

In the Matter of



DECISION

MED-2/92938

The proposed decision of the hearing examiner dated September 3, 2008, is modified as follows and, as such, is hereby adopted as the final order of the Department.

PRELIMINARY RECITALS

Pursuant to a petition filed April 17, 2008, under Wis. Stat. §49.45(5) and Wis. Adm. Code §HA 3.03(1), to review a decision by the Ashland Count y Dept. of Human Services in regard to m edical assistance, a hearing was held on July 25, 2008, at Ashland, Wisconsin. Hearings scheduled for Ma y 21 and June 19, 2008, were rescheduled at the petitioner's request.

The issue fo r determ ination is whether the petitione r must repay an alleged overpay ment of medical assistance.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Wisconsin Department of Health Services 1 West Wilson Street, Room 650 P.O. Box 7850 Madison, WI 53707-7850

By: Traci Newhouse, ESS
Ashland County Dept Of Human Services
630 Sanborn Avenue
Ashland, WI 54806

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien Division of Hearings and Appeals

FINDINGS OF FACT

- 1. The petitioner (CARES #) resides in Ashland County.
- 2. The petitioner received medical assistance from March 1, 2007, through February 28, 2008.
- 3. A fundraiser was held for the petitioner, and on July 13, 2007, she depos ited \$29,782 i nto her bank account. She did not report this deposit to the county agency.
- 4. The count y agency seeks to recover \$23,308 i n medical assistance benefit s provided t o the petitioner from September 1, 2007, through February 29, 2008.

DISCUSSION

The petitioner received medical assistance because she was indigent and dis abled with cancer. In the summer of 2007 her community held a fundraiser, and on July 13, 2007, she deposited \$29,782 received from that event into her bank account.

Households with two per sons, the size of the petiti oner's, cannot have more than \$3,000 in asset s and remain eligible. Wis. Stat. § 49.47(2)(b)3m.e. Medical a ssistance r equires re cipients to report any financial information that affects eligibility within 10 day s. Wis. Adm. Code § 104.02(6). The agency must then give the recipien t written notice of its decisi on to end benefits and not end benefits for at least 10 days from the date of the notice. Wis. Ad m. Code § 103.09(4). Medical assistance benefits continue until the last day of the month the person became ineligible. Wis. Adm. Code § HFS 103.09(1). When the petitioner did not report the deposit to the count y ag ency, it de termined that she should have been ineligible at the end of August 2007. It did not say how it reached this date, but if the petitioner reported the deposit on July 23, 2007, or 10 days after making it, the agency's 10-day notice to end her benefits would not take effect until August. This means that she would remain eligible regardless of the validity of the agency's claim through August. Her actual eligibility did not end until February 29, 2008, after the agency conducted its annual review. Between S eptember 1, 2007, and February 29, 2008, s he received \$23,308 in benefits, which the county agency now seeks to recover.

The Depart ment "may re cover" any overpayment of medical assistance that occurs be cause of the following:

- 1. A m isstatement or o mission of fact by a person supplying information in an application f or benefits under this subchapter or s. 49.665 [BadgerCare].
- 2. The failure of a Medical Assistance or Badge r Care recipient or any other person responsible for giving information on the recipient's behalf to r eport the receipt of income or assets in an amount that would have affected the recipient's eligibility for benefits.
- 3. The failure of a Medical Assistance or Badge r Care recipient or any other person responsible for giving information on the recipient's behalf to report any change in the recipient's financial or nonfinancial situation or eligibility c haracteristics that would have affected the recipient's eligibility for benefits or the recipient's cost-sharing requirements.

Wis. Stat. § 49.497(1); see also, Medicaid Eligibility Handbook, § 22.2.1. When determining the amount of a medical assistance overpay ment, agencies must use the actual benefit received by the recipient. Medicaid Eligibility Handbook, § 22.2.2.2.

The County was correct to have sought recovery of the overpayment. The petitioner points out that this asset came f rom a charitable donation rather than re gular income. Unfortunately f or the petitioner, medical assistance does not exem pt assets derived from donations. The donation clearly placed her over the medical assistance asset limit and she admits that she did not report it to the county agency.

However, the Department has the discretion to cons ider all cir cumstances when demanding repayment. The ALJs do not possess such equitable powers, but I do. It is not uncomm on for the communities to raise funds to help a neighbor's unmet needs. I am aware that recipients more savvy than petitioner have immediately used the don ations or had a trust funded, both in way s that d id not affect their continuin g eligibility. In this way, the community's funds were used as intended—for the recipient's supplemental needs, not to repay Medicaid. I do not excuse p etitioner's failure to notify the count y about these donations. But, given all of the circumstances, I wil I exercise my discretion to apply equity and waive recovery of the overpayment.

CONCLUSIONS OF LAW

- 1. The petitioner was overpaid medical assistance benefits because she failed to report assets to the county agency.
- 2. The Department has the authority to waive this overpayment on equitable grounds.

NOW, THEREFORE, it is

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ORDERED

That this matter shall be REMANDE D to the county agency with instructions that within 10 days of the date of this decision it end its attempts to recover the \$23,308 in medical assistance benefits provided to the petitioner from September 1, 2007, through February 29, 2008.

Given Madison,	under my hand at the City of Wisconsin, this day of
	, 2008
	Mark Thomas, Deputy Secretary
Depart	ment of Health Services