare Part A and is a reimbursement of the Medicare Part B payment as determined by the applicant's income level as shown below:

- QMB - less than or equal to one hundred (100%) percent of FPL;
- SLMB - greater than one hundred (100%) percent FPL and less than or equal to one hundred twenty (120%) percent of FPL;
- QI-1 - greater than one hundred twenty (120%) FPL and less than one hundred thirty five (135%) percent FPL;
- QWDI - less than or equal to two hundred (200%) percent of FPL.

Who Qualifies?

- People that have Medicare Part A (elders receiving Social Security Retirement benefits; people who have received Social Security Disability benefits for two years).

- Must be citizen or qualified immigrant. Eligible immigrants include: refugee or person granted asylum; Lawful Permanent Residents (LPRs) who entered the U.S. before 8/22/96 or if entered on/after 8/22/96 must be in status for at least 5 years; immigrants who were in lawful status in the U.S. before 8/22/96 and lived in RI at some time before 7/1/97 may be eligible for coverage.

Income and Resources

- The resource limit is $7,280 for an individual and $10,930 for a couple. The home in which the person lives and a car used to get to medical treatment does not count.

- The income and resource limits for the Qualified Medicare Beneficiary Program (QMB) and the Low-Income Aged/Disabled program described are the same. Medicaid provides more comprehensive coverage, including prescriptions. Medicaid can also pay for the Medicare premiums, co-pays and deductibles. Therefore, people will generally want to apply for Medicaid, and not just QMB, as long as their resources are within the Medicaid limit ($4,000/individual).

Medicare Premium Payment Program

How can customers apply for the Medicare Premium Payment Program?

1. A customer can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Make sure you give a phone number, email address and mailing address where they can be reached.

   A decision must be made within 30 days of application. If denied, the applicant can file a written appeal within 30 days of the date on the notice.

2. **Customers must provide copies of documents to verify eligibility.**

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter of approval or denial within 30 days of the date of the application.*

If the customer has questions about applying for the Medicare Premium Payment Program, they can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

Medicaid – Rhode Island Medicaid Buy-In for Working People with Disabilities Program/Sherlock Plan

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is the RI Medicaid Buy-In for Working People with Disabilities Program?

The Sherlock Plan is a Medicaid Buy-In Program for adults with disabilities that provides comprehensive health coverage. The program is intended to help individuals with disabilities maintain or obtain health coverage and other services and supports that will enable them to maintain employment. There may be a monthly premium. If an individual is offered employer-based coverage that is cost-effective the individual may be required to enroll in that plan.

Who Qualifies?

- Persons age 18 years or older
- A person with a disability as defied by Medicaid or Social Security Administration (SSA).
- Must be employed; no minimum amount of hours is required;

Income and Resource Limits

- Income: individuals adjusted gross income up to $2,393.75 per month. Spousal income is not counted for eligibility purposes.
- Resources: limited to $10,000 for an individual and $20,000 for a couple; Medical savings accounts or retirement accounts are not counted as a resource; approved items that are necessary for an individual to remain employed are not counted as a resource (i.e., wheelchair accessible van).

How does someone apply?

1. Customers can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must give a phone number, email address and mailing address where they can be reached.

- In general, eligibility determinations are made within one month. However, federal guidelines provide States with 90 days to determine if the individual is eligible for the Sherlock Plan.

- Customers may be on the Sherlock Plan as long as they remain employed, are considered a person with a qualifying disability and their income and assets do not exceed the limits for their individual living arrangement. Changes in income, assets or living situations, should be reported to DHS or updated in a customer's account through www.healthyrhode.ri.gov

Medicaid – Rhode Island Medicaid Buy-In for Working People with Disabilities Program/Sherlock Plan

2. Provide copies of documents to verify eligibility.

If an individual has a developmental disability he/she may be able to work without a cost of care requirement and may not need the Sherlock Plan. This is because some of his/her income may be disregarded (not counted) due to a special therapeutic income rule. When the individual begins working, he/she should complete a form entitled "The Department of Behavioral Healthcare, Disabilities and Hospitals' Integrated Community Employment Income Disregard Form." This form may be obtained the customer's provider or Developmental Disabilities worker. If the individual is not eligible for Medicaid under this rule, or if a high cost of care is calculated, he/she will then be assessed for potential participation in the Sherlock Plan.

