

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

██████████ (Appellant)

Docket: 25-2476

V.

Department of Human Services
(DHS)

DECISION

I. INTRODUCTION

The Appellant initiated this matter to the Executive Hearing Office (“EHO”) on May 27, 2025, to dispute a decision made by DHS regarding Health Coverage. An Administrative hearing was conducted on the matter via Microsoft Teams on June 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 was whether or not the changes made to the Appellant’s Health Coverage benefits were 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. 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 III Glenda Ramos, the following evidence was submitted:

- Exhibit 1 – DHS-1010 - Recertification/renewal notice.
- Exhibit 2 – Social Security Income verification from DHS’s external verification source, SOLQ.
- Exhibit 3 – the Medicaid income budget used to determine eligibility prior through May 31, 2025, DHS’s Integrated Eligibility System, RI Bridges.
- Exhibit 4 – the Medicaid income budget used to determine eligibility as of June 1, 2025, from RI Bridges.
- Exhibit 5 – Medicaid policy excerpts.

The Appellant appeared and testified on their own behalf.

The Administrative record contains the appeal request form submitted by the Appellant, the Benefit Decision Notice (“BDN”) sent by DHS and notices sent from the Hearing Appointment Notice sent by EHO.

VI. RELEVANT LAW/REGULATIONS

“ACA expansion adults” means the eligibility pathway established by the Federal Patient Protection and Affordable Care Act (ACA), Pub. Law No. 111-148, and by R.I. Gen. Laws Chapter 40-8.12, for persons between the ages of nineteen (19) and sixty-four (64) who are not eligible for or enrolled in Medicare and do not qualify for Medicaid in any other eligibility group. (210-RICR-30-00-1.5(A)(1)).

ACA Expansion Adults – The group consists of citizens and qualified non-citizens with income threshold up to one hundred thirty-three percent (133%) of the Federal Poverty Limit (“FPL”) and an income ceiling up to 138% of the FPL, who meet the age characteristic and are not otherwise eligible for, or enrolled in, Medicare or Medicaid under any other State plan or Section 1115 waiver coverage group. Adults found eligible awaiting a determination for Supplemental Security Income (SSI) or the receipt of Social Security benefits are also eligible under this coverage group during the two (2) year application pending and benefit waiting periods. (210-RICR-30-00-1.6(A)(f)).

The State must evaluate whether a Medicaid beneficiary may qualify for health coverage thru an alternative pathway prior to termination of eligibility. This requirement only applies when the reason for the termination is a change in an eligibility factor, such as age, income, resources, disability or relationship. The State uses any information known about the beneficiary to evaluate the options for continuing coverage. (210-RICR-40-00-2.8.2(A)(3)).

For individuals that have income above the income standard across applicable eligibility pathways, the spenddown standard for their eligibility coverage group is applied. The spenddown standard for elders and adults with disabilities is the medically needed income limit adjusted for their household size. The spenddown amount is calculated by comparing an individuals anticipated monthly net income for all six months to the FPL standard. If the results are equal to or lesser than the FPL the applicant is eligible for Medicaid without a spenddown, if the result is greater than the FPL the spenddown amount then needs to be calculated. The spenddown amount is determined by subtracting the applicable six-month FPL spenddown standard from the total six months of net income, the result is the six-month spenddown amount. To meet a spenddown allowed health care expenses are applied to the six-month spenddown amount. (210-RICR-40-05-2.3(A)).

VII. FINDINGS OF FACTS

1. The Appellant is 64 years old; he does not have Medicare and his monthly income from Retirement, Survivors, and Disability Insurance (“RSDI”) was \$1,462.00.
2. He was a Medicaid beneficiary thru the ACA pathway as his income was below 138% of the FPL or \$1,669.15, benefits were due to recertify on May 31, 2025
3. The Appellant returned his recertification form to DHS on April 28, 2025.
4. The Appellant consented for DHS to obtain, use and share data from a variety of external sources, including the Social Security Administration (“SSA”).
5. DHS verified thru the SOLQ, the Appellant is disabled, does not have Medicare and is issued a monthly gross RSDI payment of \$2,079.00.
6. DHS processed the recertification and informed the Appellant on May 10, 2025, that Medicaid eligibility thru the ACA pathway would close as of May 31, 2025.

