

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. M-01/17-32
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Appeal of)
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INTRODUCTION

Petitioner appeals the termination of her Medicaid eligibility by the Vermont Department for Children and Families ("Department"). The following facts, which are not in dispute, are adduced from a hearing held February 6, 2017.

FINDINGS OF FACT

1. Petitioner lives in a household of one for the purposes of Medicaid eligibility.

2. Petitioner submitted a renewal application for Medicaid on July 26, 2016, in which she reported a total annual income of \$27,104.90 and student loan interest of \$1,392 per year, leaving her with a net annual income of \$25,712.90.

3. Based on this new information, the Department determined that petitioner's countable monthly income of \$2,142.74 was above the Medicaid threshold, and notified

petitioner that her eligibility would be terminated effective November 30, 2016.

4. Petitioner appealed and is receiving continuing Medicaid coverage pending a decision by the Board.

5. Petitioner asserts that she cannot afford the health insurance plans available through Vermont Health Connect because of her living expenses, including medical and dental expenses, student loans, and medication for epilepsy.

6. The Department indicated that petitioner - while determined ineligible for Medicaid - would be eligible for subsidies totaling approximately \$349 per month to help pay for a Qualified Health Plan for the remainder of 2016.

7. Petitioner reported that her income decreased beginning in 2017, resulting in a net monthly income of \$1,758.54 per month after deducting her student loan interest. The Department has indicated that while petitioner is still ineligible for Medicaid, she is eligible for subsidies of approximately \$423 per month in 2017.

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.

For the purposes of Medicaid eligibility, petitioner's household income is measured against the standard for a household of one. See Health Benefits Eligibility and Enrollment ("HBEE") Rules § 28.03. Her monthly income is calculated using Modified Adjusted Gross Income ("MAGI") rules, under which it was correctly calculated at \$2,142.74 based on the information from her July application. See *id.* This amount, and her lower monthly income of \$1,758.54 in 2017, are both well above the applicable Medicaid income threshold of \$1,366.50 per month - which is the sum of 133 percent of the Federal Poverty Level ("FPL"), plus five percent of the FPL - for a household of one. See Medicaid Procedures P-2420(B)(1) (Bulletin 16-18, effective 4/1/16).¹

¹ The new Medicaid limit in 2017 for an adult in a household of one is \$1,387.25. See Medicaid Procedures P-2420(B)(1) (Bulletin 16-36, effective 1/1/17).

Therefore, the Department's determination is consistent with the rules and must be affirmed by the Board.² See 3 V.S.A. § 3091(d); Fair Hearing Rule No. 1000.4D.

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² As explained during the hearing, the Board's decision on petitioner's appeal will result in her Medicaid coverage ending on March 31, 2017. Petitioner is encouraged to contact Vermont Health Connect to take the opportunity to enroll in exchange-based insurance since she is not Medicaid-eligible.