



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/149085

PRELIMINARY RECITALS

Pursuant to a petition filed April 30, 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 June 19, 2013, at Milwaukee, Wisconsin. At petitioner’s request the record was held open to allow petitioner to submit additional documentation. On June 20, 2013, petitioner submitted said documentation, which was marked as Exhibit 4.

The issue for determination is whether respondent correctly terminated the petitioner’s Medical Assistance (MA) enrollment due to income in excess of program limits.

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: Paul Frederickson
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Peter McCombs (telephonically)
Division of Hearings and Appeals

FINDINGS OF FACT

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

2. Petitioner was receiving MA as a disabled individual (EBD-MA) since June, 2012, as a one person household. Prior to March, 2013, no income was budgeted for petitioner.
3. Commencing in March, 2013, petitioner received monthly Social Security Disability payments in the amount of \$1,313.00. This amount was attributed to petitioner's budget for MA purposes commencing in April, 2013.
4. On March 25, 2013, the respondent issued a Notice to the petitioner informing him that he would no longer be enrolled in MA as of May 1, 2013, due to income exceeding program limits.
5. On April 30, 2013, the petitioner filed an appeal with the Division of Hearings & Appeals contesting the discontinuance of EBD-MA, effective May 1, 2013.

DISCUSSION

There is no dispute as to the amount of petitioner's monthly income, or the fact that said monthly income exceeds the medically needy income limit for a 1 person household. At present, the petitioner is not eligible for MA. The petitioner argued that he had been previously informed by Social Security that he would be able to keep his MA benefits while receiving Social Security benefits. In support of this position, he forwarded a portion of some paperwork in his possession which does state that Medicaid will "usually continue as long as you get SSI," but may be discontinued if he is "earning too much money." See, Exhibit 4. Despite the vague eligibility comments contained in the Social Security document, the petitioner must meet certain MA eligibility requirements. Among those requirements is an income limitation; specifically, the "medically needy" income limit for a one-person household is \$591.67. Medicaid Eligibility Handbook, App. 39.5. Petitioner's income exceeds this limit.

When an applicant's income is over the MA limit, an MA deductible, also known as a "spenddown," must be met before eligibility begins. Wis. Stat. § 49.47(4)(c)2; Wis. Admin. Code § DHS 103.08(2)(a); Medicaid Eligibility Handbook, App. 24.2. MA deductibles are calculated for six-month periods. Wis. Admin. Code § DHS 103.08(2)(c); Medicaid Eligibility Handbook, 24.3. The deductible is computed by multiplying the excess of countable monthly income over the income limit, by the six months in the deductible period. See, Medicaid Eligibility Handbook, 24.3. The respondent testified that, based on petitioner's income, petitioner has \$721.33 in additional income, which when multiplied by six, yields a six-month deductible of \$4,327.98

If petitioner incurred or paid medical expenses that meet the deductible in this time period and these expenses have not been applied to any prior deductible, the petitioner should report the expenses to the county agency and verify such bills immediately.

The respondent further noted that petitioner may otherwise be eligible for the Medicaid Purchase Plan program (MAPP). He presently earns less than 150% of the Federal Poverty Limit. Petitioner is encouraged to contact the respondent to discuss his eligibility for MAPP.

CONCLUSIONS OF LAW

That the county agency correctly determined that the petitioner's household was ineligible for MA effective May 1, 2013, due to income in excess of program limits.

NOW, THEREFORE, it is ORDERED

That the petition for review herein be, and the same 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 Madison,
Wisconsin, this 10th day of July, 2013

\sPeter McCombs
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 10, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability