



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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/153723

PRELIMINARY RECITALS

Pursuant to a petition filed November 23, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Rock County Department of Social Services in regard to Medical Assistance, a telephonic hearing was held on January 08, 2014, at Janesville, Wisconsin.

The issue for determination is whether the county agency correctly denied the petitioner’s September, 2013 MA application due to income above the MA income eligibility limits, and correctly established an MA deductible.

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: Alicia Pritchard, ES Supervisor
Rock County Department of Social Services
1900 Center Avenue
PO Box 1649
Janesville, WI 53546

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Rock County 45 year old resident of Rock County who resided with her four children.

2. The petitioner received BadgerCare and FoodShare (FS) benefits for herself and her four children.
3. Based upon a June, 2013 Court Order, the county agency removed petitioner's four children from her home, and placed those children with their father, █████ █████ in his home and granted him full custody. Mr. █████ received primary placement of the four children during June, 2013 due that Court Order. As a result, petitioner's BC benefits discontinued.
4. During September, 2013, petitioner received Social Security of \$1,120 and State SSI of \$83.78 for a total household income of \$1,203.78.
5. During September, 2013, petitioner applied for Medical Assistance (MA) at the county agency.
6. The county agency sent an October 24, 2013 Notice of Decision to the petitioner which stated that her September, 2013 MA application was denied due to income above the MA income eligibility limit. That notice accurately calculated the petitioner's six month MA deductible to be \$3,049.98 for the period of September, 2013 through February, 2014.
7. Based upon the October 24, 2013 notice, the county agency correctly calculated the petitioner's six month MA deductible to be \$3,049.98 ($\$508.33 \times 6 = \$3,049.98$ for the period of September, 2013 through February, 2014.

DISCUSSION

The county agency presented testimony and evidence to establish that it correctly discontinued petitioner's MA effective March 1, 2010, due to income above the MA eligibility limits. When a household's income is over the MA limit, an MA deductible, also known as a spend-down, must be met before eligibility begins. Wis. Stat., §49.47(4) (c)2; Wis. Adm. Code, §DHS 103.08(2)(a); Medicaid Eligibility Management Handbook, App. 4.9.1. The current income limit for a one-person household is \$591.67. Medicaid Eligibility Management Handbook, App. 8.1.4.

An MA deductible is calculated for a six-month period. When that period ends, a new deductible is then established for the next six months. Adm. Code, §DHS 103.08(2)(c); Medicaid Eligibility Management Handbook, App. 4.9.3. To obtain MA during the deductible period, the client must submit to the economic support worker copies of medical bills incurred. MA eligibility begins as of the date that the incurred bills meet the deductible amount. In the instant case, the petitioner's household's net income as of September, 2013 was \$1,100 ($\$1,120 - \20 disregard). The \$1,100 is \$508.33 above the income limit of \$591.67. That six-month period created a total six-month MA deductible of \$3,049.98. See Finding of Fact #6 and #7 above.

The petitioner was unable to establish any evidence to refute that the county agency had accurately calculated the petitioner's six month MA deductible to be \$3,049.98 for the period of September, 2013 through February, 2014. Moreover, in reviewing the county's recalculation of petitioner's MA deductible, I find no error. However, during the hearing, petitioner explained that she very much needed her MA certification and felt that the discontinuance of her MA was unfair. The petitioner should promptly submit to the county agency copies of any of her outstanding incurred medical, prescription, and hospital bills to apply against her MA deductible.

CONCLUSIONS OF LAW

The county agency correctly denied the petitioner's September, 2013 MA application for herself, due to excess income, and accurately established a six month MA deductible.

THEREFORE, it is

ORDERED

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, 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 6th day of February, 2014

\sGary M. Wolkstein
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 6, 2014.

Rock County Department of Social Services
Division of Health Care Access and Accountability