



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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCS/167874

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 08, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Washington County Department of Social Services in regard to Medical Assistance, a hearing was held on September 15, 2015, at West Bend, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner’s application for healthcare benefits.

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: Julie Williamson

Washington County Department of Social Services  
333 E. Washington Street  
Suite 3100  
West Bend, WI 53095

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Washington County.
2. On June 18, 2015, the Petitioner submitted an application for BC+ for herself. She reported a new job with [REDACTED]. She reported that her job with [REDACTED] would end in June.

3. On June 22 and 25, 2015, the agency issued a Notice of Proof Needed to the Petitioner requesting employment and income verification from [REDACTED] and [REDACTED] with a due date of July 20, 2015.

4. The wages reported to the state for the Petitioner by [REDACTED] are as follows:

Period Ending	Pay Date	Gross wages
May 1, 2015	May 8, 2015	\$ 952.88
May 15, 2015	May 22, 2015	\$ 469.64
May 29, 2015	June 5, 2015	\$1,289.37
June 12, 2015	June 19, 2015	\$1,360.37
June 25, 2015	July 3, 2015	\$ 783.04
July 10, 2015	July 17, 2015	\$ 911.10
July 24, 2015	July 31, 2015	\$ 606.06
August 7, 2015	August 14, 2015	\$ 581.08

5. The wages reported to the state for the Petitioner by [REDACTED] are as follows:

Period Ending	Pay Date	Gross wages
April 25, 2015	May 1, 2015	\$252.18
May 9, 2015	May 15, 2015	\$294.93
May 23, 2015	May 29, 2015	\$298.53
June 6, 2015	June 12, 2015	\$234.27
June 20, 2015	June 26, 2015	\$268.38
July 4, 2015	July 10, 2015	\$141.48

5. On July 15, 2015, the agency issued a Notice of Decision to the Petitioner informing the Petitioner that her application for healthcare benefits was denied due to income exceeding the program limit. This was based on the agency budgeting earned income from [REDACTED] and [REDACTED] of \$2,680.18 for June, 2015, earned income from [REDACTED] and [REDACTED] of \$2,411.80 for July, 2015 and earned income from [REDACTED] of \$2,143.42 for August, 2015.

6. On August 8, 2015, the Petitioner filed an appeal with the Division of Hearings and Appeals.

**DISCUSSION**

BadgerCare Plus is Wisconsin’s medical assistance program for those who are not elderly or disabled. Adults are ineligible if their household income exceeds the federal poverty level, which for a single person such as the petitioner is \$980.83 a month. Wis. Stat. § 49.471(4)(a); BadgerCare Plus Handbook, § 50.1.; BadgerCare Plus Handbook, § 50.1. The agency denied BadgerCare Plus to the petitioner after finding that her income exceeded the program limit. She contends that her income is not being properly calculated because her job with [REDACTED] ended in June and her hours at [REDACTED] are variable.

It is the policy of the agency to determine an applicant’s household income based on the last 30 days of gross pay. In this case, the agency calculated the Petitioner’s gross income based on the wages reported by her employers for June, July and August. The evidence demonstrates that in May, June and July, the Petitioner’s her gross income exceeded the program limit of \$980.83.

The Petitioner also contends that the agency should look at a longer period of time because her hours are variable with [REDACTED]. The agency representative testified that she did calculate Petitioner’s average

monthly income from [REDACTED] for the period of January – July, 2015 as over \$1,700/month. The Petitioner submitted some pay statements at the hearing for the period of September 26, 2014 – April 10, 2015 from [REDACTED]. For the year-to-date on April 10, 2015, the Petitioner’s wages were \$5,282.03. This is an average of \$1,760/month for the period of January – March, 2015.

Based on the evidence, I conclude that the agency properly determined the Petitioner’s gross monthly household income exceeded the program limit of \$980.83 and properly denied the Petitioner’s application for healthcare benefits. I note that the Petitioner can re-apply for benefits any time that her income changes and the agency will review her eligibility based on the change in circumstances.

**CONCLUSIONS OF LAW**

The agency properly denied the Petitioner’s application for healthcare benefits based on income exceeding the program limit.

**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 30th day of October, 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 October 30, 2015.

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