



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/148719

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**PRELIMINARY RECITALS**

Pursuant to a petition filed April 13, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Dane County Department of Human Services in regard to Medical Assistance (MA), a hearing was held on May 28, 2013, at Madison, Wisconsin. The hearing record was held open for 10 days for a submission from the petitioner; nothing was received.

The issue for determination is whether the agency correctly denied the petitioner's January 2013 MA application for incomplete income verification.

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: Ms. Jacq. Kelly, ESS

Dane County Department of Human Services  
1819 Aberg Avenue  
Suite D  
Madison, WI 53704-6343

**ADMINISTRATIVE LAW JUDGE:**

Nancy J. Gagnon  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Dane County.

2. The petitioner applied for MA and Foodshare on January 18, 2013. The agency correctly requested verification of the petitioner's income from [REDACTED] and her son's income from [REDACTED]. The son's verification was received and processed as part of the application process.
3. An employment verification (EVF-E) form completed by the employer or employer's designee was submitted to the agency. The employer checked a box on the EVF-E to indicate that the petitioner was not working at the [REDACTED]. An agency worker then called and spoke to the [REDACTED] owner/designee, [REDACTED]. [REDACTED] advised that the petitioner is self-employed. As a result, the agency worker mailed Self-Employment Income Report Forms to the petitioner, with a return due date of March 11, 2013. The petitioner returned a blank SEIRF to the agency, with a notation, "not self employed."
4. On May 10, 2018, the Department issued written notice to the petitioner advising that her January 2013 application had been denied, due to failure to submit her income verification.

### DISCUSSION

The Department is supposed to request income verification from an MA applicant. *Medicaid Eligibility Handbook*, § 20.3.8, at <http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm>. The agency must give the client at least 10 days (or the balance of the 30 day application processing period) to supply requested verification. The responsibility for supplying verification then rests on the recipient. When requested income verification is not timely received, the agency may correctly deny an application or close a case undergoing review.

There is uncertainty in this case as to whether the petitioner is an employee of [REDACTED], or whether she is a self-employed cleaning person who cleans that business. The hearing record was held open for 10 days to give the petitioner an opportunity to obtain a letter from the current or past ([REDACTED], sp.?) owner of [REDACTED], or the Tap's accountant, to clarify the petitioner's status and earnings. Nothing was received. Therefore, I concur with the agency's decision that it lacked sufficient verification of the petitioner's earnings, and agree that denial of the MA application was correct.

### CONCLUSIONS OF LAW

1. The agency correctly denied the petitioner's MA application due to lack of adequate verification of the petitioner's income.

**THEREFORE, it is**

**ORDERED**

That the petition 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 28th day of June, 2013

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\sNancy J. Gagnon  
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 June 28, 2013.

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