



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

MAP/146441

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 07, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Washington County Department of Social Services in regard to Medical Assistance, a hearing was held on February 05, 2013, at West Bend, Wisconsin.

The issue for determination is whether the Petitioner can receive a refund for a November MAPP premium of \$350.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: Ken Benedum

Washington County Department of Social Services  
333 E. Washington Street  
Suite 3100  
West Bend, WI 53095

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Washington County.
2. On August 7, 2012, the Petitioner's case was updated based on Petitioner's report of new employment with Experience Works. The agency received employment verification that the

Petitioner was employed 20 hours/week at \$7.25/hour. Based on her earned income, the Petitioner had a MAPP premium of \$350/month.

3. On November 8, 2012, the Petitioner reported that her hours at Experience Works were reduced.
4. On November 15, 2012, the Petitioner paid a MAPP premium of \$350.
5. On November 29, 2012, the agency received verification of Petitioner's earned income for November, 2012. A pay statement from Experience Works for the period ending November 17, 2012 shows gross earned income for the week of \$76.10 (monthly income of \$304.40). The agency also received an employment verification from Joy's Grooming indicating earned income of \$20/month.
6. On December 13, 2012, the agency received a pay statement from the Petitioner for her employment at Experience Works for the period ending November 3, 2012 showing earned income of \$72.50.
7. The Petitioner has Social Security income of \$1,220/month effective January 1, 2013. Her monthly rent expense is \$450.
8. On January 4, 2013, the Petitioner's employment with Experience Works ended.
9. On January 7, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### DISCUSSION

The MAP program allows disabled individuals to work but to retain eligibility for Medical Assistance (MA). Wis. Stat. § 49.472; Medicaid Eligibility Handbook (MEH), 5.12.1. If income is above 150% of the federal poverty level, the person is required to pay a monthly premium to receive MAP benefits. MEH, 5.12.5. Income eligibility is determined using general MA rules. Wis. Admin. Code §DHS 103.04. MA rules require the department to utilize Supplemental Security Income (SSI) regulations to determine what income is counted, disregarded, or exempt. Wis. Stat. §49.47(4)(c), Wis. Admin. Code §§DHS 103.04(8)(b) and 103.07(2)(g).

In this case, the Petitioner testified that she reported a decrease in her hours and earned income to the agency in November, 2012. She indicated that she had some medical expenses totaling \$380 in October, 2012 and then had to pay a MAP premium in November, 2012. Her income had decreased which caused a financial hardship for her. She stated that she does not feel the system or program is working to her benefit.

The agency noted that though her income decreased, the Petitioner still had earned income that required her to pay a MAP premium of \$350. I reviewed the agency's budget screen which indicates that it counted \$324.43 in gross earned income for November which was based on information from the Petitioner's employers. The agency applied an earned income deduction of \$194.71. The agency also budgeted \$1,202 in unearned income from Social Security. The agency applied a \$20 disregard and \$43.72 in impairment related work expenses. Based on these calculations, the agency properly concluded that the Petitioner was required to pay a MAP premium of \$350 for November.

The Petitioner requests a refund of the November \$350 MAP premium on the grounds that her income was reduced in November. Based on the information and testimony, the agency properly calculated a \$350 MAP premium for November.

**CONCLUSIONS OF LAW**

The agency properly calculated a MAP premium of \$350 for November, 2012.

**THEREFORE, it is ORDERED**

That the petition be, and hereby is, 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 Milwaukee,  
Wisconsin, this 7th day of March, 2013

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\sDebra 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 March 7, 2013.

Washington County Department of Social Services  
Division of Health Care Access and Accountability