



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MGE/156718

PRELIMINARY RECITALS

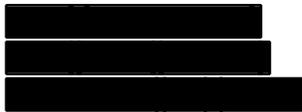
Pursuant to a petition filed April 07, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Sheboygan County Department of Human Services in regard to Medical Assistance, a hearing was held on June 24, 2014, at Sheboygan, Wisconsin.

The issue for determination is whether Sheboygan County Department of Human Services (the agency) correctly determined that the Petitioner would be eligible for Medicaid if he met a deductible.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Jan Hinz, Economic Support Specialist II
Sheboygan County Department of Human Services
3620 Wilgus Ave.
Sheboygan, WI 53081

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Sheboygan County.
2. On April 1, 2014, the agency sent the Petitioner a notice indicating that he could be enrolled in the Medicaid program, if he met a \$6,925.98 deductible. (Exhibit 6)
3. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on April 7, 2014.
4. Petitioner lives alone, so his assistance group size is one. (Testimony of Petitioner)
5. Petitioner's sole source of income comes from Social Security Disability Benefits, in the amount of \$1,870.90 per month; Petitioner pays \$104.90 for his Medicare Premium. (Testimony of Ms. Hinz, Exhibit 6, pgs. 3; Exhibit 8, pgs. 3-5)
6. Petitioner pays rent in the amount of \$425.00. (Testimony of the Petitioner)
7. Petitioner receives energy assistance. (Testimony of Petitioner)
8. Petitioner also reported various monthly medical expenses:

March and April:	\$243.52
	\$104.90
	\$36.12
	\$20.64
	\$7.38

\$412.56

May and June:	\$243.52
	\$104.90
	\$152.03
	\$20.41
	\$178.79

\$699.65

(Testimony of Petitioner; Cares Summary Screen; Testimony of Ms. Hintz)

DISCUSSION

Social Security income is considered when determining eligibility for healthcare/Medicaid. *Medicaid Eligibility Handbook (MEH) §15.4.10*. In determining eligibility there is a general deduction from reported income of \$20. *MEH §15.3.8 General Income Disregard*.

The categorically needy income limit is \$564.45 + actual shelter costs up to \$240.33. (For Petitioner this limit would be \$564.45 + \$240.33 = \$804.78) *MEH §39.4.1 - EBD Assets and Income Table*. The medically needy income limit for a household of one is \$591.67. *Id.*

If an individual does not meet the categorically needy income limit, his income is compared to the medically needy income limit. If the individual's income falls between the two income limits, he is eligible for Medicaid. *MEH §24.1*

Petitioner did not dispute the fact that he receives \$1870.90 per month in Social Security Disability Income. If one subtracts the \$20 general deduction, the income considered for Petitioner is \$1850.90. This is over the \$804.78 categorically needy income limit and it is over the \$591.67 medically needy income limit. As such, the Petitioner is not financially eligible for Medicaid.

“When a Medicaid applicant is ineligible for Medicaid solely because he has income that exceeds the Medicaid medically needy income limit, he can become eligible by meeting the Medicaid deductible.” *MEH §24.2* “The Medicaid deductible is the group’s total excess monthly income over the 6 consecutive months of the Medicaid deductible period.” *Id.* “Excess monthly income” is defined as, the amount which is above the group’s monthly medically needy income limit.” *MEH §24.2*

In reviewing the agency’s calculation of Petitioner’s deductible, I can find no clear errors. Consequently, the Petitioner is encouraged to keep track of his medical expenses and to submit them to the agency. Petitioner mentioned at the hearing that he is likely going to undergo an amputation. If that is the case, he can use those medical bills to meet his deductible.

Petitioner should note that even though the agency indicated the deductible period was January 1, 2014 through June 30, 2014, the Petitioner can establish a new deductible period at any time, if he files an application for Medicaid. *MEH §24.3* “This includes situations where someone has already established a deductible period, hasn’t yet met the deductible, and wishes to establish a new deductible period.” *Id.*

It should also be noted that the agency suggested that the Petitioner consider applying for benefits through the Medicaid Purchase Plan (MAPP) Program, since it has a higher income limit of 250% of FPL (Federal Poverty Level), which for a single individual is \$2431.25 per month. *See MEH §26.4.2 and §39.5.*

CONCLUSIONS OF LAW

The agency correctly determined that the Petitioner may qualify for Medicaid, if he meets a deductible.

THEREFORE, it is

ORDERED

That the Petition 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 25th day of
June, 2014.

\sMayumi M. Ishii
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
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on June 25, 2014.

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