

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. S-1/17-49  
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Appeal of )  
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INTRODUCTION

The petitioner appeals a decision by the Department of Vermont Health Access denying her application for Medicaid. The issue is whether the petitioner's household income is in excess of Medicaid financial eligibility standards.

The following facts are based on the representations of the parties at and documents submitted pursuant to a telephone hearing held on February 21, 2017.

FINDINGS OF FACT

1. The petitioner filed an application for health care benefits by telephone on July 12, 2016. Based on the information she provided regarding her and her husband's income, the Department notified her that she was ineligible for Medicaid, but eligible for a Qualified Health Plan (QHP) with premium assistance. The petitioner declined to enroll in a QHP, saying she couldn't afford it.

2. The petitioner contacted the Department again on December 15, 2016 to apply for health benefits. Again, she was found ineligible for Medicaid, but was found eligible for a QHP with premium assistance. The petitioner appealed this decision to the Human Services Board.

3. Based on the information provided by the petitioner in her application, the Department determined that the petitioner's countable household income is \$2,534 a month. Both the petitioner and her husband receive Social Security retirement benefits. The petitioner's husband receives Medicare. The petitioner has been informed that she will become eligible for Medicare when she turns 65 this August. For purposes of eligibility, the petitioner's and her husband's incomes were added together.

4. The petitioner has been notified that considering her eligibility for federal and state subsidies for a QHP on the VHC exchange, her monthly premium amount for such a plan would be around \$86. The petitioner has declined to enroll because she does not believe she can afford deductibles or out of pocket expenses on a private insurance program, even with subsidies. She argued that she should receive Medicaid because of her household expenses and her and her husband's

declining health.<sup>1</sup> Because she is seeking coverage only for herself, she also argues that her husband's income should not be included in determining her eligibility.

ORDER

The Department's decision should be affirmed.

REASONS

The burden of proof in this case is on the petitioner to show that she meets the financial eligibility requirements for Medicaid for Children and Adults (MCA). Financial eligibility in this program is determined by aggregating the Modified Adjusted Gross Income (MAGI) of each household member (including spouses) to determine the total countable gross income amount of the petitioner's household. HBEE § 28.03(c)(1). This figure is then subjected to a deduction of five percent of the applicable (133%) Federal Poverty Level (FPL) for the household's size to determine the countable income. HBEE § 28.03(c)(4).

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<sup>1</sup>At the hearing the petitioner was advised to reconsider enrolling in a QHP since it appears that her monthly out-of-pocket medical costs exceed the amount of the premium she would pay for a QHP. Applying for Medicaid on the basis of disability was also discussed, but even if she were found to be categorically eligible for Medicaid on this basis, it appears that based on her income she would be subject to a spenddown amount well in excess of the premium amount she would pay for a QHP.

As noted above, there is no dispute in this matter that as of January 2017 the petitioner's household's total MAGI is \$2,534, and that for a two-person household the applicable FPL is \$1,842 (and that five percent of this amount is \$92). Procedures Manual § P-2420(B)(1). Thus, inasmuch as the Department correctly determined that the petitioner's countable income exceeds the maximum limit for a household of two, the Board is bound to uphold that decision. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4(D).

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