



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of



DECISION

BCS/167953

PRELIMINARY RECITALS

Pursuant to a petition filed August 10, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Outagamie County Department of Human Services in regard to Medical Assistance, a hearing was held on September 09, 2015, at Appleton, Wisconsin.

The issue for determination is whether the agency properly determined the Petitioner's eligibility for BadgerCare Plus (BC+).

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

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

By: Lisa Watkins

Outagamie County Department of Human Services
401 S. Elm Street
Appleton, WI 54911-5985

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # [redacted]) is a resident of Outagamie County.
2. On May 22, 2015, the Petitioner contacted the agency to complete her BadgerCare Plus (BC+) renewal. Petitioner's household size is three, including herself, her husband and her daughter.

3. On May 28, 2015, the agency issued a Notice of Decision to the Petitioner informing her that BC+ benefits for herself and her husband would end effective July 1, 2015 due to household income exceeding the program limit. The agency determination was based on earned income from Petitioner of \$2,080.66/month.

4. On July 21, 2015, the Petitioner submitted pay statements to the agency. The pay statements report the Petitioner’s actual gross wages as follows:

April, 2015	\$2,168.55
May, 2015	\$3,184.49 (three pay dates)
June, 2015	\$2,301.14

On June 26, 2015, the Petitioner’s year-to-date earned income was reported as \$11,582.20.

5. On July 22, 2015, the agency issued a Notice of Decision to the Petitioner informing her that BC+ benefits were denied for Petitioner and her husband due to household income exceeding the program limit. The agency determination was based on earned income from Petitioner of \$2,324.98.

6. On August 10, 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 three person household is \$1,674.17/month. Wis. Stat. § 49.471(4)(a); BadgerCare Plus Handbook, § 50.1. The agency denied BadgerCare Plus to the Petitioner and her husband after determining that her income exceeded the program limit.

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 monthly household income based on the wages reported by her employer for April, May and June, 2015. In each month, the Petitioner’s gross income exceeds the program limit of \$1,674.17/month.

The Petitioner testified that she has medical needs and that she will need surgery in the near future. This will impact her work hours. The Petitioner was advised that she should consider insurance through the marketplace. Further if her income changes, she can re-apply at any time.

Based on the information provided, I conclude the agency properly determined the Petitioner is not eligible for BC+ due to monthly household income that exceeds the program limit.

CONCLUSIONS OF LAW

The agency properly determined the Petitioner is not eligible for BC+ due to monthly household income that exceeds 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

\sDebra Bursinger
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
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on October 30, 2015.

Outagamie County Department of Human Services
Division of Health Care Access and Accountability