

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

[REDACTED]

V.

DOCKET No.

25-1023

Department of Human Services

DECISION

INTRODUCTION

The Appellant, [REDACTED], appealed the Medical Assistance determination made by the Department of Human Services (DHS). The Appellant was determined to be over income for Elderly and Adults with Disabilities Medicaid (Free Medicaid) and was found to fall under Medically Needy Medicaid with a \$5,328 spenddown before Medicaid coverage starts. An in-person hearing in this matter occurred on July 2, 2025, at 2:00 PM. For the reasons discussed in more details below, the Appellant's appeal is denied.

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 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 210-RICR-10-05-2 and the Administrative Procedures Act (RIGL § 42-35-1 et. seq.).

ISSUE

The issue is whether the Medicaid determination made by DHS was done in compliance with federal and state regulations.

STANDARD OF PROOF

It is well settled that in adjudications modeled on the Federal Administrative Procedures Act, a preponderance of the evidence is required to prevail. This means that for each element to be proven, the factfinder must believe that the facts asserted are more probably true than false. 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). 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).

PARTIES AND EXHIBITS

The Appellant and Eligibility Technician III - Glenda Ramos attended the hearing. The following exhibits were presented as evidence:

- The Benefits Decision Notice issued to the Appellant and dated February 17, 2025.
- The Important Information – Please Read notice issued to the Appellant and dated February 17, 2025.
- The State Online Query (SOLQ) reports for the Appellant generated on May 6, 2025, and again on June 25, 2025.
- Printouts of the Appellant’s Adult Disability Medicaid – Income Budget screen for April 2025.
- A printout of the Appellant’s Adult Disability Medicaid – Notice Reasons screen for April 2025.
- A printout of the Appellant’s Eligibility Determination Results.

- An EOHHS Provider Portal (A/K/A Mini MMIS) printout for the Appellant for January through March 2025.
- A Medical Note from [REDACTED] regarding the Appellant being a patient and his current medical conditions.
- A Medical Note from [REDACTED] regarding the Appellant being a patient.
- A Medical Note from [REDACTED] regarding the Appellant being a patient.
- A Medical Note from [REDACTED] regarding the Appellant being a patient and his current medical conditions.
- A Medical Note from [REDACTED] regarding the Appellant being a patient and his current medical conditions.

RELEVANT LAW/REGULATIONS

Individuals who are 65 years of age or older, blind, or disabled under Social Security rules can qualify for Free Medicaid if their gross income is at or below 100% of the Federal Poverty Level. 210-RICR-40-05-1.6.2 (A)(1). Those who's gross income is over 100% of the Federal Poverty Level can qualify for Medically Needy Medicaid which requires meeting a spenddown, which is like a deductible, before Medicaid coverage begins. 210-RICR-40-05-1.6.3 (A) & 210-RICR-40-05-2.1 (A). For 2025, 100% of the Federal Poverty Level amounts to \$1,304.17 a month for a household of 1.

OBJECTIONS AND MOTIONS

No objections or motions were made in this matter.

FINDINGS OF FACT

1. The Appellant is a household of 1.
2. The Appellant was determined disabled under Social Security criteria with a disability onset date of March 1, 2024.

3. The Appellant's gross income is \$2,075 a month for 2025. This is entirely from his Social Security benefits.
4. The Appellant has several expenses including \$1,500 a month for rent, approximately \$325 a month for car expenses, and \$185 a month for his Medicare Part-B premium. This leaves him with approximately \$65 a month plus his SNAP benefits to rely on for the month.
5. The Appellant has issues with how someone in his position is supposed to afford the 20% of health care expenses that Medicare does not cover without Medicaid.
6. The Appellant has multiple medical conditions including sleep apnea, arthritis in both knees, a compressed disk of the spine, bronchitis, and obesity. The Appellant recently underwent bariatric surgery to manage his weight in preparation for knee surgery. The Appellant is only able to get one of his knees fixed as it is being covered as a work-related injury. The Appellant cannot afford the co-pays and expenses related to treatment for these conditions and his required medications without Medicaid or some other form of assistance.

DISCUSSION

The Appellant has been determined to be disabled by Social Security. As such to qualify for Free Medicaid, his income needs to be at or below 100% of the Federal Poverty Line. 210-RICR-40-05-1.6.2 (A)(1). This equates to \$1,304.17 a month or less. The Appellant is grossing \$2,075 a month from Social Security. This is significantly over the income limit of \$1,304.17 a month. As such the Appellant is not eligible for Free Medicaid. Therefore, DHS' determination that the Appellant only qualifies for Medically Needy Medicaid with a spenddown (deductible) is correct.

The Appellant raises issue with how he, or anyone in his position, is supposed to afford their health care. While this tribunal can sympathize with the Appellant and his position, Medicaid only addresses those individuals with high medical needs with the use of a spenddown (deductible). Obviously, a person who only has approximately \$400 to spare every six months should not be required to take on over five thousand dollars of uncovered medical expenses in that same period just to access the

medical care they need. However, it is beyond this tribunals scope to change the rules related to Medicaid eligibility. That is left primarily to federal executive officials (the President, the Health and Human Services Secretary, and the Director of the Centers for Medicare and Medicaid Services) as well as the U.S. Congress to make any of those changes.

CONCLUSION OF LAW

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

1. The Appellant is over income for Free Medicaid.
2. While the Appellant has several medical conditions that would require care, this alone is not enough to qualify him for Medicaid.

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 determination that the Appellant is over income for Free Medicaid and is eligible for Medically Needy Medicaid subjected to a spenddown.

APPEAL DENIED

/s/ Shawn J. Masse

Shawn J. Masse


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 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], the DHS Appeals Unit, the DHS Policy Unit, Laura Larrivee, and Kirsten Cornford on this 7 day of JULY, 2025.

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