



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

CWA/152140

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**PRELIMINARY RECITALS**

Pursuant to a petition filed September 18, 2013, under Wis. Admin. Code § HA 3.03, to review a decision by the Milwaukee Enrollment Services ["MiLES"] in regard to the IRIS ("Include, Respect, I Self-Direct") program, a Hearing was held via telephone on October 22, 2013.

The issue for determination is whether it was correct for IRIS not to count certain medical/remedial expenses that were claimed by petitioner.

There appeared at that time via telephone the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Tiffany Keogh, Financial Eligibility Specialist, IRIS  
Milwaukee Enrollment Services  
1220 W Vliet St  
Milwaukee, WI 53205

**OTHER PERSONS PRESENT:**

[REDACTED], Participant Services Specialist, IRIS  
[REDACTED], HSPC, DHS

**ADMINISTRATIVE LAW JUDGE:**

Sean P. Maloney  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]; 74 years old) is a resident of Milwaukee County.
2. Petitioner states that she pays for her own overnight care.
3. Petitioner requested that IRIS deduct the cost of her overnight care as a medical/remedial expense when calculating her monthly IRIS cost share amount.
4. The only documentation submitted by petitioner to verify the cost of her overnight care is a handwritten note from the mother of the person providing the cares stating she gives permission for her daughter to “sit” with petitioner “at night hours to oversee her” but there is no indication in the note of what, if anything, is charged; petitioner submitted a separate note, not signed by the caregiver or the caregiver’s mother, claiming certain charges.
5. Petitioner’s functional screen does not indicate that she requires overnight cares.
6. IRIS denied petitioner’s request to deduct the cost of her overnight care as a medical/remedial expense when calculating her monthly IRIS cost share amount.

**DISCUSSION**

Medical/remedial expenses must be verified. *Medicaid Eligibility Handbook* [“MEH”] 20.3.1.7, 20.4.1.6, 27.7.8 & 28.8.3.5.; See also, Wis. Admin. Code §§ DHS 102.02 & 102.03 (December 2008). The documentation petitioner submitted is not adequate verification for the reasons outlined in the above *Findings of Fact*. Therefore, it was correct for IRIS to not count overnight care expenses that were claimed by petitioner.

Even if petitioner did submit adequate verification it is very questionable that her claimed overnight care expenses could be counted as a medical/remedial expense since petitioner’s functional screen does not indicate that she requires overnight cares. MEH 15.7.3.

**CONCLUSIONS OF LAW**

For the reasons discussed above, it was correct for IRIS not to count overnight care expenses that were claimed by petitioner.

**NOW, THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby 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 27th day of November, 2013

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\sSean P. Maloney  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

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

The preceding decision was sent to the following parties on November 27, 2013.

Milwaukee Enrollment Services  
Bureau of Long-Term Support