



May 08, 2019

JOHN DOE  
 MAIN ST  
 CONCORD NH 03301

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 Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.  
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**IMPORTANT!** Please read this entire notice. If you need assistance in reading or understanding anything in this notice, please contact the Department of Health and Human Services Customer Service Line at 1-844-275-3447 (1-844-ASK DHHS.)

Recently, DHHS sent you a letter explaining the Community Engagement requirement under the Granite Advantage Health Program and indicating your **participation status as Mandatory**. As you may be aware, people covered by Medicaid through Granite Advantage typically must complete 100 hours of Community Engagement activities each month to maintain medical coverage unless they are exempted from this requirement.

As a reminder, your Mandatory participation status means that you will need to start participating in qualifying activities on **June 01, 2019** unless you are approved for an exemption before then. If you do not meet the 100 monthly hour requirement and you are not exempt, your Medicaid eligibility could be suspended.

Your participation status and current hours shown below are based on the eligibility information that you have provided us. These hours will be automatically credited on the first of each month toward your community engagement requirement as long as the information remains valid. Please contact DHHS Customer Service at the number above if you think that the information is incorrect or if there is other information we should consider.

**COMMUNITY ENGAGEMENT STATUS**

Participation Status	Participation Start Date	Monthly Hours		
		Required	Current	Needed
Mandatory	06/01/2019	100	0	100

Since your participation start date is **June 01, 2019**, you will need to complete 100 hours of qualifying activities between then and June 30, 2019, to be reported by July 07, 2019. Your hours for each month thereafter must be reported to the department by the 7<sup>th</sup> of the month following the one in which you completed the activities.

### **How to Report Community Engagement Hours**

There are multiple ways to report your community engagement hours:

- Report and track your hours through your NH EASY account.
- Download or print an activity reporting form from NH EASY and mail the completed form to the Granite Advantage Health Care Program, PO Box 3778 Attn: Granite Advantage Health Care Program Manager, Concord, NH 03302-3778, or by fax to (603) 271-5623.
  - Form 321 - "Reporting Education Participation for Community Engagement"
  - Form 320 - "Reporting Monthly Participation in Community Engagement Activities"
- Request the above activity reporting forms by calling DHHS at 1-844-275-3447, or in person at your local District Office and mail the completed form to the Granite Advantage Health Care Program, PO Box 3778, Attn: Granite Advantage Health Care Program Manager, Concord, NH 03302-3778, or by fax to (603) 271-5623.
- Report your hours that do not require documentation by calling DHHS at 1-844-275-3447 or in person at your local District Office.

### **Granite Workforce**

Granite Workforce is a work program designed to help you meet your community engagement hours. There are a number of Granite Workforce services that can assist you IF you are a Granite Advantage member AND between the ages of 19 - 24, OR are between the ages of 19 - 64 and responsible for a child under the age of 18. Granite Workforce services include direct job placement, job search assistance, vocational assessment, career planning, and referral to education/training programs and community services. Some Granite Workforce supports include \$5,000 in tuition assistance, \$450 in basic education assistance, \$160 a month for mileage reimbursement and \$650 in emergency housing. Granite Workforce is being offered by New Hampshire Employment Security and to enroll or to find out more, call 833-658-4760, OR email them at [graniteworkforce@nhes.nh.gov](mailto:graniteworkforce@nhes.nh.gov). You can also further information about Granite Workforce on NH EASY at:

<https://nheasy.nh.gov/#/granite-advantage/granite-workforce>.

### **Where to find Medical Frailty, Exemption and Good Cause Forms**

The Medical Frailty, Exemption and Good Cause forms (and the Reporting forms as noted above) can be found online at NH EASY, by calling DHHS at 1-844-275-3447 and use the self-service option to ask that the form be sent to you, or contact your local district office by phone or in-person. Completed forms can be submitted online through your NH EASY account, by mail, by fax or dropped off at your local district office.

## **Good Cause**

If something out of the ordinary happens to you during the month that prevents you from completing your community engagement hours requirement such as a family emergency, your car breaks down, or you or someone in your household has a serious illness, you may submit a good cause request that can cover some or all of your missing hours. You can find more information about good cause on NH EASY.

## **To access your Community Engagement details 24 hours a day, 7 days a week**

Call the Customer Service Center at 1-844-ASK-DHHS (1-844-275-3447) and select the Granite Advantage option under the Self-Service menu. Here is your Temporary Self-Service PIN 6692.

## **The best way to manage your Community Engagement is through NH EASY**

To create your account, go to NH EASY by entering the following URL into your internet browser: <https://nheasy.nh.gov>. Here is your **NH EASY PIN U7126**. Keep this in a safe place where no one else can see it.

## **Notice of right to receive reasonable modification**

If you have a disability that impacts your ability to participate in the community engagement requirement, you are entitled to reasonable modification of the program requirements so that you can participate.

If you are unable to do some or all of the 100 hours because of your disability, we can modify the number of hours that you are required to participate in or, if you qualify for an exemption, we can exempt you entirely from the community engagement requirement.

We can also assist you with understanding the Granite Advantage program by explaining departmental notices, eligibility requirements, exemption requirements, how to apply for an exemption or to request good cause, program benefits, how to establish eligibility, how to meet and report community engagement activities, and how to appeal a suspension or disenrollment.

## **If you think we made a mistake: Your Right to an Administrative Appeal (“Hearing”)**

You can appeal our decision. For example, you can appeal if you think there is an error on your participation status, suspension, or termination of your benefits. If you have any questions about the action we took, please contact Customer Service at 1-844-275-3447.

