

# Your Rights and Responsibilities

## What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you think the Division of Public Assistance or Federally Facilitated Marketplace has made a mistake on your health insurance determination or the Division of Public Assistance has made a mistake on your benefits determination, you can appeal its decision. To appeal means to tell someone at the Division of Public Assistance or the Federally Facilitated Marketplace that you think the action is wrong, and ask for a fair hearing review of the action. The requests for Supplemental Nutrition Assistance Program (SNAP) and Medicaid may be made to any employee of the Division in person, by telephone, or in writing; requests for all other programs must be made in writing. SNAP fair hearing requests must be made within 90 days from the effective date of the action. Fair hearing requests for all other programs must be made within 30 days from the date of the notice. If requested, the Division will assist you in making a hearing request. If your disagreement has to do with medical billing or services, contact the Medicaid Recipient Information Helpline at 1-800-780-9972.

If you request a fair hearing before the effective date of the action, you may continue to receive benefits until a hearing decision is made. If you do not request a fair hearing before the effective date of the action, you can still appeal but benefits will not be continued. You can always re-apply for benefits while waiting for your hearing. At the hearing you may represent yourself or be represented by a legal representative. You may qualify for free legal advice and representation by contacting the Alaska Legal Services Corporation at (907) 272-9431 or 1-888-478-2572.

## My right to appeal

I know that I can find out how to appeal by contacting the Division of Public Assistance or the Marketplace at 1-800-318-2596. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

## When do I need to report changes?

You must report changes in your household within 10 days of when you know of the change. If you receive Alaska Temporary Assistance and a child leaves your home, you must report this within 5 days.

## What changes do I need to report?

If you receive Health Insurance Benefits authorized by the Federally Facilitated Marketplace or Public Assistance Medicaid, you must report any and all changes to information provided in this application, including changes in your medical insurance.

If you receive Supplemental Nutrition Assistance Program and you do not receive benefits from any other program, you must report when your household's total gross income goes over the income limit for your household size and if someone in your household has lottery or gambling winnings of \$3,500 or more in a single game. If your household contains a member subject to the ABAWD time limits, you must also report when their work hours fall below 20 hours per week.

If you receive public assistance services, the changes you must report include, but are not limited to the following:

- Starting or stopping a job, change in wage rate, change from part-time to full-time, or full-time to part-time
- When money you receive from sources other than working changes by more than \$50
- Someone moves into or out of your home
- You move or get a new mailing address
- Your household gets a vehicle
- Your household has more than \$2250 total in cash and money in bank
- Changes in your child support payment or obligation
- Changes in your medical insurance if you or anyone in your household gets Medicaid
- Pregnancy changes

## Will I need to work?

To receive Alaska Temporary Assistance or Supplemental Nutrition Assistance Program, you may have to participate in work activities. Alaska Temporary Assistance participants must prepare a Family Self-Sufficiency Plan for becoming financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Alaska Temporary Assistance you must live with a parent or in another approved living arrangement and attend school or training. If you do not fulfill these work requirements or minor parent requirements, your benefits may be reduced or ended.

**Read and keep this page.**

## **What happens with my Child Support?**

Alaska must collect child support and medical support from any parent who has the duty to pay support for a child receiving Alaska Temporary Assistance or Medicaid. This includes any money owed to you at the time you apply, as well as current and future child support payments. Any child support payments given or paid to you while receiving Alaska Temporary Assistance benefits must be reported and turned over to the State immediately. To change a child support order, you must obtain a new court order or get permission from the Child Support Services Division (CSSD). If you believe you have a good reason not to cooperate with CSSD for these programs, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

## **When you apply for Alaska Temporary Assistance you must:**

- Sign over to CSSD your right to receive and keep child support payments due to you or a child on Alaska Temporary Assistance.
- Cooperate with CSSD in establishing paternity.
- Agree not to make purchases with or to access the cash benefits on your EBT card at ATMs that are located in bars, liquor stores, gambling or adult entertainment establishments.

## **When you apply for Medicaid you must:**

Assign to the State of Alaska all rights to any medical support or other third party payments to the extent the department has paid medical assistance for care and services for you or your minor children.