How to complete the process

- *Customers will receive letters from DHS in the mail in case if more information is needed or if something is missing from the application.*
- *They will receive a letter informing them if they are approved or denied within 30 days of the date of their application.*

Customers with questions about applying for the Sherlock Plan can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

SUPPLEMENTAL SECURITY INCOME (SSI) AND STATE SUPPLEMENTAL PAYMENT (SSP) PROGRAM

Key to this document

Can be completed online | Can be completed by mail | Can be completed in person | Required documents

What is the SSI and SSP Program?

The Department of Human Services (DHS) administers the state supplemental portion of monthly Supplemental Security Income (SSI) benefits to eligible residents of Rhode Island. The Social Security Administration (SSA) sends the Federal portion of SSI benefits. The DHS issues a separate payment for the State Supplemental Payment (SSP).

DHS is responsible for income eligibility determinations for those who are denied Federal SSI due to excess income (Subparts K and D of 20 CFR 416 Income, Subpart L Resources). DHS is also responsible for disability determinations on those denied Federal SSI due to excess income but eligible for a State Supplemental Payment (SSP). If the individual does not meet the resource limits set in 20 CFR 416.1205, he/she is not eligible for an SSI payment, Federal or State.

Payment levels are established by specific categories which indicate living arrangement.

- DHS administers the State supplemental portion for the following living arrangements:
  - Category A - Individual or Couple in Own Household
  - Category B - Individual or Couple in Another's Household
  - Category E - Individual or couple in Title XIX Facility

- SSA administers the State supplemental portion for SSI recipients in the following living arrangement:
  - Category D – Individual in Residential Care/Assisted Living
  - Category F – Long-term Services and Supports (LTSS) Individuals in Certified Assisted Living and Adults Supportive Care Homes.

Who Qualifies?

1. Individuals or couples receiving SSI are eligible for an SSP and include the following:
   a. Grandfathered SSI recipient – Individuals who received state assistance in December 1973 and became eligible for SSI in January 1974, are called grandfathered clients by the state and a mandatory income level (MIL) client by SSI;
      i. Such an individual must continue to meet the definition of blind or disabled that was in effect under the state plan in December 1973.
      ii. Individuals who are needed in the home to care for an eligible person are called an essential person. Such an individual is also called a grandfathered client.
      iii. Individuals who are an essential person must have lived continuously with the eligible person since January 1974.
   b. Individual who is age sixty-five (65) or older who receives SSI;
   c. Individual who is blind and receives SSI;

d. Individual determined eligible for SSI due to disability; or
e. Individual who receive SSI as a foster child receiving specific services through the state child welfare agency for part or all of a month and not eligible for foster care reimbursement under Title IV-E of the Social Security Act.

2. An individual or couple, residing in Rhode Island, who has been denied from SSA for excess income may be eligible for a State-Only Supplemental Payment and should complete an application at DHS to determine eligibility.
   a. An individual or couple must meet the technical requirements of citizenship, residence and possession of, or application for, a social security number of the Medicaid Code of Administrative Rules, as detailed in Section 0300.25.05.
   b. An individual or couple must apply for SSI benefits through the SSA before applying for a State-Only Supplemental Payment.
      i. The denial letter, or proof of a denial determination, from SSA is required as part of the application process.
      ii. A denial determination from SSA is valid for up to one year for purposes of application for SSP through DHS.
   c. Applicants for SSP who have been denied through SSA for excess income will be processed as follows:
      i. State income eligibility will be calculated (countable income must not exceed the combined Federal Benefit Rate (FBR) and applicable SSP);
      ii. If applicant is eligible based on income the DHS will send a referral to the Medical Assistance Review Team (MART) for a disability determination except for Category F, Category F applicants are referred to OMR;
      iii. Once a determination is made by MART or the OMR, eligibility for SSP is processed post-certification;
      iv. Once eligibility has been determined, benefits will be issued the first of the following month of eligibility.
3. The DHS will notify the individual or each member of the couple of the eligibility determination for the SSP. If the eligibility for the SSP benefit has been approved, the DHS will mail a Benefit Statement to the recipient along with information on how the benefit was calculated. This Benefit Statement may be used as verification of the DHS SSP benefit and will remain valid for one (1) year or until the completion of the twelve (12) month redetermination, provided no subsequent reported or unreported changes affect the amount of the payment.
4. Applicants for SSP who have been denied through SSA based on a disability will not be reevaluated by DHS for disability based solely on the application for SSP. The DHS will review such applications and notify the applicant of his/her ineligibility at application for SSP-Only.

Income and Resources

Countable income and resources are calculated consistent with provisions established in the Medicaid Code of Administrative Rules:

✓ For non-LTSS, the following rules apply:
- Section 0362 Income Generally;
- Section 0364 Treatment of Income;
- Section 0358 SSI-Related Deeming of Resources;
- Section 0366 SSI-Related Deeming of Income;
- Section 0380 Resources Generally; and
- Section 0382 Evaluation of Resources.

SUPPLEMENTAL SECURITY INCOME (SSI) AND STATE SUPPLEMENTAL PAYMENT (SSP) PROGRAM

✓ For LTSS, the applicable financial requirements and clinical criteria as cited in Section 1500 for home and community-based care.

How can customers apply for the Medicare Premium Payment Program?

1. A customer can apply online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Make sure you give a phone number, email address and mailing address where they can be reached.

   A decision must be made within 30 days of application. If denied, the applicant can file a written appeal within 30 days of the date on the notice.

2. Individuals/couples who wish to apply for a State-Only Supplemental Payment must first apply at the SSA office to determine SSI eligibility. Any persons found ineligible by the SSA seeking health coverage must then apply through the Department of Human Services. A clinical evaluation is conducted by the Executive Office of Health and Human Services (EOHHS), Medicaid Assistance Review Team (MART) if seeking primary care coverage as a low-income aged or person or disabilities. Applicants seeking LTSS are referred for a clinical/functional eligibility determination to the EOHHS, Office of Medical Review (OMR).

3. **Customers must provide copies of documents to verify eligibility.**

How to complete the process

- *Customers will receive letters from DHS in the mail if more information is needed or if something is missing from the application.*
- *They will receive a letter of approval or denial within 30 days of the date of the application.*

Information relative to eligibility requirements for the SSI Program can be obtained by contacting the appropriate Social Security Administration office. To find the nearest office call the Social Security Office at 1-800-772- 1213 or online at www.socialsecurity.gov**. Individuals eligible for an SSI benefit are automatically eligible for an SSP.**

If the customer has questions about applying for the State Only Supplemental Payment Program, they can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

Women's Cancer Screening Program through Medicaid

Key to this document

Can be completed online Can be completed by mail Can be completed in person Required documents

What is the Women's Cancer Screening Program?

This program provides comprehensive medical coverage to women who need treatment for breast or cervical cancer or for a precancerous condition of the breast or cervix. To qualify for this coverage, the woman must be screened through the Department of Health's Women's Cancer Screening Program (WCSP). Women under age 65 with income less than 250% FPL who are uninsured or whose insurance does not cover screening services are eligible for the free WCSP. All community health centers and hospitals participate in WCSP as do many community providers.

Women screened through WCSP who are in need of treatment can qualify for Medicaid.

Under this coverage group, Medicaid is provided to a woman who:

- Is under age 65; and
- Was screened through the WCSP and found to need treatment for breast or cervical cancer or for a precancerous condition of the breast or cervix; and
- Does not otherwise have creditable coverage; and
- Is not otherwise eligible for Medicaid as categorically needy; and
- Meets the technical Medicaid requirements of residence, citizenship/immigration status, and provision of a Social Security number.

Income and Resource Limits

There is no resource test. There is no separate income test. As long as the woman was income eligible for the WCSP, she is income eligible for Medicaid.

How does a customer apply for the Women's Cancer Screening Program?

1. Customers can apply for affordable health coverage online www.healthyrhode.ri.gov, through the mail, or at any DHS office. Customers must provide a phone number, email address and mailing address where they can be reached.
2. Customers screened through the Dept. of Health RI Women's Cancer Screening Program are referred directly to OHHS to process eligibility.
3. Customers must provide copies of their most recent documents to verify eligibility.

What does a customer do to complete the process?

Women's Cancer Screening Program through Medicaid

- *Customers will receive letters from DHS in the mail in if more information is needed or if something is missing from your application.*
- *They will receive an approval or denial letter within 30 days of the date of your application.*

Customers seeking information about the Women's Cancer Screening Program or to find a local provider should be referred to contact the Women's Cancer Screening Program at (401) 222-4324.

For general information customers can call the DHS Information Line at: *1-800-MY-RIDHS (1-855-697-4347)*.

