



FH  
[REDACTED]

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

---

In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MQB/163946

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed February 13, 2015, 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 in regard to Medical Assistance, a hearing was held on March 20, 2015, at Durand, Wisconsin.

The issue for determination is whether the petitioner's potential inheritance is an available assets that causes her assets to exceed the limit for the Medicare Premium Assistance program.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Tom Miller

La Crosse County Department of Human Services  
300 N. 4th Street  
PO Box 4002  
La Crosse, WI 54601

**ADMINISTRATIVE LAW JUDGE:**

Michael D. O'Brien  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner (CARES # [REDACTED]) is a resident of Pepin County.

2. The county agency notified the petitioner on December 15, 2014, that her Medicare Premium Assistance would end on January 1, 2015, because money she inherited would cause her assets to exceed the program's limit.
3. The money the petitioner may inherit is not available because the estate has not yet been closed.

### DISCUSSION

The Specified Low Income Medicare Beneficiary (SLMB) and Specified Low Income Medicare Beneficiary Plus (SLMB+) are medical assistance sub-programs mandated by Wis. Stat. § 49.468(1m)(a) that pay their participants' Medicare Part B premiums. *Medical Eligibility Handbook*, § 32.1.1. The Qualified Medicare Beneficiary (QMB) program pays not only the Medicare Part B premium but also some Medicare deductibles and co-payments. The asset limit for each sub-program is \$7,160 for a person living alone. *Medicaid Eligibility Handbook*, § 32.6. Each uses the same rules for determining financial eligibility as Medicaid. *Medicaid Eligibility Handbook*, § 32.1.1. The county agency notified the petitioner that it was ending her benefits on January 1, 2015, because an inheritance pushed her assets over the program's limit. After the hearing, the petitioner submitted documentation showing that the inheritance is not available because the estate from which the money is being inherited has not been closed. The worker at the hearing agrees that this money is not available and that the petitioner's Medicare Premium Assistance can be reinstated retroactive to January 1, 2015.

### CONCLUSIONS OF LAW

The petitioner's available assets do not exceed the limit allowed by the Medicare Premium Assistance program.

**THEREFORE, it is**

### ORDERED

That this matter is remanded to the county agency with instructions that within 10 days of the date of this decision it reinstate the petitioner into the Medicare Premium Assistance program retroactive to January 1, 2015.

### **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 10th day of April, 2015

---

\sMichael D. O'Brien  
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 April 10, 2015.

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