



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MQB/165548

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 21, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Kenosha County Human Service Department in regard to Medical Assistance, a hearing was held on May 07, 2015, at Kenosha, Wisconsin.

The issue for determination is whether the agency properly determined the Petitioner is not financially eligible for premium assistance.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

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

By: Karen Mayer

Kenosha County Human Service Department  
8600 Sheridan Road  
Kenosha, WI 53143

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Kenosha County.
2. On April 13, 2015, the agency issued a Notice of Decision informing the Petitioner that he is no longer eligible for Medicare Premium Assistance effective May 1, 2015.

3. Petitioner has Social Security income of \$1,755/month which increased effective May 1, 2015 from a previous income of \$1,103.90.
4. On April 21, 2015, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### DISCUSSION

The petitioner seeks Medicare Premium Assistance through one of the Specified Low Income Medicare Beneficiary (SLMB) program. This is a medical assistance sub-programs mandated by Wis. Stat. § 49.468(1m)(a) that pays eligible participants' Medicare Part B premiums. Medical Assistance Eligibility Handbook (MEH) § 32.1.1. The income limit is 100% to 120% of the Federal Poverty Level (FPL) for SLMB. MEH, §§ 32.3.2. Currently, 120% of FPL is \$1,177. MEH, §39.5. The program uses the same rules for determining financial eligibility as Medicaid. MEH, § 32.1.1. When determining benefits, the only applicable deduction includes a standard \$20 of all income MEH, § 15.7.5.

In this case, the Petitioner's gross monthly income is \$1,755 from Social Security. The Petitioner's previous income was \$1,103.90. Previously, his income was under the program limit of \$1,177. With the increase in SS income, the Petitioner is now over the program limit, even with the \$20 deduction. Therefore, I must conclude that the agency properly determined the Petitioner is no longer eligible for SLMB.

### CONCLUSIONS OF LAW

The agency properly determined the Petitioner is no longer eligible for SLMB.

**THEREFORE, it is**

**ORDERED**

That the Petitioner's appeal is 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 Milwaukee,  
Wisconsin, this 11th day of June, 2015

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\sDebra Bursinger  
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 11, 2015.

Kenosha County Human Service Department  
Division of Health Care Access and Accountability