



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]

DECISION

MGE/145807

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**PRELIMINARY RECITALS**

Pursuant to a petition filed December 10, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Brown County Human Services in regard to Medical Assistance, a hearing was held on January 29, 2013, at Green Bay, Wisconsin.

The issue for determination is whether the Department erred in its denial of MA due to failure to submit the MADA and ADDD within 30 days of the September 11, 2012 application.

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: Ashley Johnson

Brown County Human Services  
Economic Support-2nd Floor  
111 N. Jefferson St.  
Green Bay, WI 54301

**ADMINISTRATIVE LAW JUDGE:**

John P. Tedesco  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.
2. Petitioner filed an application for MA based on disability on September 11, 2012.

3. On September 26, 2012, the Department sent a notice to petitioner entitled “Notice of Action and Proof Needed” in which it informed the petitioner that certain documentation was required before MA could be processed or approved. The following was required by October 11, 2012:
  - a. Petitioner needed to complete the Medicaid Disability Application Form (“MADA”).
  - b. Petitioner needed to complete and sign an Authorization to Disclose Information to Disability Determination Bureau (“DDB”).
  - c. Petitioner needed to send in a statement for her PCM Credit Union account.
4. The requested bank statement was received by the agency on October 9, 2012.
5. On October 23, 2012, the Department mailed a notice to petitioner informing her that her application for MA was being denied due to failure to provide the requested verification documentation previously requested, and for failure to provide required releases and the MADA.
6. Petitioner filed a timely appeal from the October 23, 2012 denial.
7. On January 25, 2013, the petitioner faxed a copy of her MADA to the agency. It had been signed on January 24, 2013.

### DISCUSSION

To qualify for MA, a person must be both nonfinancially and financially eligible. Wis. Stats. §§49.46, 49.47, and 49.471. The pertinent nonfinancially eligibility category for this applicant is that of “disability.” *Id.*, 49.47(4)(a)4. The MA program uses the same disability standards that the Social Security Administration uses to determine if a person is disabled for SSI or Social Security Disability purposes.

When an MA applicant, who is not already on SSI or Social Security Disability, asserts that he is nonfinancially eligible as a disabled person, the agency is supposed to provide him with, and direct him to fill out, an MA Disability form:

#### 5.3.1 Application Form

Give a Medicaid - *Disability* Application (MADA) form ([HCF 10112](#)) to each person applying for Medicaid Disability. The MADA form must be completed by the Medicaid **applicant** or his/her representative.

The applicant must send the following to the local/county/tribal human or social service agency:

1. The completed MADA form ([HCF 10112](#)).  
Applicants must list information about all of his/her medical problems and contact information for all medical providers that have treated him/her,
2. One copy of the Authorization to Disclose Information to Disability Determination Bureau ([HCF 14014](#)),  
**and if applicable**
3. The Medicaid/FoodShare Wisconsin Authorization of Representative form ([HCF10126](#))

*MA Eligibility Handbook*, §5.3.1, online at <http://www.emhandbooks.wi.gov/meh/>. After the applicant completes the MADA form and returns it to the county agency, the agency is supposed to forward the MADA to the Wisconsin Disability Determination Bureau, based in Madison, for evaluation:

#### 5.3.2 Agency Form Processing

See [Process Help 12 Automated Medicaid Disability Determination](#) .

When completed MADA forms are received by the local agency, the IM worker must:

Determine if the applicant meets all other Medicaid eligibility requirements, with the exception of the disability determination and income. Do not send the MADA to DDB if the applicant does not meet all other Medicaid eligibility requirements aside from disability and income.

*Id.* §5.3.2.

Here, the issue was simply that petitioner did not complete the MADA or the ADDD and return them to the agency. Petitioner's sister explained that she did not see the reminder mailed by the Department. She conceded that the documents were not completed by the deadline. This was not an error by the agency. Indeed, the MADA was apparently submitted just days prior to hearing and more than four months after the initial application.

The department takes a strict position concerning the completion of the application process. Once the time period for providing the verification has passed, the application is over. "If less than 30 days has passed since the client's eligibility was denied, allow the client to re-sign and date the application or page one of the CAF [Combined Application Form] *to set a filing date*. If more than 30 days has passed since a client's eligibility was denied and the client is not open for any other program, the client must file a new application to reopen his/her MA." Handbook, App. 2.9.2, italics added. The department does not allow for discretionary extensions in cases where information is not provided due to simple errors.

In this case the county correctly denied the application because the MADA and the ADDD were not returned. It would be in petitioner's interests to complete the application process as soon as possible.

### **CONCLUSIONS OF LAW**

The county correctly denied petitioner's application because the MADA and the ADDD were not returned.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby 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 12th day of February, 2013

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\sJohn P. 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 February 12, 2013.

Brown County Human Services  
Division of Health Care Access and Accountability