



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

MGE/158941

PRELIMINARY RECITALS

Pursuant to a petition filed July 07, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services (MES) in regard to Medical Assistance, a telephonic hearing was held on July 30, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (MES) correctly discontinued the petitioner's EBD Medical Assistance (MA) effective August 1, 2013, due to income above the MA income eligibility limits for a household of one, and correctly established a six month MA deductible for the petitioner.

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: Katherine May, HSPC senior
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # ) is a 35 year old disabled resident of Milwaukee County.
2. The petitioner receives gross monthly Social Security Disability Income (SSDI) of \$1,115.

3. The petitioner has \$200 in monthly child support deductions which reduced his gross unearned income from \$1,115 to \$915. His \$20 disregard reduced petitioner's net income to \$895.00.
4. Milwaukee Enrollment Services (MES) sent a June 27, 2014 Notice of Decision to the petitioner stating that effective August 1, 2014, his EBD Medicaid was discontinued due to net income of \$895 which is above the MA medically needy income limit of \$591.67 for a household of one.
5. MES did not send any notice to the petitioner which established petitioner's MA deductible for the six month period as of August 1, 2014.

DISCUSSION

The county agency representative presented testimony and evidence to establish that it correctly discontinued petitioner's MA effective August 1, 2013, 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 Handbook, App. 24.0 – 24.5. The current income limit for a one-person EBD medically needy household is \$591.67. Medicaid Eligibility Handbook, App. 24.5.

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 Handbook, App. 24.5. 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 August, 2014 was \$895 which is above the one person income limit of \$591.67. MES needs to establish and send to the petitioner his six-month MA deductible.

During the July 30, 2014 hearing, petitioner did not contest that the county agency correctly determined that his household income was above the MA eligibility limits for a household of one. However, as explained above, MES did not send any notice to the petitioner which established petitioner's MA deductible for the six month period as of August 1, 2014. However, petitioner explained that he very much needed his MA certification, and felt that the discontinuance of his MA was unfair. Once MES sends to petitioner the notice which establishes his six month deductible, petitioner should promptly submit to the county agency copies of all of his incurred medical, prescription, and hospital bills to apply against his MA deductible. Accordingly, based upon the evidence in the hearing record, Milwaukee Enrollment Services (MES) correctly discontinued the petitioner's EBD Medical Assistance (MA) effective August 1, 2013, due to income above the MA income eligibility limits for a household of one, but did not establish a six month MA deductible for the petitioner.

CONCLUSIONS OF LAW

Milwaukee Enrollment Services (MES) correctly discontinued the petitioner's EBD Medical Assistance (MA) effective August 1, 2014, due to income above the MA income eligibility limits for a household of one, but did not establish a six month MA deductible for the petitioner.

THEREFORE, it is

ORDERED

The matter is remanded to Milwaukee Enrollment Services with instructions to: a) promptly establish a six month MA deductible for the petitioner; and b) send a new notice to the petitioner explaining in detail his six month MA deductible, within 10 days of the date of this Decision. In all other respects, the petition for review 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 26th day of September, 2014

\sGary M. Wolkstein
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin \DIVISION OF HEARINGS AND APPEALS

██████ 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 September 26, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability