

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. B-10/17-514
)
Appeal of)
)

INTRODUCTION

Petitioner appeals the closure of his Medicaid eligibility by the Department of Vermont Health Access ("Department"). The following facts are adduced from a hearing held November 21, 2017 and documents submitted by the Department.

FINDINGS OF FACT

1. Petitioner is under age 65 and receives Social Security Disability Income ("SSDI") of \$1,804 per month.

2. At the beginning of 2017, petitioner applied for Medicaid and was found eligible - at the time, he had no income as he was unemployed and had not started receiving SSDI.

3. In September of 2017, petitioner began receiving SSDI and contacted Vermont Health Connect ("VHC") to report the change in his income. Based on this reported change, the Department determined that he is no longer eligible for

Medicaid due to earning income above the eligibility threshold (for petitioner's applicable household size, a household of one). Petitioner was found eligible for subsidies for purchasing insurance through Vermont's healthcare exchange (along with likely cost-sharing subsidies as well).¹

4. While petitioner does not dispute the amount of his income or the applicable income threshold, he indicates that he needs Medicaid due to his chronic medical conditions which have led to his loss of employment, and that without Medicaid he would struggle to maintain his health and meet his other basic needs.

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.

¹ Petitioner is not yet, although may eventually become, eligible for Medicare.

Applicants for Medicaid under the Medicaid for Children and Adults category, such as petitioner, have their income calculated as Modified Adjusted Gross Income ("MAGI"), which recognizes limited adjustments to gross income, none of which are applicable here. See Health Benefits Eligibility and Enrollment ("HBEE") Rules § 28.03. Petitioner's household income is measured against the standard for a household of one. See *id.* His MAGI-based income (equivalent to gross income here) of \$1,804 per month is well above the applicable Medicaid income eligibility threshold of \$1,387.25 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 Bulletin 16-36 (effective 1-1-17). While it is understood that petitioner has chronic health needs, these are not recognized deductions from income under the rules.

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

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² Petitioner is advised to contact Vermont Health Connect ("VHC") as soon as possible if he wishes to enroll in an exchange plan with subsidies and cost-sharing as determined by the Department. The standard "special enrollment period" is 60 days following the loss of insurance (such as Medicaid here). See HBEE Rules § 71.03(c) and (d).