

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

██████████

v.

DOCKET No. 24-3393

RI DEPARTMENT OF HUMAN SERVICES

**DECISION**

**I. INTRODUCTION**

A telephonic hearing on the above-entitled matter came before an Appeals Officer on August 13, 2024, with the RI Department of Human Services (“Agency” or “DHS”) and ██████████ (“Appellant”) present. The Appellant initiated this matter to appeal an action taken by the Agency. This matter arose from a Benefits Decision Notice (“BDN”) dated May 3, 2024, denying the Medicare Premium Payment Program (“MPPP”), category Qualified Individual (“QI-1”) because the countable income is higher than the maximum amount allowed. The Appellant disagreed with the Agency’s decision because he is only a couple of dollars over the income limit, and he cannot afford the Medicare Part B payments. For the reasons discussed in more detail below, the decision has been decided against the Appellant.

## **II. JURISDICTION**

The Executive Office of Health and Human Services (“EOHHS”) is authorized and designated by R.I.G.L. §42-7.2-6.1 and regulation 210-RICR-10-05-2 to be the 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 Appellant was properly denied the MPPP, in accordance with departmental regulations as set forth below.

## **IV. PARTIES AND EXHIBITS**

Supervising Eligibility Technician, Christine Mitchell, attended the telephonic hearing on behalf of the Agency providing testimony and evidence relevant to the Appellant’s request for the MPPP. The Agency offered the following into evidence at the hearing:

- Exhibit #1: BDN dated May 3, 2024.
- Exhibit #2: RIBridges Medicare Income Budget verification printout.
- Exhibit #3: RIBridges Medicare Notice Reasons verification printout.

The Appellant attended the telephonic hearing and testified on his own behalf.

## **V. RELEVANT LAW and/or POLICY**

The Rhode Island Code of Regulations (“RICR”) for the EOHHS in effect at the time of the Agency action, 210-RICR-40-05-1, entitled “Medicaid for Elders and Adults with Disabilities, Community Medicaid”, specifically §1.6 provides established guidance for the MPPP. MPPP helps low-income elders sixty-five (65) and older and adults with disabilities pay all or some of the costs of Medicare Part A and Part B premiums, deductibles, and co-payments. An individual’s

income and resources are calculated using SSI methodology with specific requirements to determine which type of assistance is available.

## **VI. FINDINGS OF FACT**

1. The Appellant is a household of one (1).
2. The Appellant's receives gross monthly income from Retirement, Survivors, and Disability Insurance ("RSDI") totaling \$1,717.00.
3. MPPP applicants receive a \$20.00 income disregard to determine eligibility.
4. The Appellant applied for the MPPP and is categorized as QI-1 based on his RSDI income of \$1,697.00 which includes the \$20.00 income disregard.
5. The monthly income limit for MPPP QI-1 is based on the Federal Poverty Level ("FPL") of 1,694.25 which includes the \$20.00 income disregard.
6. A Benefits Decision Notice dated May 3, 2024, was mailed to the Appellant denying MPPP as of June 1, 2024, because his countable income is higher than the maximum amount allowed. The BDN further cited Legal Basis 210-RICR-40-05-1 §1.6 that was used to make the eligibility determination for MPPP.
7. The Appellant filed a timely appeal on May 13, 2024.
8. A telephonic hearing was held on August 13, 2024.

## **VII. DISCUSSION**

The Agency presented their arguments and testified to the evidence and the facts of the case. The Agency testified that the Appellant's gross income is \$1,717.00 and he has resources of \$2,000.00. The Appellant receives a \$20.00 income disregard, so the countable income is \$1,697.00. The FPL for the MPPP QI-1 is \$1,694.00, therefore the Appellant is over the income limit. The Agency argued that the Federal Government sets the income limits to determine

eligibility for the MPPP. The Agency confirmed that the cited regulations in the BDN were used to deny the MPPP.

The Appellant argues that it is ridiculous that he is over by a couple of dollars and maybe there is an error. He was eligible for the MPPP before and doesn't understand why they can take it away. The Appellant stated he only receives income of \$1,692.00 because they take out \$24.80 for insurance. After review, the Appellant agreed that his gross income is \$1,717.00 and understands the Agency uses gross income less the income disregard of \$20.00 to determine eligibility. The Appellant further argued his bills are going up and he can't survive on his income only, so he needs the MPPP.

#### **VIII. CONCLUSIONS OF LAW**

In review of 210-RICR-40-05-1 §1.6 states in part, an individual's income and resources are calculated using the SSI methodology, to determine which type of Medicare premium assistance is available. The MPPP income and resource eligibility varies based on the coverage group. In this case, a QI-1's income must be at least 120% but less than 135% of the FPL. The income limit for this category is \$1694.25, which includes the \$20.00 income disregard.

There is no dispute the Appellant's gross income is \$1,717.00, and his resources are under the limit. The Appellant received the \$20.00 income disregard, so his countable income is \$1,697.00. Based on the Appellant's income, he is clearly over the FPL of \$1,694.25, therefore ineligible for MPPP.

After careful and considerate review of the Agency's Rules and Regulations, as well as the evidence and testimony presented, this Appeals Officer concludes that the Agency properly applied the regulations to deny the Appellant MPPP.

**IX. DECISION**

Based on the foregoing Findings of Fact, Conclusions of Law and by a preponderance of evidence, it is found that a final order be entered that the Appellant's request for MPPP is denied.

**APPEAL DENIED**

*/s/ Louanne Marcello*

Louanne Marcello  
Appeals Officer

**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 Agency representatives Christine Mitchell, Julie Neuman, Michaela Miller, Vania Rebello, Denise Tatro and DHS.Policyquestions@dhs.ri.gov, on this 23rd day of August, 2024.

## **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 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.**