

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

V.

DOCKET No. 24-1973

24-2417

The Executive Office of Health and
Human Services

24-2965

DECISION

I. INTRODUCTION

A telephonic hearing on the above-entitled matter came before an Appeals Officer on May 22, 2024. The Appellant, [REDACTED] (hereinafter "Appellant"), initiated this matter to appeal the Medicaid eligibility determinations made by the Department of Human Services (hereinafter "DHS") and the Executive Office of Health and Human Services (hereinafter "EOHHS"). For the reasons discussed in more detail below, the Appellants 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 regulation 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to DHS and EOHHS programs. The Administrative Hearing was held in accordance with the Administrative Procedures Act, R.I.G.L. § 42-35.1 et seq., and EOHHS regulation 210-RICR-10-05-2.

III. ISSUE

Did EOHHS and DHS determine the Appellant's Medicaid eligibility in compliance with Federal and State Policy?

IV. STANDARD OF PROOF

It is well settled that in formal or informal adjudications modeled on the Federal Administrative Procedures Act, unless otherwise specified, a preponderance of the evidence is generally required to prevail. See (2 Richard J. Pierce, *Administrative Law Treaties* §10.7 (2002) & *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 1130, 134 (R.I. 1989) (preponderance standard is the “normal” standard in civil cases). This means that for each element to be proven, the factfinder must believe that the facts asserted by the proponent are more probably true than false. When there is no direct evidence on a particular issue, a fair preponderance of the evidence may be supported by circumstantial evidence. See (*Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006)).

V. PARTIES AND EXHIBITS

Present for EOHHS was:

- The Supervisor for the Medicare Premium Payment SSI Medicaid Unit, Elise Wills.
- Project Manager for EOHHS, Sally McGrath.
- SSI Medicaid Unit staff, Kathleen Coupland.

Present for DHS was:

- Eligibility Technician, Jermy Ulbin.

Present for the Neighborhood Health Plan of Rhode Island (hereinafter “NHPRI”) was:

- NHPRI representative, Mary Catala
- NHPRI representative, Lindsey Souza

No evidence was presented by DHS, EOHHS, or NHPRI.

The Appellant was present and testified on her own behalf. [REDACTED] was also present and testified on the Appellant's behalf. No evidence was presented by the Appellant.

VI. RELEVANT LAW/REGULATIONS

Federal law requires the States to provide Medicaid health coverage to Social Security Income ("SSI") and State Supplemental Program recipients. Medicaid eligibility is automatic upon approval of SSI. The Social Security Administration determines eligibility for SSI and notifies the State of the SSI recipient's eligibility through an electronic data exchange. The State is responsible for enrollment and the provision of Medicaid health coverage until SSI eligibility ceases. For those without protected status who have or are about to lose SSI, the EOHHS is responsible for determining whether EAD coverage is available through an alternative Medicaid eligibility pathway. See (210-RICR-40-05-1.5.4(A)(1)).

There are different Medically Needy income standards for determining eligibility for Community Medicaid. The income limit for Community Medicaid Elders and Adults with Disabilities is 100% of the Federal Poverty Limit ("FPL"). 100% of the 2024 Poverty Guidelines for Medicaid equals \$1,255.00 a month for a household of one (1). See (2024 Monthly Poverty Guidelines for Medicaid and All DHS Programs (except SNAP) (All States except AK and HI)). Applicants who are Medically Needy but have income exceeding 100% of the FPL may become eligible for Medicaid once their medical expenses meet the spenddown amount. See (210-RICR-40-00-3.2.7(A)(4)). The Medically Needy standard for a family size of one (1) is \$1,133.00 a month as of January 2024. See (210-RICR-40-00-3.2.7(A)(8)).

To be eligible for NHPRI Integrity, an applicant must first be eligible for Medicaid. Only EOHHS has the authority for determining if individuals meet the eligibility criteria to become eligible to enroll in a health plan. See (2017-12 Contract between State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services Amended July 1, 2023, 2.04.08.01).

VII. FINDINGS OF FACT

1. On February 2, 2023, DHS sent the Appellant a notice stating that because the Appellant was no longer receiving SSI, her SSI Medicaid would be ending on February 29, 2024, and an ex-parte process would be completed to redetermine the Appellant's eligibility for Medicaid.
2. The Appellant's Medicaid plan was previously managed by NHPRI Integrity, while she was eligible for SSI Medicaid. The Appellant's Medicaid plan with NHPRI Integrity ended when her SSI Medicaid eligibility ended on February 29, 2024.
3. DHS redetermined the Appellant's Medicaid eligibility and found that because the Appellant's income was \$1,456.00 a month, she was not qualified for Low Income for Aged and Disabled Medicaid as her monthly income was over the limit of \$1,255.00 or 100% of the FPL.
4. DHS determined that because the Appellant was Medically Needy, she could potentially be eligible for Flexible Test of Income Medicaid.
5. DHS found that the Appellant was not eligible for Flexible Test of Income Medicaid because she did not provide verification of medical expenses showing that she met the spenddown amount required to become eligible.
6. The Appellant did not dispute that her SSI income ended, nor the calculation of the Appellant's spenddown amount.
7. ██████████ testified that she submitted verification of the Appellant's medical expenses on May 14, 2024, which was after DHS made the Appellant's Medicaid eligibility determination for April 2024.
8. Because the Appellant is not currently eligible for Medicaid, she is not eligible to be enrolled in NHPRI Integrity.

