



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCS/158718

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 28, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Portage County Department of Human Services in regard to Medical Assistance, a hearing was held on July 22, 2014, at Stevens Point, Wisconsin.

The issue for determination is whether the agency correctly denied Petitioners' application for BadgerCare +.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioners:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Cathy McCorkell

Portage County Department of Human Services  
817 Whiting Avenue  
Stevens Point, WI 54481-5292

**ADMINISTRATIVE LAW JUDGE:**

Corinne Balter  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Portage County.
2. Petitioner has two people in her household, herself and husband, [REDACTED].
3. On June 4, 2014 Petitioners applied for BadgerCare+ as childless adults.
4. On June 24, 2014 the agency sent Petitioner a notice stating that her application of BadgerCare+ had been denied because her gross household income was over the program limit of \$1310.83 for a childless adult household of two.
5. On July 1, 2014 the Division of Hearings and Appeals received a request for fair hearing stating that Petitioners were denied medical assistance for Wisconsin, and that the marketplace insurance was too much. Petitioner further stated that she is “way below” the federal guidelines for maximum benefits. (as written in Petitioner’s request for fair hearing).
6. Petitioner’s household monthly gross income is \$1668.80.

**DISCUSSION**

BadgerCare Plus is a Wisconsin variant of the Medicaid program, for non-elderly, non-disabled Wisconsin residents. *BadgerCare Plus Eligibility Handbook (BEH)*, § 2.1. An applicant must pass an income test. The income limit for a childless adult for BadgerCare+ purposes is 100% of the Federal Poverty Level. For a group size of 2 that limit is \$1310.83. *BEH*, §50.1.

In this case Petitioners receive income from Mr. [REDACTED] social security and Mrs. [REDACTED] part-time employment. Mr. [REDACTED] receives \$680 in monthly social security. Mrs. [REDACTED] works 25 to 29 hours per week earning \$9.10 per hour. The agency gave Petitioners’ the benefit of doubt taking an average of 27 hours per week, which gave her a weekly income of \$245.70. Multiplying her weekly income by 4.0 results in monthly gross income of \$982.80. \$982.80 plus \$680 is \$1662.80. The agency calculated \$1735.60. Nonetheless \$1662.80 is more than \$300 over the BadgerCare+ limit of \$1310.83. At the hearing Petitioners did not dispute the agency’s calculation of their gross income. Petitioners only disputed the fact that they felt they should be eligible for this program. If Petitioners situation changes, they can always reapply for BadgerCare+ coverage.

**CONCLUSIONS OF LAW**

The agency correctly denied Petitioners application for BadgerCare+ because their gross income of \$1662.80 is above the program limit of \$1310.83 for a childless adult household of two.

**THEREFORE, it is**

**ORDERED**

that the petition for review 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 31st day of July, 2014

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\sCorinne Balter  
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 July 31, 2014.

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