



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/152676

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**PRELIMINARY RECITALS**

Pursuant to a petition filed October 10, 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 November 13, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the respondent correctly denied petitioner's request for Medical Assistance.

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: Jose Silvestre  
Milwaukee Enrollment Services  
1220 W Vliet St  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Peter McCombs  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. The petitioner is a disabled person who is certified for MA. In early 2013, the petitioner began receiving monthly Social Security Disability benefits of \$1,290.00. Exhibit 3.

3. On August 27, 2013, the petitioner applied for Elderly, Blind, Disabled (EBD) Medical Assistance. The respondent denied the request on August 29, 2013, indicating that the denial was due to income in excess of program limits. The notice further specified that petitioner did not complete the Medicaid Disability Application. Exhibit 8.
4. Petitioner timely filed a Request for Hearing on October 10, 2013.

### **DISCUSSION**

Medical Assistance (MA) is a state-federal program designed to pay for medical coverage for low income persons. To qualify for MA, a person must be both non-financially and financially eligible. There is no dispute that the petitioner is non-financially eligible (*e.g.*, disabled).

To be financially eligible, a person must have assets that are under the program's asset limit, and income that is under the appropriate income limit. Where, as it appears here, the recipient's income is over the income limit, an MA deductible must be satisfied before MA eligibility begins. Wis. Stat. §49.47(4)(c); Wis. Admin. Code § DHS 103.08(2); *MA Eligibility Handbook (MEH)*, Appendix 24.1, at <http://www.emhandbooks.wi.gov/meh-ebd/>. MA deductibles are calculated for six-month periods. To calculate the deductible, the "medically needy" income amount is subtracted from the household's income (less a \$20 unearned income disregard), and the remainder is multiplied by six.

The respondent conceded that its denial of petitioner's MA application was in error; specifically, the respondent's representative testified that the respondent was unaware of petitioner's Social Security disability status. The respondent indicated at hearing that the petitioner should be eligible for MA coverage with a deductible. As such, I will remand this matter to the respondent to re-determine petitioner's eligibility.

### **CONCLUSIONS OF LAW**

Respondent has incorrectly processed and/or denied petitioner's MA application.

**THEREFORE, it is**

**ORDERED**

That this matter shall be remanded to the respondent to review and re-determine petitioner's August 27, 2013, MA application in light of the fact that petitioner has been determined disabled by the Social Security Administration. The agency shall issue a new Notice of Decision to the Petitioner with its determination and shall issue new appeal rights in that notice to the Petitioner. These actions shall be completed within 10 days of the date of this decision.

### **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 18th day of November, 2013

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\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 November 18, 2013.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability