



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]

DECISION

MGE/145728

PRELIMINARY RECITALS

Pursuant to a petition filed December 03, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Chippewa County Department of Human Services in regard to Medical Assistance, a hearing was held on January 23, 2013, at Chippewa Falls, Wisconsin.

The issue for determination is whether the county agency correctly denied the petitioner's application because she did not verify her information on time.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Cindy Carlson

Chippewa County Department of Human Services
711 N. Bridge Street
Chippewa Falls, WI 54729-1877

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien

Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [REDACTED]) is a resident of Chippewa County.
2. The county agency requested that the petitioner verify her earned income on October 3, 2012.
3. The county agency notified the petitioner on October 16, 2012, that it would end her medical assistance on October 31, 2012, because she had not yet verified her income.

4. The petitioner first verified her income on December 5, 2012.

DISCUSSION

Medicaid rules require recipients to verify various information. Wis. Adm. Code, § DHS 102.03(3) Agencies may deny applications if an applicant fails to verify information within 10 days of when it is requested. *Medicaid Eligibility Handbook*, § 20.7.1.1.; *see also* Wis. Admin. Code § DHS 102.03(1). On October 3, 2012, the county agency requested that the petitioner verify her earned income. She did not do so, and on October 16, 2012, the agency notified her that her benefits would end on October 31, 2012. She admits that she did not provide any verification until December 5, 2012, when she filed this appeal. She must reapply for benefits. However, as was explained to her at the hearing, she can be found eligible retroactive to “the first day of the month 3 months prior to the month of application.” Wis. Admin. Code § DHS 103.08(1). Thus, if she reapplies by the end of February, her benefits can be reinstated back to the November 1, the first day she was ineligible, and she will not have any period in which her medical care is not covered. She indicated at the hearing that she would file a new application before she left the building. The worker at the hearing agreed to help her do this.

CONCLUSIONS OF LAW

The county agency correctly ended the petitioner’s medical assistance benefits because she failed to verify her income on time.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge 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.

To ask for a rehearing, 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 for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be 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 served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson

Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 29th day of January, 2013

\sMichael D. O'Brien
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 January 29, 2013.

Chippewa County Department of Human Services
Division of Health Care Access and Accountability