

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. A-03/12-182
)
Appeal of)

INTRODUCTION

The petitioner appeals a decision by the Department for Children and Families, Economic Services Division, determining that he is over income for the Vermont Health Access Program (VHAP) and switching petitioner to the Employer Sponsored Insurance Assistance (ESIA) program under Catamount Health. Petitioner questions the increased premium payment he faces as a result.

The material facts are not in dispute. The issue is whether the Department correctly determined petitioner's eligibility and resulting premium payment under the regulations.

FINDINGS OF FACT

1. The petitioner is a household of one. He received VHAP benefits through the Department. He is receiving continuing benefits during this appeal.

2. The petitioner started a new job several months ago. His new employment and income were included on his

Review Application filed on or about January 31, 2012. The petitioner included two weekly paystubs; one showing gross income of \$400.00 per week and the other showing gross income of \$320.00 per week. Petitioner is paid \$10.00 per hour.

3. On February 20, 2012, the Department printed a Notice of Decision informing petitioner that he was not eligible for VHAP because his income was too high and that his eligibility for ESIA was pending.

The Department determined that petitioner's gross monthly income was \$1,548.00. The Department subtracted the \$90.00 employment disregard leaving \$1,458.00 countable monthly income; this amount is more than the VHAP income limit of \$1,397.00 per month for a household of one.

4. On February 29, 2012, the Department printed a Notice of Decision informing petitioner that he was eligible for ESIA effective March 1, 2012 but that his VHAP would continue until the amount of premium assistance was determined.

5. On March 5, 2012, the Department printed a Plan Sign-Up Authorization setting out the premium ranges for MVP Catamount Choice and Catamount Blue and informing petitioner that if he chose the higher priced plan, an extra amount would be added to his underlying premium. Petitioner

appealed from this Notice because he does not have the disposable income to pay for the premium.

ORDER

The Department's decision is affirmed.

REASONS

The Vermont Legislature enacted Act 14 during 1995 to extend health care coverage to uninsured low-income Vermonters who are not eligible for Medicaid benefits. W.A.M. § 5300. Act 14 established the VHAP program. The maximum income limit for an adult without minor child(ren) is 150 percent of the Federal Poverty Level (FPL) based on household size. W.A.M. § 5324, Procedures P-2420B.

The eligibility limit for a household of one to qualify for VHAP is \$1,397.00. P-2420B. Petitioner's countable income is greater than the VHAP income limit.

The Vermont Legislature further expanded health care coverage in 2006 by adopting Act 191. Act 191 expanded health care coverage to eligible adult Vermonters whose countable income is no more than 300 percent of the FPL based on household size. W.A.M. §§ 5900 and 5913, P-2420B.

Based on petitioner's income, he is eligible for medical coverage under the Catamount program. The Department will

pay for a portion of the health care premium, but petitioner, if he decides to pursue this coverage, will have to pay for his share of the health care premium.

Petitioner appealed before electing the program for coverage. He will need to determine whether to continue with coverage under the Catamount program.

The Department correctly determined that petitioner's income is too high for VHAP coverage. The Department's decision is affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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