

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. M-12/21-719  
 )  
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 January 20, 2022, and documents submitted by the Department.

FINDINGS OF FACT

1. Petitioner applied for Medicaid for Children and Adults on November 8, 2021. He reported income of \$18.50 per hour at 40 hours per week. Petitioner did not report any applicable deductions from his income.

2. Petitioner shares custody of his minor children; he has an arrangement with the other parent of his children to alternately claim one (1) or two (2) of the children on his taxes. For example, for tax year 2021, petitioner will claim two (2) of the children as dependents, and next year, when he

files his taxes for 2022, he will claim one (1) of the children as a dependent.

3. While there was some initial confusion regarding whether petitioner was claiming any of his children as dependents, this was ultimately clarified, and consideration is made here irrespective of whether petitioner is treated a household of two (2) or three (3).

4. By notice of decision dated November 9, 2021, the Department denied petitioner's application for Medicaid, for being over the applicable income threshold.<sup>1</sup> Although not at issue here, the Department issued a subsequent notice of decision on November 18, 2021, that petitioner was eligible for subsidies to purchase insurance through Vermont's health insurance exchange (Vermont Health Connect or "VHC").

5. At hearing, petitioner did not dispute the Department's calculation of his income as \$3,171.43 per month. However, petitioner was concerned about whether the Department had accurately considered his household size, because he claims his one (1) or two (2) of his children as tax dependents, depending on the year.

---

<sup>1</sup> It is noted that the November 9, 2021, notice of decision cites petitioner's monthly income as \$1,576.90. This is immaterial given that petitioner does not dispute that his income is \$3,171.43 per month, which is also consistent with the income reported on his application.

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 Medicaid for Children and Adults eligibility, petitioner's undisputed income of \$3,171.43 per month exceeds the eligibility threshold for either a two-person or three-person household. HBEE Rules § 7.03 (a) (5). See <https://info.healthconnect.vermont.gov/compare-plans/eligibility-tables/2021-eligibility-tables> (\$2,003.60 for a two-person household and \$2,525.50 for a three-person household).

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.

# # #