

STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE

████████████████████

v.

DOCKET NO. 24-1047

DEPARTMENT OF HUMAN SERVICES

DECISION

I. INTRODUCTION

A telephonic hearing on the above-entitled matter was held on April 24, 2024. The Appellant initiated this matter to appeal the Department of Human Services (hereinafter “DHS”) decision to close her son’s Medicaid coverage due to the Appellant’s income exceeding the income limit. Based on the evidence presented, and as discussed in more detail below, the Appellant’s appeal is denied.

II. JURISDICTION

The Executive Office of Health and Human Services (hereinafter “EOHHS”) is authorized and designated by R.I.G.L. § 42-7.2- 6.1 and EOHHS regulations 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to Medicaid. The administrative hearing was held in accordance with the Administrative Procedures Act, R.I.G.L. s42-35-1 et. seq. and EOHHS regulation 210-RICR-10-05-2.

III. ISSUE

The issue is whether the Appellant's son's Medicaid closure was in compliance with the Medicaid regulations, as set forth below.

IV. PARTIES AND EXHIBITS

Brandon Klibanoff, DHS Eligibility Technician III (hereinafter "DHS Representative") appeared on behalf of DHS and provided testimony regarding the case. DHS did not offer any exhibits into evidence. However, attached to the hearing notice was the appeal received on February 16, 2024, along with the Benefit Decision Notice (hereinafter "BDN") dated January 9, 2024, which is the notice under appeal.

The Appellant was present and testified on her own behalf. The Appellant presented the following exhibits into evidence:

- Appellant Exhibit #1 – detailed explanation outlining documents to be entered into evidence.
- Appellant Exhibit #2 – printout of the Family Medicaid income budget.
- Appellant Exhibit #3 – current individual health plan vs. family plan cost from United Healthcare.
- Appellant Exhibit #4 – dental plan options
- Appellant Exhibit #5 – a paystub from her prior employer highlighting the cost of health insurance benefits.
- Appellant Exhibit #6 – bills from United Healthcare showing they did not cover her date of service and her out of pocket expenses.
- Appellant Exhibit #7 – a dental bill for her son with a balance owed of \$3,066.00.
- Appellant Exhibit #8 – printout of child support order.

- Appellant Exhibit #9 – printout of school lunch to show child is not eligible for free or reduced lunch.

V. RELEVANT LAW/REGULATIONS

The principal factors for determining MAGI based eligibility are tax filing status, household size, and composition. The applicant's MAGI must meet applicable standards when converted to the Federal Poverty Level (hereinafter "FPL"). An eligibility determination is dependent upon characteristics such as age, residency, citizenship, immigration status, and relationship. See 210-RICR-30-00-1.5.

To calculate an applicant's income, the following factors must be considered: a) the members of the applicants household that must be included - which are every individual in the applicant's household that are required to file a tax return; b) the household's current monthly income - AGI, which is the adjusted gross income after deductions that include alimony payments, for all required household members; c) types of countable income - AGI, interest on student loans, and other items that appear on page one (1) of Form 1040; d) conversion of monthly income to the FPL standards - the State must compare a households current monthly income to the FPL guidelines for the appropriate household size. The most recently published FPL levels in effect in the month during which eligibility is being determined must be used. See 210-RICR-30-00-5.5B.

VI. FINDINGS OF FACT

1. The Appellant's household for MAGI-MA purposes consist of herself and her minor son.
2. The Appellant's son was active on MAGI-MA.
3. The Appellant completed a MAGI-MA renewal in January of 2024.

4. According to the DHS representative's testimony:
 - DHS calculated the Appellant's monthly income as \$5,001.00, based on the Appellant's self-attestation, and her November 17, 2023, and December 1, 2023, bi-weekly paystubs.
 - DHS disregarded the Appellant's monthly student loan interest of \$309.09, resulting in a countable monthly income of \$4,754.00.
 - The Adjusted Gross Income (hereinafter "AGI") income standard for a household of two (2) is \$4,530.00.
5. A BDN dated January 9, 2024, informed the Appellant that her son's MAGI-MA was closing effective February 1, 2024, due to her family income exceeding the program income limit.
6. The Appellant filed an appeal on February 16, 2024.
7. According to the Appellant's testimony:
 - She left one job for another job so she could work remotely to save on childcare, but by doing so she lost access to affordable family healthcare benefits.
 - She cannot afford to add her child to her current employer health insurance as the premium will go from \$68.30 per pay period for a single individual to \$154.09 per pay period for a family plan.
 - She was told by someone that there was a law that would allow her son an additional year of Medicaid coverage.
 - She is requesting that her child be given an additional year of MAGI-MA for continued coverage of his Orthodontic treatment(s).

VII. DISCUSSION

There is no dispute that the Appellant's gross earned income is \$5,001.00. In accordance with Medicaid regulations, the Appellant received a \$309.09 credit for her student loan interest thereby reducing her monthly countable income to \$4,700.54, an amount that clearly exceeds the MAGI-MA income limit for a household of her size. While the Appellant claims that she was told a law exists that would allow her son to have an additional year of Medicaid coverage, despite the income ineligibility, she did not provide any documentary evidence of the law, and a review of Medicaid regulations finds no mention of any such extension.

VIII. CONCLUSION OF LAW

After careful review of the testimony and evidence present at the Administrative Hearing, it is clear by a preponderance of evidence that as of February 1, 2024, the Appellant's countable income exceeds the MAGI-MA income standards for her family size.

IX. DECISION

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony it is found that a final order be entered that there is sufficient evidence to support DHS's closure of the Appellant's son's MAGI-MA effective February 1, 2024.

APPEAL DENIED

/s/ Vermont Richardson

Appeals Officer

NOTICE OF APPELLATE RIGHTS

This Final Order constitutes a final order of the Departments of Human Services pursuant to the RI General Laws §42-15-12. Pursuant to RI General Laws §43.35.15, 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.

CERTIFICATION

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to [REDACTED]; copies were sent, via email, to [REDACTED], DHS Representatives at DHS.Appeal@dhs.ri.gov, and the DHS Policy Office at DHS.PolicyQuestions@dhs.ri.gov on this 15th day of May, 2024.


