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[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

CTS/146142

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**PRELIMINARY RECITALS**

Pursuant to a petition filed December 21, 2012, under Wis. Stat., §227.42, to review a decision by the Northern Income Maintenance Consortium to discontinue Caretaker Supplement benefits (CTS), a hearing was held on February 19, 2013, by telephone.

The issue for determination is whether petitioner's daughter's social security income makes petitioner ineligible for CTS.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: Beulah Garcia  
Northern IM Consortium  
10610 Main St., Suite 224  
Hayward, WI 54843

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Lincoln County.
2. Petitioner receives Supplemental Security Income (SSI). She resides with her daughter, and until the agency action she received CTS payments on her daughter's behalf.
3. Petitioner's daughter receives social security. Effective January 1, 2013, her daughter's social security increased to \$305 per month due to a cost of living adjustment.

4. By a notice dated December 31, 2012, the agency informed petitioner that CTS would end effective February 1, 2013 because the income now was over the CTS limit.

### DISCUSSION

Beginning January 1, 1998, with the advent of the Wisconsin Works (W-2) program, Aid to Families with Dependent Children (AFDC) ceased to exist in this state. Since W-2 is a work program, and SSI recipients by definition are unable to work, SSI recipients cannot qualify for W-2. The state thus implemented the Caretaker Supplement Program, which currently pays SSI recipient parents \$250 per month for one child, and \$150 per month for additional children. The program is mandated by Wis. Stat., §49.775.

To be eligible for the CTS payments the following criteria must be met: **(1)** the caretaker must be an SSI recipient, or if both parents are in the home, both parents must receive SSI; **(2)** the child or children must meet the financial and non-financial criteria for AFDC as it existed on July 16, 1996; and **(3)** the child or children must not receive SSI payments themselves. Wis. Stat., §49.775(2).

The issue that arose in petitioner's case is the second criterion, the child's eligibility for AFDC. The CTS Handbook, §3.2, describes financial eligibility. The fiscal test group for CTS includes only family members who do not receive SSI. Thus petitioner's CTS group is just one person, her daughter. Income for the test group is counted against the program's limits. The net income limit for a one -person test group in Lincoln County is \$301. Handbook, §5.2.4. Because the only income is social security, there are no deductions taken, so both gross and net income for petitioner's daughter is \$305. See §3.2.1.2 of the Handbook for allowable deductions.

I have reviewed the rules and policy, and I can find no exceptions to the income limit. The legislature could have built in a sliding scale for households in which income rose above the CTS limit due to a cost of living increase, but it did not. While petitioner's plight is clear, in that she loses \$250 per month after a \$10 per month increase in social security, the Division of Hearings and Appeals is not given discretion to make an exception to the income limit. I must affirm the agency action.

### CONCLUSIONS OF LAW

The agency correctly closed CTS eligibility because petitioner's daughter's income rose above the CTS income limit.

**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 served and 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, 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 22nd day of February, 2013

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\sBrian C. Schneider  
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 February 22, 2013.

Wood County Human Services - WI Rapids  
Division of Health Care Access and Accountability