



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
c/o Atty [REDACTED]
[REDACTED]
[REDACTED]

DECISION

FCP/172590

PRELIMINARY RECITALS

Pursuant to a petition filed March 09, 2016, under Wis. Admin. Code § DHS 10.55, to review a decision by the Dodge County Department of Human Services in regard to Medical Assistance, a telephonic hearing was held on March 29, 2016, at Juneau, Wisconsin.

The issue for determination is whether there is any remaining issue in dispute regarding the petitioner's April 1, 2016 eligibility for Family Care Program benefits or her cost share amount.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
c/o Atty [REDACTED]
[REDACTED]
[REDACTED]

Petitioner's Representative:

Attorney [REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: No appearance by any county worker
Dodge County Department of Human Services
143 E. Center Street
Juneau, WI 53039-1371

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Dodge County.
2. The petitioner applied for Family Care Program (FCP) benefits during January, 2016, and provided verification to the county agency during February, 2016.

3. The county agency denied the petitioner's Family Care Program (FCP) application.
4. The petitioner filed an appeal with the Division of Hearings and Appeals (DHA) on March 9, 2016 regarding the denial of her FCP application.
5. No county representative appeared at the March 29, 2016 telephonic hearing to provide sworn testimony or to answer any questions.
6. Dodge County supervisor [REDACTED] [REDACTED] sent a March 29, 2016 e mail to DHA (without a copy sent to petitioner's representative) indicating that petitioner is eligible for Family Care because she met both functional and financial requirements, but with a monthly cost share of \$2,139.61 as of April 1, 2016. Ms. [REDACTED] indicated that petitioner chose to enroll in Family Care as of April 1, 2016 (a copy of Ms. [REDACTED]'s e mail was sent to petitioner's representative by DHA after the March 29, 2016 hearing).
7. During the March 29, 2016 hearing, petitioner's representative, [REDACTED] [REDACTED], stipulated that petitioner was agreeing to petitioner's enrollment in the Family Care Program as of April 1, 2016 with a monthly cost share of \$2,139.61, as long as the county agency confirmed in writing such approval in a Notice of Decision to the petitioner.

CONCLUSIONS OF LAW

There is no longer any remaining issue in dispute regarding the petitioner's April 1, 2016 eligibility for Family Care Program benefits or her cost share amount as of that date.

THEREFORE, it is

ORDERED

The matter is remanded to the county agency with instructions to send to the petitioner and her representative a Notice of Decision which confirms the approval of petitioner's April 1, 2016 eligibility for Family Care Program benefits with a monthly \$2,139.61 cost share amount, within 10 days of the date of this Decision.

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 Madison,
Wisconsin, this 30th day of March, 2016

\sGary M. Wolkstein
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 March 30, 2016.

Dodge County Department of Human Services
Office of Family Care Expansion
Health Care Access and Accountability
Attorney [REDACTED]