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

[redacted]

V. DOCKET Nos. 26-3967 & 26-2260

DEPARTMENT OF HUMAN SERVICES

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter was held on Tuesday, September 22, 2026. The Appellant, [redacted], was represented by his authorized representative [redacted] (AR), and initiated this matter to appeal the denial of Medicaid Long-Term Services and Supports (LTSS) by the Department of Human Services (DHS) due to the Appellant exceeding the resource limit for the program. His DHS case number is #[redacted] 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. General Laws. § 42-7.2-6.1 and the Rhode Island Code of Regulations (RICR) 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 210-RICR-10-05-2.

III. ISSUE

The issue is whether DHS' denial of LTSS Medicaid for being over the resource limit is supported by the evidence, and in compliance with Medicaid regulations, as set forth below.

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 Treatise § 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 the DHS LTSS unit was Eligibility Technician III Jennifer Ramos (Agency) who provided testimony regarding the case. The Appellant was represented by his AR, who also testified. An interpreter from Maria's Translations, Julie Jung, interpreted for the AR. The following exhibits were presented as evidence:

- DHS Exhibits:
    - Exhibit #1: DHS-2 Application for LTSS signed October 1, 2019.
    - Exhibit #2: Medicare Premium Payment Program (MPP) Application received March 11, 2020.
    - Exhibit #3: DHS Quick Note asking for a copy of the divorce decree dated March 12, 2020.
    - Exhibit #4: Family Court – Final Judgment dated [redacted].

- Exhibit #5: SNAP Recertification dated November 1, 2021.
- Exhibit #6: LTSS Renewal dated November 1, 2023.
- Exhibit #7: LTSS Renewal dated November 1, 2025.

- Appellant Exhibits:
  - Exhibit #1: Appeal dated March 26, 2026.
  - Exhibit #2: Appeal dated April 27, 2026.
  - Exhibit #3: Marriage certificate dated [redacted].
  - Exhibit #4: Driver's License for AR.
  - Exhibit #5: Certificate of Naturalization for AR.
  - Exhibit #6: Passport for AR.
  - Exhibit #7: Benefits Decision Notice (BDN) dated February 20, 2026.

VI. RELEVANT LAW/REGULATIONS

The state has set a $4,000 resource limit for Medicaid LTSS eligibility for a family size of one. 210-RICR-50-00-6.5(A). Countable resources are determined as of the first of the month. This determination is based on the resources the person owns, their value, and whether or not they are excluded as of the first of the month. 210-RICR-40-00-3.7.2(A)(1).

Regarding couples: the Community Spouse Resource Allocation (CSRA) ensures that the costs of LTSS care do not impoverish the community spouse. A CSRA assessment considers the couple's total resources when LTSS began and allocates certain amounts, within the limits established under Section 1924 of the Social Security Act, 42 U.S.C. § 1396r-5, to both the LTSS recipient and their spouse. Once the CSRA is completed, the amount allocated to the non-LTSS spouse (the person not receiving or applying for LTSS) is considered unavailable to pay for the Medicaid LTSS beneficiary's cost of care. The point of continuous LTSS for HCBS is the first day of the month that the state or its contractual agent determines based on an assessment that a person who has submitted a completed application for Medicaid

LTSS requires or is receiving at least monthly one or more Medicaid-covered services. 210-RICR-50-00-6.5.2.

Before the eligibility determination is made for the LTSS spouse, resources are allocated to the non-LTSS spouse up to the maximum allowed under Community Spouse Resource Standard. 210-RICR-50-00-6.5.2(C)(2).

According to 210-RICR-50-00-4.11(A), LTSS Medicaid financial and general eligibility must be re-evaluated through the annual renewal process. Federal regulations (42 C.F.R. 435.916(b)) require these annual reviews to consider only those eligibility factors that are subject to change and, to the full extent feasible, utilize electronic data sources for verification purposes.

Medicaid applicants and beneficiaries must sign under the penalty of perjury that all information provided at the time of application and any annual renewals thereafter is accurate and truthful. 210-RICR-40-00-2.7(A)(5).

