



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCC/147185

PRELIMINARY RECITALS

Pursuant to a petition filed February 08, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on March 05, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner's application for BadgerCare Plus (BC+) benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: Katherine May
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On November 29, 2012, the agency processed the Petitioner's application and issued a Notice of Action and Proof Needed requesting employment and income verification. The due date for the requested items was December 10, 2012.

3. On December 27, 2012, the agency issued a Notice of Decision informing the Petitioner that BC+ benefits were terminated effective February 1, 2013 due to failure to submit requested employment and income verification.
4. On February 8, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

BadgerCare (BC) is a medical insurance program for working families. A person is eligible if s/he meets all non-financial and financial requirements. Medicaid Eligibility Handbook, § 1.1.1. (This is available online at <http://www.emhandbooks.wi.gov/meh/>).

An applicant or recipient for BC is responsible for providing the agency with full, correct, and truthful information. Wis. Adm. Code §DHS 102.01(6). Income and assets must be verified. §DHS 102.03(3) (a) and (h). BC shall be denied when the applicant is able to produce the required verification but fails to do so. §DHS 102.03(1) and BadgerCare Plus Manual, § 9.3.

In this case, the Petitioner testified that he did not recall receiving the November 29, 2012 notice from the agency requesting additional information to verify income and employment. The notice was sent to the Petitioner's correct address. The Petitioner did provide the requested information to the agency on or about February 13, 2013. The Petitioner was advised that he could re-apply for BC+ benefits and the application would be processed based on the information provided if the application was received prior to March 12, 2013. An application submitted after that date would require updated employment and income verification.

Based on the evidence presented, the agency properly closed the Petitioner's case when the income and employment verification requested was not received by the due date.

CONCLUSIONS OF LAW

The agency properly terminated the Petitioner's BC+ benefits for failure to provide verification.

THEREFORE, it is **ORDERED**

That the petition be, and hereby 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 Milwaukee,
Wisconsin, this 26th day of March, 2013

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

David H. Schwarz
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on March 26, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability