STATE OF VERMONT

HUMAN SERVICES BOARD

In re	)	Fair Hearing No. 18,741
	)	
Appeal of	)	
	)	

INTRODUCTION

The petitioner appeals a decision by the Department of Prevention, Assistance, Transition, and Health Access (PATH) finding that she is no longer eligible for Medicaid. The issue is whether the petitioner's income is in excess of the program maximum.

FINDINGS OF FACT

1. The petitioner lives with her infant child and her child's father. Her child is eligible for medical benefits under the Dr. Dynasaur program. The petitioner is presently participating in a specialized outpatient clinic that requires her to travel 100 miles round trip on a daily basis.

2. The petitioner's household has gross earned wages that total $1,784 per month.

3. The petitioner was previously eligible for Medicaid for her pregnancy and post-partum care.[1] The petitioner

[1] Under the regulations, pregnant women are subject to more relaxed income guidelines. See Medicaid Manual § 302.27. The petitioner does not

reapplied for Medicaid and VHAP in October 2003 after her baby was born. Based on its determination that the petitioner's net monthly income[2] is $1,694, the Department found the petitioner eligible for Medicaid only after she incurs a spend down amount of $1,539 in the six-month period of eligibility (see infra). However, based on her income the petitioner was found eligible for VHAP effective November 1, 2003.

4. The petitioner does not dispute the Department's calculations of her income and benefits. Even though she is now covered under VHAP, the loss of her Medicaid is a hardship because VHAP, unlike Medicaid, does not provide coverage for transportation expenses getting to and from her daily medical appointments (see infra).

ORDER

The decision of the Department is affirmed.

REASONS

The regulations governing the Medicaid and VHAP programs require that an applicant meet certain income eligibility guidelines in order to be eligible. W.A.M. §§ M350. The petitioner’s countable household income, $1,694 per month,

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contest that she is no longer eligible for Medicaid under these provisions.

made her ineligible for Medicaid until she incurs medical expenses over $1,539. This figure was arrived at by subtracting the income maximum (or "protected income level") applicable to the petitioner from the petitioner's monthly income and multiplying by six (the number of months in the eligibility period). The petitioner does not dispute any of these calculations.

As noted above, the petitioner has been found eligible for VHAP. Unfortunately, however, VHAP coverage (unlike Medicaid) specifically excludes "travel (non ambulance) even if prescribed by a physician". Procedures Manual § P-4005 C3 (36).

At the hearing in this matter, held by phone on December 4, 2003, the petitioner was advised that she could apply her out-of-pocket travel expenses to her spend down amount for Medicaid. She was also advised to apply for general assistance (GA) if she was unable to obtain necessary medical services due to excessive travel costs. However, inasmuch as the Department's decision in this matter was in accord with the pertinent regulations it must be affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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[2] The petitioner was allowed a standard $90 deduction from gross earned income. See Medicaid Manual § 352.3.

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