

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

PROVIDENCE, SC.

SUPERIOR COURT

(FILED: September 8, 2015)

THE MIRIAM HOSPITAL, AS
ASSIGNEE OF JAMES H. ALLEN

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C.A. No. PC 2014-3115

V.

RHODE ISLAND DEPARTMENT
OF HUMAN SERVICES

DECISION

TAFT-CARTER, J. Before the Court is an appeal from an administrative ruling. Plaintiff, the Miriam Hospital, on its own behalf and acting in its capacity as the assignee of James H. Allen, seeks relief from a decision of the Rhode Island Department of Human Services, denying Plaintiff’s request to reconsider a prior application for Medical Assistance. For the reasons set forth in this Decision, the Court denies Plaintiff’s appeal. Jurisdiction is pursuant to G.L. 1956 § 42-35-15.

I

Facts and Travel

The Defendant, Rhode Island Department of Human Services (Department or DHS), is the administrative agency charged with oversight of the Medical Assistance Program (MA Program) in the State of Rhode Island. Plaintiff, the Miriam Hospital (Miriam or the Hospital) is a health care provider who participates in the MA Program and who provided substantial inpatient medical care and treatment to James. H. Allen over the course of several months prior to Mr. Allen’s death on May 10, 2012.

The underlying facts in this matter are largely undisputed. Mr. Allen was admitted to the Hospital on January 23, 2012 with a gangrenous right foot, along with other medical conditions. See Hearing Transcript, James H. Allen v. Rhode Island Department of Human Services, April 7, 2014, at 8 (Hr’g Tr.). He remained in the Hospital, receiving medical care until he passed away in May 2012. Compl. ¶ 6. After his admission, he made a timely application for Medical Assistance (MA). See Agency Decision, May 21, 2014, at 2 (Agency Decision). He was deemed disabled by DHS, but DHS noted that he had resources in excess of the program’s limits, specifically a life insurance policy from MetLife that had a face value of \$25,000 and a cash value of \$23,860.67. See Agency Decision at 5. DHS also determined that Mr. Allen possessed \$2305.69 in a bank account. Hr’g Tr. at 2. Accordingly, DHS denied his MA application for being “over resources” in a notice dated April 10, 2012. Id.

Mr. Allen was advised that because he was otherwise eligible for MA, he could reduce his excess resources by surrendering his endowment policy and reducing his resources by using the funds to pay his allowable medical expenses. See Agency Decision at 5. DHS policy requires a resource reduction to be effected within thirty days of a denial notice. See id. at 6. On April 20, 2012, Mr. Allen’s sister, Denise Browne, acting as his power of attorney, filed an appeal of his denial and indicated that she was “in the process of surrendering [Mr. Allen’s] MetLife policy in order to reduce his resources.” Compl. ¶ 18. She further stated that “[t]he monies will be spent on allowable bills and expenses.” Id.

However, prior to the life insurance policy proceeds being received and the medical expenses paid and exactly thirty days after his MA denial, Mr. Allen passed away. See Agency Decision at 5. Since that time, Ms. Browne has not contacted the Hospital or made any attempt to pursue the appeal of Mr. Allen’s denial for MA, in spite of the Hospital’s numerous attempts

to contact her. See Letter from Geoffrey M. Raux to DHS, September 9, 2013 (Raux Letter, Sept. 9, 2013). On June 27, 2012, Ms. Browne placed a telephone call to DHS appeals office and verbally withdrew the appeal. See Agency Decision at 5.

To date, the Hospital has not received any payments for Mr. Allen's medical expenses, which totaled \$507,500.19. See Agency Decision at 4. Mr. Allen became Medicare eligible effective May 1, 2012, so Medicare made payment towards the May medical expenses, reducing the bill to approximately \$485,000. See id.

In early 2013, the Hospital began taking steps to pursue the appeal of Mr. Allen's denial for MA, as Mr. Allen's assignee. See Raux Letter, Sept. 9, 2013. The Hospital, through counsel, coordinated with DHS's legal department to satisfy certain procedural requirements, including the Hospital's standing to pursue the appeal. See id. On July 9, 2013, DHS agreed to reinstate the appeal with the Hospital as Mr. Allen's assignee. See Agency Decision at 6.

The Hospital began to look into the matter as Mr. Allen's assignee and reached out to MetLife to learn what had happened to the insurance policy. See Hr'g Tr. at 16. The Hospital received a letter from MetLife confirming that the insurance policy was no longer active and that the proceeds of the insurance policy had been paid out in May 2012 to Mr. Allen's father, as the beneficiary of record. See id. The Hospital does not know, however, whether the policy was paid out as part of the process of reducing Mr. Allen's resources or if it was paid out due to Mr. Allen's death. See Agency Decision at 3.

The Hospital began to work with DHS in order to reach an informal resolution of the matter without the need for a hearing, but it was determined that a formal hearing was required to resolve the matter. See Hr'g Tr. at 16. The Hospital proposed an equitable resolution that comported with the overall purpose of the MA Program to "provide medical assistance for those

persons in [Rhode Island] who possess the characteristics of persons receiving public assistance . . . and who do not have the income and resources to provide it for themselves . . .” See G.L. 1956 § 40-8-1. The Hospital proposed that it submit for reimbursement only that portion of Mr. Allen’s medical bills that exceed the total amount of his resources as of the date of his original February 2012 application. See Agency Decision at 7. The Hospital argued that had Mr. Allen not passed away in May 2012, he would have received the insurance policy proceeds and used them to pay down the medical bill and then been deemed eligible for MA and the remainder of his expenses over and above those resources would have been covered. See id. In support of its proposal, the Hospital cited to a decision of the Superior Court, John J. Canham, Jr., Ex’r of the Estate of Richard J. Vinal v. Dep’t of Human Servs. (R.I. Super. May 31, 2013). See id.

DHS conducted a hearing on this matter on April 7, 2014. Hr’g Tr. at 1. On May 21, 2014, the Appeals Officer from DHS denied the Hospital’s request. See Agency Decision at 8. In her decision, the Appeals Officer noted that the Hospital had not taken any action or indicated that they planned to take any action in order to effectuate the actual resource reduction but was only requesting DHS to approve Mr. Allen’s MA as if the reduction of resources had actually occurred. See Agency Decision at 8. The Appeals Officer further noted that Mr. Allen’s MA application was denied prior to his death, and his power of attorney had time to complete or at least begin reducing his resources prior to his death. See id. The Appeals Officer stated that there was no evidence in the record to establish that Mr. Allen’s excess resources would, in fact, have been used as payment towards allowable medical expenses if he had not died. See id. Accordingly, the Appeals Officer denied the Hospital’s request, confirming that Mr. Allen was ineligible for MA because of excess resources and because a reduction of his excess resources “did not occur and/or was not verified.” See id.

The Hospital timely filed the instant appeal of the Department's decision.

II

Standard of Review

Section 42-35-15 governs the Superior Court's review of an administrative agency decision. This section permits any person "who is aggrieved by a final order in a contested case" and who has otherwise exhausted all administrative remedies to seek judicial review of the agency decision. Sec. 42-35-15(a). The statute sets forth the standard of review governing judicial review of agency decisions as follows:

"The court shall not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings, or it may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are:

"(1) In violation of constitutional or statutory provisions;

"(2) In excess of the statutory authority of the agency;

"(3) Made upon unlawful procedure;

"(4) Affected by other error or law;

"(5) Clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or

"(6) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion." Sec. 42-35-15(g).

As a general rule, "[a]dministrative agencies retain broad enforcement discretion and, as always, considerable deference is accorded to such agencies about how to enforce regulations." Arnold v. Lebel, 941 A.2d 813, 820-21 (R.I. 2007); see Auto Body Ass'n of R.I. v. State Dep't of Bus. Regulation, 996 A.2d 91, 97 (R.I. 2010). An agency's interpretation of its own enabling statute or regulations should be accorded "weight and deference as long as that construction is

not clearly erroneous or unauthorized.” In re Lallo, 768 A.2d 921, 926 (R.I. 2001) (quoting Gallison v. Bristol Sch. Comm., 493 A.2d 164, 166 (R.I. 1985)). Even if other reasonable constructions of the statute are possible, this Court must afford deference to the agency’s interpretation. Labor Ready Ne., Inc. v. McConaghy, 849 A.2d 340, 345 (R.I. 2004).

The reviewing court is limited to examining the record to determine whether the agency’s decision is supported by legally competent evidence. See Town of Burrillville v. R.I. State Labor Relations Bd., 921 A.2d 113, 118 (R.I. 2007) (citing Johnston Ambulatory Surgical Assocs. v. Nolan, 755 A.2d 799, 804-05 (R.I. 2000)). Legally competent evidence is such “relevant evidence that a reasonable mind might accept as adequate to support a conclusion [and] means an amount more than a scintilla but less than a preponderance.” Id.

The court may not “substitute its judgment for that of the agency as to the weight of the evidence on questions of fact.” Auto Body Ass’n of R.I., 996 A.2d at 95 (quoting § 42-35-15(g)). Rather, the court must give deference to an administrative agency’s factual findings. Reilly Elec. Contractors, Inc. v. State Dep’t of Labor & Training ex rel. Orefice, 46 A.3d 840, 844 (R.I. 2012). “[An agency’s] findings enjoy a presumption of reasonableness until shown to be clearly, palpably, and grossly unreasonable by clear and convincing evidence.” Block Island Power Co. v. Pub. Utils. Comm’n, 505 A.2d 652, 653-54 (R.I. 1986) (citing New England Tel. & Tel. Co. v. Pub. Utils. Comm’n, 116 R.I. 356, 377, 358 A.2d 1, 15 (1976)). Thus, an administrative decision will be reversed only if it is clearly erroneous in view of the reliable, probative and substantial evidence contained in the record. Costa v. Registrar of Motor Vehicles, 543 A.2d 1307, 1309 (R.I. 1988). If there is competent evidentiary support for the agency’s determination, the determination cannot be disturbed. See Bunch v. Bd. of Review, R.I. Dep’t of Emp’t & Training, 690 A.2d 335, 337 (R.I. 1997).

III

Analysis

The Rhode Island Department of Human Services is an agency within the Executive Branch of state government. Sec. 42-12-1, et seq. Pursuant to its statutory mandate, DHS is responsible for the management, supervision and control of various social service programs. Specifically, DHS is responsible for the management of state and federally funded public financial assistance programs. Sec. 42-12-4.

Section 40-8-1(c) provides in pertinent part:

“[I]t is declared to be the policy of this state to provide medical assistance for those persons in this state who possess the characteristics of persons receiving public assistance under the provisions of § 40-5.1-9 or § 40-6-27, and who do not have the income and resources to provide it for themselves or who can do so only at great financial sacrifice. Provided, further, that such medical assistance, must qualify for federal financial participation pursuant to the provisions of Title XIX of the federal Social Security Act, 42 U.S.C. § 1396 *et seq.*, as such provisions apply to medically needy only applicants and recipients.” Sec. 40-8-1(c).

DHS is responsible for administering the MA Program within the standards of eligibility as enumerated in § 40-8-3. For all eligible individuals, DHS must pay benefits pursuant to regulations which it must develop and have approved by the federal government.

DHS’s Policy Manual sets out the procedure whereby an individual’s eligibility for MA benefits is determined. Section 0338.05 of the Policy Manual states that in order to be eligible for assistance, an individual cannot have countable income and resources in excess of \$4000. An applicant whose countable resources exceed the basic resource limitation may still establish eligibility on the basis of resources if he or she incurs outstanding allowable medical bills that equal or exceed his/her excess resources; and he or she reduces the excess resources to the appropriate resource limit by actually paying the allowable expenses or fees and submitting

verification of the reduction in resources within thirty days of the date of the rejection or closing notice.

Miriam's Standing to Pursue the Appeal

As a threshold matter, the Court will first address the issue of Miriam's standing to pursue the appeal. DHS argues that Miriam lacks standing in this matter because its interests are adverse to those of Mr. Allen, the Plaintiff in Fact, and because the Hospital has not been adversely affected by a decision of the Department. Rather, the Hospital has been adversely affected as a result of Mr. Allen and his family's failure to timely spend down Mr. Allen's excess resources so as to make Mr. Allen eligible for the MA Program.

Standing is "a threshold inquiry into whether the party seeking relief is entitled to bring suit." Narragansett Indian Tribe v. State, 81 A.3d 1106, 1110 (R.I. 2014). In general, "[t]o satisfy the standing requirement, a plaintiff must allege 'that the challenged action has caused him injury in fact, economic or otherwise'" Watson v. Fox, 44 A.3d 130, 135 (R.I. 2012) (quoting R.I. Ophthalmological Soc'y v. Cannon, 113 R.I. 16, 22, 317 A.2d 124, 128 (1974)). An "injury in fact" has been defined as "an invasion of a legally protected interest which is (a) concrete and particularized . . . and (b) actual or imminent, not 'conjectural' or 'hypothetical.'" Lujan v. Defenders of Wildlife, 504 U.S. 555, 560 (1992); Associated Builders & Contractors of R.I. v. Dep't of Admin., State of R.I., 787 A.2d 1179, 1185-86 (R.I. 2002). "Under our Administrative Procedures Act[,] the standing of those seeking judicial review of administrative agency decisions is determined by their meeting two criteria, that they be persons aggrieved by the administrative action taken, and that they first exhaust administrative remedies." E. Greenwich Yacht Club v. Coastal Res. Mgmt. Council, 118 R.I. 559, 564, 376 A.2d 682, 684

(1977). If a person has suffered an “injury in fact,” the person meets the standard of an aggrieved person within the meaning of § 42-35-15. See id.

The Court begins by noting that the issue of Miriam’s standing to pursue this appeal has been waived because DHS has previously permitted Miriam to proceed through the administrative process. During the hearing, the issue of standing was raised and dismissed with DHS accepting, first, that because Mr. Allen was deceased, Ms. Browne no longer had power of attorney on his behalf and had no standing in the case going forward. See Hr’g Tr. at 3. In addition, DHS accepted that Miriam was Mr. Allen’s assignee for the purposes of the appeal. See id. Indeed, the Department’s final decision noted that DHS explicitly “agreed to reinstate the appeal with [the Hospital] as [Mr. Allen’s] assignee.” See Agency Decision at 6. Having already accepted Miriam’s status as Mr. Allen’s assignee and permitted Miriam to proceed through the administrative process, the Department may not now challenge Miriam’s standing. See Iselin v. Ret. Bd. of Emps.’ Ret. Sys. of R.I., 943 A.2d 1045, 1048 (R.I. 2008) (stating that because the retirement board had previously declined to challenge the applicant’s mental incapacity, the retirement board could not at that point dispute the applicant’s alleged mental incapacity); see also Direct Action for Rights and Equality v. Gannon, 713 A.2d 218, 222 (R.I. 1998) (stating that an objection to standing was waived for failure to raise it before the trial justice).

Assuming, arguendo, that the Department has not waived its right to challenge Miriam’s standing, the Court will briefly address the merits of DHS’s argument that Miriam lacks standing to pursue this appeal. DHS contends that the cause of Miriam’s financial loss in being left responsible for the cost of Mr. Allen’s medical bills is the failure of Mr. Allen and his family to reduce his resources in order to make him eligible for the MA Program. While it is certainly true

that the failure of Mr. Allen to reduce his resources in order to qualify for the MA Program was a proximate cause of the Hospital's being left to bear the financial burden of Mr. Allen's care, that failure is not dispositive of the issue of standing. The prerequisites for standing are limited to the exhaustion of administrative remedies and that the person has been "aggrieved" by an agency decision under § 42-35-15. See E. Greenwich Yacht Club, 118 R.I. at 564, 376 A.2d at 684. There is no dispute that the Hospital has followed the procedures to exhaust its administrative remedies. The only issue is whether the Hospital has been "aggrieved" by the Department's decision.

The Court is satisfied that the Hospital has been "aggrieved" by the Department's decision so as to meet the requirement of standing. It was the Department's decision not to vary from the thirty-day limit for the reduction of resources in Mr. Allen's case which led to the Department's denial of Miriam's appeal. The Department also apparently did not give credence to the evidence in the record wherein Ms. Browne had stated her intention of reducing Mr. Allen's resources in order to qualify for the MA Program as the Department's decision explicitly stated that it was only "speculation" that Mr. Allen's family would, in fact, have used Mr. Allen's excess resources as payment for his medical expenses and accordingly reduced his resources. See Agency Decision at 8. Finally, it is the Department's decision denying Miriam's appeal which ultimately means that Miriam will be left uncompensated for the cost of the medical care it provided to Mr. Allen. The resulting financial burden on Miriam is more than sufficient to be an injury in fact to support Miriam's standing as an aggrieved party by the Department's denial of Miriam's appeal.

The Denial of the Hospital's Appeal

Miriam argues that the circumstances of this case make the Department's decision in rigidly adhering to the procedural requirements for a timely reduction in resources unfair and arbitrary because it thwarts the purpose of the MA Program. Miriam cites to previous decisions of the Superior Court which indicated that it was an abuse of discretion for an agency to strictly adhere to procedural requirements when the failure to meet any procedural requirements was due to extenuating circumstances outside of the applicant's control. See Canham v. Dep't of Human Servs. (R.I. Super. May 31, 2013); Parrillo v. State Dep't. of Human Servs., 2002 WL 393843 (R.I. Super. Mar. 4, 2002). DHS contends, alternatively, that the Hearing Officer's decision was based on ample evidence that Mr. Allen, or his power of attorney, had failed to spend down his assets within the required time period and, for that reason, Mr. Allen was ineligible for the MA Program.

In this instance, the Hospital does not dispute that at the time Mr. Allen was originally deemed ineligible for the MA Program, his countable resources were clearly in excess of the MA Program's limits for eligibility. Accordingly, the initial denial was correct. The Hospital insists, however, that this appeal should reconsider the initial denial because Mr. Allen's failure to reduce his resources was due to circumstances outside his control, i.e. that he passed away before his resources had been reduced in a timely fashion.

While the Court is mindful of the financial burden which will fall on Miriam due to having to bear the uncompensated cost of providing Mr. Allen's medical care, this Court cannot find that the Department's decision denying Miriam's appeal was either unsupported by the evidence or arbitrary or capricious so as to warrant reversal. See Nickerson v. Reitsma, 853 A.2d 1202, 1205 (R.I. 2004) (emphasizing that judicial review of an administrative decision is

“limited to an examination of the certified record to determine if there is any legally competent evidence therein to support the agency’s decision”). The Court notes that at the time of Mr. Allen’s death, Ms. Browne, acting as his power of attorney, had already had twenty-nine days since the initial denial notice in which to reduce Mr. Allen’s resources to make him eligible for the MA Program. Mr. Allen passed away on the thirtieth day, the time limit by which his resources should have been reduced in order to qualify for the MA Program. There is no competent evidence in the record to support the Hospital’s assertion that, had it not been for Mr. Allen’s death, the reduction in resources would have been achieved in a timely fashion. See Strafach v. Durfee, 635 A.2d 277, 280 (R.I. 1993) (defining legally competent evidence as “some or any evidence supporting the agency’s findings”). Ms. Browne’s appeal indicating her intent to reduce Mr. Allen’s resources was dated April 20, 2012, nearly three weeks prior to Mr. Allen’s death. Further, as of the day before the thirty-day limit, May 9, 2012, the Department had not received any verification that Mr. Allen’s resources were, in fact, in the process of being reduced. Given the lack of evidence on which to base the assumption that Mr. Allen would have qualified for the MA Program had he lived past the May 10, 2012 deadline, DHS did not exceed its statutory authority in denying Miriam’s appeal and affirming that Mr. Allen was not eligible for medical assistance under the MA Program.

The cases relied on by the Hospital to support its position are unavailing. To begin with, both cases are from the Superior Court and are not binding authority. Even so, however, both cases are distinguishable from the instant matter. In Canham, the Superior Court remanded a denial for a failure to timely reduce a claimant’s resources when the claimant had passed away before DHS’s denial letter had been received. There, the claimant clearly had no time in which to reduce his resources in order to be eligible. See Canham v. Dep’t of Human Servs. (R.I.

Super. May 31, 2013). In Parrillo, the evidence indicated that the claimant would have been eligible for the MA Program if she had received adequate assistance filing her application but the claimant's niece, who was acting on behalf of the claimant in her illness, was, as the Court acknowledged, "either confused or careless as she attempted to obtain medical assistance for her aunt." See Parrillo, 2002 WL 393843 at *7 (R.I. Super. Mar. 4, 2002). The Court concluded in Parrillo that the Hearing Officer's decision was affected by an error of law in thwarting the purpose of the Medical Assistance Act and penalizing the plaintiff for the failure of others. See id. at *9.

That is not the situation here. Unlike in Canham, there can be little doubt that Mr. Allen, or Ms. Browne acting as his power of attorney, had time in order to reduce his resources. Mr. Allen's death did not occur until twenty-nine days had passed after receipt of the initial denial notice and on the very date by which his resources must have been reduced in order to qualify. There is no evidence in the record to indicate that an additional day would have been critical to Ms. Browne's ability to reduce Mr. Allen's resources in a timely fashion as required by the regulations. Moreover, unlike in Parrillo, there is no doubt that Ms. Browne understood the requirement to reduce Mr. Allen's resources within thirty days in order to make Mr. Allen eligible for the MA Program. Indeed, Ms. Browne's appeal of the initial denial stated her intention to do so. See Johnston Ambulatory Surgical Assocs., 755 A.2d at 811 (stating that after an administrative agency has denied an application, the burden is on the applicant to demonstrate that there has been a substantial change in circumstances which would justify reversal of the agency's earlier denial). The Department was not required to vary from the procedural requirements set forth in its regulations in order to ensure that a particular appeal is successful.

The Court acknowledges, as Miriam argues, that DHS may well have had the discretion to accept Miriam's suggested equitable resolution of this matter. That the Department arguably had the ability, in its discretion, to determine that the circumstances of this case justified making an exception to the procedural requirements does not, however, give this Court the authority to require the Department to do so. "Administrative agencies retain broad enforcement discretion and . . . considerable deference is accorded to such agencies about how to enforce regulations." Arnold, 941 A.2d at 820-21; see also Martin v. Occupational Safety and Health Review Comm'n, 499 U.S. 144, 150 (1991) ("[A]n agency's construction of its own regulations is entitled to substantial deference."). The Court's role in reviewing an agency decision has been clearly limited so that this Court will give great deference to an agency's interpretation of the regulations it promulgates pursuant to a statute it is authorized to enforce. See Pawtucket Power Assocs. Ltd. P'ship v. City of Pawtucket, 622 A.2d 452, 456-57 (R.I. 1993). This deference applies even when a reviewing court may have been inclined to arrive at a different conclusion from the evidence presented. See Johnston Ambulatory Surgical Assocs., 755 A.2d at 805.

The Hospital finally argues that DHS's decision should be reversed or remanded because it thwarts the very purpose of the MA Program to pay the cost of medical care for needy applicants. The Court cannot agree with this contention. The record indicates that Mr. Allen, at the time of his hospitalization up until the date of his death, had resources in excess of the limits for eligibility for the MA Program because of his life insurance policy and the amount in his bank account. In addition, there is no evidence in the record to support the idea that at the time of his death, Mr. Allen, through his power of attorney, had actually reduced his resources to make him eligible for MA. The record indicates only that Mr. Allen's life insurance policy was paid out to his father, as the beneficiary of record, after the date of Mr. Allen's death, but there is

no information to support the assertion that the policy was paid out in order to reduce Mr. Allen's resources. Nor is there evidence in the record to indicate that at the time of Mr. Allen's death, Ms. Browne had taken the necessary steps to reduce Mr. Allen's resources in a timely manner. Accordingly, the evidence does not support a conclusion that Mr. Allen was, in fact, one of the individuals whom the General Assembly specifically intended the MA Program to assist. The evidence in the record only supports a finding that Mr. Allen could have been eligible for the MA Program had Ms. Browne successfully reduced his resources by the day of his death. The evidence indicates, however, that she had not done so. Therefore, Mr. Allen was not, at the time of his death, eligible for the MA Program.

The Appeals Officer's conclusion that Mr. Allen "is not eligible for subsequent MA eligibility because a reduction of his excess resources to within the resource standard did not occur and/or was not verified" is supported by competent evidence in the record. See Agency Decision at 8. Nor can this Court find that the Department's decision was otherwise arbitrary or capricious or affected by an error of law. Accordingly, DHS's decision must be affirmed and the Hospital's appeal denied.

IV

Conclusion

After a review of the entire record, the Court finds that the Department's decision is supported by substantial evidence and is not affected by an error of law. The decision is not arbitrary or capricious and it does not constitute an abuse of discretion. Substantial rights of the Hospital have not been prejudiced. For the foregoing reasons, the Court affirms DHS's decision to deny Miriam's appeal of Mr. Allen's ineligibility for the MA Program on the grounds that his

resources were not timely reduced in order to make Mr. Allen eligible for the MA Program at the time of his death.

Counsel shall submit the appropriate judgment for entry.



RHODE ISLAND SUPERIOR COURT
Decision Addendum Sheet

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CASE NO: PC 2014-3115

COURT: Providence County Superior Court

DATE DECISION FILED: September 8, 2015

JUSTICE/MAGISTRATE: Taft-Carter, J.

ATTORNEYS:

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