



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

FCP/146994

PRELIMINARY RECITALS

Pursuant to a petition filed January 31, 2013, under Wis. Admin. Code § DHS 10.55, to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a telephonic hearing was held on March 19, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether there is any remaining issue in dispute regarding the calculation of petitioner's Family Care Program (FCP) as of February 1, 2013.

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: Brian Williams, HSPC
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The petitioner is enrolled in the Family Care Program (FCP).
3. The petitioner did not "decline" FCP benefits, but wanted a detailed explanation of the calculation of her cost share to have increased to \$874.88 as of February 1, 2013.

4. The Milwaukee Enrollment Services (MES) sent a January 14, 2013 Notice of Decision to the petitioner stating that her Community Waivers cost share would increase to \$874.88 as of February 1, 2013 due to an increase in her unearned income (SSDI of about \$1,084 and long term disability payments of about \$476 twice per month (about \$1,020) and a decrease in her monthly shelter expenses from about \$529 to \$392.
5. Petitioner received her SSDI of \$1,084 for the month of January, 2013 but those payments ended as of February, 2013.
6. During the March 19, 2013 hearing, the petitioner and the MES representative, Brian Williams, stipulated to the following: a) **By March 26, 2013**, petitioner will submit to Mr. Williams at MES verification of her total unearned income disability payments for January, 2013 and verification of her medical remedial expenses to be applied as income deductions in calculating petitioner's cost share as of February 1, 2013; b) MES will review the new information and re-calculate the petitioner's cost share as of February 1, 2013; and c) **By April 8, 2013**, MES will issue a new, updated notice of decision to the petitioner with a detailed statement of the calculation of her cost share amount as of February 1, 2013.
7. There is no longer any remaining issue in dispute regarding the petitioner's cost share as of February 1, 2013.

THEREFORE, it is

ORDERED

The matter is remanded to the petitioner (██████████) and MES (**Attention: Brian Williams**) with the following instructions: a) **By March 26, 2013**, petitioner will submit to Mr. Williams at MES verification of the total amount of her unearned disability payments for January, 2013, and verification of her medical remedial expenses to be applied as income deductions in calculating petitioner's FCP cost share as of February 1, 2013; b) MES will review the new information and re-calculate the petitioner's FCP cost share as of February 1, 2013; and c) **By April 8, 2013**, MES will issue a new, updated notice of decision to the petitioner with a detailed statement of the calculation of her Family Care cost share amount as of February 1, 2013.

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 19th day of March, 2013

\sGary M. Wolkstein
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 19, 2013.

Milwaukee Enrollment Services
Office of Family Care Expansion