Only call the Administrative Appeals Unit if you want to ask for an appeal or if you have questions about a current appeal. You can contact the Appeals Unit directly at 1-800-852-3345, extension 4292. You can also write your own letter to ask for an appeal. Send your written request to the address at the top of the first page of this Notice. You must ask for an appeal within 30 days of the date of this notice. If you are already getting benefits and you ask for an appeal, you can also ask to keep getting the same benefits while you wait for the decision on your appeal. If you want to do this, you must ask for your benefits to continue within 15 days of the date of this notice of the action you are appealing.

Once you ask for an appeal, we will try to fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can schedule a hearing. A hearing

is a meeting between you, someone from DHHS, and an appeals officer. At the hearing, you can explain why you think we made a mistake. To get ready for your hearing, you can:

- Ask for a copy of your file before the hearing.
- Bring someone with you to the hearing, like a friend, relative, or lawyer, or, come by yourself. DHHS will **not** pay for the cost of any legal services you may want. However, there are free and reduced cost legal services available in NH.
- Bring documents, information, or witnesses to show us where you think we made a mistake.

# Get help in your language

## English (English)

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-844-275-3447 (TTY: 1-800-735-2964)

## Español (Spanish)

ATENCIÓN: Si usted habla español, tiene a disposición servicios de asistencia lingüística, gratuitos. Llame al 1-844-275-3447 (TTY: 1-800-735-2964)

## Ikinyarwanda (Kinyarwanda)

IKITONDERWA: Nuvuga Ikinyarwanda, serivisi z'ubufasha bw'ururimi, zitishyurwa, urazibona. Hamagara 1-844-275-3447 (TTY: 1-800-735-2964)

## नेपाली (Nepali)

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंको लागि निःशुल्क नेपाली भाषा सहायता सेवा उपलब्ध छ । 1-844-ASK-DHHS (TTY: 1-800-735-2964) मा फोन गर्नुहोस ।

## Kiswahili (Swahili)

TAHADHARI: Ikiwa unaongea Kiswahili, huduma za usaidizi wa lugha ya Kiswahili, zinapatikana kwako bila malipo. Piga simu 1-844-275-3447 (TTY: 1-800-735-2964)

## (Arabic) العربية

انتباه: إذا كنت تتحدث العربية، هناك خدمة ترجمة مجانية متاحة لك. الرجاء الاتصال بالرقم 1-844-275-3447 (TTY: 1-800-735-2964)

## Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si ou pale Kreyòl Ayisyen, Nou mete sèvis asistans lang ki gratis disponib pou ou. Rele nan nimewo 1-844-275-3447 (TTY: 1-800-735-2964)

## Ikirundi (Kirundi)

MENYA NEZA: Ukaba uvuga Ikirundi, urashobora kuronswa ubufasha mu gusiguza muzindi ndimi kubuntu. Hamagara kuri 1-844-275-3447 (TTY: 1-800-735-2964)

## Português (Portuguese)

ATENÇÃO: Se você fala Português temos serviços gratuitos de assistência linguística disponíveis para você. Ligue para o número 1-844-275-3447 (TTY: 1-800-735-2964)

## Soomaali (Somali)

DIGTOONI: Haddii aad ku hadasho Soomaali, adeegyada caawimada luqadda, bilaash ah, ayaa lagu heli karaa. Wac 1-844-275-3447 (TTY: 1-800-735-2964)

## Maay (Maay/Mai Mai)

FIIRA QAAS EH: Hattii ka koothaasa af Maay, atheegatha kaalmatha afka, bilaash eh, yaa la kin helee. Han weer 1-844-275-3447 (TTY: 1-800-735-2964)

# Get help in your language

## **မြန်မာစကား (Burmese)**

ဂရုပြုရန်- သင်သည် ဗမာစကား ပြောတတ်ပါက သင့်အတွက် အခမဲ့ ဗမာဘာသာ အကူအညီ ဝန်ဆောင်မှုများအား ရရှိနိုင်ပါသည်။ 1-844-275-3447 (TTY: 1-800-735-2964) သို့ ခေါ်ဆိုပါ။

## **Français (French)**

ATTENTION: Si vous parlez français, des services d'assistance linguistique sont mis à votre disposition gratuitement. Appelez le 1-844-275-3447 (TTY: 1-800-735-2964)

## **Bosanski (Bosnian) / Hrvatski (Croatian)**

PAŽNJA: Ako govorite Bosanski/Hrvatski, besplatne prevodilačke usluge su vam na raspolaganju. Pozovite 1-844-275-3447 (TTY: 1-800-735-2964)

## **Tiếng Việt (Vietnamese)**

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ tiếng Việt miễn phí sẵn có dành cho quý vị. Hãy gọi 1-844-275-3447 (Dành cho người khiếm thính: TTY: 1-800-735-2964)

## **普通话 (Mandarin Chinese)**

注意：如果您讲普通话，可免费享受普通话帮助服务。请拨打1-844-275-3447 (TTY: 1-800-735-2964)

## **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-844-275-3447 (TTY: 1-800-735-2964) 'ਤੇ ਕਾਲ ਕਰੋ

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите по-русски, переводческие услуги могут предоставляться вам бесплатно. Звоните 1-844-275-3447 (TTY: 1-800-735-2964)

## **Ελληνικά (Greek)**

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν γλωσσικές υπηρεσίες υποστήριξης. Καλέστε 1-844-275-3447 (TTY: 1-800-735-2964)

## **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। कॉल करें 1-844-275-3447 (TTY: 1-800-735-2964)