



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

BCS/142851

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 6, 2012, under Wis. Stat., §49.45(5)(a), to review a decision by Brown County Human Services in regard to Medical Assistance (MA), a hearing was held on September 25, 2012, by telephone.

The issue for determination is whether the county correctly determined petitioner's income for BadgerCare Plus (BC+) eligibility.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: Cheri Streich  
Brown County Human Services  
111 N. Jefferson Street  
Green Bay, WI 54301

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.
2. Petitioner had a review of benefits in April, 2012. The worker determined household income using petitioner's last four pay stubs for a monthly amount of \$2,230.96. No income was budgeted for petitioner's husband.
3. There was no change in petitioner's BC+ at that time, and no premium was owed.

4. Effective July 1, 2012, a new law went into effect that raised premiums for BC+ eligibility. Petitioner was notified that she had a BC+ premium of \$78.

### DISCUSSION

BC+ is an expansion of the Wisconsin Medical Assistance program designed to provide coverage to children under 19 and their caretakers. Wis. Admin. Code, §DHS 103.03; BC+ Handbook, Appendix 1.1. Recipients must pay a monthly premium based upon income. If a recipient does not pay the monthly payment before the month after the end of the benefit month, the recipient may be ineligible for the program for six months. Admin. Code, §DHS 103.085(3); Handbook, App. 19.8. The penalty for missing the premium is called "restrictive enrollment." The restrictive enrollment can be avoided if the person had good cause for missing the payment. Handbook, App. 19.8.2.

Petitioner filed this appeal because she thought the county added in income for her husband, but there is no income attributed to him in this calculation. Petitioner also thought that the county was using \$3,090 as the income, but that amount is the gross income limit. The county used \$2,230.98 as the monthly income. I note here that the income amounts for Food Share and BC+ are different because they are calculated differently. For Food Share the agency takes weekly income and multiplies by 4.3. For BC+ weekly income is multiplied by just 4.

I find that the income entered was correct. The result was that when the new law went into effect the household went from no premium to a \$78 premium. Because that change is state wide, this office cannot order the premium to be changed if the income was entered correctly.

### CONCLUSIONS OF LAW

The county correctly determined petitioner's household income following a review in April, 2012.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found 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 appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,  
Wisconsin, this 28th day of September, 2012

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Brian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals

c: Brown County Human Services - email  
Department of Health Services - email



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

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The preceding decision was sent to the following parties on September 28, 2012.

Brown County Human Services  
Division of Health Care Access and Accountability