



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MQB/148216

PRELIMINARY RECITALS

Pursuant to a petition filed March 20, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regards to Medical Assistance, a hearing was held on June 13, 2013, at Milwaukee, Wisconsin.

No issue remains for determination; the parties agreed upon a stipulated settlement.

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: Belinda Bridges, HSPC
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Kenneth D. Duren, Assistant Administrator
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County and a one-person household. She was receiving Medical Assistance – Specified Low-Income Medicare Beneficiary (SLMB) assistance in at least December, 2012.
2. The petitioner filed a review application for Medical Assistance, including MA-SLMB benefits, with the Department on or about March 8, 2013.

3. On or about March 11, 2013, the Department issued a Notice to the petitioner informing her that her December, 2012, application for MA was denied because she had not paid a Medicaid Purchase Plan (MAPP) premium when due, and that her application for MA-SLMB was denied, effective April, 2013, because her income exceeded the SLMB program limits.
4. On or about March 20, 2013, the petitioner filed an appeal with the Division of Hearings & Appeals contesting the termination of MA, including "SSI-MA", apparently responding to the March 11, 2013, Notice of Decision. The Division processed this appeal as only concerning the discontinuance or denial of MA-SLMB, but the petitioner was actually appeal that issue and why she had not been found eligible for MA; she also noted therein, "Financial Hardship I have very high uninsured medical & drug expenses."
5. On March 21, 2013, the Department issued a Notice to the petitioner informing her that her application for MA had been denied, but she could become eligible if she met a spenddown deductible of \$4,937.16 in the six month period between March 1 and August 31, 2013. The Notice further informed her that her income was too high for the MA-SLMB sub-program and her application was denied effective April 1, 2013.
6. On March 25, 2013, the petitioner called the agency and asked about her re-application and why she was ineligible. It was explained by an agency worker that her income exceeded the program limits for MA-SLMB+, but she could meet a deductible of \$4,937.16 and become eligible. The petitioner replied that she would submit her medical bills. See, Exhibit #2, Case Comments for March 25, 2013.
7. On or about May 13, 2013, the petitioner mailed her medical invoices to the Department, but no action was taken upon this information to determine whether she met a spenddown deductible with otherwise allowable expenses.
8. On June 5, 2013, the Division of Hearings & Appeals received the originals of the petitioner's medical bills that she reported she sent to the Department on about May 13, 2013.
9. At the hearing held on June 13, 2013, the petitioner conceded that her gross countable income is \$1,329.33 per month, and that this as a matter of fact exceeds the SLMB+ income limit of \$1,256.63 (i.e., 135% of the Federal Poverty Level for one person). (Note: See, Medicaid Eligibility Handbook, App. § 39.5 for the table of income limits.)
10. At the hearing, the parties agreed upon a stipulated settlement providing that the petitioner's appeal concerning SLMB+ benefits would be dismissed as withdrawn, and that in addition, the ALJ would send the medical bills (Exhibit #3) to the Department's agency, care of Ms. Bridges, and the agency agreed to review and re-determine whether the bills, as if received on May 13, 2013, were allowable and met the spenddown deductible for the current test period, with written notice to the petitioner of the outcome; and certification of any MA eligibility to which she was entitled, if any.
11. No other issue remains for determination by the administrative law judge.

DISCUSSION

That the parties have agreed upon the stipulated settlement described in Finding of Fact #10 above. Exhibit #3 will be transmitted by separate cover letter from this administrative law judge to MiLES employee Belinda Bridges for assistance in completing the review ordered below.

CONCLUSIONS OF LAW

- 1) That the agency correctly denied the petitioner's application for MA-SLMB+ benefits, because her income of \$1,329.33 is in excess of SLMB+ program limits for a 1 person household.

- 2) That the matter of the petitioner's March 8, 2013, review application for Medical Assistance is to be remanded to the Department, care of Belinda Bridges, MiLES/HSPC, for review and re-determination of whether the petitioner's bills as if submitted on May 13, 2013, are allowable expenses entitling her to MA certification at any time since March 1, 2013.

THEREFORE, it is

ORDERED

That the matter is remanded to the Department, c/o Belinda Bridges, HSPC (MiLES) with instructions to: accept the petitioner's medical bills (Exhibit #3) as if filed with the agency on May 13, 2013, upon receipt from the undersigned ALJ by separate mail delivery; review and re-determine whether the petitioner has allowable expenses meeting her MA spenddown deductible for the 6 month period of March 1 – August 31, 2013; and if so, take all actions otherwise necessary to certify her to all MA to which she was otherwise entitled, *if any*, with notice of the ultimate determination. These actions shall be completed within 10 days of the date of this Decision. **IT IS FURTHER ORDERED**, that the part of the petition for review concerning the Department's denial of the petitioner's application for SLMB or SLMB+ benefits is dismissed as voluntarily withdrawn by her.

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 17th day of June, 2013

\sKenneth D. Duren, Assistant Administrator
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Wayne J. Wiedenhoef, Acting Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on June 17, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability