

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

[REDACTED]

V.

DOCKET No. 25-3861

DEPARTMENT OF HUMAN
SERVICES

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter was held on October 16, 2025. The Appellant, [REDACTED], declined the option of video. The Appellant initiated this matter to appeal the Medical Assistance (MA) denial made by the Department of Human Services (DHS). The Appellant was informed in a Medicaid Review (Ex-Parte) Notice dated August 8, 2025, that her Medicaid had been denied because her household income exceeded the eligibility criteria. For the reasons discussed in more details 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. General Laws § 42-7.2-6.1 and the Rhode Island Code of Regulations 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to DHS 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

The issue before this Appeals Officer is whether DHS' denial of the Appellant's Medicaid due to being over the income eligibility limit was done in compliance with Federal and State policy.

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

Present for DHS was Eligibility Technician III Brandon Klibanoff (ET Klibanoff) who provided testimony and evidence regarding the case. The Appellant was present and authorized her son, [REDACTED] (the son), to also speak on her behalf, and present evidence and testimony. The following exhibits were presented as evidence:

- DHS Exhibits:
 - Medicaid Review Ex-Parte Notice (Notice) dated August 8, 2025.
 - Electronic appeal form from the DHS eligibility system, dated August 20, 2025.
 - Family Medicaid – Income Budget May 1, 2025 through October 31, 2025, authorized March 20, 2025.
 - Family Medicaid – Income Budget November 1, 2025, authorized September 17, 2025.

- Recertification/Renewal Notice for the Supplemental Nutrition Assistance Program (SNAP) dated August 1, 2025; received by DHS on August 7, 2025.
- [REDACTED] Bank statement.
- 2025 Income summary showing gross income for Quarters 1, 2, and 3.
- TIAA Confirmation Statements for account number # [REDACTED] [REDACTED] Defined Contribution Retirement Plan: October 11, 2024, and September 10, 2025, and account number # [REDACTED] [REDACTED] Tax Deferred Annuity Plan: October 16, 2024.
- Eligibility Determination Results.
- Appellant Exhibits:
 - Appeal form received August 20, 2025.
 - TIAA Confirmation Statements for account number # [REDACTED] [REDACTED] Defined Contribution Retirement Plan: January 11, 2025; February 11, 2025; March 11, 2025; April 11, 2025; May 10, 2025; May 13, 2025; June 10, 2025; June 11, 2025; July 10, 2025; July 11, 2025; August 12, 2025; September 10, 2025.
 - 2025 Income Summary showing gross income for quarters 1, 2, and 3.
 - 2024 Tax Return.

VI. RELEVANT LAW/REGULATIONS

To be eligible for Medicaid using the Modified Adjusted Gross Income (MAGI) standard, an applicant's current monthly household income must meet the standard applicable to the applicant's Medicaid Affordable Care Coverage (MACC) group when converted to the Federal Poverty Level (FPL). The FPL eligibility threshold for Affordable Care Act (ACA) Expansion Adults, persons between the ages of 19 and 64 who are not eligible for or enrolled in Medicare and do not qualify for Medicaid in any other eligibility group, is 133 percent. 210-RICR-30-00-1.5(A)(1) and 210-RICR-30-00-5.5(A). The most recent FPL level must be used in determining eligibility when an applicant applies for coverage. If an applicant's FPL level is within five percentage points over the FPL for the coverage group for which they

would be eligible, a disregard of five percentage points of the FPL shall be added to the highest income eligibility standard listed above for that coverage group. 210-RICR-30-00-5.5(B)(4). Income threshold amounts for the MACC coverage groups are summarized below and can be found at 210-RICR-30-00-1.6(B):

- B. MACC Group Income Eligibility – The income thresholds and ceilings for the MACC groups eligible through these pathways are summarized as follows:

MACC Group	Income Threshold – As percent of the FPL	Income Ceiling with the five percent (5%) disregard – As a percent of the FPL
a. § 1931 Parents/Caretakers	116%	121%
b. Other Parents/Caretakers	133%	138%
c. Pregnant People	253%	258%
d. Children up to age nineteen (19) (through age eighteen (18))	261%	266%
e. ACA Expansion Adults	133%	138%

An individual's household income is the sum of the MAGI-based income of every individual included in the individual's household who is expected to be required to file a tax return. 210-RICR-30-00-5.5(B)(2).

