



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MGE/148557

PRELIMINARY RECITALS

Pursuant to a petition filed April 08, 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 regard to Medical Assistance, a hearing was held on July 17, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly determined that Petitioner must meet a deductible to be eligible for Medicaid benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Representative:



Respondent:

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

By: Belinda Bridges, Income Maintenance Specialist - Advanced
Milwaukee Enrollment Services
1220 W. Vliet St.
Milwaukee, WI 53205

Also present: Deion Griffin, Supervisor

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # ) is a resident of Milwaukee County.

2. On March 6, 2013, the agency sent Petitioner a notice that effective April 1, 2013, he would not be enrolled in Medicaid, because his income was over the program limit, but that he could be eligible for benefits, if he met an unspecified deductible. (Exhibit 2, pgs. 14 and 15)
3. Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on April 8, 2013. (Exhibit 1)
4. Petitioner's sole source of income is Social Security Retirement Income in the amount of \$773.00 per month. (Testimony of Petitioner's daughter)
5. Petitioner pays rent in the amount of \$181.00 per month and lives alone. (Id.)

DISCUSSION

Social Security income is considered when determining eligibility for healthcare/Medicaid. *Medicaid Eligibility Handbook (MEH) §15.4.10*. In determining eligibility there is a general deduction from reported income of \$20. *MEH §15.3.8 General Income Disregard*.

The categorically needy income limit is \$549.11 + actual shelter costs up to \$232.67. (For Petitioner this limit would be \$549.11 + \$181.00 = \$730.11) *MEH §39.4.1 - EBD Assets and Income Table*. The medically needy income limit for a household of one is \$591.67. *Id.*

If an individual does not meet the categorically needy income limit, his income is compared to the medically needy income limit. If the individual's income falls between the two income limits, he is eligible for Medicaid. *MEH §24.1*

Petitioner did not dispute the fact that he receives \$773.00 per month in Social Security Retirement Income. If one subtracts the \$20 general deduction, the income considered for Petitioner is \$753.00. This is over the \$730.11 categorically needy income limit and it is over the \$591.67 medically needy income limit. (*See also Exhibit 2, pg. 11*)

“When a Medicaid applicant is ineligible for Medicaid solely because he has income that exceeds the Medicaid medically needy income limit, he can become eligible by meeting the Medicaid deductible.” *MEH §24.2* “The Medicaid deductible is the group's total excess monthly income over the 6 consecutive months of the Medicaid deductible period.” *Id.* “Excess monthly income” is defined as the amount above the medically needy income limit. *Id.* In Petitioner's case the calculation would be as follows:

$$\$753.00 - \$591.67 \times 6 = \$968.98$$

It should be noted that the agency suggested that Mr. Borden consider applying for benefits through the Medicaid Purchase Plan (MAPP) Program, since it has a higher income limit of 250% of FPL (Federal Poverty Level), which for a single individual is \$2327.08 per month. *See MEH §26.4.2 and §39.5*.

It is unclear from the record whether Mr. Borden is receiving Medicare benefits, but if so, he might also be eligible for the QMB program, since his current income is below 100% FPL. *See MEH §32.3 and §39.5*

Petitioner expressed concerns at the hearing that he is not going to be able to get necessary medication. Regrettably, Administrative Law Judges do not have the authority to deviate from the established laws governing Medicaid.

CONCLUSIONS OF LAW

The agency correctly determined that Petitioner must meet a deductible in order to be eligible for continued Medicaid benefits.

THEREFORE, it is

ORDERED

That the petition 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 29th day of July, 2013.

\sMayumi M. Ishii
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 July 29, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability