

Part B benefits, but he maintains he can't afford the premiums for that program.

ORDER

The decision of the Department is affirmed.

REASONS

The VHAP program was created to provide "expanded access to health care benefits for uninsured low-income Vermonters". W.A.M. 4000. Under regulations adopted by the Department, the uninsured requirement can only be met in the first instance if "an individual . . . does not qualify for Medicare". M4001.2. The petitioner agrees that he receives Part A Medicare. He feels that his disqualification from VHAP is unfair in that he must pay a premium, which he cannot afford, to receive the full benefits of Medicare coverage (Part B). He also feels that his personal expenses should be taken into consideration in determining his eligibility for VHAP.

Unfortunately, however, there is nothing anywhere in the VHAP regulations that takes into account variations in an individual's expenses when determining eligibility for the VHAP program. Not even excessive health care expenses are considered under the eligibility guidelines. Persons who

meet the income guidelines and other eligibility regulations, including the one involving uninsured status, are eligible, and those who do not are not eligible. M4001.8. Inasmuch as the Department's decision to terminate benefits in this case was consistent with its regulations, it must be affirmed by the Board. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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