VII. FINDINGS OF FACT

1. DHS received the Appellant's Recertification/Renewal Notice for SNAP on August 7, 2025. She crossed out two amounts listed as monthly retirement income: \$63.03 and \$708.12, and replaced them with new amounts: \$56.73 and \$136.75. She also added a third monthly retirement income amount of \$1,152.17.
2. The Appellant's medical eligibility was updated when the Recertification was processed, which led to the issuance of a Medicaid Review (Ex-Parte) Notice, informing the Appellant that her Medicaid was denied because her household income exceeds the eligibility limits.

3. The Appellant submitted an Appeal on August 20, 2025. She wrote “proof of income” as the reason for her appeal and provided her August TIAA statement showing two distribution amounts: \$1,280.00 and \$151.92.
4. The income limit for Medicaid for a household of one in the ACA Expansion Adults category is 138% of the FPL, or \$1,799.75.
5. ET Klibanoff testified that the Appellant’s income totaled \$2,051.15, making her ineligible for Medicaid. Two of the amounts used in this calculation: \$708.12 and \$63.03, were used subsequent to the denial of Medicaid in August 2025, and were used as the basis of an income eligibility determination, along with \$1,280.00, for November 2025. The \$2,051.15 amount was outlined in a Family Medicaid – Income Budget provided as evidence that showed she was denied Medicaid as of November 1, 2025; this was authorized on September 17, 2025, more than a month after the appeal was filed.
6. It is unclear what income DHS used to determine the Appellant was over income in August 2025. No Family Medicaid – Income Budget was provided to show that the Appellant was over income for Medicaid in August 2025.
7. ET Klibanoff testified that it is unclear what the Appellant’s monthly income is or how many retirement accounts she has, but said it is clear her income is above the monthly income limit of \$1,799.00 for Medicaid.
8. A Family Medicaid – Income Budget for the period May 1, 2025, through October 31, 2025, authorized on March 10, 2025, provides evidence of prior Medicaid eligibility for the Appellant based on the two monthly retirement incomes of \$708.12 and \$63.03.
9. ET Klibanoff testified that an Additional Documentation Request (ADR) was sent to the Appellant on August 8, 2025, requesting income information. A copy of the ADR was not provided. The Appellant sent in a [REDACTED] bank statement. The front page, which states who owns the account, was missing. That statement listed three deposits in June from retirement accounts, two of which matched the amounts written on the Recertification, \$56.73 and

\$1,152.18, while one, \$326.78, did not. The three amounts total \$1,535.69, which is under the Medicaid income limit for a household of one.

10. The son testified the Appellant may have written down net retirement amounts instead of gross amounts on the Recertification form and those amounts should be disregarded now that she has provided proof of the gross retirement distributions she receives each month.
11. The son testified that the Appellant's only income is from one TIAA retirement account, but that she sometimes receives multiple statements a month regarding amounts withdrawn. He outlined each distribution the Appellant received from it in 2025, and provided copies of the statements as evidence:
 - January 2025: \$708.12
 - February 2025: \$708.12
 - March 2025: \$708.12
 - April 2025: \$708.12
 - May 2025: two deposits: \$1,280.00 and \$548.12
 - June 2025: two deposits: \$1,280.00 and \$365.26
 - July 2025: two deposits: \$1,280.00 and \$151.92
 - August 2025: two deposits: \$1,280.00 and \$151.92
 - September 2025: \$1,280.00
12. The son testified that the Appellant must take a distribution of approximately \$8,500.00 from the TIAA account every year, and that they work with TIAA to make sure it is distributed evenly throughout the year.
13. The son acknowledged that the amount received for May 2025 was over the \$1,799 threshold for Medicaid for that month. The total received for May 2025 was \$1,828.12.
14. The son testified he "could not easily explain" the difference in the amounts received in May and June.

15. The son testified that they “have truthfully provided” all of the retirement distribution amounts in gross amounts, and not net.

