



FH  
[REDACTED]

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

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In the Matter of:

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/154533

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**PRELIMINARY RECITALS**

Pursuant to a petition filed January 4, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the La Crosse County Department of Human Services [“County”] in regard to Medical Assistance [“MA”], a Hearing was held via telephone on April 24, 2014. At petitioner’s request Hearings scheduled for March 25, 2014 and February 25, 2014 were rescheduled. The Hearing for this matter was held at the same time as the Hearing for the following related matter concerning the same petitioner: ENE-154535.

The issue for determination is whether it was correct to deny petitioner’s application for Elderly, Blind, Disabled [“EBD”] MA.

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, Room 651  
Madison, Wisconsin 53703  
By: Tom Miller, ES Supervisor  
Marianne Guntner, ES Supervisor  
La Crosse County Department of Human Services  
300 N. 4th Street  
PO Box 4002  
La Crosse, WI 54601

**ADMINISTRATIVE LAW JUDGE:**

Sean P. Maloney  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]; 51 years old) is a resident of Clark County, Wisconsin.
2. On October 15, 2013 petitioner applied for EBD MA and requested 3-month backdate.
3. Petitioner is in an MA Assistance Group ["AG"] group of 1-person (herself).
4. Petitioner's income was over the EBD MA income limit for all times relevant to this *Decision* (including the months of July 2013, August 2013, September 2013, October 2013, and November 2013); her net income was in excess of \$2,400 per month (including earned income from [REDACTED], Social Security, and Social Security Disability Income ["SSDI"]) for all times relevant to this *Decision*.
5. By *About Your Benefits* notices dated November 18, 2013 and November 22, 2013 the County denied petitioner's application for EBD MA because she was over the EBD income limit.

**DISCUSSION**

The applicable MA income limit in this case for 1 person is, at most, \$804.78 per month. *Medicaid Eligibility Handbook* ["MEH"] 39.4.1.; See also, See, Wis. Stat. §§ 49.46(1) & 49.47(4) (2011-12); Wis. Admin. Code § DHS 103.04 (December 2008). Petitioner is over the income limit for MA even after income disregards are allowed.

First, petitioner argues that her SSDI should not be counted as income. Certain types of income are disregarded -- but SSDI not one of the types of income that are disregarded. MED 15.3. Second, petitioner cites various laws and regulations (including federal Social Security law and new federal laws and regulations relating to the Affordable Care Act ["ACA"]) and argues that she should be Eligible for EBD MA based on those laws and regulations. However, the laws and regulations she cites are not relevant to the determination of EBD MA income eligibility.

The County cited petitioner as being over the EBD MA asset limit as another reason it denied her application for EBD MA. It is not necessary to consider this reason as the fact that petitioner is over the EBD MA income limit is, alone, sufficient to justify the denial.

**CONCLUSIONS OF LAW**

For the reasons discussed above, it was correct to deny petitioner's application for EBD MA.

**NOW, THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby DISMISSED.

## REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 15th day of May, 2014

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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 May 15, 2014.

La Crosse County Department of Human Services  
Division of Health Care Access and Accountability