

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

V.

DOCKET No. 25-2949

Department of Human Services

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter came before an Appeals Officer on August 18, 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’ decision to not grant retroactive Sherlock Plan Medicaid coverage as stated in the Benefit Decision Notice dated June 3, 2025. DHS testified that the Appellant is not eligible for retroactive Sherlock Plan Medicaid coverage because neither the Appellant nor the hospital treating the Appellant requested retroactive Medicaid coverage. For the reasons discussed in more detail below, the Appellant’s Appeal is granted.

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 deny the Appellant's request for retroactive Sherlock Plan Medicaid 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. 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, Brandon Klibanoff, attended the hearing on DHS' behalf and provided testimony. The following exhibits were offered as evidence by DHS:

Exhibit #1 – Rhode Island DHS Application for Assistance (DHS-2), Received on April 14, 2025.

Exhibit #2 – Benefit Decision Notice, Date: June 3, 2025.

Exhibit #3 – Eligibility Determination Results for Case Number: [REDACTED]

Exhibit #4 – Rhode Island Retroactive Coverage Regulation (210-RICR-40-05-3).

Exhibit #5 – The Appellant's Brown University Health Invoice.

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

VI. RELEVANT LAW/REGULATIONS

The Sherlock Plan for Working Adults with Disabilities is the State's program for working adults with disabilities age 65 and older. The Sherlock Plan provides Medicaid health coverage and/or LTSS to persons with disabilities who are working. See 210-RICR-40-00-1.5(A)(7).

Medicaid beneficiaries in the IHCC groups may request retroactive eligibility for up to three months prior to the month of application. To obtain retroactive coverage, applicants must meet all eligibility criteria related to the applicable IHCC group during the retroactive period. IHCC group members, excluding partial dual Qualified Medicare Beneficiaries (QMBs) are eligible for retroactive coverage. At the time of application for Medicaid, if the applicant indicates that an unpaid health medical bill was incurred in the three-month period preceding the application, eligibility for retroactive coverage must be determined. See 210-RICR-40-05-3.2(A)(1) et seq.

VII. FINDINGS OF FACT

1. The Appellant submitted a Medicaid application to DHS on April 14, 2025.
2. On question 39 of the Medicaid application, the Appellant stated that they had an unpaid health medical expense of \$1,550.00, that was not covered by health insurance, for services rendered between December 26, 2024, and January 1, 2025.
3. The Appellant submitted a Brown University Health invoice with their Medicaid application, showing an unpaid health medical expense of \$1,550.00 for services rendered between December 26, 2024, and January 1, 2025.
4. DHS determined that the Appellant was eligible for Sherlock Plan Medicaid from April 1, 2025, onwards but did not determine the Appellant's eligibility for retroactive Sherlock Plan Medicaid coverage.

VIII. DISCUSSION

As stated above, Medicaid beneficiaries in the IHCC groups may request retroactive eligibility for up to three months prior to the month of application. IHCC group members, excluding partial dual Qualified Medicare Beneficiaries (QMBs) are eligible for retroactive coverage. And lastly, at the time of application for Medicaid, if the applicant indicates that an unpaid health medical bill was incurred in the three-month period preceding the application, eligibility for retroactive coverage must be determined.

DHS testified that the Appellant did not request retroactive Medicaid coverage on their application and that the Appellant was not eligible for retroactive Sherlock Plan Medicaid coverage because the hospital treating the Appellant did not request retroactive coverage. However, DHS failed to cite any regulation stating that an applicant's medical provider must request retroactive Medicaid coverage.

The Appellant testified that according to 210-RICR-40-05-3, Medicaid beneficiaries in the IHCC groups may request retroactive eligibility for up to three months prior to the month of application and that at the time of application for Medicaid, if the applicant indicates that an unpaid health medical bill was incurred in the three-month period preceding the application, eligibility for retroactive coverage must be determined. The Appellant further testified that she did have an unpaid medical expense for medical services rendered on January 1, 2025, and she would like those services to be covered by retroactive Sherlock Plan Medicaid coverage.

DHS testified that the Sherlock Plan is a form of Medicaid that falls under the category of IHCC groups. Because the Sherlock Plan is a form of Medicaid that falls under the category of IHCC groups, applicants for the Sherlock Plan may be eligible for retroactive coverage for up to three months prior to the month of the application if they indicate that an unpaid health medical bill was incurred in the three-month period preceding the application. By stating on Question 39 of the Rhode Island DHS Application for Assistance (DHS-2), Received on April 14, 2025, that the Appellant had an unpaid health medical

expense of \$1,550.00 for services rendered between December 26, 2024, and January 1, 2025, and by submitting a Brown University Health invoice for the unpaid health medical expense of \$1,550.00, the Appellant indicated that they had incurred an unpaid health medical bill during the three-month period preceding their Medicaid application. Therefore, the Appellant's eligibility for retroactive coverage must be determined. Because DHS did not determine the Appellant's eligibility for retroactive Sherlock Plan Medicaid coverage, there is a preponderance of evidence to show that DHS incorrectly denied the Appellant's request for retroactive Sherlock Plan Medicaid coverage.

IX. CONCLUSION OF LAW

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

1. Sherlock Plan is a form of Medicaid that falls under the category of IHCC groups.
2. Medicaid beneficiaries in the IHCC groups may request retroactive eligibility for up to three months prior to the month of application.
3. At the time of application for Medicaid, if the applicant indicates that an unpaid health medical bill was incurred in the three-month period preceding the application, eligibility for retroactive coverage must be determined.
4. The Appellant indicated that an unpaid health medical bill was incurred in the three-month period preceding their application.
5. There is a preponderance of evidence to show that DHS incorrectly denied the Appellant's request for retroactive Sherlock Plan Medicaid coverage.

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 not sufficient evidence to support DHS' denial of the Appellant's

request for retroactive Sherlock Plan Medicaid coverage. DHS is to redetermine the Appellant's eligibility for retroactive Sherlock Plan Medicaid coverage for the months of January, February, and March 2025.

APPEAL GRANTED

/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], 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 26th day of August, 2025.

