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

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In the Matter of

[REDACTED]

**DECISION**

Case #: MGE - 218210

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**PRELIMINARY RECITALS**

Pursuant to a petition filed on May 8, 2025, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Marinette County Health & Human Services regarding Medical Assistance (MA), a hearing was held on June 25, 2025, by telephone.

The issue for determination is whether the agency erred in its denial of petitioner's application for MA.

There appeared at that time the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Respondent:

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

By: K. Bruett

Marinette County Health & Human Services  
Entrance B  
1925 Ella Court  
Marinette, WI 54143

**ADMINISTRATIVE LAW JUDGE:**  
John Tedesco  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Marinette County.

2. Petitioner applied for MA.
3. She provided a verification of a savings account with a balance in excess of \$69,000. That account is not a joint account but is an individual account at [REDACTED].

### **DISCUSSION**

Medical assistance is supposed to pay for "health care services for qualified persons whose financial resources are inadequate to provide for their health care needs." Wis. Admin. Code, § DHS 101.01. Generally, a person cannot be eligible if her assets exceed \$2,000 or, if married, her and her spouse's combined assets exceeded \$3,000. Wis. Admin. Code, § DHS 103.06(1)(a); Wis. Stat. §§ 49.46(1) and 49.47(4).

In this case, petitioner applied for MA and provided a bank account statement showing a balance far in excess of \$2,000. The agency denied eligibility by notice dated 3/24/25.

In her hearing request, [REDACTED] (on behalf of petitioner) stated that the majority of the funds were his and not assets of petitioner. Petitioner included with the hearing request a printed bank statement showing a balance as of 3/6/25 in the amount of \$69,738.83. Petitioner's name is the only name on the statement despite the assertion by [REDACTED] that this is a "joint" bank account. The documents also include a typed and unsigned statement stating that the deposits belong to [REDACTED].

At hearing, petitioner was represented by [REDACTED]. He argued that the funds belong to him as the checks that were deposited were made out to him. But, the funds have now been deposited in an individual account of petitioner. The facts surrounding the deposit are not at issue here. The only question before me is whether, on this record, the agency made an error in denying MA to a person with nearly \$70,000 in a bank account that is available to her. The agency did not.

### **CONCLUSIONS OF LAW**

The agency correctly denied MA eligibility to petitioner due to her assets exceeding the eligibility limit.

**THEREFORE, it is**

**ORDERED**

That this 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, 4822 Madison Yards Way, 5<sup>th</sup> Floor North, 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.

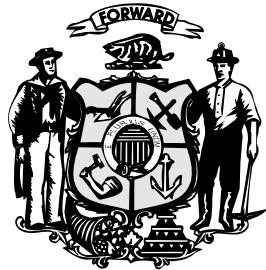
## APPEAL TO COURT

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, **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 6th day of August, 2025

\s \_\_\_\_\_  
John Tedesco  
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 August 6, 2025.

Marinette County Health & Human Services  
Division of Health Care Access and Accountability