



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCC/147087

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 31, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the St. Croix County Department of Human Services in regard to Medical Assistance, a hearing was held on March 20, 2013, at New Richmond, Wisconsin.

The issue for determination is whether the county agency correctly determined that the petitioner's income exceeds the BadgerCare Plus Core Plan limit.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Cheryl Odle

St. Croix County Department of Human Services  
1445 N. Fourth Street  
New Richmond, WI 54017-1063

**ADMINISTRATIVE LAW JUDGE:**

Michael D. O'Brien  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner (CARES # [REDACTED]) is a resident of St. Croix County.
2. The county agency seeks to end the petitioner's BadgerCare Plus Core Plan benefits. (There is no notice in the file indicating exactly when it intended to do so.)

3. The petitioner receives \$1,000 per month in SSI and her husband receives \$1,384. They also earned \$864 per month in 2012. Since the beginning of 2013 they have earned \$491 per month.
4. Two hundred percent of the federal poverty level is \$2,585.

### **DISCUSSION**

The BadgerCare Plus Core Plan expanded medical assistance coverage to persons between 18 and 64 years old who do not have any children under 19 years old. *BadgerCare Plus Eligibility Handbook*, § 43.2. Recipients must not currently have insurance or access to insurance provided by an employer, and their gross income cannot exceed 200% of the federal poverty level. *Id.*

The county agency ended BadgerCare Plus Core Plan benefits for the petitioner and her husband after determining that their countable income exceeds 200% of the federal poverty level. For a two-person household, this is \$2,585. *BadgerCare Plus Handbook*, § 50.1. The petitioner receives \$1,000 per month in SSI and her husband receives \$1,384. There is some dispute over their earned income. The county agency used their monthly average from 2012 and determined that they earned \$864 per month. The petitioner points out that since the beginning of 2013, their monthly average earnings have only been \$491. However, even if the lower amount is used, their monthly income is \$2,875, or \$290 above the program's limit. Because their income exceeds the BadgerCare Plus Core Plan program limit, I must uphold the agency's denial.

### **CONCLUSIONS OF LAW**

The county agency correctly ended the petitioner's BadgerCare Plus Core Plan benefits because her income exceeds the program's limit.

**THEREFORE, it is**

**ORDERED**

The petitioner's appeal 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 Madison,  
Wisconsin, this 8th day of April, 2013

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\sMichael D. O'Brien  
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 April 8, 2013.

St. Croix County Department of Human Services  
Division of Health Care Access and Accountability