

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. A-01/17-15
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Appeal of)
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INTRODUCTION

Petitioner appeals the termination of his and his spouse's Medicaid eligibility by the Department for Children and Families ("Department"). The following facts are adduced from a hearing held February 8, 2017, telephone status conference held March 30, 2017 and documents submitted by the Department.

FINDINGS OF FACT

1. Petitioner and his spouse were both receiving Medicaid when his eligibility was reviewed in September of 2016. Petitioner is over 65 and receives social security retirement income. Petitioner's spouse is under 65 and receives social security disability income. Petitioner's spouse recently (as of January 1, 2017) became eligible for Medicare coverage.

2. By notice of decision dated October 14, 2016, the Department notified petitioner that his Medicaid would be

terminated because his household is over the applicable income threshold. Petitioner currently receives \$697 per month from his retirement income and his spouse receives \$842 per month in disability income, for a total monthly household income of \$1,539 (due to cost of living increases effective this year, this amount is \$4 higher than when the October 2016 decision was made). The Department compared petitioner's household income - after deduction of a \$20 disregard for unearned income - to the applicable protected income level ("PIL") of \$1,008 per month for Medicaid for the Aged, Blind and Disabled ("MABD") applicants (the applicable PIL has since increased to \$1,025).

3. While petitioner's household income was determined to be above the PIL for Medicaid eligibility, he was determined eligible to "spend-down" to eligibility based on any qualifying medical expenses. The spend-down amount was calculated at \$3,066 for the period of October 1, 2016 through March 31, 2016.

4. Petitioner appealed the decision to terminate his Medicaid. In the meantime, when the Department became aware that petitioner's spouse would be eligible for Medicare as of January 1, 2017, it determined that she was no longer eligible for Medicaid under the Medicaid for Adults program

(also known as "MCA" or expanded Medicaid), but instead fell under the MABD financial guidelines. As this entailed the identical household income and PIL eligibility threshold, petitioner's spouse was determined ineligible for Medicaid, by noticed dated January 9, 2017, effective January 31, 2017.

5. Petitioner and his spouse are receiving continuing Medicaid coverage pending this appeal.

ORDER

The Department's decision is affirmed.

REASONS

Review of the Department's determination is de novo. The Department has the burden of proof at hearing if terminating or reducing existing benefits; otherwise the petitioner bears the burden. See Fair Hearing Rule 1000.3.0.4.

Applicants age 65 or older, receiving disability-based social security income such as SSDI or SSI, or eligible for Medicare are subject to the income eligibility threshold(s) under the Medicaid for the Aged, Blind and Disabled category. See Health Benefits Eligibility and Enrollment ("HBEE") Rules § 7.03(a)(5) and § 8.03(a). Petitioner and his spouse, both

of whom are in at least one of the above categories, have a household income of \$1,539 per month. After subtraction of a \$20 disregard for unearned income, their countable income remains well over the MABD eligibility threshold of \$1,025 for a household of two, also known as the protected income level. See HBEE Rules § 8.06(b); Medicaid Procedures Bulletin 16-36 (effective 1-1-17). Petitioner and his spouse may be eligible for Medicaid by meeting a spend-down amount. As the initial spend-down period of October 1, 2016 through March 31, 2017 has passed, during which time a spend-down was inapplicable because they have been receiving continuing benefits, the Department will recalculate their new spend-down amount upon request.¹

The Department's determination is otherwise consistent with the rules and must be affirmed by the Board. See 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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¹ Petitioner and/or his spouse may contact Vermont Health Connect for an updated calculation of their six-month spend-down.