



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/169007

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**PRELIMINARY RECITALS**

Pursuant to a petition filed September 23, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on November 05, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly terminated the petitioner's Medicaid coverage effective October 1, 2015 because he was over the program income limit.

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: Katherine May

Milwaukee Enrollment Services  
1220 W Vliet St, Room 106  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Corinne Balter

Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On July 2, 2015 the petitioner requested Medicaid coverage. At that time the petitioner's monthly household gross income was under the program limit. The petitioner's income consisted entirely of his social security income (SSI). The petitioner began receiving Medicaid coverage.

3. In September 2015 the petitioner started receiving \$912.00 in monthly social security disability income (SSDI). This income put the petitioner over the income limit for Medicaid coverage.
4. On September 14, 2015 the agency sent the petitioner a notice stating that effective October 1, 2015 his healthcare was closing because he was over the program income limit.
5. On September 28, 2015 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.

### DISCUSSION

Medical Assistance (MA) is a state-federal program designed to pay for medical coverage for low income persons. To qualify for MA, a person must be both nonfinancially and financially eligible. There is no dispute that the petitioner is nonfinancially eligible (*e.g.*, disabled). To be financially eligible, a person must have assets that are under the program's asset limit, and income that is under the appropriate income limit. The adjusted income limit for a household size of one is \$816.78. *MA Eligibility Handbook (MEH)*, Appendix 39.4.1., at <http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm> .

In this case the petitioner's income increased above the income limit, and he became ineligible for MA benefits. The petitioner does not dispute the income that the agency used in determining that he was no longer eligible for MA benefits.

As a point of information, the petitioner is open for QMB. QMB Qualified Medicare Beneficiary (QMB) provides assistance with Medicare Part B premiums for persons whose incomes are over the regular Medical Assistance limits. QMB pays the entire Medicare Part B premium. The petitioner would also be eligible for the MAPP program if he provides documentation that he does some type of in kind work each month. The limited issue for this appeal was whether the agency correctly discontinued the petitioner's MA benefits because he was over the MA income limit.

### CONCLUSIONS OF LAW

The agency correctly terminated the petitioner's Medicaid coverage effective October 1, 2015 because he was over the program income limit.

**THEREFORE, it is**

**ORDERED**

That the petition 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 1st day of December, 2015

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\sCorinne Balter  
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 December 1, 2015.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability