



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MQB - 218814

PRELIMINARY RECITALS

Pursuant to a petition filed on June 23, 2025, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the La Crosse County Department of Human Services regarding Medical Assistance (MA), a hearing was held on July 29, 2025, by telephone. Hearings scheduled for July 16, 2025 and July 22, 2025, were rescheduled at the request or with the consent of the petitioner.

The issue for determination is whether the agency correctly found the petitioner exceeded income limits for the Medicare Saving Program.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By:

La Crosse County Department of Human Services
300 N. 4th Street
PO Box 4002
La Crosse, WI 54601

ADMINISTRATIVE LAW JUDGE:

Jason M. Grace
Division of Hearings and Appeals

FINDINGS OF FACT

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

2. The Petitioner was enrolled in SLMB+, a Medicare Savings Program.
3. On March 21, 2025, the respondent contacted the agency and reported that his caregiver had moved into his residence that he owns and was paying him rent and utilities.
4. On March 24, 2025, the agency issued notice to petitioner requesting proof that he owned his residence, the amount of his monthly mortgage and utility payments, and the amount of rent his caregiver was paying him.
5. Petitioner provided the agency proof of home ownership and that his monthly mortgage payment (principal, interest, taxes, and insurance) was \$1,588.32.
6. On April 11, 2025, the petitioner and his caregiver contacted the agency and reported that the caregiver pays petitioner \$650/month for shelter costs.
7. On April 14, 2025, notice was issued to the petitioner indicating that his enrollment in SLMB+ was ending May 1, 2025, as income exceeded program limits.
8. The agency found that petitioner had total monthly household income of \$1,857, consisting of social security of \$1,207.00 and rental payment of \$650.00. He had total counted income of \$1,837.00. The income limit for SLMB+ is \$1,760.63.
9. The petitioner filed an appeal.

DISCUSSION

Medicare is a health insurance program administered by the federal Centers for Medicare & Medicaid Services (CMS) for people age 65 and older and for certain younger people with disabilities. Medicare is divided into two primary types of health coverage. Hospital insurance (Part A) pays hospital bills and certain skilled nursing facility expenses. Medical insurance (Part B) pays doctors' bills and certain other charges. Medicaid Eligibility Handbook (MEH), § 32.1.

At hearing, the petitioner and his caregiver confirmed that the caregiver paid a portion of the petitioner's monthly mortgage payment. She paid \$650/month toward his monthly mortgage payment of \$1,588.32. Petitioner argued that this \$650/month payment is not countable income because it was not paid directly to him. Instead, he reported that it was deposited directly into a bank account linked to his mortgage payment that he did not control. He claimed that he did not have the ability to control the money in the account. The record was held open for 2 weeks to provide the petitioner an opportunity to submit proof from the bank supporting his claim. Nothing was received from the petitioner as of issuance of this decision. I agree with the agency that the \$650 monthly payment is countable income to the petitioner for purposes of MA and the MSP. See MEH, §§ 15.1, 15.4, 15.5, and 15.6; also see MEH, § 15.3 (exempt and disregarded income).

Each MSP has different income eligibility requirements. The QMB income limit is 100% of the federal poverty level (FPL) (i.e., \$1,304.17 per month in 2025 for a one-person assistance group). MEH § 32.2.3 and App. 39.5. The SLMB income limit is 120% FPL (i.e., \$1,565.00 per month in 2025). MEH § 32.3.2 and App. 39.5. And, the SLMB + income limit is 135% FPL (i.e., 1,760.63 per month in 2025). MEH § 32.4.2 and App. 39.5. The agency must determine the total countable income and then subtract a \$20 standard deduction. MEH §§32.1.2, 32.2.3, 32.3.2, 34.4.2.

Petitioner's countable income of \$1,837 exceeds the program limits for QMB, SLMB, and SLMB+ . He further does not qualify for QDWI as he is enrolled in Community Waivers. MEH, § 32.5.1. Thus, the agency correctly found that he was not eligible for the MSP.

CONCLUSIONS OF LAW

The agency correctly found the petitioner exceeded income limits for QMB, SLMB, and SLMB+.

THEREFORE, it is **ORDERED**

That 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, 4822 Madison Yards Way, 5th 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.

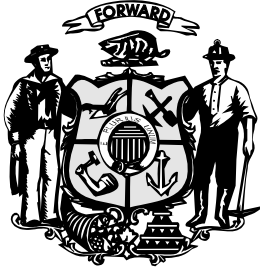
APPEAL TO COURT

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 12th day of September, 2025

\s _____
Jason M. Grace
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
5th Floor North
4822 Madison Yards Way
Madison, WI 53705-5400

Telephone: (608) 266-7709
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on September 12, 2025.

La Crosse County Department of Human Services
Division of Health Care Access and Accountability