



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MGE/169916

PRELIMINARY RECITALS

Pursuant to a petition filed November 04, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Racine County Department of Human Services in regard to Medical Assistance, a hearing was held on December 01, 2015, at Racine, Wisconsin.

The issue for determination is whether the agency properly determined Petitioner's eligibility for MA benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Rachel Petrick

Racine County Department of Human Services
1717 Taylor Ave
Racine, WI 53403-2497

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # [redacted]) is a resident of Racine County.
2. On October 15, 2015, the Petitioner contacted the agency to apply for healthcare benefits. He reported income from Social Security Retirement of \$1,077/month. He reported a bank account and out-of-pocket medical expenses.

3. On October 16, 2015, the agency issued a Notice of Proof Needed to the Petitioner requesting verification of his bank account and medical expenses. The due date for the information was October 26, 2015.
4. On October 21, 2015, the agency received a medical bill from [REDACTED] of \$183.53 and pended the case for verification of pharmacy expenses. On October 23, 2015, the agency received verification of Petitioner's bank account.
5. On November 2, 2015, the agency received verification of pharmacy expenses of \$138.35.
6. On November 12, 2015, the agency issued a Notice of Decision to the Petitioner informing him that he will be eligible for MA benefits with a deductible of \$2,791.98.
7. On November 4, 2015, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

When an applicant's income is over the MA limit, an MA deductible must be met before eligibility begins. Wis. Stat. § 49.47(4)(c)2; Wis. Admin. Code § DHS 103.08(2)(a); Medicaid Eligibility Handbook, § 24.1. The "medically needy" income limit for a one-person household is \$591.67. Medicaid Eligibility Handbook, § 39.4.

MA deductibles are calculated for six-month periods. Wis. Admin. Code § DHS 103.08(2)(c); Medicaid Eligibility Handbook, § 24.2. The deductible is computed by multiplying the excess of countable monthly income over the income limit, by the six months in the deductible period. See, Medicaid Eligibility Handbook, 24.2.

In this case, the Petitioner does not dispute that his income is \$1,077/month. The agency applied a standard \$20 disregard for net income of \$1,057. This exceeds the medically needy income limit of \$591.67 by \$465.33. Multiplying the excess by the 6 month certification period yields a deductible of \$2,791.98. I do not find any error in this computation and the Petitioner specifically pointed to any error. The Petitioner testified that he cannot afford the deductible. I understand the Petitioner and recognize that the deductible is a substantial amount of money. However, neither the agency nor I have the authority to deviate from the MA regulations in determining eligibility, including deductibles. Therefore, I must conclude that the agency properly applied the regulations to determine that the Petitioner is eligible for MA with a deductible of \$2,791.98.

CONCLUSIONS OF LAW

The agency properly applied the regulations to determine that the Petitioner is eligible for MA with a deductible of \$2,791.98.

THEREFORE, it is

ORDERED

That the Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN

INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 25th day of January, 2016

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on January 25, 2016.

Racine County Department of Human Services
Division of Health Care Access and Accountability