



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/153749

PRELIMINARY RECITALS

Pursuant to a petition filed November 29, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Chippewa County Department of Human Services in regard to Medical Assistance, a hearing was held on December 17, 2013, at Chippewa Falls, Wisconsin.

The issue for determination is whether the petitioner's income exceeds the limit for Medicare Premium 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, Room 651
Madison, Wisconsin 53703

By: Cindy Carlson

Chippewa County Department of Human Services
711 N. Bridge Street
Chippewa Falls, WI 54729-1877

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [REDACTED]) is a resident of Chippewa County.
2. The county agency notified the petitioner on November 19, 2013, that he would be ineligible for medical assistance as of January 1, 2013, until he met a deductible because his income exceed the program's limit.

3. The petitioner receives \$1,354 a month in unearned income.

DISCUSSION

A deductible applies to a person who is defined by the medical assistance program as “medically needy.” A person is medically needy if he meets only the program’s non-financial conditions. Wis. Admin. Code § DHS 101.03(97). The petitioner meets the program’s non-financial conditions because he is disabled. If a person is medically needy, he must pay a deductible if his net income exceeds that allowed for medical assistance. *See* Wis. Stats. § 49.47(4)(c)2; Wis. Admin. Code § DHS 103.08(2)(a). The income limit, \$591.67 for a one or two-person household, is determined by a complex formula found in Wis. Stat. § 49.47(c)(1). *See also Medicaid Eligibility Handbook*, § 39.4. The amount of the deductible is determined for a six-month period, and must be paid toward medical expenses before the person becomes eligible for any medical assistance benefits. Wis. Admin. Code § DHS 103.08(2)(c).

The petitioner receives \$1,354 each month in social security. After subtracting the general disregard that all elderly, blind, and disabled persons are entitled to, his net monthly income is \$1,334. *See Medicaid Eligibility Handbook*, § 15.3.8. This exceeds \$591.67 by \$742.33. Thus the agency correctly determined that he is ineligible for medical assistance until he meets a deductible.

CONCLUSIONS OF LAW

The petitioner is ineligible for medical assistance until he meets a deductible because he a medically needy person whose income exceeds the program’s limit.

THEREFORE, it is

ORDERED

The petitioner's appeal 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, Room 651, 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 20th day of December, 2013

\sMichael D. O'Brien
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 December 20, 2013.

Chippewa County Department of Human Services
Division of Health Care Access and Accountability