

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE - LP Bldg.

57 Howard Avenue
Cranston, RI 02920
(401) 462-2132 / Fax # (401) 462-0458
TDD # (401) 462-3363

Date: August 28, 2014

Docket # 14-847
Hearing Date: August 6, 2014

ADMINISTRATIVE HEARING DECISION

The Administrative Hearing that you requested has been decided against you. During the course of the proceeding, the following issue(s) and Agency policy reference(s) were the matters before the hearing:

THE MEDICAID POLICY MANUAL: MEDICAL ASSISTANCE

SECTION: 0302 The Application Process
SECTION: 0380 Resources Generally
SECTION: 0382 Evaluation of Resources
SECTION: 0310 Retroactive Coverage

The facts of your case, the Agency policy, and the complete Administrative Decision made in this matter follow. Your rights to judicial review of this decision are found on the last page of this decision.

Copies of this decision have been sent to the following: You (the appellant in C/o your Attorney), and Agency representatives: KerriAnne Paquin, Jackie Durand, Bonita D'Abreau, and Tom Conlon.

Present at the hearing were: your Attorney, your daughter, and OHS representative Bonita D'Abreau.

ISSUE: Is the appellant ineligible for Rhode Island Medical Assistance (MA) because at the time of his application/request for MA, his countable resources exceeded the program's basic resource limit of \$4,000.00?

POLICIES:

Please see the attached APPENDIX for pertinent excerpts from the MEDICAID Policy Manual.

APPEAL RIGHTS:

Please see attached NOTICE OF APPELLATE RIGHTS at the end of this decision.

DISCUSSION OF THE EVIDENCE:**The Agency representative testified:**

- The Agency received a Medical Assistance (MA) application for the appellant on January 27, 2014.
- The application was reviewed, including all assets, and the January 2014 application was denied for being over resources.
- There was an error in the initial calculation of resources. The correct amount of assets at the time of application were \$76,457.60, which is about \$1,000.00 less than that stated on the denial notice.
- The assets include five bank accounts, one of which was a CD account.
- The assets also include three life insurance policies with a total value of \$19,878.19.
- A burial contract in the amount of \$9,300.00 was not counted because while the check for payment of the burial contract had not cleared by January 1, 2014, it had been written on December 7, 2013. The \$9,300.00 should have been deducted from the actual January 1, 2014 bank account balance.
- After all of the appellant's assets were totaled, the family informed the Agency that the CD account worth \$42,104.69 actually belongs to the appellant's son, so a rebuttal was done and sent to the LTC Administrator for review. The LTC Administrator decided that the rebuttal was unsuccessful so the CD is counted.
- The Agency did not attribute any of the appellant's resources as of January 1, 2014 to his wife because she had already been a MA recipient for at least a year and the Agency assumed that the wife had her own account for the \$4,000.00 of allowable resources she was allowed to keep when the split of the spousal resources and allocation occurred and her MA was approved.
- A spenddown of \$15,029.10 has been paid to the Nursing Home. This does not impact the January 2014 application but it may impact the appellant's subsequent May 2014 application.
- The DHS-1 and the DHS-2 applications are not always submitted at the same time but the Agency never received the DHS-1 that the appellant signed on November 2, 2013.

The appellant's Attorney presented:

- While the application was not filed until January 27, 2014, the appellant is requesting Medical Assistance (MA) eligibility effective November 1, 2013.
- The appellant signed an application on November 2, 2013 and it is believed he was within the MA resource limit as of that time.
- Both the appellant and his wife are residents of a Nursing Home (NH) and suffer from dementia.
- The appellant's wife has been in the NH for several years and was a Medicaid recipient prior to the submission of the appellant's MA application.
- The appellant's daughter met with an attorney to review the appellant's assets prior to applying for MA to determine what assets needed to be spent down.
- The application was prepared and the assets were spent down prior to the submission of the application.
- The appellant and his wife had their assets in a joint account. Once the assets were reduced to the point where they would each have \$4,000.00, the application was submitted.
- A prepared spreadsheet was submitted with the application to show what assets the couple had on hand and the spenddown of assets that occurred just prior to application.
- While there was a split of resources when the wife applied for and was approved for MA, the \$4,000.00 she was allowed to keep remained in the couple's joint account so \$4,000.00 of the assets that existed at the time of the appellant's MA application should be allocated to the appellant's wife.
- As of November 1, 2013 the couple had a total of \$7,929.00 in their joint accounts, or less than \$4,000.00 each, so it was believed that the appellant would be eligible for MA as of November 2013.
- Additional resources were found subsequent to the submission of the application that was not previously known to the appellant's daughter.
- First, there is a joint CD account held between the appellant and his son. All of the funds in that account have always belonged to the appellant's son and a rebuttal, including affidavits from the appellant and his son were, submitted to the Agency.

- The appellant and his son have the same first and last name but different middle initials. The appellant's son is single and he put his father, the appellant, on the account as a probate avoidance tactic, just in case something would happen to him.
- All necessary information for the rebuttal has been submitted despite the Agency's memorandum stating that it has not.
- There has been no activity on the rebutted CD account and bank statements have been submitted to verify that.
- The second found resource is the cash value of the life insurance policies. Three life insurance policies were listed on the application. At the time the application was being completed, the daughter believed that they were simple term policies with very nominal death benefits and without any cash value that would affect MA eligibility. As soon as the Agency informed the daughter that the life insurance had cash value, the life insurance policies were immediately liquidated. The appellant received a total of \$19,878.19 and DHS was provided with copies of the checks.
- The three life insurance checks are dated March 20, 2014, March 21, 2014, and April 16, 2014.
- The \$19,878.19 has since been spent down on a pre-paid burial contract, funeral needs, and bills associated with the appellant's house.
- The appellant and his wife still own the house in their own names and DHS will still have a right to recover a lien against the house.
- The life insurance funds were spent for the benefit of the appellant and on what would otherwise have been deemed a proper spenddown had they occurred prior to the date the appellant was seeking MA eligibility.
- Since the life insurance was spent on proper things and only the timing of the spenddown is off, the appellant seeks a waiver to allow that spenddown.

The appellant's daughter testified:

- She met with her attorney and then compiled all the information for her father's MA application.
- The NH asked her to go through them to submit the application. She went to the NH in January 2014 because she thought that to get November 1, 2013 MA eligibility she had to submit the application within 90 days.

- She gave the MA applications to the NH and the NH took responsibility for sending the applications to DHS.
- She believes that both the DHS-1 and the DHS-2 were sent to DHS at the same time.
- Because the burial contract check for \$9,300.00 had not cleared as of the time that the Agency calculated the resources, the \$9,300.00 should be subtracted from the checking account balance of \$12,474.08.
- She helped her father complete his rebuttal statement relative to the CD account but her father signed it.
- There was also a passbook account opened by her father for her brother in 1959. The MA worker did ask about that account as well during the application process but that account was closed several years ago.
- Her mother's MA application was done by the NH with her father's assistance so she does not know what was disclosed and/or counted at that time.
- They were unable to get her mother's name off the bank account to separate her \$4,000.00 from the assets allocated to her father at that time.

FINDINGS OF FACT:

- The Agency sent the appellant a notice in C/o his daughter, dated May 2, 2014, informing him that his application for Medical Assistance (MA) had been denied for the month of January 2014 because his resources in the amount of \$77,463.59 exceeded the program's standard resource limit of \$4,000.00. The May 2, 2014 denial notice also informed the appellant that he might be able to establish eligibility on the basis of a Resource Reduction.
- A timely request for hearing was received by the Agency on May 14, 2014.
- The Administrative Hearing scheduled for July 21, 2014 was rescheduled/postponed at the request of the appellant's Attorney.
- The Administrative Hearing was convened on August 6, 2014.
- The appellant is requesting MA coverage to begin on November 1, 2013.
- A R.I. Medical Assistance (MA) application submitted on behalf of the appellant was received by the Agency on January 27, 2014.

- The appellant was a resident of a Nursing Home (NH) in January 2014.
- The appellant's wife was a Medicaid recipient residing in a NH on January 1, 2014.
- As of January 1, 2014, the funds in the appellant's three checking accounts and on savings account held jointly by himself and his wife totaled \$14,474.72.
- The appellant purchased an Irrevocable Burial contract on December 7, 2013 for \$9,300.00.
- The appellant's check for the burial contract in the amount of \$9,300.00 did not clear from his checking account until after January 1, 2014.
- As of January 1, 2014, the appellant's name appeared on a CD account with his son and daughter and the account had a balance of \$42,104.69.
- As of January 1, 2014 the appellant owned three life insurance policies all with cash surrender value.
- The total face value of the appellant's life insurance policies totaled \$6,000.00.
- The appellant cashed in all three life insurance policies and received a total of \$19,878.19.

CONCLUSION:

The issue to be decided is whether the appellant is ineligible for Rhode Island Medical Assistance (MA) because at the time of his application/request for MA, his countable resources exceeded the program's basic resource limit of \$4,000.00.

There is no dispute that the appellant and his wife both reside in a Nursing Home (NH), that the wife has been a Medicaid recipient for some time, and that the allocation of spousal resources was completed at the time of the wife's MA application. The appellant is thereby applying for MA as an institutionalized individual.

The Agency testifies that the appellant's application for MA was received by the Agency on January 27, 2014 and that his request for MA was denied for January 2014, the month of application, because his resources exceeded the MA resource limit of \$4,000.00. The Agency further testifies that the appellant has not subsequently obtained MA eligibility by means of a resource reduction.

The appellant's Attorney presents that while the appellant's MA application was not submitted until January 2014, MA eligibility is being requested effective November 1, 2013. He argues that the appellant should be found eligible for MA as of November 1,

2013 based solely on the resources that existed in the bank accounts held jointly by himself and his wife, after subtracting both the \$4,000.00 in the accounts that was allocated to his wife when she was approved for MA, and the \$9,300.00 that was paid by check in December 2013 towards the appellant's burial contract but which was not cashed and/or cleared from the appellant's account until sometime after December 2013. The appellant's attorney specifically argues that the cash surrender value (CSV) of the appellant's three life insurance policies should not be considered a countable resource because the family did not know at the time of application that the life insurance had any cash value and when the CSV was subsequently received in March and April 2014, the funds were spent down in a way that would have been considered an allowable reduction of the resources had it been done prior to November 1, 2013, and thereby would not have affected November Medicaid eligibility. The Attorney further argues that a CD account is actually owned by the appellant's son and thereby should not be considered a countable resource of the appellant despite his name being on the account.

There is no dispute that since the appellant's wife had previously applied for and been approved for MA as an institutionalized individual, an evaluation of and split of the couple's resources had already occurred and the appellant had been allocated an appropriate share of the couple's resources at that time. The appellant's spouse remains institutionalized and the appellant thereby applies for MA as an institutionalized individual. A request for Medicaid eligibility as an institutionalized individual requires the submission of an application to the Agency. Upon receipt of an MA application, the Agency reviews the information reported on the application and the documentation provided with the application to determine whether MA eligibility exists at the time of application. If additional information/verification is needed, the Agency must make an attempt to obtain it before rendering an eligibility decision. Per MA policy in existence at the time of the Agency action under appeal, the DHS-1 (Application for Assistance Part 1) and the DHS-2 (Statement of Need) constituted an application for Medicaid and served as the basis of the MA eligibility determination. Therefore, the date that either a signed DHS-1 or a signed DHS-2 was submitted to DHS would be considered the date of application/request for MA. Per an affixed date stamp, the appellant's DHS-2 was received by the Agency on January 27, 2014. Despite evidence of a DHS-1 signed by the appellant on November 2, 2013, the Agency testifies that they have no record of receiving any DHS-1 on behalf of the appellant, the appellant's daughter testifies that she has no knowledge of and/or belief that the DHS-1 was submitted to DHS prior to January 2014, and the appellant's attorney concedes that the appellant's MA application was submitted in January 2014. The date of the appellant's application/request for MA is thereby January 27, 2014.

Since the appellant applied for MA as a resident of a Nursing Home (NH), the Medicaid Policy Manual sections 0376 through 0398, which set forth the policies and procedures for determining MA eligibility for institutionalized individuals, must be reviewed and utilized. For MA eligibility to exist, an institutionalized applicant's countable resources cannot exceed \$4,000.00 as of the first moment of the month in which MA eligibility is being determined. Countable resources are resources owned by the applicant as of the first of the month (FOM), unless otherwise excluded by the MA regulations. The record

establishes that the Agency determined that the appellant's countable resources as of January 1, 2014 consisted of three checking accounts, a savings account, a certificate of deposit (CD) account, and three life insurance policies, and calculated the total value of these resources to be \$76,457.60 as of January 1, 2014. As this amount exceeded \$4,000.00, the Agency found the appellant ineligible for January 2014, the month of his MA application.

The evidence record establishes that as of January 1, 2014, the appellant owned three life insurance policies and his name appeared on the three checking accounts, the savings account, and the CD account that the Agency considered countable. While the appellant owned additional resources, they were considered non-countable resources by the Agency and are not in dispute and/or relevant to this appeal.

A full review of MA policy relative to resources finds that life insurance is considered a non-countable resource only if the combined face value of all of the applicant's life insurance that has cash surrender value is below \$4,000.00. A review of the evidence record finds that on January 1, 2014, the appellant owned three life insurance policies all with cash surrender value; one with a face value of \$2,500.00, one with a face value of \$2,000.00, and one with a face value of \$1,500.00. As the combined face value exceeds \$4,000.00, the combined cash surrender value of all of the appellant's life insurance is thereby countable. While the appellant's Attorney concedes that the appellant's life insurance had CSV, he argues that those acting on behalf of the appellant were unaware that the life insurance had CSV and/or that the life insurance was a countable resource in the determination of MA eligibility until informed of such by the Agency and it therefore should not be countable. As discussed previously, countable resources are determined as of the first of the month of application/request for MA. Further review of MA policy finds that for a resource to be considered countable it must be available for the applicant's use. A resource is considered available even if it first needs to be converted into a useable form, as long as there is no legal impediment to the conversion. The appellant's Attorney provides no evidence that any legal impediment existed that would have made the life insurance CSV unavailable to the appellant. The fact that the life insurance was cashed in immediately upon being informed by the Agency that the CSV was a countable resource is further evidence that it was available to the appellant as of January 1, 2014, the FOM of his MA application. Furthermore, the evidence shows that the applicant and/or those applying for MA on his behalf were aware of the existence of the three life insurance policies when the MA application was completed and when it was submitted to the Agency. While those acting on behalf of the applicant incorrectly assumed that the life insurance did not have CSV and/or would not be considered in the MA calculation of resources, there is now no dispute that the life insurance did have a CSV on January 1, 2014. The three life insurance policies were cashed out and the appellant received a total of \$19,878.19 in March and April 2014. As the record is void of any evidence to indicate and/or establish that the total life insurance CSV on January 1, 2014 was different than the amount actually received, the CSV as of the FOM of application is \$19,878.19. MA eligibility is based on what is countable at the time of application/request for MA, not on what the applicant thinks is countable. It should also be noted, upon receipt of the MA application, the Agency inquired about the life insurance CSV in a timely manner. Any

delay in the applicant learning about the CSV and its effect on his MA eligibility was thereby due to the delay in the submission of the appellant's MA application while the family, with the assistance of the NH and the appellant's Attorney, attempted to determine MA eligibility on their own as opposed to submitting the application and allowing the Agency to make that determination. In conclusion, the total CSV of the appellant's three life insurance policies, \$19,878.19, is a countable resource as of January 1, 2014.

The appellant's Attorney further argues that the CD account, with a January 1, 2014 value of \$42,104.69, is not a countable resource of the appellant despite his name appearing on the account, because the account is actually owned by the appellant's son. A review of the evidence finds that on January 1, 2014, three names appeared on the CD account; the appellant's, his son, and his daughter. MA policy determines how savings accounts, including CDs, are evaluated when more than one owner appears on the account. Since the appellant is the only one applying for MA out of the three individuals named on the CD, per MA policy all of the funds in the CD are presumed to be the appellant's if he has unrestricted access to all the funds in the account and he is legally able to withdraw all the funds from the account. By virtue of being a CD, there could be some restriction as to when the funds could be withdrawn and/or a penalty for early withdrawal could be assessed, but the appellant's attorney offered no argument as to the value of the CD. In the absence of any evidence of restricted access and/or penalty for early withdrawal, the value of the CD as of the FOM of application, January 1, 2014, is thereby \$42,104.69 and is presumed to be a countable resource of the appellant/applicant. Despite such, MA policy does acknowledge that an applicant may not consider themselves the owner of all or part of a joint account which they are presumed to own and thereby does allow for a rebuttal to the presumption of ownership. The record establishes that a rebuttal of the appellant's ownership of the CD was submitted but was deemed unsuccessful by the Agency because all necessary information was not submitted for their review.

A review of MA policy finds that a rebuttal of the presumption of ownership of an account requires very specific information and documentation to be successful. Specifically, the applicant must submit and sign an Agency AP-92 form, which contains the penalty clause for false statements. If the applicant is incompetent, a third party with knowledge of the circumstances can submit one instead. A written statement must be on the form explaining who the applicant alleges owns the account in question, the reason for establishing the joint account, the date the account was made joint, the source of the funds, who has made deposits to the account and the source of those deposits, who made withdrawals from the account and how were the withdrawals spent, and whose social security number was on the account. A signed Agency AP-92A form containing a written statement corroborating the applicant's statement must also be submitted by the other individuals named on the account in question. In addition, documents to support the statements on these forms and to verify/establish ownership of the account must be submitted for the Agency's review.

A full review of the record finds that an AP-92 signed by the appellant was submitted to the Agency. The appellant's daughter testified that she helped write the statement on the AP-92 and that the appellant/applicant signed it. The record is unclear as to whether the appellant was capable of understanding what he was signing. The appellant's son signed and submitted an AP92A form to the Agency. The appellant's daughter did not submit a signed AP92A form with the penalty clause for false statements despite being named on the account, but submitted a signed letter dated April 20, 2014. A review of the written statements on the AP-92 and AP92A find that the applicant and his son allege that the CD account is owned by the son and that the applicant/father's name was put on the account just to have a second name on the account in case the son became ill or incapacitated. No mention is made in either statement as to the daughter/sister being named on the account and/or why there was a need for three names to be on the account. There is also no mention and/or explanation in their statements as to when the account was made joint, where the funds originated from, nor any information as to deposits or withdrawals, and/or whose social security number was on the account. The record establishes that the appellant and his son have the same first and last name but different middle initials. Submitted documents include CD bank statements covering the time period from September 2013 through March 6, 2014 showing no deposits or withdrawals, but clear evidence as to when the account was created and/or the amount and/or source of the funds with which it was created is missing. The appellant's name appears first on the account. An updated bank personal signature card was submitted verifying that the appellant's name was removed from the CD account on April 26, 2014, leaving his son and daughter as co-owners on the account with the son's social security number. A 2013 tax statement was also submitted which names the appellant as the owner of the account but with the son's social security number. No explanation was given by the appellant or his son on the AP92 and AP92A to explain the discrepancy. In summary, the information and documents submitted to the Agency to rebut the presumption of the appellant's/applicant's ownership of the CD account clearly lacked all of the required information/documentation required per MA policy to be successful.

Additional evidence relative to the CD account not previously submitted to the Agency was submitted at hearing. This included a statement by the appellant's daughter in a May 30, 2014 letter that there have been no additions to the CD account in the past 10 years along with several bank statements showing the CD account was in existence back to February 10, 2004 with all three names, with the appellant's name first, and that there were no withdrawals or deposits after that date. Again, no explanation was provided as to when or how the CD account was created and no bank documents were submitted to document when the CD was initially opened and/or when the appellant's name was placed on the account. While there was some testimony and evidence presented at hearing relative to a passbook saving account opened by the appellant for his son when he was born, the evidence indicates that the son closed that account and reopened another account around the time of his mother's MA application. There is thereby no evidence that the funds in the CD account originated from that childhood savings account. The evidence submitted at hearing by the appellant's Attorney also includes an undated typed letter from the appellant's daughter in which she states that

the taxpayer ID number on the CD account has always been the son's social security number and that the bank made an error when they named the appellant with the account and taxpayer ID, but the letter is unsigned and no documentary evidence has been submitted from the bank or from the appellant or his son to verify this. In summary, per MA rules, the CD account with a January 1, 2014 value of \$42,104.69 is presumed to be fully owned by the appellant for the purposes of determining his MA eligibility. The burden lies with the appellant and the co-owners of the CD account to prove otherwise. A full review of the evidence submitted both before and at hearing finds that all of the information and documentation required by MA policy for a successful rebuttal has not been provided and the rebuttal thereby fails. The CD is thereby a countable resource of the appellant's as of the FOM of his application/request for MA.

There is no dispute that the appellant owns a non-countable irrevocable burial contract which was purchased by check in December 2013 but that the check did not clear until after January 1, 2014. While there is no dispute that the January 1, 2014 balances on the savings and checking accounts totaled \$14,474.72, the Agency concedes that the cost of the burial account, specifically \$9,300.00, should be subtracted from the January 1, 2014 bank balance if they had failed to do so. A full review of the evidence finds that the Agency did not subtract the cost of the burial contract. The total value of the checking and savings accounts is thereby \$5,174.72. The appellant's Attorney also argues that \$4,000.00 of the funds in these bank accounts held jointly by the appellant and his wife belong to the wife because the couple's resources were never divided when the wife was granted MA eligibility and allowed to retain \$4,000.00. Per MA policy, when two eligible individuals or applicants are joint owners of a bank account, MA presumes that each owns an equal share of the funds in the account. In summary, as of FOM of application/request for MA, a total of \$2,587.36 in the three checking and one savings account held jointly by the appellant and his wife is thereby considered a countable resource of the appellant.

