

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. N-07/20-451
)
Appeal of)
)

INTRODUCTION

Petitioner appeals the denial of his application for Medicaid by the Department of Vermont Health Access (Department). The following facts are adduced from a telephone hearing held September 10, 2020, and documents introduced by the Department.

FINDINGS OF FACT

1. Petitioner applied for Medicaid for Children and Adults (MCA) on June 17, 2000. He reported receiving a \$1,965 monthly Social Security benefit and stated that he was a household of one (HH1).

2. By Notice of Decision dated June 18, 2020, the Department notified petitioner that he was over income for MCA as the applicable income threshold for a HH1 is \$1,468.20/month. Petitioner was found eligible for enrollment in a Qualified Health Plan (QHP) with subsidies,

but he would need to enroll during the Annual Open Enrollment Period.

3. At hearing, petitioner reported that he was actually a household of two (HH2) and that he currently had health coverage through his wife's employer. He further reported that the benefit that he received was a Social Security Disability (SSDI) benefit. The Department noted that while he could apply for Medicaid for the Aged Blind and Disabled (MABD) the income threshold that MABD is even lower than MCA; the threshold for a household of one or two people (outside of Chittenden County) is \$1,091/month. Thus, petitioner would be over income for MABD based on his income alone. Petitioner is aware that if he receives SSDI for 36 months, he will be eligible for receipt of Medicare.

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 purposes of MCA eligibility, petitioner's (as reported on his application) income of \$1,965/month exceeds the eligibility threshold of \$1,468.20/month. HBEE Rules § 7.03 (a) (5). See

<https://info.healthconnect.vermont.gov/thresholds2020>.

And, as a household of one or two outside Chittenden County, petitioner would also be over income for MABD as the income threshold is \$1,091/month.

<https://www.greenmountaincare.org/sites/gmc/files/Copy%20of%202020%20MABD%20PIL%20Chart%20FINAL.pdf>

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

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