



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of:

[Redacted]
[Redacted]
Redact

DECISION

FCP/165455

PRELIMINARY RECITALS

Pursuant to a petition filed April 14, 2015, under Wis. Admin. Code § DHS 10.55, to review a decision by the La Crosse County Department of Human Services ["County"] in regard to Medical Assistance ["MA"], a Hearing was held via telephone on May 14, 2015.

The issue for determination is whether petitioner's has a \$347.00 per month cost share for the MA Family Care Program ["FCP"].

There appeared at that time via telephone the following persons:

PARTIES IN INTEREST:

Petitioner:

[Redacted]
[Redacted]
Redact

Respondent:

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

BY: [Redacted], ES Supervisor
La Crosse County Department of Human Services
300 N. 4th Street
PO Box 4002
La Crosse, WI 54601

ADMINISTRATIVE LAW JUDGE:

Sean P. Maloney
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # [Redacted]; 71 years old) is a resident of Monroe County, Wisconsin.

2. Petitioner is eligible for MA and for the MA Family Care program ["FCP"].
3. On March 17, 2015 an FCP renewal was completed for petitioner.
4. Following her renewal the County determined that petitioner had a \$347.00 per month cost share for FCP; this was based on her monthly Social Security income of \$1,286, a monthly basic needs allowance of \$976, monthly rent of \$376, and a monthly special housing allowance of \$26.

DISCUSSION

A person who is eligible for FCP must pay a monthly amount toward their cost of care. This is known as the *cost share*. See, Wis. Stat. § 46.286(2)(a) (2013-14); Wis. Admin. Code § DHS 10.34(2) (November 2013); *Medicaid Eligibility Handbook* ["MEH"] 29.3.1. A person who is required to pay a cost share but fails to make the required payments is ineligible for FCP. Wis. Stat. § 46.286(2)(c) (2013-14); Wis. Admin. Code § DHS 10.34(4)(a) (November 2013); MEH 29.5.2.4.¹. When calculating the FCP cost share certain disregards and deductions against income are allowed. See, Wis. Stat. § 46.286(2)(a) (2013-14); Wis. Admin. Code § DHS 10.34(2) (November 2013).

Petitioner does not dispute that she has a \$347.00 per month cost share for FCP. However, she testified that she wanted to have a lower cost share. Petitioner's desire to have lower cost share is understood -- but by law her FCP cost share is \$347.00 per month.

CONCLUSIONS OF LAW

For the reason discussed above, petitioner has a \$347.00 per month cost share for FCP.

THEREFORE, it is

ORDERED

That the petition for review herein be and the same 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.

¹ If the Wisconsin Department of Health and Services ["DHS"] determines that the person or his or her family would incur an undue financial hardship as a result of making the FCP cost share payment DHS may waive or reduce the amount. Wis. Admin. Code § DHS 10.34(4)(b) (November 2013). A waiver may be requested by writing a letter to: **Bureau Director; Office of Family Care; Wisconsin Department of Health Services; P.O. Box 7850; Madison, Wisconsin 53707-7850.**

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 2nd day of June, 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 June 2, 2015.

La Crosse County Department of Human Services
Office of Family Care Expansion