



Rhode Island Executive Office of Health and Human Services  
Appeals Office, 57 Howard Ave., LP Building, 2<sup>nd</sup> floor, Cranston, RI 02920  
phone: 401.462.2132 fax: 401.462.0458

April 22, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Docket #: 15-781

Dear [REDACTED],

### ADMINISTRATIVE HEARING DECISION

The EOHHS Appeals Office received your request for an appeal on 04/02/2015, in which you appealed your MA (Medical Assistance) decision of 02/11/2015.

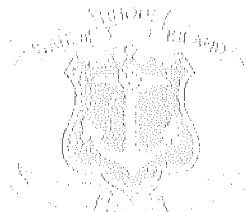
According to the EOHHS Regulations 0110.20, hearings must be requested in a timely fashion. Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Department of Human Services Policy Manual.

You are appealing 50 days after the date of the action. The EOHHS Appeals Office requested that you explain the reason for your untimeliness. The Appeals Office did not receive said reasoning of Good Cause. Therefore, we are denying your appeal.

Please be advised that this is a final agency action. Please see the attached NOTICE OF APPELLATE RIGHTS at the end of this decision.

Sincerely,

  
Carol J. Ouellette  
OHHS Appeals Officer



## APPENDIX

The Rhode Island Department of Human Services Manual provides in pertinent part:

### **THE EOHHS POLICY MANUAL: GENERAL PROVISIONS SECTION: 0110.20 DEFINITION OF AN APPEAL**

REV: 08/2013

An "appeal" means a request by a claimant (or his/her authorized representative) for an opportunity to present his/her case to the appropriate state agency authority for resolution of the pertinent matter.

The appeal must be filed within:

- o Ten (10) days from the mail date if it pertains to General Public Assistance;
- o Ninety (90) days from the mail date related to SNAP benefits;
- o Forty-five (45) days from the mail date related to Office of Rehabilitation Services matters;
- o Thirty (30) days from the mail date related to child support services;
- o Thirty (30) days from the mail date related to the State Medical Assistance (Medicaid) Program;
- o DCYF: Thirty (30) days from the mail date for any DCYF-related matter;
- o BHDDH: Thirty (30) days from the mail date for any BHDDH-related matter;
- o Thirty (30) days from the mail date for any other DHS program;
- o Thirty (30) days from the mail date for any RIHBE-administered program.

Appeal requests for any of the programs listed above may be submitted:

- o In person to any DHS/DCYF/BHDDH field office/appeals office, as appropriate; and
- o By U.S. Mail to any DHS/DCYF/BHDDH field office/appeals office, as appropriate.

Appeal requests related to the MAGI Medicaid Program or related to any program administered by the RIHBE may, in addition to the submission methods listed above, be submitted:

- o by telephone to the RIHBE contact center;
- o by fax to the RIHBE contact center/appeals office;
- o by U.S. Mail to the address indicated on the appeals request form or
- o online by accessing the user's account through the website made available by the RIHBE allowing for the electronic submission of appeals



## DEFINITIONS

BHDDH: Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

DCYF: Department of Children, Youth, and Families

DHS: Department of Human Services

GPA: General Public Assistance

MAGI: Modified Adjusted Gross Income

ORS: Office of Rehabilitation Services

RIHBE: Rhode Island Health Benefits Exchange

SNAP: Supplemental Nutrition Assistance Program



## NOTICE OF APPELLATE RIGHTS

This Final Order constitutes a final order of the Department of Human Services pursuant to RI General Laws §42-35-12. Pursuant to RI General Laws §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within thirty (30) days of the mailing date of this decision. Such appeal, if taken, must be completed by filing a petition for review in Superior Court. The filing of the complaint does not itself stay enforcement of this order. The agency may grant, or the reviewing court may order, a stay upon the appropriate terms.

