STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

[redacted]

Docket: 26-4974

v.

Executive Office of Health
and Human Services

ADMINISTRATIVE HEARING DECISION

I. INTRODUCTION

On August 11, 2026, the Executive Hearing Office ("EHO") received a HEARING REQUEST from [redacted], LLC ("Appellant") to appeal a RI Medicaid Provider Enrollment decision made by the Executive Office of Health and Human Services ("EOHHS"), Office of Program Integrity on August 5, 2026.

An administrative hearing was conducted on September 1, 2026, in accordance with the Administrative Procedures Act R.I. Gen. Laws §42-35.1 and the Rhode Island Code of Regulations ("RICR") 210-RICR-10-05-2. The hearing was held, telephonically, as the Appellant did not select the option of a video hearing. For the reasons detailed below, the appeal is denied.

II. JURISDICTION

Per R.I. Gen. Laws § 42-7.2 EOHHS is to serve as the principal state agency for managing itself, the departments of children, youth and families; health; human services; behavioral healthcare; developmental disabilities and hospitals. As such, EOHHS is responsible for legal services, applying and interpreting the law, hearings and appeals, administrative adjudication duties and related functions of said state agencies.

III. ISSUE

The issue is whether the the actions taken by EOHHS were in compliance with regulations.

IV. STANDARD OF PROOF

It is well stated 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

EOHHS was represented by Nicholas James, Implementation Director of Policy and Programs, Provider Enrollment. The Appellant was represented by its co-owners, Administrator [redacted] and Supervisor [redacted].

The following evidence was submitted into the administrative record:

- Exhibit 1 EOHHS's Notice of Denial.
- Exhibit 2 Federal regulation 42 CFR 455-432.
- Exhibit 3 State regulation 210-RICR-20-00.
- Exhibit 4 EOHHS's internal provider checklist.
- Exhibit 5 EOHHS's photographs taken at attempted site visits.

- Exhibit 6 A signed statement from Provider Enrollment Representative Elaine Choiniere.
- Exhibit 7 Appellant's screenshots of conversations with Gainwell.

The administrative record also contains the Appellant's appeal request; correspondence sent to the Appellant from the EHO and email communications between the parties.

VI. RELEVANT LAW/REGULATIONS

The Code of Federal Regulations ("CFR") 42 CFR 455.432 mandates the State Medicaid agency to conduct pre-enrollment site visits of provider who are designated as "moderate" or "high" categorical risks to the Medicaid program. The purpose of the site visit is to verify the information submitted to the State Medicaid agency is accurate and to determine compliance with Federal and State enrollment requirements. Any enrolled providers must permit the State Medicaid agency to conduct unannounced on-site inspections of all provider locations.

210-RICR-20-00-1.3(A)(5) defines providers that employ personal care attendants and homemakers as "moderate-risk providers" because they pose a moderate risk of fraud, waste, or abuse to the RI Medicaid system.

When a provider fails or ceases to meet any one of the requirements, the provider's participation in the RI Medicaid program may be terminated. If such termination is made based solely upon a determination of ineligibility by EOHHS, the provider shall be afforded notice and an opportunity for a hearing. Any termination made by EOHHS will be effective as of the date of receipt of notice thereof. (210-RICR-20-00-1.8(A)).

VII. FINDINGS OF FACTS

1. The Appellant applied for enrollment as a home care provider with RI Medicaid.

2. EOHHS attempted four unannounced site visits to the provider's office located at [redacted]. Photographs were taken on each attempted visit.

3. EOHHS issued a denial letter to the Appellant on August 5, 2026. It was addressed to [redacted]. It informed them that their application was denied due to failed site visit attempts, it included appeals rights and the location of the Appeals Office.

4. At the hearing, the Appellant pointed out that EOHHS mailed the denial letter to [redacted]; but their address is [redacted].

5. EOHHS presented a signed and detailed statement by the representee that visited the site, along with photographs taken at each visit.

6. The Appellant questions the evidence and the length of time the denial took to be issued. They testified that the office was staffed at all relevant times.

7. The Appellant submitted evidence of screenshots of text messages from Gainwell regarding inquiries and status updates on their pending application.

8. Per EOHHS, Gainwell operates as a contractor for the RI Medicaid program. They accept provider applications and perform initial screenings only. Applications of high and moderate risk providers are forwarded to the Office of Program Integrity for site visits and approval.

VIII. DISCUSSION

EOHHS maintains actions taken to the Appellant's provider enrollment application were in accordance with regulations. EOHHS testified that the site visit was made to the correct

address and admitted the denial notice was addressed to the incorrect address, they also sent the letter to the Appellant by email. They explained the denial letter was not sent until almost six months after the failed site visits because they were allowing the Appellant time to cure other unresolved issues with the application. The relevant sections of both federal and state regulations that support their decision to deny the application were presented and explained.

The Appellant disagrees with EOHHS's decision and questions both the validity of the photographs and the failed visit attempts. They inquired why they were not contacted after the failed first site visit, so a second visit could be scheduled with them. The Appellant pointed out that the photographs are not time or date stamped. They maintain they were communicating with Gainwell about their application. They believe they were compliant with all that was asked of them in the process and are seeking to have the denial overturned and continue with the application process.

In review of the evidence, the Appellant is correct, the photographs do not verify the times and dates they were taken, but they do prove they were taken at the correct location. The Appellant's name can be seen on the building's directory, and the address is visible in one of them, therefore the site visits were attempted at the correct location. They are also correct, the denial letter was mailed to an incorrect address, but it was also sent electronically and was obviously received. The mistake on the mailing address did not affect notification to the Appellant of the actions taken, nor of their right to appeal. The Appellant's evidence documents they were communicating with Gainwell regarding the status of their application, but nothing else. While the Appellant testified there was someone at the office at the relevant times, the administrative record was void of any evidence that supported those claims. The evidence, which includes photographs, and the signed statement from the representative detailing each

visit, along with EOHHS's testimony at the hearing, are sufficient and meet the preponderance of the evidence standard to support that the failed site visits did occur.

There are requirements that need to be met by providers seeking enrollment approval from RI Medicaid. As the Appellant employs personal care attendants and homemakers, they are classified as moderate risk providers and regulations mandate that an unannounced site visit must be completed, prior to approval. After several attempts EOHHS was unable to complete the required visit, they did not contact the Appellant to schedule a visit, as regulations mandate the site visit be unannounced. A provider that fails to meet any of the requirements may be terminated, which is what EOHHS did. EOHHS's decision to deny the Appellant's provider enrollment application is correct as they could not complete the required site visit.

IX. CONCLUSION OF LAW

After a review of the administrative record, I conclude that EOHHS presented sufficient evidence, by a preponderance of the evidence standard, to support the denial of the Appellant's provider enrollment application, in accordance with regulations.

X. DECISION

Based on the foregoing Findings of Facts and Conclusion of Law, evidence and testimony it is found that a final order is entered that the Appellant's appeal is denied and EOHHS's decision is upheld.

APPEAL DENIED

/s/Holly Young

EOHHS 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, and/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.

HEALTHSOURCE RI – FEDERAL REVIEW AVAILABLE

In addition to the Appellate Rights above, Healthsource RI matters can be appealed to the U.S. Department of Health and Human Services within thirty (30) days of the mailing of this decision by visiting https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf or calling 1-800-318-2596. See 45 C.F.R. § 155.520.

CERTIFICATION

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to [redacted]. Copies were sent electronically to Agency representatives, Nicholas James, Lynn Doherty, Emily Tumber, and Jane Morgan, Esq., on this 18th day of September, 2026.