

6. The petitioner was advised that the department divided her income over the 42 weeks she was paid to obtain a gross income of \$288 per week from which was subtracted a \$75 per month employment expense. That amount put her \$3,192 over the maximum for a two person family (the protected level) for the coming six months (12/1/88 to 5/31/89) which is \$3,846 (\$641 per month). \$3,192.00 is the amount she must incur in medical bills in the next six month period before she can become eligible for Medicaid again. She was advised that she could be eligible earlier if her situation changed and was given a pamphlet and form to help her keep track of her expenses.

7. The petitioner was also advised that during the subsequent six month period, from 6/1/89 to 11/31/89, she would only be employed for 16 weeks based on her current schedule and that her applied income level would be reduced to \$462.00. She was advised to reapply after 6/1/89 to reactivate her Medicaid.

8. The petitioner has a health insurance policy through her employer which has a \$1,000 deductible per person. She is concerned that she and her children have large medical bills which she cannot cover from her \$245.15 weekly take home pay.

ORDER

The department's decision is affirmed.

REASONS

The regulations governing eligibility for Medicaid

state that:

"To pass the income test for Medicaid, the total countable income for the Medicaid group cannot exceed the applicable Protected Income Level." Medicaid Manual § 350

The "Protected Income Level" for a two person Medicaid group outside of Chittenden County is \$641.00 per month.

See Medicaid Manual § 350, Procedures Manual § P-2420B.

Income to be "counted" in determining a group's eligibility includes wages, minus allowable deductions for business expenses, standard employment expenses, and dependent care expenses. M § 353, 352.1 "The standard employment expense deduction is the first \$75.00 earned each month." M § 352.3

The petitioner does not dispute the calculations used to arrive at her countable income. Her appeal simply arises from her inability to pay her medical expenses from her wages which she must use to support herself and two children. Indeed, if she does have large medical expenses she will undoubtedly have trouble meeting them because under the "spend down system" she is presumed to have \$532 available to her each month (\$3,192 over 6 months) to cover medical bills. That leaves her about \$521 from her take home pay to meet all her other bills. In view of the fact that she could have been eligible for Medicaid and as much as \$641 in ANFC if she weren't working at all, the petitioner's frustration is understandable.

The petitioner will probably meet the deductible for her insurance before she meets her spend down amount, so in all likelihood Medicaid will not be of much use to her unless she has a medical need not covered by her insurance.

It was suggested to the petitioner at the hearing by the department that she should investigate supplemental insurance with a lower deductible amount.

As the department has acted in accordance with its regulations, its decision must be upheld. Board Rule No. 19, 3 V.S.A. § 3091(d).

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