7. The Appellant's income exceeded 138% of the FPL now \$1,799.75 and he was ineligible thru the ACA pathway.

8. The Appellant was informed in a BDN issued by DHS on May 10, 2025, of DHS's decision that Medicaid benefits were transitioning to the pathway of a medically needy spenddown.

9. An appeal request form was received in the Executive Hearing Office ("EHO") on May 27, 2025. On the form the Appellant requested that benefits continue unchanged pending a hearing decision.

10. On June 17, 2025, the Appellant contacted the EHO to report that benefits had not continued as requested.

11. The EHO contacted DHS, the Agency responded on June 17, 2025, that benefits were not able to continue pending a hearing decision as this was a closure at recertification.

12. On June 18, 2025, an expedited hearing was scheduled for June 20, 2025.

VIII. DISCUSSION

DHS maintained the actions taken to the Appellant's Health Coverage benefits were in accordance with Medicaid regulations and provided evidence to uphold their decision. They based their decision on the Appellant's verified income of \$2,079.00 which now made him ineligible for Health Care thru the ACA pathway. It was determined his new pathway to Health Coverage was that of a spenddown. There was a document submitted from DHS to which they referred to as the spenddown policy, but the document was unfamiliar and did not cite a policy reference.

The Appellant testified that his RSDI income is \$1,426 monthly and not \$2,079.00, as verified thru DHS via SSA. He did state briefly that he was the victim of identity fraud but

offered no explanation why SSA would be reporting a different amount than he was receiving. Without any documentary evidence to the contrary, the amount verified by SSA of \$2,079.00 is determined to be his income.

On the BDN sent by DHS, the ACA policy was referenced, which does apply as this was a termination of ACA benefits. The policy of a flexible test of income was retrieved from the Rhode Island Code of Regulations website, which according to the Appellant's income is the correct pathway to Medicaid for him. Based on the fact his income exceeds the ACA guidelines of 138% of the FPL and he is disabled, he is eligible for a medically needy spenddown. The regulation regarding termination of Medicaid, in one pathway and the reevaluation in another was retrieved and is cited above as it also applies to the actions taken by DHS in this matter.

The State evaluated the Appellant at time of recertification, according to regulations and determined that he may qualify for health coverage thru an alternative pathway prior to termination of eligibility. This requirement applied in this situation as a change in the eligibility factor, of income was the reason for the termination in the ACA pathway. DHS used information known about the Appellant to evaluate the options for continuing coverage thru that of a spenddown. To meet a spenddown an applicant is required to submit allowable medical expenses of a certain amount and then Medicaid benefit will be approved for a six-month period.

IX. CONCLUSION OF LAW

After review of the Administrative record, the following is concluded for the decision rendered:

Per 210-RICR-30-00-1.5(A)(1) the Appellant's income of \$2,079.00 exceeds 138% of the FPL or \$1,799.75, therefore the Appellant is no longer eligible for ACA Medicaid.

Per 210-RICR-40-00-2.8.2(A)(3) DHS used information known about the Appellant to evaluate the options for continuing coverage thru a different Medicaid pathway.

X. DECISION

Based on the foregoing Findings of Facts, Conclusion of Law, and testimony it is ordered that the actions taken by DHS in this matter were in accordance with regulations, the Agency's decision is final, and the Appellant's appeal is denied.

/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]; copies were sent electronically to Agency representatives of the DHS Appeals Unit, the DHS Policy Unit, Kirsten Cornford and Glenda Ramos.

On this 27th day of June, 2025.