VII. FINDINGS OF FACT

The Appellant filed two appeals – on March 26, 2026, and April 27, 2026- regarding the denial of his LTSS home- and community-based services (HCBS) as of April 1, 2026, due to his countable resources being over the $4,000 resource limit for Medicaid LTSS by $698.98. The denial was outlined in a BDN dated February 20, 2026, addressed to the Appellant and the AR. Under the reason for the appeal, the Appellant wrote: "Beneficiary still needs health coverage. Due to financial hardship, beneficiary is not covered by any healthcare plan."

The Agency at hearing testified that DHS has been treating the Appellant as a divorced individual since he applied for LTSS in October 2019, and wrote "D" under marital status. The Agency testified that the Appellant also applied for the MPP program on March 11, 2020, and did not list spouse information. A quick note then was sent by DHS on March 12, 2020, asking the Appellant for a copy of his divorce decree, which was provided to DHS. The document shows that the Appellant and the AR's marriage was

dissolved on [redacted], due to irreconcilable differences, and a certified copy was mailed to the Appellant at his address of record, [redacted], on that date.

A SNAP Recertification for the Appellant dated November 1, 2021, only lists him in the household, the Agency testified. An LTSS Recertification dated November 1, 2023, was signed by the AR in the space marked for spouses, but the Agency testified no documentation was provided to show a marital status change. It also does not appear that additional documentation regarding the Appellant's marital status was requested by the Agency. Another LTSS renewal dated November 1, 2025, only shows the Appellant's signature, the Agency testified.

While, during the hearing, the AR could not seem to recall and/or was confused about the facts of her marital history, it is clear based on the documentation and testimony provided that the Appellant and the AR were married in 1982, divorced in 2019, but subsequently re-married in 2023. The Agency testified that the 2023 marriage certificate was not provided to DHS prior to receiving the evidence for the hearing.

The Agency testified that a $12,683.96 savings account co-owned by the Appellant and AR put the Appellant over the $4,000 resource limit. The funds were split between the Appellant and AR, and DHS applied the Appellant's income to his amount to reduce his portion and arrive at his final figure of $4,698.98, which left $698.98 in excess resources and rendered him ineligible for Medicaid LTSS.

VIII. DISCUSSION

At issue is the Appellant being over the resource limit for LTSS. According to the February 2026 BDN, the Appellant was over the $4,000 resource limit by $698.98. Because DHS operated under the assumption that he was divorced, he was evaluated as a single individual. According to 210-RICR-50-00-6.5.2, for a married couple, once one begins to receive LTSS on a continuous basis and/or applies for Medicaid LTSS, a CSRA assessment of combined resources is conducted to determine the amount allocated to the non-LTSS or "community" spouse. In this case, a CSRA was never done because DHS was only viewing the Appellant as a single individual.

Although the Agency testified that they never received any official information about their 2023 marriage until it was submitted as evidence for the hearing, the 2023 Renewal was signed by the AR as the Appellant's "spouse." Because of this, DHS was on notice of a potential issue of the Appellant's marital status and should have reached out to clarify the Appellant's marital status. If they had, they would have learned that the Appellant was married at the time of the renewal and therefore, the Appellant's resources should be evaluated as belonging to a married couple, not to an individual.

IX. CONCLUSION OF LAW

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

1. The Appellant and AR were remarried on May 18, 2023.
2. The AR signed the November 2023 LTSS renewal in the spouse section.
3. According to the evidence provided, the Appellant and AR were married at the time the November 1, 2025, LTSS renewal was processed; therefore, the Appellant should be treated as a married individual, not as a single individual, and the case needs to be re-processed accordingly.

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's closure of the Appellant's LTSS benefits.

ACTION TO BE TAKEN: DHS must redetermine eligibility for the Appellant as a married individual as of the April 1, 2026, LTSS closure date. The AR must be added to his LTSS case as his spouse. A new BDN needs to be issued reflecting these actions within 30 days of this decision.

APPEAL GRANTED

/s/ Lori Stabile

Lori Stabile

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 [redacted] and Rebecca Cahoon, Kirsten Cornford, Denise Hines, Rose Leandre, Kim Martinous, Jacqueline Neirinckx, Michael Pangman, Jennifer Ramos, and the DHS Policy Office on this 1st day of October, 2026.