



FH

Redact

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

In the Matter of:

[Redacted]
[Redact]
[Redacted]

DECISION

MAP/164094

PRELIMINARY RECITALS

Pursuant to a petition filed February 20, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Rock County Department of Social Services [“County”] in regard to Medical Assistance [“MA”], a Hearing was held via telephone on May 14, 2015. At petitioner’s request a Hearing scheduled for April 8, 2015 was rescheduled.

The issue for determination is whether the \$20 unearned income disregard was correctly applied when calculating petitioner’s MAPP monthly premium amount.

There appeared at that time via telephone the following persons:

PARTIES IN INTEREST:

Petitioner:

[Redacted]
[Redact]
[Redacted]

Respondent:

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

BY: [Redact], ES Supervisor
Rock County Department of Social Services
1900 Center Avenue
PO Box 1649
Janesville, WI 53546

ADMINISTRATIVE LAW JUDGE:

Sean P. Maloney
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # Redact) is a resident of Rock County, Wisconsin.
2. Petitioner was eligible MAPP with no premium until March 1, 2015.
3. Effective March 1, 2015, due to an increase in his Social Security and a change in the premium income limits, petitioner was required to pay a monthly MAPP premium.
4. In calculating the amount of petitioner's monthly MAPP premium the County reduced petitioner's unearned income by the Standard Living Allowance ["SLA"]; the SLA includes the amount of the monthly federal Supplemental Security Income ["SSI"] cash benefit, the amount of the monthly state SSI cash benefit, and the \$20 income disregard.

DISCUSSION

Individuals who are eligible for MAPP may be required pay a monthly premium unless their income is below 150% of the Federal Poverty Level ["FPL"]¹. Wis. Stat. § 49.472(4) (2013-14); see also, Wis. Admin. Code §§ DHS 103.04(9)(c) & 103.087(1) (December 2008) & *Medicaid Eligibility Handbook* ["MEH"], 26.5 & 39.10. If a person fails to pay the required premium their MAPP is terminated and they are put in a Restrictive Reenrollment Period ["RRP"] for 6 months during which time they cannot re-enroll in MAPP. Wis. Admin. Code § DHS 103.087(1)(i) (December 2008); MEH 26.5.6 & 26.6.1.

The amount of the monthly MAPP premium is determined by reference to a *Premium Schedule* set forth in Table 103.087. Wis. Admin. Code § DHS 103.087(1)(c)1. (December 2008) & MEH 26.5.1.5 & 39.10. The amount of the monthly premium depends on the sum of a person's monthly adjusted earned and adjusted unearned income. Wis. Admin. Code § DHS 103.087(1)(c)4. (December 2008) & MEH 26.5.1. & 39.10.

Petitioner argues that his monthly MAPP premium was not correctly calculated because the \$20 unearned income disregard was not applied. However, petitioner's unearned income was reduced by the SLA. As noted above, the SLA includes the \$20 income disregard. Wis. Admin. Code § DHS 103.087(1)(d)1.a (December 2008) & MEH 26.5.1.1.b & 39.4.2.6. Therefore, the \$20 unearned income disregard was correctly applied when calculating petitioner's MAPP monthly premium amount.

CONCLUSIONS OF LAW

For the reasons discussed above, the \$20 unearned income disregard was correctly applied when calculating petitioner's MAPP monthly premium amount.

NOW, THEREFORE, it is

ORDERED

That the petition for review herein be and the same is hereby DISMISSED.

¹ For 1 person 150% of the FPL is \$1,458.75 per month. MEH 39.5.

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 19th day of May, 2015

\sSean P. Maloney
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 May 19, 2015.

Rock County Department of Social Services
Division of Health Care Access and Accountability