VIII. DISCUSSION

Medicaid eligibility is automatic upon approval of SSI. The Social Security Administration determines eligibility for SSI and notifies the State of the SSI recipient's eligibility through an electronic

data exchange. The State is responsible for enrollment and the provision of Medicaid health coverage until SSI eligibility ceases. EOHHS testified that the Appellant's SSI eligibility ended in February 2024 and therefore the Appellant was not eligible for SSI Medicaid as of February 29, 2024. The Appellant does not dispute that her SSI income ended in February 2024.

The EOHHS is responsible for determining whether EAD coverage is available through an alternative Medicaid eligibility pathway for SSI recipients who have or are about to lose SSI. EOHHS testified that DHS completed the ex-parte process and re-determined the Appellant's Medicaid eligibility. DHS testified that the Appellant's income was calculated to be \$1,456.00 a month. DHS determined that the Appellant was not eligible for Low Income for Aged and Disabled Medicaid because her income exceeded the standard for her household size. The Appellant did not dispute DHS' calculation of the Appellant's monthly income. The monthly income limit for Low Income for Aged and Disabled Medicaid is 100% of the FPL or \$1,255.00 a month. The Appellant is not qualified for Low Income for Aged and Disabled Medicaid because her monthly income of \$1,456.00 exceeds 100% of the FPL. DHS correctly determined the Appellant's eligibility for Medicaid because she was no longer receiving SSI Income and her monthly income exceeded 100% of the FPL.

DHS determined that because the Appellant is disabled, she could potentially be eligible for Flexible Test of Income Medicaid, if she provided verification that she met her spenddown amount, meaning that she spent enough money on qualified medical expenses to become eligible for Flexible Test of Income Medicaid. DHS determined the Appellant's spenddown amount to be around \$1900.00. The Appellant did not dispute DHS' calculation of the spenddown amount. The Medically Needy standard for a family size of one (1) is \$1,133.00 a month. Because the Appellant's monthly income exceeds the Medically Needy standard, DHS correctly determined the Appellant would need to meet a spenddown amount to become eligible for Flexible Test of Income Medicaid. DHS correctly determined that the Appellant was not qualified for Flexihle Test of Income Medicaid because it had not received verification that the Appellant had met her spenddown amount as of April 2024.

██████████ testified that she submitted evidence showing that the Appellant met her spenddown amount to EOHHS on May 14, 2024. This occurred after DHS made their initial Medicaid eligibility determination and it would therefore not affect the DHS Medicaid eligibility determination under appeal.

The Appellant is seeking to have NHPRI manage her Medicaid health plan. NHPRI testified that EOHHS has the sole authority to determine whether individuals meet any of the eligibility criteria and therefore are eligible to enroll in a health plan. As of April 2024, DHS determined that the Appellant was not eligible for Medicaid. Because the Appellant is not eligible for Medicaid, she cannot enroll in the NHPRI Integrity Health Plan.

IX. CONCLUSION OF LAW

After careful review of the testimony and evidence present at the administrative hearing, this Appeals Officer concludes that:

1. The Appellant is no longer eligible for SSI Medicaid because she is no longer receiving SSI.
2. The Appellant is not eligible for Low Income for Aged and Disabled Medicaid because her monthly income is over the monthly income limit of \$1,255.00, which is 100% of the FPL.
3. The Appellant is not eligible for Flexible Test of Income Medicaid because she did not provide any verification to show that she met the spenddown amount required to become eligible as of April 2024.
4. EOHHS and DHS correctly determined the Appellant's eligibility for Medicaid.
5. Because the Appellant is not eligible for Medicaid, she is not qualified to be enrolled in an NHPRI Integrity Health Plan.

X. 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 EOHHS' and DHS' Medicaid eligibility determination.

APPEAL DENIED

/s/ Jack Peloquin

Jack Peloquin

Appeals Officer

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 an 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

_____ and to _____

_____; copies were sent, via email, to _____.

John Neubauer, Nina Lennon, Robert Fine, Esq., Jane Morgan, Esq., Charles Estabrook, Mary Eldridge,

Amy Coleman Esq., Elise Wills, Kathleen Coupland, Sally McGrath, to the DHS Appeals Office at

DHS.Appeals@dhs.ri.gov, and to the DHS Policy Office at DHS.PolicyQuestions@dhs.ri.gov on this

30th day of May, 2024.

Rebecca L. [Signature]