

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

V.

DOCKET No. 25-2798

Department of Human Services

**DECISION**

**I. INTRODUCTION**

A Microsoft Teams hearing on the above-entitled matter came before an Appeals Officer on September 3, 2025, with the Department of Human Services (DHS) and [REDACTED] (hereinafter the “Appellant”). The Appellant declined the option of a video hearing. The Appellant initiated this matter to appeal against DHS’ eligibility determination for their Modified Adjusted Gross Income Medicaid (MAGI) case as stated in the June 4, 2025, Benefit Decision Notice. The Appellant also raised the issue that Aid Pending was not granted for their Appeal, despite having filed the Appeal within ten days of the Benefit Decision Notice date. DHS testified that they correctly closed the Appellant’s MAGI case because the Appellant failed to complete the May 15, 2025, Medicaid Review (Ex-Parte) Notice. DHS further testified that they denied the Appellant’s request for Aid Pending because it was being requested after the Appellant’s MAGI case was closed at the time of their recertification. For the reasons discussed in more detail below, the Appellant’s Appeal is denied in part and granted in part.

**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 entity responsible for appeals and hearings related to DHS and EOHHS 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**

Did DHS correctly determine the Appellant to be ineligible for MAGI and Aid-Pending?

**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. See 2 Richard J. Pierce, *Administrative Law Treaties* §10.7 (2002) & *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 1130, 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. See *Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006).

**V. PARTIES AND EXHIBITS**

Eligibility Technician, Jessica Fox, attending the hearing on DHS’ behalf and provided testimony. The following exhibits were offered as evidence by DHS:

Exhibit #1 – June 4, 2025, Benefit Decision Notice.

Exhibit #2 – Rhode Island Bridges Earned Income - Pay Details Screenshot for Case [REDACTED]

Exhibit #3 – May 15, 2025, Medicaid Review (Ex-Parte) Notice.

Exhibit #4 – Rhode Island Bridges Family Medicaid - Income Budget Screenshot for Case [REDACTED]

The Appellant was present, testified on their own behalf, and provided the following exhibit as evidence:

Exhibit #5 – June 13, 2025, Electronic Appeal for Case [REDACTED]

**VI. RELEVANT LAW/REGULATIONS**

As a condition of eligibility, the Medicaid applicant/beneficiary must meet certain cooperation requirements, such as providing the information needed for an eligibility determination. Failure to cooperate may result in a denial of eligibility or case closure. 210-RICR-10-00-1.6(A).

An appellant may receive the continuation or reinstatement of eligibility or assistance in certain types of cases if an appeal is filed in the advance notice period, before an agency action takes effect. Aid Pending for all Medicaid cases must be requested within ten days beginning on the fifth day after the date on the notice of the intended action. See 210-RICR-10-05-2.2.2(A&C).

**VII. FINDINGS OF FACT**

1. The Appellant was previously approved for MAGI.
2. The Appellant completed a recertification for their MAGI case, and it was processed in May 2025.
3. After processing the Appellant's recertification, DHS determined that the Appellant was no longer eligible for MAGI as the Appellant's income exceeded the limit for a parent/caretaker of an eligible child.
4. The Appellant does not dispute that their income exceeds the limit for a parent/caretaker of an eligible child.
5. On May 15, 2025, DHS sent the Appellant a Medicaid Review (Ex-Parte) Notice. The notice states the reason for the Appellant's Medicaid case termination and instructs the Appellant to return any information needed to determine their potential eligibility for other Medicaid coverage by May 30, 2025. The notice further states, "For the agency to evaluate and determine your

qualification for other potential forms of coverage, please fill out the below questionnaire and attached MRQ (Medicaid Review Questionnaire) form to assist us in determining if there are other Medicaid categories for which you, your spouse, or a person in the household may be eligible.”

6. The Appellant returned the Medicaid Review (Ex-Parte) Notice to DHS, however, they failed to answer all of the questions on the form.
7. The Appellant did not dispute their failure to answer all questions on the form.
8. Because the Appellant failed to answer all the questions on the Medicaid Review (Ex-Parte) Notice, DHS sent the Appellant a Benefit Decision Notice on June 4, 2025, stating that their MAGI case was closing effective July 1, 2025, because they are not requesting continued coverage.
9. The Appellant filed an Appeal of their MAGI case closure on June 13, 2025.
10. The June 4, 2025, Benefit Decision Notice states on page 7 that for the Appellant to continue receiving benefits (Aid Pending) for the Medicaid Program under appeal, the appeal must be made within 30 days after the notice date plus five days for mailing time.
11. DHS testified that they correctly denied the Appellant’s request for Aid Pending because their MAGI case was closed at the time of their recertification.

## **VIII. DISCUSSION**

As stated above, Medicaid applicants and beneficiaries must meet certain cooperation requirements, such as providing the information needed for an eligibility determination and a failure to cooperate may result in a denial of eligibility or case closure. Also, an appellant may receive the continuation or reinstatement of eligibility or assistance in certain types of cases if an appeal is filed in the advance notice period, before an agency action takes effect. Aid Pending for all Medicaid cases must be requested within ten days beginning on the fifth day after the date on the notice of the intended action.

DHS testified that they correctly determined the Appellant to be ineligible for MAGI on May 15, 2025, because the Appellant's income exceeded the income limit for a parent/caretaker of an eligible child. DHS further testified that the Appellant's failure to answer all questions asked on the May 15, 2025, Medicaid Review (Ex-Parte) Notice is equivalent to a failure to request continued coverage. DHS also testified that because the Appellant failed to fully complete the May 15, 2025, Medicaid Review (Ex-Parte) Notice, DHS correctly determined the Appellant to be ineligible for MAGI on June 4, 2025.

The Appellant did not dispute their failure to answer all the questions asked in the May 15, 2025, Medicaid Review (Ex-Parte) Notice, nor that their income exceeds the limit for a parent/caretaker of an eligible child. The Medicaid Review (Ex-Parte) Notice clearly states the reason for the Appellant's Medicaid case closure, and it informs the Appellant that if they would like DHS to continue to evaluate their eligibility for Medicaid, the Appellant would need to answer all the form's questions and return any information needed to determine potential eligibility for other Medicaid coverage by May 30, 2025. The Appellant's failure to answer all questions asked in the May 15, 2025, Medicaid Review (Ex-Parte) Notice is a failure of the cooperation requirement for Medicaid as stated above because the Appellant failed to provide the information needed to make an eligibility determination. Because the Appellant failed to cooperate with DHS by failing to answer all questions on the May 15, 2025, Medicaid Review (Ex-Parte) Notice, there is a preponderance of evidence to show that DHS correctly determined the Appellant to be ineligible for MAGI on June 4, 2025.

DHS testified that they correctly denied the Appellant's request for Aid Pending because their case was closed at the time of their MAGI recertification in May 2025. However, DHS failed to cite any State or Federal regulations to support their reasoning. Furthermore, the Benefit Decision Notice does not state that Aid Pending for Medicaid may be denied if the Medicaid case closure occurs at the time of the Appellant's recertification.

The Appellant filed their Appeal and request for Aid Pending within ten days of the July 4, 2025, Benefit Decision Notice. Because the Appellant filed their Appeal and request for Aid Pending within the

deadline stated on page 7 of the July 4, 2025, Benefit Decision Notice, there is a preponderance of evidence to show that DHS incorrectly denied the Appellant's request for Aid Pending.

**IX. CONCLUSION OF LAW**

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

1. If a Medicaid beneficiary fails to cooperate by failing to provide the information needed for an eligibility determination, their Medicaid case may be closed.
2. The Appellant's failure to answer all questions asked in the May 15, 2025, Medicaid Review (Ex-Parte) Notice is a failure of the cooperation requirement as stated above.
3. There is a preponderance of evidence to show that DHS correctly determined the Appellant to be ineligible for MAGI on June 4, 2025.
4. The Appellant requested a hearing and Aid Pending within 10 days of the June 4, 2025, Benefit Decision Notice explaining the Appellant's MAGI case closure.
5. There is a preponderance of evidence to show that DHS incorrectly denied the Appellant's request for Aid Pending.

**X. 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 DHS' closure of the Appellant's MAGI case, however there is insufficient evidence to support DHS' denial of the Appellant's Aid Pending request. DHS is to reinstate the Appellant's MAGI eligibility back July 1, 2025, and DHS may terminate the Appellant's eligibility for MAGI as of the date that this decision is issued.

**APPEAL GRANTED IN PART AND DENIED IN PART**

/s/ Jack Peloquin

Jack Peloquin

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 an 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

████████████████████████████████████████; copies were sent, via email, to ██████████

████████████████████████████████████████, Kirsten Cornford, the DHS Appeals Unit at

[DHS.Appeals@dhs.ri.gov](mailto:DHS.Appeals@dhs.ri.gov), and the DHS Policy Office at [dhs.policyquestions@dhs.ri.gov](mailto:dhs.policyquestions@dhs.ri.gov) on this

16<sup>TH</sup> day of SEPTEMBER, 2025.

