

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. T-10/20-690
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Appeal of)
)

INTRODUCTION

Petitioner appeals the denial of his application for Medicaid and the Medicare Savings Program (MSP) by the Department of Vermont Health Access (Department). The following facts are adduced from telephone hearings held November 12, 2020, and December 10, 2020, and documents introduced by the Department.

FINDINGS OF FACT

1. Petitioner is under age 65 and is currently receiving Social Security Disability Insurance (SSDI) and is enrolled in Medicare Part A.

2. Petitioner recently moved to Vermont and lost his supplemental health coverage from his prior state of residence. On October 13, 2020, petitioner contacted the Department to apply for supplemental coverage in Vermont. Petitioner reported household income of \$1,548/month from his Social Security disability benefit. Petitioner specifically

asked to be screened for Medicaid for Children and Adults (MCA) and indicated that he was not applying for Medicaid for the Aged, Blind and Disabled (MABD). However, the Department sent petitioner the MABD application (205 ALLMED) in the event that he did wish to apply for that program. Petitioner did ask to be screened for the Medicare Savings Program (MSP).

3. By Notice of Decision dated October 14, 2020, the Department notified petitioner that he was over income for Medicaid for Children and Adults (MCA) as the applicable income threshold is \$1,468.20/month. Petitioner was also found to be ineligible for subsidies to assist in lowering the cost of a Qualified Health Plan because he receives Medicare.

4. By Notice dated October 19th, petitioner was notified that he was also over income for the Medicare Savings Program (MSP) program which has a maximum income for the highest program of \$1,436/month.

5. At hearing, petitioner stated that he has a limited income and after the deduction of his Medicare premium from his Social Security income he is left with only \$1,342/month. Petitioner stated that he needs help paying for his Medicare

premium and had applied for MCA in order to try to obtain dental coverage not paid for by Medicare.

6. Petitioner's income and resources exceed the program limits for MCA and the MSP.

7. At hearing, petitioner stated that he did not apply for MABD because he believed he would be ineligible due to his income. Petitioner was correct. The income threshold for MABD for a household of one (HH1) is \$1,091. However, the Department explained that while petitioner would be over income for MABD, if he chose to apply the Department would calculate the amount he would have to "spend down" each month in order to become eligible for MABD. Petitioner indicated that he may submit an application for MABD.

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 income of \$1,548/month exceeds the eligibility threshold of \$1,468.20/month. HBEE Rules § 7.03(a)(5). See <https://info.healthconnect.vermont.gov/thresholds2020>. Even if petitioner was under the income threshold, he appears to be categorically ineligible for MCA due to his Medicare eligibility. HBEE Rules § 7.03(1)(a)(5).

Petitioner was also over income for the MSP as the program income eligibility maximum (for various coverage groups) is \$1,436/month. The Rules provide for a \$20 disregard of unearned income but do not allow other deductions from Social Security income in determining eligibility for the MSP. See HBEE Rules § 8.07(b); § 29.12(d)(3), §29.13(b)(4).

<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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