16. The son testified that the Appellant’s adjusted gross income on her 2024 tax return was \$18,021.00. Divided by 12, the monthly amount is \$1,501.75, which is under the \$1,799.00 eligibility threshold for Medicaid.

VIII. DISCUSSION

The Appellant’s Medicaid case was updated in August when she returned her SNAP Recertification, in which she wrote three new retirement income distribution amounts. Her Medicaid was closed for exceeding the income limit of \$1,799.75, which is the eligibility threshold for a household of one in the ACA Expansion Adults category, of which the Appellant is part. The termination was outlined in an August 8, 2025, Notice, stating she was over income for Medicaid.

ET Klibanoff testified that the Appellant’s income was \$2,051.25, which exceeds the \$1,799.75 benefit standard. However, the Family Medicaid – Income Budget showing that \$2,051.25 amount was authorized on September 17, 2025, more than a month after she filed the appeal. The authorization that led to the August Notice being issued informing her that her income exceeded eligibility limits for the Medicaid program was not provided.

The amounts used as the Appellant’s income that were outlined in the Family Medicaid – Income Budget authorized on September 17, 2025, were \$708.12, \$63.03, and \$1,280.00. The \$708.12 and \$63.03 amounts were previously in the DHS computer system for the Appellant, and were used as her sole retirement account amounts when her Medicaid case was authorized in March 2025. The \$1,280.00 retirement account amount from TIAA was dated September 10, 2025, and submitted as part of DHS’ evidence packet. Due to its September date, it could not have been used to determine the Appellant’s income for the month of August.

It is unknown what DHS used to determine that the Appellant was over the income limit in August as DHS did not provide sufficient explanation, testimony, or documentary evidence to explain the increased income leading to the denial of the case. DHS argued that the Appellant's income was unclear, and that it is unknown how many retirement accounts she has, and also took issue with activity on her bank statement. The bank account testimony was not relevant as it did not prove anything regarding additional income; in addition, resources are not countable under MAGI rules.

The son testified that the Appellant only has one retirement account, # [REDACTED] but that she sometimes receives multiple deposits a month. He said they try and work with TIAA so that the income is evenly distributed throughout the year.

The Appellant provided statements showing the gross amounts she received from TIAA from January through September 2025. According to the information she provided, she is under the income limit for the month of August for Medicaid, as well as the months of June and July. The Appellant provided her 2024 tax return, which also showed her income was under the income limit for Medicaid.

Regardless of what the Appellant wrote on the Recertification and what DHS asked her to provide on the ADR, the Appellant at hearing provided the best evidence regarding her income in connection with the agency action under appeal. That evidence verifies that she was within the income limits at the time of the August denial.

IX. CONCLUSION OF LAW

After careful review of the testimony and evidence presented at the Administrative Hearing, this Appeals Officer concludes:

1. It is unclear what income DHS used to calculate that the Appellant was over the income limit in August, the month the Ex-Parte Notice was sent informing the Appellant that she was over the income eligibility threshold.

2. The Appellant provided the distribution amounts she received from her TIAA account # [REDACTED] for the months of January through September 2025, showing she was not over the income eligibility limit for Medicaid for the months of June, July or August.
3. The Appellant's income on her 2024 tax return also showed she was not over the income limit for a household of one for Medicaid.

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' closure of the Appellant's Medicaid due to her being over the income eligibility limit for the program.

APPEAL GRANTED

ACTION TO BE TAKEN BY DHS

DHS is to reinstate eligibility for the Appellant using the gross retirement account amounts that she provided at hearing. The Appellant is to receive a new Benefits Decision Notice showing her Medicaid eligibility for November 1, 2025, going forward.

/s/ Lori Stabile

Lori Stabile

Appeals Officer

NOTICE OF APPELLATE RIGHTS

This final order constitutes a final order of the Department of Human Services pursuant to R.I. General Laws § 42-35-12. Pursuant to R.I. General Laws § 42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within 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, via email, to [REDACTED] and the DHS Appeals Unit, Kirsten Cornford, and the DHS Policy Office, on this 10th day of November, 2025.

Danora M. Kendall