Lastly, the appellant's Attorney argues that while the appellant's MA application was submitted in January 2014, the appellant is requesting MA to begin effective November 1, 2013. While an applicant's MA eligibility is determined as of the first day of the month that the application is received, in this case January 1, 2014, certain applicants are allowed, per MA policy, to request retroactive eligibility for up to three months prior to the month of application. Policy stipulates that if an applicant indicates on their application that unpaid medical bills were incurred in the three months preceding the submission of the application, the Agency must render a decision as to their eligibility for retroactive coverage. The Agency offers no explanation as to why they did not render a decision relative to retroactive MA eligibility and/or if they were aware that the appellant was seeking MA eligibility effective November 1, 2013. A review of the DHS-2 submitted at hearing finds that the appellant indicated that he had unpaid medical copays and medication costs for the time period from August to October. There was no indication of unpaid medical bills from November forward, possibly due to the fact that it was intended to be a November 2013 application. As previously discussed, the finding of this Appeals Officer is that the date of application is January 27, 2014. Possible

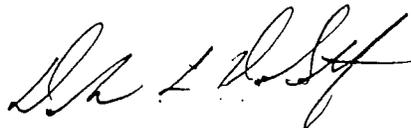
retroactive coverage would thereby be available only for the months of October, November, and/or December 2013. As the appellant's Attorney has clearly indicated at hearing that the appellant has unpaid medical bills relative to his NH care beginning November 1, 2013, such is thereby considered a request for retroactive MA for each of the months of November and December 2013. While the need for retroactive coverage in October 2013 was indicated on the application, the appellant's attorney indicates at hearing that MA eligibility is being requested only as of November 1, 2013. Per MA policy, retroactive eligibility is only available to certain coverage groups and only applies to certain medical expenses. Additionally, an applicant must meet all of the eligibility criteria, including technical, characteristic, cooperation, and financial requirements, of the MA program in each of the individual retroactive months for which they are seeking coverage. As the Agency has not yet rendered a decision relative to retroactive eligibility, the record not only lacks sufficient information as to the appellant's circumstances in each of these areas in each of the retroactive months to render a decision, but the record also lack an Agency finding for the appellant to dispute/appeal and for the Appeal Officer to render a decision on.

In conclusion, the appellant applied for MA on January 27, 2014. The appellant's countable resources as of January 1, 2014, the FOM of his MA application, consisted of three checking accounts and one savings account with a total countable value of \$2,587.36; three life insurance policies with a total countable value of \$19,878.19; and a CD account with a total countable value of \$42,104.69. The appellant's countable resources at the time of application thereby total \$64,570.24. Per MA policy, if an applicant's countable resources exceed the \$4,000.00 resource limit in the month of application, MA eligibility does not exist unless the excess resources are reduced in the manner allowed under the MA rules. The Agency testifies that the appellant has spent down \$15,029.10 by paying towards his NH bill. This spenddown is insufficient to obtain MA eligibility. The appellant's Attorney argues that the appellant's excess resources, specifically the life insurance CSV, was subsequently spent down towards legal fees, automobile and real estate taxes, home repairs, additional burial costs, and uncovered medical supplies costing \$300.00. A review of MA policy relative to resource reductions finds that only certain expenses may be used to establish MA eligibility in this way. Such expenses include only certain incurred medical expenses and guardianship and/or legal fees required or incurred to make income or resources available. The record of hearing fails to establish that the appellant's has incurred and/or made payments towards allowable expenses to reduce his resources to within the \$4,000.00 resource limit.

After a careful review of the Agency's policies, as well as the testimony and evidence submitted, this Appeals Officer finds that the appellant is ineligible for Rhode Island Medical Assistance (MA) at the time of his MA application/request for MA because his total countable resources of \$64,570.24 exceeded the standard resource limit of \$4,000.00. The appellant's request for relief relative to the Agency's May 2, 2014 denial of MA for the month of January 2014 is thereby denied. The appellant's request for retroactive MA in each of the months of November and December 2013 must still be processed by the Agency.

ACTION FOR THE AGENCY:

The Agency is to render a decision as to the appellant's eligibility for retroactive MA in each of the months of November and December 2013. The appellant retains the right to appeal those decisions.

A handwritten signature in black ink, appearing to read 'Debra L. DeStefano', written in a cursive style.

Debra L. DeStefano
Appeals Officer