- Cooperate with and assist the department in identifying and providing information concerning third parties who may be liable to pay for care and services received for you or your minor children.
- Agree to apply for all other available third-party resources that may be used to provide or pay for the cost of care or services received by you or your minor children or that may be used to reimburse the state for the cost of care or services received.
- Cooperate with CSSD in establishing paternity.
- If applying for long-term care services, including Home and Community Based Waiver services, assign to the State of Alaska as a remainder beneficiary, or as the second remainder beneficiary after your spouse or minor or disabled child, for any interest that you may have in an annuity up to the amount of Medicaid benefits received.

## **Can the State of Alaska take my estate?**

The estate of an individual age 55 years of age or older who received Medicaid benefits may be subject to a claim for recovery. This is limited to the reimbursement of services received while the recipient was in a medical institution, including a nursing home or other medical institution, or was receiving home- and community-based services. Under limited conditions, the State of Alaska may place a lien on a recipient's home. However, most estate recovery is conducted after the death of the recipient or the recipient's surviving spouse, if any, and only at a time when the recipient has no surviving child under age 21 and no surviving child who is blind or disabled.

## **Will someone from the Division of Public Assistance come to my home?**

A Division of Public Assistance worker may visit you at home to verify your eligibility for assistance. We may also visit you to complete case management activities such as Family Self-Sufficiency Plans. If you are not completing the activities, we may visit you to determine whether you have good cause for not doing so.

## **How are my rights protected?**

The Division of Public Assistance will collect information, including the Social Security number (SSN) of each household member who is applying for Supplemental Nutrition Assistance Program, Alaska Temporary Assistance, or Medicaid, to determine eligibility for public assistance benefits. The Division will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The Division may disclose this information to other Federal and State agencies for official examination, to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law, and to private claims collection agencies for claims collection action. The Division may verify immigrant status of household members by contacting the U.S. Citizenship and Immigration Services (USCIS). Information obtained from these agencies may affect your eligibility and level of benefits.

Providing the requested information, including the SSN of each household member for whom you are seeking benefits, is voluntary. However, failure to provide this information will result in the denial of benefits to each individual failing to provide an SSN. Any SSN provided will be used and disclosed in the same manner, regardless of the eligibility of the individual. The Division of Public Assistance can assist you in applying for a Social Security Number if you are seeking benefits and do not have one.

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When you sign the application for assistance and use Medicaid or Chronic & Acute Medical Assistance coupons, you consent to release medical records and information about yourself and any other person you are applying for to the Department of Health and Social Services (DHSS). Upon request, any person who has medical records and information or the custody of such records shall release those records to the Department or a representative of the department.

Health or medical information DHSS may have about you is protected under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This federal law provides you with certain rights about how your health information is used and disclosed. The law allows you to find out how DHSS used your health information, and how DHSS has disclosed your health information outside of DHSS. The law also limits the release of information about you to the minimum amount necessary for the purpose of the disclosure and allows you to examine and obtain a copy of your own health records and to request corrections to those records.

You can get an electronic copy of the Notice of Privacy Practices at [http://dhss.alaska.gov/Documents/Pdfs/DHSS\\_Notice\\_of\\_Privacy\\_Practices.pdf](http://dhss.alaska.gov/Documents/Pdfs/DHSS_Notice_of_Privacy_Practices.pdf). You can get an electronic copy of the Notice of Privacy Practices at Request a printed copy by writing to State of Alaska, DHSS Privacy Official, and P. O. Box 110650, Juneau, Alaska 99811-0650 or by email at [privacyofficial@alaska.gov](mailto:privacyofficial@alaska.gov).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

To file a complaint of discrimination, contact USDA or HHS. Write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). The USDA Program Discrimination Complaint form can be found online at <http://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> or a copy of the form may be requested by calling (866) 632-9992. You may also write to HHS Office for Civil Rights, 2201 Sixth Avenue – Mail Stop RX-11, Seattle, WA 98121 or call (800) 368-1019 (voice) or (800) 537-7697 (TDD). USDA and HHS are equal opportunity providers and employers.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

If you have questions about the Americans with Disabilities Act of 1990, contact the Division of Public Assistance Civil Rights Coordinator at (907) 465-3347.

## **Responsibility for Overpayment**

If you receive an overpayment of Public Assistance benefits or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to the State of Alaska. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Department of Health and Social Services. By accepting benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

## **Release**

Your signature on this application gives the Federally Facilitated Marketplace, the Department of Health and Social Services, its agents, and the Department of Law permission to ask for information about your health, finances, family and personal history. This information may be used to determine your eligibility for public assistance programs and, if a fraud investigation is launched, in administrative or criminal investigations of your eligibility for benefits. Your information will not be released for any other reason or to any other person or agency outside of the Federally Facilitated Marketplace, Department of Health and Social Services or its representatives except as required by law. The Release of Information will be in effect while you are an applicant or recipient of public assistance, and for any later investigations of your eligibility and receipt of benefits.

