



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MAP/154980

PRELIMINARY RECITALS

Pursuant to a petition filed January 20, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Green Lake County Department of Human Services in regard to Medical Assistance, a telephonic hearing was held on March 17, 2014, at Green Lake, Wisconsin.

The petitioner's appeals for MAP/154979 and MAP/154980 address the same one issue, and that one issue was addressed during the one consolidated hearing of March 17, 2014.

The issue for determination is whether the county agency correctly calculated the petitioner's MAPP premium to be \$675 effective January 1, 2014 as a MAPP household of one.

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: Adam Spitler, ESS

Green Lake County Department of Human Services
Human Services Ctr
571 County Road A
Green Lake, WI 54941

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Green Lake County who was married to Christine [REDACTED].
2. The petitioner's wife and petitioner received Medicaid Purchase Plan (MAPP) benefits on his wife's case (without any MAPP premium) through December 31, 2013 as a household of two. The two person household's income was below the MAPP premium for a household of two.
3. On or about November 20, 2013, petitioner reported to the county agency that he was separated from his wife, and was now a household of one.
4. The petitioner re-applied for MAPP on his own case as a household of one on December 20, 2013.
5. The petitioner receives monthly Social Security Disability Income (SSDI) of \$1,516.00 and \$20 of gross earned income as of January, 2014.
6. The county agency re-calculated the petitioner's MAPP eligibility as a household of one. The county determined that petitioner needed to pay a MAPP premium of \$675 as of January 1, 2014, because his gross income was \$1,516 (after \$20 disregard), and was above the MAPP premium income limit of \$1,436.25. See Exhibit 1 and Exhibits A and B.
7. As of the hearing date, petitioner did not submit to the county agency any medical expenses to apply as deductions in the calculation of his MAPP premium.

DISCUSSION

The MAPP program allows disabled individuals to work, but to retain eligibility for MA. Wis. Stat., §49.472; MA Handbook, Appendix 26.1. If net income is below 250% of the federal poverty level, the person is eligible for the program. Wis. Admin. Code, §DHS 103.03(8)(b); Handbook, App. 26.4.2. 250% of the poverty level is \$2,393.75. Handbook, App. 39.5, as updated by BEPS/DFS Operations Memo no. 13-02, dated 2/4/13 and effective 3/1/13. Petitioner's income is well below that level.

If gross income is above 150% of the federal poverty level, the person is required to pay a monthly premium to receive MAPP benefits. Wis. Admin. Code, §DHS 103.087(1)(b); MA Handbook, App. 26.5.1. 150% of the federal poverty limit for one person is \$1,436.25. Handbook, App. 39.5. Petitioner's gross income of \$1,536.00 per month is over that limit.

To determine the premium, the agency deducts a \$20 disregard and an earned income deduction to get net income. Then a standard living allowance of \$740 is deducted. Handbook, App. 26.5.1 and 39.4.2. There are also deductions for work expenses, remedial medical expenses, and cost-of-living adjustments. Remedial medical expenses are anticipated expenses that include deductibles and co-payments, health insurance premiums, and bills for medical services that are not covered by the MA program. Handbook, App. 15.7.3. In this case, as of the hearing date, petitioner did not submit to the county agency any medical expenses to apply as deductions in the calculation of his MAPP premium.

In petitioner's case, his net income for premium purposes was \$692.60, and the premium for income in that range is \$675.00. Handbook, App. 39.10. Petitioner basically requested that I make an exception because his net income of \$1,496 is only about \$60 over the MAPP limit of \$1,436.25 for a household of one. However, I can find no authority for doing so. It appears that the county correctly determined petitioner's monthly premium.

In the instant case, the petitioner received Medicaid Purchase Plan (MAPP) benefits on his wife's case (without any MAPP premium) as a household of two. As a household of two, neither his wife nor petitioner owed any MAPP premium because the household of two was below the MAPP premium limit. However, when petitioner re-applied as a household of one, the county agency correctly re-determined his MAPP premium for a household of one. The county agency re-calculated the petitioner's MAPP eligibility as a household of one and correctly determined that petitioner needed to pay a MAPP premium of \$675 because his gross income was \$1,516 (after \$20 disregard) which was above the MAPP premium income limit of \$1,436.25. See Exhibit 1. See Exhibit A.

During the hearing, petitioner explained he could not afford to pay the MAPP premium. However, petitioner was unable to provide any reliable testimony or evidence to refute that the county agency correctly determined his MAPP premium as of January 1, 2014. Accordingly, based upon the above, I must conclude that the county agency correctly calculated the petitioner's MAPP premium to be \$675 effective January 1, 2014 as a household of one.

CONCLUSIONS OF LAW

The county agency correctly calculated the petitioner's MAPP premium to be \$675 effective January 1, 2014 as a household of one.

THEREFORE, it is

ORDERED

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 17th day of April, 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 April 17, 2014.

Green Lake County Department of Human Services
Division of Health Care Access and Accountability