

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

██████████

v.

Rhode Island Department of Human  
Services

DOCKET No. 25-1487

**DECISION**

**I. INTRODUCTION**

A telephonic hearing on the above-entitled matter was conducted on June 17, 2025.

██████████ (Appellant) initiated this matter to appeal the Benefits Decision Notice (BDN) dated March 1, 2025, for Medicaid Long-Term Services and Support (LTSS). The BDN stated that the Appellant's Medicaid LTSS-Medically Needy Spenddown was renewed, however the Cost of Care (COC) did not reflect a Time Limited Home Maintenance Allowance (HMA) deduction. For the reasons discussed in more detail below, the decision has been decided in favor of 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 EOHHS regulation 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 DHS properly omitted the Appellant's HMA and calculated the COC correctly, in accordance with the Medicaid regulations, as set forth below.

### **IV. PARTIES AND EXHIBITS**

LTSS Appeals Representative Michael Pangman attended the telephonic hearing and provided testimony on behalf of DHS. The Appellant presented the arguments on his behalf.

When the hearing commenced, DHS had not submitted any evidence in support of its position. The record was held open, however, to allow for DHS's submission of documents discussed at the hearing. After the hearing, the Agency submitted:

- Application for LTSS submitted November 14, 2024.
- Provider Medical Statement dated November 1, 2024.
- Benefits Decision Notice dated March 1, 2025.

### **V. RELEVANT LAW/REGULATIONS**

Federal and State law requires LTSS applications to be processed and an eligibility determination made within 90 days from the date the completed application is submitted. 210-RICR-40-00-2.6(a)(9) and RIGL §40-8-8.6(2).

Nursing Facility (NF) classifications are designed to provide service options that reflect the scope and intensity of the person's need for the level of care that is typically provided in a NF. To determine the appropriate level of care and service classification, agency representatives review the information from all available sources. To make the final determination of care

needs, the results of this review are compared against the needs-based and institutional level of care criteria. 210-RICR-50-00-5.6.2(A&B).

The NF level of care determination focuses on health status and functional abilities as well as social, environmental, and personal support factors. Functional criteria focuses on a person's need for assistance in Activities of Daily Living (ADLs), i.e. bathing, toileting, and ambulation. 210-RICR50-00-5.6.3(A)(1).

The HMA deduction cannot be allocated for more than six months in any continuous period of Medicaid LTSS in a health care facility. A licensed physician must certify that the LTSS beneficiary is likely to return to their home during the six month period.

210-RICR-50-00-8.8(A)(1)(a & b) and 42 C. F. R. § 435.725(d).

**VI. FINDINGS OF FACT**

1. The Appellant filed an application with DHS on November 14, 2024, requesting Medically Needy LTSS. At that time, he had been residing at [REDACTED] since September 5, 2024.
2. DHS records show that on November 14, 2024, at least some supporting documents were also submitted with the application, including the Provider Medical Statement (PM-1).
3. On the application, the Appellant listed his mortgage expense in the amount of \$1,678.27. In addition, he listed his daily room and board for [REDACTED] in the amount of \$485.00 per day.
4. The Appellant received a Benefits Decision Notice dated March 1, 2025, informing him that his LTSS-Medically Needy Spenddown had been renewed effective June 1,

2024, until otherwise notified. The HMA was not granted in the COC calculation per the BDN.

## **VII. DISCUSSION**

The basis of the appeal is that the Appellant states that the nursing home told him that he would receive cost of care deductions for his mortgage, taxes, and home insurance. Accordingly, the appellant submitted those verifications with the application, however the HMA was not granted.

The Appellant had been residing at [REDACTED] from June 12, 2024, through July 30, 2024, when he was discharged to home. He was then admitted directly from home to [REDACTED] on September 5, 2024. After his discharge from [REDACTED] the Appellant was in the community for a period of over 30 days, and was admitted to a different facility, therefore that Appellant filed a new application, which he did on November 14, 2024, with the assistance of [REDACTED] to cover his stay at [REDACTED]. The application included a PM-1 completed by [REDACTED].

DHS failed to change the Appellant's living arrangement in the RI Bridges System when he was discharged home from [REDACTED] on July 30, 2024. Because this break in institutional living was not recorded in RI Bridges, the Appellant was erroneously determined to have had one continuous admission, thereby making him ineligible for the HMA.

The DHS representative testified that the Appellant's the application that was filed in November 2024 was never processed. The LOC that was entered on January 14, 2025, pertained to the Appellant's stay at [REDACTED] in June 2024 and that associated application. There is no indication that the PM-1 submitted in November 2024, was reviewed because, if it had been reviewed, it would have been clear that the Appellant was at a different facility, which should have prompted further inquiry. Although the BDN assigned the appellant the highest level of

care, the PM-1 states that the Appellant only required minimal assistance with some ADLs, and he did not present with any cognitive deficits.

For reasons that are not clear, the BDN under appeal states that the Appellant's benefits for LTSS Medically Needy Spenddown were **renewed**, however, it does not appear that the November 2024 application was approved or denied, which serves as further evidence that the application submitted in November 2024, had not been processed at the time the BDN was issued.

There are two obvious agency errors in connection with the Appellant's appeal. The first being the agency did not properly document that the Appellant was discharged from [REDACTED] to home. The second is the application filed on November 14, 2024, was never processed. Related to these two errors, it is clear that the Agency failed to review to the details of the PM-1, which would have clarified both facts that the Appellant was not continuously residing in a nursing home, and the appropriate level of care required. .

#### **VIII. CONCLUSION OF LAW**

After careful and considerate review of the Federal and State regulations for Medicaid LTSS, as well as the testimony presented at the administrative hearing, it is concluded that:

1. DHS did not appropriately change the Appellant's living arrangement to reflect that he was discharged to home from [REDACTED] in July 2024.
2. DHS did not comply with the appropriate regulations for processing the Appellant's November 14, 2024, application within the mandated timeframes.
3. The PM-1 was not thoroughly examined per the regulations to determine if he was receiving the appropriate level of care.

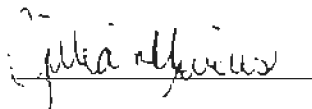
**X. DECISION**

Based on the foregoing Findings of Fact, Conclusions of Law, and testimony given in the case, it is found that a final order be entered that DHS did not comply with the requirements of timely processing of the November 14, 2024, application for Medically Needy LTSS.

**APPEAL GRANTED**

**ACTION FOR DHS**

Within thirty (30) days of the decision, DHS is to re-open the Appellant's Medically Needy LTSS case back to the date of the November 14, 2024, application, and process the application with a thorough review of all supporting documentation. DHS will then render a decision and issue a new BDN that addresses the November 14, 2024, application. The Appellant retains the right to appeal that subsequent DHS decision.

A handwritten signature in cursive script, appearing to read "Jillian Rivers", is written over a horizontal line.

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]; copies were sent, via email, to the Appellant at [REDACTED], and to DHS Representatives Michael Pangman, Rebecca Cahoon, Rose Leandre, Jacqueline Neirinckx, Vanessa Ward, Kirsten Cornford, and The DHS Policy Unit on this 16<sup>TH</sup> day of JULY, 2025.