EXAMPLES OF DOCUMENTS YOU MAY NEED TO PROVIDE FOR YOUR INTERVIEW OR TO SUBMIT FOR BENEFIT APPROVAL

Note: The same document may be used to verify more than one category, for example, a driver's license can verify identity and address. If you are applying for Medicaid, we will verify your information with data sources as much as possible.

1. To verify your identity, age/date of birth, citizenship and/or immigration status *(All Programs)*

- ✓ Driver's License
- ✓ School or work Identification
- ✓ Immigration and Naturalization Documents (e.g., Green Card)
- ✓ Hospital birth records
- ✓ Birth Certificates
- ✓ U.S. Passport
- ✓ Any other documentation requested for citizenship, immigration status, or age may be used for verification of identity

2. To verify your Rhode Island residence *(All Programs except ACC, unless questionable)*

- ✓ Rent or mortgage receipts showing address
- ✓ Library card showing address
- ✓ Voter's registration card
- ✓ Lease agreement of letter from landlord
- ✓ Mail received with your home address (utility bills, bank statements)

3. To verify your income *(All Programs)*

- ✓ Check stubs (showing the last 30 days of income)
- ✓ Employer statement showing income before taxes, hourly work schedule and the number of hours worked for the past four weeks (if you get paid in cash or you do not have your check stubs)
- ✓ Social Security, Supplemental Security Income, or Veteran's Benefits award letter
- ✓ Other retirement or disability benefit award letters
- ✓ Proof of alimony received
- ✓ Proof of receipt of unemployment insurance benefits, temporary disability benefits (TDI), Veteran's Administration (VA) benefits.
- ✓ Previous tax returns
- ✓ Proof of self-employment income (includes rental income and freelance work): provide tax returns or self-employment ledger
- ✓ Child Support court order

4. To verify your resources *(RIW, GPA, EAD, LTSS, MPP, SSP, KB, CCAP if over $9,500)*

- ✓ Documentation of ownership of a trust
- ✓ Proof of rental properties
- ✓ Trust documents, property
- ✓ Stock and/or bonds
- ✓ Proof of ownership of real property other than your home.
- ✓ Vehicle registration including car, boat, truck, motorcycle, camper
- ✓ Proof of ownership of other income producing property
- ✓ Proof of ownership of a burial plot (if you own more than one)
- ✓ Bank accounts, savings accounts, credit union statements, CD's

5. To verify your dependent care expenses *(RIW, SNAP)*

- ✓ Proof of expenses related to child care or caring for incapacitated adult living in the home: receipts showing your out-of-pocket expenses

6. To verify your shelter costs *(SNAP, RIW, LTSS)*

- ✓ Rent, lease or mortgage documents
- ✓ Statement from landlord
- ✓ Property taxes statement
- ✓ Statement from U.S. Department of Housing and Urban Development (HUD)
- ✓ Proof of property insurance
- ✓ Receipts or statement from utility company
- ✓ Statement from person who shares shelter costs

7. To verify your child support expenses *(SNAP, ACC)*

- ✓ Child support that you pay: income summary if child support is deducted from wages or income
- ✓ Copy of court order

8. To verify your medical expenses not covered by insurance *(SNAP, EAD)*

- ✓ Summary of provided services such as doctor or hospital visits
- ✓ Receipts showing unreimbursed medical expenses
- ✓ Health insurance policy showing premium amount
- ✓ Prescription pill bottles showing cost on label or printout
- ✓ Invoices or receipts for medical equipment (including the rental cost)

9. To verify relationships among household members *(RIW, CCAP, ACC)*

- ✓ Adoption papers or records
- ✓ Hospital or public health records of birth or parentage
- ✓ Child support paternity records
- ✓ Marriage license/tribal marriage certificates
- ✓ Divorce/custody papers
- ✓ Guardianship papers or records

10. To verify your disability or blindness *(RIW, SNAP, CCAP, GPA, EAD, LTSS)*

- ✓ Proof of receipt of Retirement, Survivors, and Disability Insurance (RSDI) or Supplemental Security Income (SSI); copy of the award letter or similar documentation from the Social Security Administration and/or current finding of eligibility for RSDI or SSI based on blindness
- ✓ Copy of medical examination report on file at the Office of Rehabilitation Services (ORS), Services for the Blind and Visually Impaired
- ✓ Statement from a medical professional

Rhode Island Department of Human Services

www.DHS.RI.gov