

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

██████████ (Appellant)

V.

DOCKET NUMBER: 24-2616

DEPARTMENT OF HUMAN SERVICES
(DHS or the Department)

DECISION

I. JURISDICTION

The Executive Office of Health and Human Services (“EOHHS”) is designated by R.I. Gen. Laws § 42-7.2-6.1(2) to be the entity responsible for legal service functions, including appeals and hearings, law interpretation and related duties of itself and four agencies; one of which is the Department of Human Services (“DHS” or “the Department”). Hearings are held in accordance with the Administrative Procedures Act (R.I. Gen. Laws § 42-35.1 et. seq.).

II. INTRODUCTION

The Appellant initiated this matter to the Executive Hearing Office (“EHO”) to dispute adverse agency decisions regarding Supplement Nutrition Assistance Program (“SNAP”), Medicare Premium Payment (“MPP”) and Health Coverage benefits. A telephonic hearing on the above-entitled matter was conducted on September 11, 2024. For the reasons discussed in this decision, the Appellant’s appeal is denied.

III. ISSUES

The issue before this Appeals Officer was whether or not the Appellant’s benefits were processed in accordance with regulations.

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. (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 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. (*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 A.2d 87 (R.I. 2006))

V. PARTIES AND EXHIBITS

The Department was represented by Stephanie Santos, Eligibility Technician III. The Department submitted evidence that was marked as the following exhibits: Exhibit 1 EHO’s Hearing Appointment Reschedule Notice; Exhibit 2 Appeal Request Form; Exhibit 3 A printout of the eligibility screen from RI Bridges; Exhibit 3A printout of the MPP denial income screen from RI Bridges and Exhibit 4 A Benefits Decision Notice (“BDN”) issued by DHS on January 26, 2024.

The Appellant appeared and testified on their own behalf.

VI. RELEVANT LAW/REGULATIONS

Per EOHHS regulations Medicaid appeals must be filed within thirty (30) days of the contested agency action. The 30 days begins five (5) days after the mailing date of the notice of an intended agency action. (210-RICR-10-05-2.2.1(A)(9)). For SNAP appeals a household is

allowed to request a hearing on any action by the agency or loss of benefits which occurred in the prior ninety (90) days. (218-RICR-20-00-1.22(D)(1)).

Per SNAP regulations a household may voluntarily withdraw its application at any time prior to the determination of eligibility. The agency representative must document in the case file the reason for withdrawal, if any was stated by the household, and that contact was made with the household to confirm the withdrawal. The household must be advised of its right to reapply at any time after a withdrawal. (218-RICR-20-00-1.3.3(A)).

MPP is available for Medicare beneficiaries with income at or below 135% of the FPL. MPP provides financial help through Medicaid to assist in paying Medicare costs including premiums, deductibles, and coinsurance in amounts that vary depending on income and resources. (210-RICR-40-00-1.5(A)(6)).

VII. FINDINGS OF FACTS

1. Per Exhibit 4, a BDN issued on January 26, 2024, stated the application received on January 18, 2024, for SNAP benefits has been denied because you verbally withdrew from the program. The BDN also stated Health Coverage was changing.
2. DHS testified that per internal records, the Appellant was interviewed for SNAP via a phone call. When the Interviewer informed the Appellant that the household was eligible for \$23.00 per month in SNAP benefits, the Appellant informed the Interviewer to withdraw the application.
3. Exhibit 4, the BDN spelled out the deadlines for appeals and asking for a fair hearing, it stated for Medicaid you must file an appeal in 30 days after the notice date plus five days for mailing time and for SNAP you must file an appeal 90 days from the notice mail date.
4. Per Exhibit 1, the Appellant filed an appeal request on April 11, 2024.

5. DHS testified that an MPP application was filed on March 20, 2024, which was denied due to over income as the Appellant's Social Security income of \$2,893.00 was in excess of the program income limit of \$1,694.00.

VIII. DISCUSSION

DHS maintained that benefits were processed in compliance with policy. It was the Department's position that the SNAP appeal was untimely, as the Appellant had only 30 days to appeal a SNAP decision from the date of the BDN. Their position regarding the Medicaid decision was that based on the Appellant's income the new Health Coverage category was appropriate and that MPP was denied according to program rules.

Both EOHHS and DHS regulations clearly define the time limits for the filing of an appeal. Before there can be a decision on the merits of this appeal, there is a timeliness issue that must be decided. Although it was the Agency's position that the SNAP appeal was untimely, the regulations state an Appellant has 90 days to file an appeal for SNAP. As the BDN was issued on January 26, 2024, and the appeal request received on April 11, 2024, the Appellant was well within the timeframe. The timeliness issue regarding the Medicaid appeal was not raised by DHS, but according to Medicaid policy and the BDN, an Appellant has only 30 (+5) days to file a Medicaid appeal, therefore the Health Coverage appeal was outside of the 30-day window. The MPP request was determined to be timely.

The Agency testified during the SNAP interview the Appellant notified DHS they requested the application to be withdrawn. The Appellant testified they could neither confirm nor deny if that was stated during the phone conversation, due to health conditions and several medications, sometimes things get confused. As stated in SNAP regulations the agency representative documented the case file with reason for withdrawal, as it was stated to them by

household. The household was advised of its right to reapply at any time after a withdrawal. As the Appellant was unsure of the details of the conversation with DHS, and DHS provided clear and creditable testimony as to the phone conversation, the preponderance of evidence does support the Departments decision to withdraw the SNAP application.

The Administrative record was void of a BDN that addressed MPP, although DHS did testify that the MPP application was received on March 20, 2024, and their Exhibit 3A verified eligibility was determined on April 4, 2024, which would make an appeal received on April 11, 2024, within the 35-day timeframe for a Medicaid appeal. To be eligible for the MPP benefits, income must fall below 135% of the FPL, which at the time, the Department testified was \$1,694.00. The Appellant agreed that the gross income of the month of application was \$2,893.00, therefore more than the income limit for this program.

IX. CONCLUSION OF LAW

After review of the Administrative record, this Appeals Officer concluded the following reasons for the decision rendered:

1. The appeal for Health Coverage will not be decided on the merits as the BDN was issued on January 26, 2024, and the appeal request received on April 11, 2024, therefore outside the 30-day timeframe to file a Medicaid appeal.
2. The evidence did support that the Department processed the Appellant's SNAP benefits in accordance with regulations, per 218-RICR-20-00-1.3.3(A), the Appellant requested withdrawal of the SNAP application and the Department processed the request.
3. The evidence did support that the Department processed the Appellant's MPP benefits in accordance with regulations, per 210-RICR-40-00-1.5(A)(6) the Appellant's income was more than 135% of the FPL and benefits were accurately denied.

X. DECISION

Based on the foregoing Findings of Facts, Conclusion of Law, and testimony it is the order of this Appeals Officer that the Department's actions and decisions in this matter are final as it pertains to SNAP and MPP, therefore the Appellant's request for relief in these matters cannot be granted and this appeal is denied.

The Appellant's request for relief in the matter of Health Coverage will not be decided on the merits as the request for appeal was untimely.

/s/Holly Young | Appeals Officer | Executive Office of Health and Human Services

NOTICE OF APPELLANT 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] and via email at [REDACTED]; copies were sent electronically to agency representatives of the DHS Appeal Unit and the DHS policy unit 27th day of SEPTEMBER, 2024.

Ellen Lopez