



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MQB/152505

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**PRELIMINARY RECITALS**

Pursuant to a petition filed September 30, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Racine County Department of Human Services in regard to Medical Assistance, a hearing was held on December 03, 2013, at Racine, Wisconsin. The record was held open for two weeks following the hearing to give the Petitioner time to submit additional information. Additional information was submitted by the Petitioner on December 26, 2013. The record was closed on December 26, 2013.

The issue for determination is whether the agency properly terminated the Petitioner's Medicare Premium Assistance (SLMB) benefits effective September 1, 2013.

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: Rhonda Kraemer

Racine County Department of Human Services  
1717 Taylor Ave  
Racine, WI 53403-2497

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

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

2. On April 3, 2013, the agency issued a Notice of Decision to the Petitioner informing him that his Medicare Premium Assistance (SLMB) benefits would end on May 1, 2013 for income exceeding program limits and failure to verify self-employment income from a painting business.
3. On April 10, 2013, the agency received a written statement from the Petitioner indicating that he no longer operates his business.
4. On April 22, 2013, the agency issued a Notice of Decision to the Petitioner informing him that he is not eligible for SLMB benefits due to income exceeding the program limits. The Petitioner's only income budgeted was unearned income from SSI of \$1,250.50/month.
5. On July 18, 2013, the agency received information that the Petitioner was operating his painting business. The agency obtained copies of checks totaling \$4,256 written in June, 2013 to the Petitioner for services rendered.
6. On July 19, 2013, the agency issued a Notice of Proof Needed to the Petitioner requesting verification of self-employment income. The due date for the information was noted to be July 29, 2013. The notice informed the Petitioner that failure to provide the verification by the due date could result in termination of his benefits.
7. On July 30, 2013, the agency issued a Notice of Decision to the Petitioner informing him that his SLMB benefits would end on September 1, 2013 due to income exceeding program limits and failure to provide the requested verification of self-employment income. The agency budgeted household income based on the checks obtained for June, 2013 and the Petitioner's \$1,250.50/month in SS benefits.
8. On September 30, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### **DISCUSSION**

Medicare Premium Assistance (SLMB) is a program which provides assistance with Medicare Part B premiums for persons whose income is over the regular Medical Assistance limit. The program pays the entire Part B premium. See the MA Handbook, Appendix 32.1.1 for a full description of the program.

The program has an income limit of \$1,149/month. Handbook, App. 32.3 and 39.5.

Self-employment income must be verified. A completed and signed SEIRF is sufficient verification. Medicaid Eligibility Handbook (MEH), §15.6.6. The agency must deny the benefits if a recipient has the ability to produce income verification information and the information is necessary to determine current eligibility but the recipient fails to produce verification. MEH § 20.8.3.

The evidence in this case supports the agency's position and I conclude that the agency properly terminated the Petitioner's benefits. The Petitioner testified that he is not making any money from his business. Even if the Petitioner is not making any money from his business, he is required to file a self-employment income report form with the agency. His assertion that he is no longer operating the business is not credible based on the fact that there is evidence that he is receiving money for services rendered. The evidence submitted by the Petitioner demonstrates that his income exceeds the program limits for MA.

Nothing in this decision prohibits the Petitioner from re-applying for benefits and submitting complete and accurate information to the agency to verify his income.

**CONCLUSIONS OF LAW**

The agency properly terminated the Petitioner's SLMB benefits effective September 1, 2013.

**THEREFORE, it is**

**ORDERED**

That 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 Milwaukee,  
Wisconsin, this 5th day of February, 2014

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\sDebra Bursinger  
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 February 5, 2014.

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