

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

V.

DOCKET No. 25-2837

Department of Human Services

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter came before an Appeals Officer on September 2, 2025, with the Department of Human Services (DHS), Health Source RI (HSRI), 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 Childless Adults Affordable Care Act Medicaid (Childless Adults ACA) case as stated in the June 10, 2025, Benefit Decision Notice. DHS testified that they correctly closed the Appellant's Childless Adults ACA case because the Appellant failed to respond to an Additional Documentation Required Notice (ADR) that was sent by DHS on May 1, 2025. For the reasons discussed in more detail below, the Appellant's Appeal is denied.

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 Childless Adults ACA?

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 III, Jessica Fox, attended the hearing on DHS’ behalf and provided testimony. Appeals Specialist, Mary Laurila, attended the hearing on HSRI’s behalf and provided testimony. General Counsel for HSRI, Ben Gagliardi, Esq., was also present. The following exhibits were offered as evidence by DHS and HSRI:

Exhibit #1 – June 10, 2025, Benefit Decision Notice.

Exhibit #2 – May 1, 2025, ADR.

Exhibit #3 – Rhode Island Bridges Household Relationship – Information Screenshot for Case

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Exhibit #4 – Rhode Island Bridges Earned Income - Summary Screenshot for Case

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Exhibit #5 – Rhode Island Bridges Other Income Details Screenshot for Case

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Exhibit #6 – Rhode Island Bridges Eligibility Determination Results Screenshot for Case

[REDACTED]

Exhibit #7 – Rhode Island Bridges Family Medicaid – Income Budget Screenshots for Case

[REDACTED]

Exhibit #8 – Rhode Island Bridges Electronic Documents Inquiry and Re-Index Screenshot for

Case [REDACTED]

Exhibit #9 – August 25, 2025, Email from the Appellant to Jessica Fox.

Exhibit #10 – Rhode Island Bridges Case Notes - Search Screenshots for Case [REDACTED]

Exhibit #11 – Rhode Island Bridges Wrap-Up Eligibility Summary Screenshots for Case

[REDACTED]

Exhibit #12 – QHP Notice Reasons Screenshot for Case [REDACTED]

Exhibit #13 – QHP Filing Unit Summary Screenshot for Case [REDACTED]

Exhibit #14 – August 25, 2025, Benefit Decision Notice.

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

Exhibit #15 – June 19, 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).

The State must assure that an applicant's information is entered into the integrated eligibility system (IES) and matched electronically to the full extent feasible through the federal data hub, State data

sources, and commercial data sources. The federal data hub contains electronic information from various agencies of the United States government, including the IRS, Social Security Administration (SSA), HHS (Centers for Medicare and Medicaid Services (CMS) and other agencies), Department of Homeland Security (USDHS), Department of Veterans Affairs (VA), Department of Defense (DoD), Peace Corps, and Office of Personnel Management (OPM). Various categories of data from these sources are used to match on income, employment, health, entitlements, citizenship, and criminal history. A full list of the data included in the federal hub and the rules governing its use are located in 42 C.F.R. §§ 435.948 and 435.949. The State draws from databases from an array of public agencies to verify income including the RI Department of Labor and Training (DLT), Divisions of Revenue and Motor Vehicles, and EOHHS agencies including Department of Human Services (DHS). Specific databases include State Wage Information Collection Agency (SWICA) and State unemployment compensation information (UI). 210-RICR-30-00-5.8(A)(1)(a&b).

The State must provide the applicant with the opportunity to provide an explanation and documentation if the data sources do not match the attestation or are not reasonably compatible. Accordingly, the IES issues a request to the applicant for this information and provides a list of reasonable explanation options. The explanation provided by an applicant must be used to determine whether it is feasible to reconcile a discrepancy between an attestation and data matches to determine whether reconciliation is feasible. If the applicant provides a reasonable explanation, the final determination of eligibility will be based on the information the applicant provided. If the applicant is unable to provide a reasonable explanation, documentation will then be required to verify or correct the attestation and reconcile the discrepancy. 210-RICR-30-00-5.8(A)(3&4).

The Integrated Eligibility System (IES) will conduct post-eligibility verification of the beneficiary's information. The IES runs post-eligibility verifications on current income such as wages and unemployment income. Post-eligibility verification for incarceration, death data, and current unemployment insurance information will be checked monthly while post-eligibility verification for

current income/wages runs approximately every 90 days (such as February, May, August, and November). The State may take the following action based upon the PEV process: during the post-eligibility verification process, if the income from electronic data sources is above the applicable Medicaid eligibility threshold, and the difference between the electronic data source and the total attested income is more than ten percent, the IES will check each line of income and send out a notice to the beneficiary(ies) indicating the source of income that cannot be verified and requesting that it be reviewed and verification documentation related to current income be provided. The beneficiary will have ten days to respond to such a notice. The ten-day period begins on the fifth day after the notice was mailed by the State. The beneficiary may either log onto the automated account (www.healthyrhode.ri.gov) and change information, send via U.S. mail, or bring the documentation to a local DHS office. Upon receipt of the verification documentation, the State will redetermine eligibility. After the time period to provide documentation has elapsed, if the person has not provided documentation or reported a change, the State will redetermine eligibility using the data from external sources. See 210-RICR-30-00-5.13(A) et seq.

VII. FINDINGS OF FACT

1. The Appellant was previously approved for Childless Adults ACA.
2. On May 1, 2025, DHS sent the Appellant an ADR requesting verification of the Appellant's employment or self-employment income by May 20, 2025. The ADR was sent because there was a discrepancy between the Appellant's reported earned income and the earned income detected by the SWICA database.
3. The Appellant did not respond to the ADR before the due date.
4. The Appellant does not dispute that they did not respond to the ADR before the due date.
5. On June 10, 2025, DHS closed the Appellant's Childless Adults ACA case because the Appellant did not provide the required employment or self-employment verification by May 20, 2025.

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.

DHS testified that they correctly closed the Appellant's Childless Adults ACA case because the Appellant did not respond to the ADR that was sent to them on May 1, 2025. The Appellant does not dispute that they failed to respond to the ADR before the due date.

The record shows that the Appellant was sent an ADR informing them that if they failed to verify their employment or self-employment income before May 20, 2025, their Medicaid case would close. Because the Appellant did not respond to the ADR for employment or self-employment income verification before the due date, there is a preponderance of evidence to support DHS' closure of the Appellant's Childless Adults ACA case.

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. DHS sent the Appellant an ADR for employment or self-employment income verification.
3. The Appellant failed to respond to the ADR before the due date.
4. DHS correctly closed the Appellant's Childless Adults ACA case on June 10, 2025.

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' determination that the Appellant is ineligible for Childless Adults ACA.

APPEAL DENIED

/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 [REDACTED]; copies were sent, via email, to [REDACTED], Ben Gagliardi, Esq., Mary Laurila, Vianchell Tiburcio, Kirsten Cornford, the DHS Appeals Unit at DHS.Appeals@dhs.ri.gov, and the DHS Policy Office at dhs.policyquestions@dhs.ri.gov on this 15th day of September, 2025.

Anna Mikendall