MILWAUKEE MILWONSÒÒÁÒÞÜUŠŠT ÒÞVÁÙÒÜXÓÒÒ ÚUÁÓUÝÆÍÎÏÎ MILWAUKEE WI 5HŒÍ

Mailing Date: ÁT T ĐƯỢ ĐỔ ÔŸŸ

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State of Wisconsin

Case #: FGH (Î Ï Ì J€

Milwaukee Enrollment Services

Worker: AÁY UÜSÒÜ Phone #: 1-888-947-658 Fax #: (414) 438-4580 Use fax # to send verifications.



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-947-6583. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
Health Care	As of ALÖæN, at least one person in your home can get health care benefits if you and your family's medical bills add up to the deductible amount set by your agency. Please see Your Health Care Benefits page to learn more.
If you don't caree with the	his decision, you have the right to a Fair Hagring. Places see the last

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.

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Who will get health care benefits if they meet a deductible?

ANNA: You are not enrolled in a health care plan because you either have too much income or you had access to health insurance when you applied. You can get health care if you meet a deductible. If your family's medical bills add up to your deductible amount, you can get health care benefits for the rest of your deductible period. To get your deductible amount and deductible period, check with your agency.

Supporting Laws:

0	Who is not enrolled?	
When?	Which plan?	Who and why?
As of <date></date>	Community Waivers	ANNA: You divested. This may affect your long term care benefits. You may need to reapply after your divestment penalty period ends. Contact your Aging and Disability Resource Center (dhs.wisconsin.gov/adrc/) in the 45 days prior to your penalty period ending.
Supporting Laws: S.49.453		

Who has a divestment penalty period?			
When?	Who?	Length of Penalty?	
<date> - ANNA</date>		The divestment penalty period is calculated by dividing the amount divested (\$100,000.00) by the average nursing home daily rate (\$278.05 per day) = 359 days.	

ANNA: Because you gave away or sold some of your assets (this is known as divestment), you are subject to a divestment penalty period.

Supporting Laws: S49.453

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Your Household's Reported Income and Bills

Here is a list of the income and bills that we have on file for your household.

	income	
Who has income?	When and how much? As of <date></date>	
ANNA Job: COMPANY A	\$2,000.00 each month	



How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

Community Waivers			
This was used for: ANNA			
	<date></date>	<date></date>	
Your Gross Income	\$2,000.00	\$2,000.00	
Gross Income Limit	\$2,205.00	\$2,205.00	
Your Counted Assets	\$0.00	\$0.00	
Counted Asset Limit	\$2,000.00	\$2,000.00	

Medicaid (Deductib	le)	
This was used for: ANNA		
	As of <date></date>	
Your Gross Income	\$2,000.00	
Your Counted Income	\$947.50	
Counted Income Limit	\$591.67	
Your Counted Assets	\$0.00	
Counted Asset Limit	\$2,000.00	

○ • Key Contacts

TTY Services: For TTY services call 711. These services are free.

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Online Help: ACCESS is an internet tool that lets you apply for other benefits, check your benefits, or report changes. Visit <u>access.wisconsin.gov</u>.

General Questions about FoodShare or Health Care Benefits: See your Enrollment and Benefits handbook or go to dhs.wisconsin.gov/em/customerhelp. If you have been approved to get other public assistance benefits or SSI, you may be able to enroll in FoodShare. You can apply for FoodShare online at access.wisconsin.gov or contact your agency listed on page 1.

ForwardHealth Card: See your Enrollment and Benefits handbook, visit dhs.wisconsin.gov/em/customerhelp, or call 1-800-362-3002 (TTY and translations services are available).



Get Letters Online Instead of by Regular Mail: You can get letters and information about your benefits online instead of by regular mail. To make this choice, contact your agency listed on page 1 or log in to your MyACCESS account at access.wisconsin.gov. If you do not have a MyACCESS account, you must create one to view your letters and information about your benefits online.

Any Other Questions: Contact your agency listed on page 1.



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YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-278-0633.

How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

Health Care

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Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at dhs.wisconsin.gov/em/customerhelp. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.