We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof. We may also contact other people or organizations including, but not limited to: the Alaska Housing Finance Corporation, the Department of Fish and Game, the Department of Labor, the Department of Law, the Department of Military and Veterans Affairs, the Department of Public Safety, the Department of Revenue, U.S. Citizenship and Immigration Services, employers, financial institutions, landlords, local governments, Native corporations, private individuals, public assistance program contractors and grantees, school authorities, the Social Security Administration, stock brokerage firms, and tax assessors. We need this information to check your eligibility for public assistance services and to check your eligibility for help paying for health coverage if you choose to apply. Additionally, information obtained from this release may be used by the Department of Health and Social Services in administrative proceedings against you, and/or by the Department of Law in criminal proceedings against you.

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## What happens if I do not follow the rules?

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get public assistance benefits you are not eligible for, or to help someone get benefits for which they are not eligible. You must repay any benefits you wrongly receive.

<b>Supplemental Nutrition Assistance Program (SNAP)</b>	
<p><b>I understand that if I...</b></p> <p>Commit an intentional program violation of the Supplemental Nutrition Assistance Program defined in 7 CFR 273.16 or any of the following:</p> <ul style="list-style-type: none"> <li>hide information or make false statements</li> <li>use electronic benefit transfer (EBT) cards that belong to someone else</li> <li>use SNAP benefits to buy alcohol or tobacco</li> <li>trade or sell benefits or EBT cards</li> </ul>	<p><b>I may...</b></p> <ul style="list-style-type: none"> <li>lose SNAP benefits for 12 months for the first offense and be required to repay all benefits overpaid to me</li> <li>lose SNAP benefits for 24 months for the second offense and be required to repay all benefits overpaid to me</li> <li>lose SNAP benefits permanently for third offense and be required to repay all benefits overpaid to me</li> <li>be fined up to \$250,000.00, imprisoned up to 20 years or both</li> </ul>
<ul style="list-style-type: none"> <li>trade SNAP benefits for controlled substances, such as drugs</li> </ul>	<ul style="list-style-type: none"> <li>lose SNAP benefits for 24 months for the first offense</li> <li>lose SNAP benefits permanently for the second offense</li> </ul>
<ul style="list-style-type: none"> <li>give false information about who I am and where I live so I can get extra benefits</li> </ul>	<ul style="list-style-type: none"> <li>lose SNAP benefits for 10 years for each offense</li> </ul>
<ul style="list-style-type: none"> <li>have been convicted of trading or selling SNAP benefits worth more than \$500, or trading SNAP benefits for firearms, ammunition, or explosives</li> </ul>	<ul style="list-style-type: none"> <li>be barred from receiving SNAP benefits permanently</li> </ul>
<b>Alaska Temporary Assistance Program</b>	
<p><b>I understand that if I...</b></p> <ul style="list-style-type: none"> <li>commit an intentional program violation or I am convicted of fraud</li> <li>give false information about who I am and where I live so I can get extra benefits</li> <li>use my ATAP cash benefits or access them at any ATMs located in bars, liquor stores, gambling or adult entertainment establishments</li> </ul>	<p><b>I may...</b></p> <ul style="list-style-type: none"> <li>lose benefits for 6 months for the first offense</li> <li>lose benefits for 12 months for the second offense</li> <li>lose benefits permanently for the third offense</li> <li>other penalties may also apply and I may be subject to criminal prosecution</li> <li>have to pay back amount received if there is an overpayment</li> </ul>
<b>Medicaid Program</b>	
<p><b>I understand that if I...</b></p> <ul style="list-style-type: none"> <li>commit an intentional program violation or program abuse that results in misuse or overuse of Medicaid benefits or are found guilty of misconduct related to Medicaid benefits</li> <li>commit Medical Assistance fraud under AS 47.05.210</li> </ul>	<p><b>I may...</b></p> <ul style="list-style-type: none"> <li>be required to pay back the amount of Medicaid services that I or anyone in my household received</li> <li>be excluded from Medicaid for up to 10 years</li> <li>have to pay fines up to \$25,000 and be subject to criminal prosecution</li> </ul>

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