



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

(petitioner)

DECISION

MRA-59/67623

PRELIMINARY RECITALS

Pursuant to a petition filed January 6, 2005, under Wis. Stat. §49.45(5) and Wis. Adm. Code §HA 3.03(1), to review a decision by the Sheboygan County Dept. of Human Services in regard to Medical Assistance (MA), a telephonic hearing was held on February 17, 2005, at Sheboygan, Wisconsin.

The issue for determination is whether there is any remaining issue in dispute regarding petitioner's patient liability cost share effective January 1, 2005.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

(petitioner)

Representative:

(petitioner's spouse)

Wisconsin Department of Health and Family Services
Division of Health Care Financing
1 West Wilson Street, Room 250
P.O. Box 309
Madison, WI 53707-0309

By: Kathy McMullen, ES Supervisor
Sheboygan County Dept Of Human Services
3620 Wilgus Ave
Sheboygan, WI 53081

ADMINISTRATIVE LAW JUDGE:

Gary M. Wolkstein
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (SSN xxx-xx-xxxx, CARES #xxxxxxxxxx) is a resident of Sheboygan County.
2. The petitioner has resided at the Sunny Ridge Nursing Home since November 5, 2004.
3. The petitioner's wife resides in the community. She has been a participant in the COP Waiver MA program since August 1, 2000.
4. The county agency sent a December 17, 2004 Notice of Decision to the petitioner stating that effective January 1, 2005 his patient liability cost share would be \$185.33. See Exhibit 3.
5. During the February 17, 2005 fair hearing, the petitioner's representative stipulated that she is no longer disputing the petitioner's patient liability cost share of \$185.33.
6. The county agency concurred with the stipulation set forth in Finding of Fact #5.

CONCLUSIONS OF LAW

There is no longer any remaining issue in dispute regarding petitioner's patient liability cost share effective January 1, 2005.

NOW, THEREFORE, it is **ORDERED**

The petition for review herein be and the same is hereby dismissed.

REQUEST FOR A NEW HEARING

This is a final fair hearing decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a new hearing. You may also ask for a new hearing if you have found new evidence which would change the decision. To ask for a new hearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST."

Your request must explain what mistake the examiner made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

Your request for a new hearing must be received no later than twenty (20) days after the date of this decision. Late requests cannot be granted. The process for asking for a new hearing is in sec. 227.49 of the state statutes. A copy of the statutes can found 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 no more than thirty (30) days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

Appeals for benefits concerning Medical Assistance (MA) must be served on Department of Health and Family Services, P.O. Box 7850, Madison, WI, 53707-7850, as respondent.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for Court appeals is in sec. 227.53 of the statutes.

Given under my hand at the City of
Madison, Wisconsin, this 5th day of
April, 2005

/sGary M. Wolkstein
Administrative Law Judge
Division of Hearings and Appeals
107/GMW