

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

██████████

v.

Rhode Island Department of Human  
Services

DOCKET No. 24-2132

**DECISION**

**I. INTRODUCTION**

A telephonic hearing on the above-entitled matter was conducted by an Appeals Officer on September 12, 2024. ██████████, (“the Appellant”), initiated this matter to appeal a decision made by the Department of Human Services (“DHS”) regarding his MAGI Medicaid benefits. The Appellant was terminated from MAGI Medicaid effective April 1, 2024, when he transitioned to private health insurance. He disagrees with the decision and filed an appeal seeking to have health coverage benefits approved. For the reasons discussed in more detail below, the Appellant’s Appeal is hereby denied.

**II. JURISDICTION**

The Executive Office of Health and Human Services (“EOHHS”) is authorized and designated by R.I. General Laws (“R.I.G.L.”) §42-7.2-6.1 and in the RI Code of Regulations 210-RICR-10-05-2 to be the principal entity responsible for appeals and hearings related to DHS

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**

The issue is whether the termination of the Appellant's MAGI Medicaid case was done in compliance with Federal and State policy, as set forth below.

### **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 evidence is generally required to prevail. (2 Richard J. Pierce, Administrative Law Treaties §10.7(2002) & see *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 130, 134 (R.I. 1989)) (preponderance 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. (*Id.*). When there is no direct evidence on a particular issue, a fair preponderance of the evidence may be supported by circumstantial evidence. (*Narragansett Electric Co. vs. Carbone*, 898 A2d 87 (R.I. 2006)).

### **V. PARTIES AND EXHIBITS**

Stephanie Santos, Eligibility Technician III, ("ETIII"), appeared on behalf of DHS and provided testimony regarding the case. DHS offered the following into evidence at the hearing:

- DHS Exhibit #1- Copy of the Appellant's Eligibility Determination Results.
- DHS Exhibit #2- Copy of DHS MAGI Medicaid policy.
- DHS Exhibit #3- Copy of DHS EAD (Elderly and Disabled) - Medicaid policy.

The Appellant appeared for the hearing and testified on his own behalf.

## **VI. RELEVANT LAW/REGULATIONS**

EOHHS is charged with being the principal entity for legal service functions, oversight of rulemaking, law interpretation and related duties of itself and four agencies, one of which is DHS, under its jurisdiction. 210-RICR-10-05-2.1(1)(B).

The ACA Expansion for Adults (“ACA Expansion”) pathway provides coverage for citizens and qualified non-citizens, who are nineteen (19) to sixty-four (64) years of age and are not otherwise eligible for, or enrolled in, Medicare or Medicaid under any other State plan or Section 1115 waiver group.

210-RICR-30-00-1.5(A)(1)(f).

There are currently multiple Medicaid coverage groups that are not subject to the MAGI eligibility guidelines. Eligibility for adults who are nineteen (19) years of age and older, who are not subject to the MAGI standards, include low-income elders aged sixty-five (65) and older, and adults with disabilities (“EAD”) between the ages of nineteen (19) and sixty-four (64) with income up to one hundred percent (100%) of the Federal Poverty Limit (“FPL”), who do not qualify for SSI and are eligible for or enrolled in Medicare. 210-RICR-30-00-1.5(C)(2).

If an individual has an income over one hundred percent (100%) of the FPL, they can qualify for ABD-Flex (210-RICR-40-00-3.1.7(A)(4)). In this case, an individual needs to spend-down the Medically Needy Income Limit (“MNIL”) before they can be covered by Medicaid (210-RICR-40-00-3.1-7(A)(3)). A spend-down is based on a six (6) month period (210-RICR-40-005.2.2(A)(1)). The spend-down is the individual’s anticipated income for the six (6) month period, after a twenty-dollar (\$20.00) monthly disregard (210-RICR-40-00-3.3.2(A)(2)), less six

(6) times the MNIL (210-RICR-40-05-2.3(A)). The remaining amount constitutes the spend-down. To be eligible for Medicaid under ABD-Flex, the individual will need medical expenses that amount to the spend-down amount in order to be eligible. 210-RICR-40-05-2.2(A)(2).

## **VII. FINDINGS OF FACT**

### 1. According to the Agency:

- The Appellant had been on MAGI-Medicaid prior to the implementation of the Public Health Emergency (“PHE”) that was caused by the COVID-19 pandemic. During the PHE, MAGI-Medicaid cases were not closed in order to allow people to continue to have access to health care services.
- The Appellant completed his renewal for MAGI-Medicaid when the PHE ended. He turned sixty-five (65) in September of 2020 and is therefore now eligible for Medicare. In addition, because he has no dependent minor children in his household, he no longer qualifies for MAGI-Medicaid. Because of his current circumstances, he would transition to the EAD Medicaid.
- The Appellant’s RSDI income is \$2366.70, which is above the income limit of \$1414.00 for a household of one. Therefore, the Appellant would need to be transitioned further into ABD-Flex and meet a six-month spend down period by submitting medical expenses for the amount that equals his spend down amount in order to then be eligible for ABD- Flex Medicaid.

The Appellant testified that he has numerous medical issues and has no money to pay for his appointments because his expenses are so high.

## **VIII. DISCUSSION**

There is no dispute between the parties that the Appellant has turned sixty-five (65) years old and has no minor dependent children living in his household.

The Appellant accepts the explanation and reason behind the termination of MAGI Medicaid and was hoping to obtain medical assistance via another program if applicable. He understands that he will need to re-apply for Medicaid and may be able to transition to ABD-Flex Medicaid and meet a six-month spend down amount.

## **IX. CONCLUSION OF LAW**

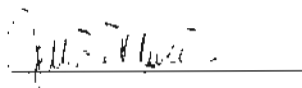
After careful consideration of the testimony and evidence presented at the Administrative Hearing, it is clear by a preponderance of evidence:

1. DHS acted in accordance with State and Federal policies when it terminated the Appellant's MAGI Medicaid benefits.

## **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 the termination of the Appellant's MAGI Medicaid benefits.

**APPEAL DENIED**



Jillian R. Rivers

Appeals Officer

**NOTICE OF APPELLANT 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.

**CERTIFICATION**

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to [REDACTED]  
[REDACTED]; copies were sent, via email, to the Appellant at  
[REDACTED], and DHS Representatives Stephanie Santos, DHS Appeals Unit, and DHS Policy  
Office on this 7<sup>th</sup> day of OCTOBER, 2024.

*Stephanie Santos*