

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

██████████ (Appellant)

v.

DEPARTMENT OF HUMAN SERVICES
(DHS)

DOCKET NO: 25-1676

DECISION

I. INTRODUCTION

DHS issued a Benefits Decision Notice (“BDN”) on March 17, 2025, informing the Appellant that Health Coverage was denied. The Appellant initiated this matter to the Executive Hearing Office (“EHO”) on April 4, 2025, to dispute this agency action. An Administrative hearing was conducted on the above-entitled matter via Microsoft Teams on May 20, 2025, the Appellant declined the video option. For the reasons discussed in this decision, the Appellant’s appeal is denied.

II. 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 DHS. Hearings are held in accordance with the Administrative Procedures Act (R.I. Gen. Laws § 42-35.1 et. seq.).

III. ISSUES

The issue before this Appeals Officer is whether or not the Appellant is eligible for Health Coverage.

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

DHS was represented by Eligibility Technician Stephanie Santos. The following evidence was submitted and marked as:

Exhibit 1 EHO Hearing appointment notice.

Exhibit 2 The Appellant’s appeal request form.

Exhibit 3 A Benefits Decision Notice (“BDN”) dated March 17, 2025.

Exhibit 4 – A printout from RI Bridges intergraded eligibility system.

Exhibit 5- Redacted pages five and six of the DIIS2 application.

Exhibit 6 – Medicaid policy excerpts.

The Appellant appeared and testified on their own behalf; his spouse [REDACTED] also was present but did not testify. A Vietnamese Interpreter from Maria’s Interpreting service was present and provided translation services.

VI. RELEVANT LAW/REGULATIONS

EOHHS has entered into a cooperative agreement with DHS that authorizes the Department to conduct certain eligibility functions (210-RICR-10-00-1.4(B)). In accordance with the Code of Federal Regulations ("CFR") 42 CFR 431.10(e)(3), DHS has agreed to carry out these functions in accordance with the Medicaid State Plan, the State's Section 1115 demonstration waiver, and the rules promulgated by EOHHS. Medicaid regulations in Rhode Island are conducted according to 210-RICR-30-00-1.

Medicaid regulations define terms used that define non-citizen Medicaid applicants. "Lawfully present" means the status of a non-citizen who has been granted permission to remain in the United States by the USCIS. This status includes immigrant qualified non-citizens who would otherwise be eligible for Medicaid or CHIP coverage if were not for the Federal five (5) year bar and certain non-immigrants with visas who have been granted permission to live and/or work in the U.S. for a specific purpose and/or on a time-limited basis. "Qualified" or "non-qualified non-citizens" means the terms used in Federal immigration law to categorize immigrant and nonimmigrant non-citizens. The terms do not by themselves indicate whether an immigrant is eligible for benefits. "Qualified," "non-qualified" and undocumented non-citizens may be eligible for some forms of federally funded benefits. (210-RICR-10-00-3.4).

Per both Federal (45-CFR 155.305) and State Medicaid regulations (210-RICR-10-00-3.7(A)) qualified non-citizens are provided coverage which include adults over the age of 19 that entered the United States before August 1, 1996, refugees, asylees, individuals that deportation was withheld, Amerasian entrants, Cuban or Haitian entrants, US military, battered non-citizens, American Indian's, victims of trafficking, SSI recipients and those receiving other federal disability assistance. After a five-year waiting period lawful permanent residents, parolees and

conditional entrants are eligible for Medicaid coverage. Non-qualified non-citizens who are not pregnant and do not have current documentation of a qualified non-citizens status are not eligible for Medicaid coverage. Resident children under the age of 19 are not subject to eligibility requirements related to citizenship and immigration status.

VII. FINDINGS OF FACTS

1. The Appellant applied for Health Coverage for himself and his spouse on February 4, 2025.
2. The Appellant clarified in the pre-hearing conference he or his spouse were not requesting LTSS coverage.
3. They are non-citizens, they are both Lawful Permanent Residents that entered the United States on October 2, 2024. They are over the age of 19, the spouse is not currently pregnant.
4. The BDN issued on March 17, 2025, informed the Appellant that he and his spouse are ineligible as for all the following reasons:
 - i. Both the Appellant and the spouse were denied for Advanced Premium Tax Credits (“APTC”) and Cost Sharing Reduction (CSR”), as the household did not file taxes or tax information could not be verified and one or more members of your household is not a qualified non-citizen. Legal basis: 45 CFR 155.305.
 - ii. Both were denied for Private Health Insurance as one or members of the household is not a qualified non-citizen. Legal basis 45 CFR 155.305.
 - iii. Both were denied as a childless adult as they do not meet the immigration requirements for Medicaid. Legal basis 210-RICR-10-00-3.7.

- iv. The Appellant was denied for Long Term Support Services-MAGI as he did not meet the immigration requirements for Medicaid, and he do not meet the level of care for Medicaid LTSS eligibility. Legal 210-RICR-40-05-1.9.3 and 210-RICR-50-00-5.

VIII. DISCUSSION

DHS testified that the Appellant's Medicaid application was processed according to regulations. DHS submitted as evidence policy excerpts, but it was unknown which section of policy it was as there was no reference associated with the document.

The parties agreed that the both the Appellant and the spouse entered the United States on October 2, 2024, as Lawful Permanent Residents. As stated by DHS and according to Medicaid policy individuals must meet the five-year waiting period to qualify for Medicaid. They do not meet any of the reasons provided in Medicaid regulations to be exempt from this five-year waiting period. Although the BDN is incorrect, as this was not an LTSS application, the decision made by DHS is correct in that both applicants do not meet the immigration requirements to be eligible for Medicaid coverage

IX. CONCLUSION OF LAW

After review of the Administrative record, I conclude the Appellant and his spouse have not yet met the five-year waiting period for Medicaid coverage; therefore, both applicants were correctly denied due to immigration requirements per 210-RICR-10-00-3.7(A).

X. DECISION

Based on the foregoing Findings of Facts, Conclusion of Law, and testimony it is ordered that this appeal is denied, and DHS's decision is upheld in this matter.

/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

██████████ ██████████ ██████████ and via email to

██████████; copies were sent electronically to Agency representatives of the DHS policy unit, the DHS Appeals Unit, Stephanie Santos and Kirsten Cornford.

On this 14th day of June, 2025.

