

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

[REDACTED]
v.

Docket No. 26-1212

Department of Human Services

DECISION

I. INTRODUCTION

A Microsoft Teams meeting on the above-entitled matter was held on June 5, 2026, and the Appellant declined the option of a video hearing. [REDACTED] (Appellant) initiated this matter to appeal a decision made by the Department of Human Services (DHS) to terminate her MAGI Medicaid due to being over the income limits for the program. For the reasons discussed in 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 210-RICR-10-05-2 to be the principal 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 210-RICR-10-05-2.

III. ISSUE

The issue is whether the termination of the Appellant's MAGI Medicaid was done in compliance with Federal and State regulations and policies.

IV. PARTIES AND EXHIBITS

Present for DHS was Glenda Ramos. DHS submitted the following evidence into the record of hearing:

- Exhibit 1: Appeal request received February 6, 2026.
- Exhibit 2: Medicaid Income Budget.
- Exhibit 3: RI Bridges screenshot of Family Medicaid Notice Reasons.
- Exhibit 4: Benefits Decision Notice (BDN) dated January 5, 2026.
- Exhibit 5: Eligibility Determination Results covering period September 1, 2014, through July 1, 2026.
- Exhibit 6: Medicaid Income Guidelines effective June 2025.

The Appellant attended the hearing and testified on her own behalf.

V. RELEVANT LAW/REGULATIONS

To be eligible for Medicaid using the MAGI (Modified Adjusted Gross Income) standards, an applicant's current monthly income must meet the applicable standard to the applicant's MACC (Medicaid Affordable Care Coverage) group. 210-RICR-30-00-5.6(A).

Countable household income includes the applicant's adjusted **gross** income (emphasis added). That income can be adjusted only by "above the line" deductions, including alimony payments and student loan interest. The deductions do not include "below the line" deductions such as food, shelter, or utility expenses.

VI. FINDINGS OF FACT

1. The Appellant's household consists of herself and two children.
2. On January 5, 2026, a BDN was sent to the Appellant advising her that her MAGI Medicaid (Medicaid) was closing effective February 1, 2026, because she is over the income limits for that program. The Appellant's two children continue to be covered by Medicaid.
3. The Medicaid monthly income limit for a household of three is \$3,064.75.
4. The Appellant's monthly income is \$4,149.49.
5. Medicaid regulations do not allow household expenses to be used as a deduction from a household's monthly income.

VII. DISCUSSION

DHS stands by its position that the Appellant is over the gross income limit for Medicaid.

The Appellant does not dispute the income being used by DHS to determine her eligibility for Medicaid.

The Appellant is appealing the fact that her expenses are not deductible. She states she only brings home approximately \$700.00 per week, which she cannot support her family on. The Appellant asserts that she has many medical bills, as well as housing and food expenses. She states she is already behind on her health insurance payments through HealthSource RI.

The Appellant does not feel that it is fair that her expenses are not counted as deductions, and she is aware the regulations do not permit expenses to be deductible for the Medicaid program.

There is a limit with regards to the Hearing Officer's ability to make a ruling on "fairness". The decision of the Hearing Officer is based solely on regulations.

VIII. CONCLUSION OF LAW

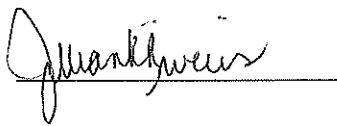
After careful consideration of the testimony and evidence presented at the Administrative Hearing, this Hearings Officer concludes:

1. DHS was in compliance with the appropriate regulations when calculating the Appellant's income.
2. DHS was in compliance with the appropriate regulations when it did not use the Appellant's expenses as deductions to her household's income.

IX. DECISION

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony it is found that a final order be entered that DHS complied with the requirements of the applicable Federal and State regulations and policies when terminating the Appellant's Medicaid benefits.

APPEAL DENIED

A handwritten signature in black ink, appearing to read "Jillian Rivers", is written over a horizontal line.

Jillian R. Rivers

Appeals Officer

NOTICE OF APPELLATE RIGHTS

This decision is a final order under R.I.G.L. § 42-35-12. Under R.I.G.L. § 42-35-15, this Order may be appealed to court within thirty (30) days of the mailing of this decision. Such appeal, if taken, must be completed by filing a complaint in 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.

Appeals are generally filed in the Providence County Superior Court. However, appeals affecting or concerning children under the age of eighteen (18) and/or appeals of a DCYF action may need to be filed in Providence Family Court. If you have any questions about which court a complaint for appeal should be made, you should seek the advice of an attorney, Rhode Island Legal Services, or the clerk of the court where you wish to file your appeal. The courts' contact information can be found on the judiciary's website (<https://www.courts.ri.gov>). Copies of the appeal must be served upon all parties in your case within ten (10) days of the filing of your appeal.

If you exercise any of these appellate rights, please inform the EOHHS appeals office of this so we can prepare a copy of the record for the court. You can contact the Appeals Office at OHHS.AppealsOffice@ohhs.ri.gov, 401.462.2132 (Phone), 401.462.0458 (Fax), or at 3 West Road, Virks Building, Cranston, RI 02908.

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 the Appellant at [REDACTED] and to DHS Representatives Kirsten Cornford, the DHS Appeals Unit, and the DHS Policy Office on this 10th day of June, 2026.

Rehman