



FH  
[REDACTED]

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]

**DECISION**  
Case #: CWA - 172332

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**PRELIMINARY RECITALS**

On February 25, 2016, the above petitioner filed a hearing request under Wis. Admin. Code § HA 3.03, to challenge a decision by the Waukesha County Health and Human Services regarding Medical Assistance. The hearing was held on April 12, 2016, at Waukesha, Wisconsin. This matter was held open post-hearing to allow additional time for the Petitioner to provide evidence of payment of an undisputed outstanding cost share balance. The record was closed on July 15, 2016.

The issue for determination is whether the agency properly disenrolled the Petitioner for non-payment of cost share effective February 29, 2016.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

[REDACTED]

Respondent:

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

By: [REDACTED]

Waukesha County Health and Human Services  
514 Riverview Avenue  
Waukesha, WI 53188

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

### **FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Waukesha County.
2. Petitioner was enrolled in IRIS effective August 1, 2015.
3. On August 3, 2015, the agency issued a notice to the Petitioner that her monthly cost was \$270.89/month effective August 1, 2015. The notice advised the Petitioner that her cost share was due by the 1<sup>st</sup> day of every month. The address for sending payment was listed in the notice.
4. On October 23, 2015, the agency issued a notice to the Petitioner that her monthly cost share was \$323.09/month effective October 1, 2015. The notice advised the Petitioner that her cost share was due by the 1<sup>st</sup> day of every month. The address for sending payment was listed in the notice.
5. On November 3, 2015, the agency issued a notice to the Petitioner that her cost share was delinquent. She was advised that she must establish a repayment plan within 10 days. She was further advised that failure to establish a repayment plan within 10 days would result in a referral for disenrollment.
6. On December 1, 2015, the agency issued a repayment plan to the Petitioner for signature. Petitioner was advised to sign and return the agreement to the agency within 10 days. Petitioner was advised that a failure to comply with the repayment plan would result in a referral for disenrollment.
7. On January 19, 2016, the agency issued a notice to the Petitioner that she failed to comply with the repayment plan and that she has been referred for closure of Medicaid and disenrollment from IRIS.
8. On January 28, 2016, the agency issued a Notice of Action to the Petitioner that she would be disenrolled from IRIS effective February 29, 2016 for non-payment of cost share.
9. On February 10, 2016, the agency issued a notice to the Petitioner that she would be disenrolled from IRIS effective February 29, 2016 and that the Aging and Disability Resource Center can assist her in finding alternative options for meeting her needs.
10. On February 25, 2016, Petitioner filed an appeal with the Division of Hearings and Appeals.
11. On March 4, 2016, the agency issued a notice to the Petitioner that her disenrollment on February 29, 2016 would be cancelled pending her request for a fair hearing.
12. Petitioner made payments of \$422.09 to the agency on March 11, 2016, April 5, 2016 and April 15, 2016. Petitioner made a payment of \$450 on April 27, 2016. Remaining outstanding cost share balance as of May 1, 2016 was \$1,410.23.

### **DISCUSSION**

The IRIS program was developed pursuant to a Medical Assistance waiver obtained by the State of Wisconsin, pursuant to section 6087 of the Deficit Reduction Act of 2005 (DRA), and section 1915(j) of the Social Security Act. It is a self-directed personal care program. IRIS policies are found online at <http://www.dhs.wisconsin.gov/publications/P0/P00708.pdf>.

According to IRIS policies, if a participant fails to pay more than two monthly cost share payments when due, the participant is offered a repayment plan. If the repayment plan is unsuccessful at resolving the outstanding cost share balance or the participant fails to comply with the plan for one or more months, the agency can initiate disenrollment from IRIS and Medicaid. A request for disenrollment may be rescinded only when the individual pays all cost share arrears prior to any fair hearing date. IRIS Policies 2.2B.1, 2.2B.2.2.1 and 7.1A.1..

The Petitioner's daughter appeared to testify at the hearing. She does not dispute that Petitioner did not pay the cost share obligation. She testified that her mother handles her own financial affairs but does a poor job of it. Petitioner's daughter has opened a joint checking account with her mother to help her take care of her finances. She stated the intent is to send in checks totaling approximately \$850/month until the outstanding balance is paid.

According to the agency, no additional payments have been received from the Petitioner since April 27, 2016. The current unpaid balance is \$3656.41 owed through July 2016.

Based on the evidence provided, I conclude the agency properly disenrolled the Petitioner effective February 29, 2016 for non-payment of her cost share. The agency provided numerous notices to the Petitioner regarding the outstanding balance and the consequences for failure to pay. Petitioner agreed to a repayment plan but failed to comply with it. Petitioner's daughter did pay some of the outstanding balance prior to the fair hearing but has not taken steps to pay the remaining balance since April 27, 2016. Pursuant to the policies governing the IRIS program, the agency properly disenrolled the Petitioner for non-payment of her monthly cost share.

### CONCLUSIONS OF LAW

The agency properly disenrolled the Petitioner from the IRIS program for non-payment of her monthly cost share.

**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.

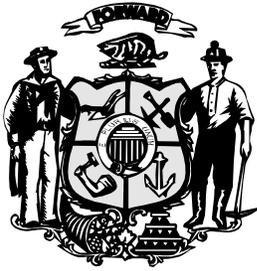
### **APPEAL TO COURT**

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, **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 21st day of July, 2016

\s \_\_\_\_\_  
Debra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on July 21, 2016.

Waukesha County Health and Human Services  
Bureau of Long-Term Support