



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCC/149873

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 05, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the La Crosse County Department of Human Services in regard to Medical Assistance, a hearing was held on July 23, 2013, at Black River Falls, Wisconsin.

The issue for determination is whether the BadgerCare Plus agency correctly ended the petitioner's BadgerCare Plus Core Plan benefits because she failed to verify her income from new employment.

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: Bob Euble

La Crosse County Department of Human Services  
300 N. 4th Street  
PO Box 4002  
La Crosse, WI 54601

**ADMINISTRATIVE LAW JUDGE:**

Michael D. O'Brien  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner (CARES # [REDACTED]) is a resident of Jackson County.
2. The agency received information through the petitioner's FoodShare case on May 2, 2013 that she had begun new employment.

3. On May 6, 2013, the agency sent the petitioner a Notice of Proof Needed, requesting that she verify her new employment by May 15, 2013. That notice indicated that verification was for the following programs: "FoodShare, BadgerCare Plus Core Plan"
4. As of June 12, 2013, the petitioner had not yet verified her income.
5. On May 17, 2013, the Western Region for Economic Assistance notified the petitioner that her BadgerCare Plus Core Plan would end on June 1, 2013, because she failed to verify her income.

### DISCUSSION

The petitioner received medical assistance under the BadgerCare Plus Core Plan, which expanded medical assistance coverage to persons between 18 and 64 years old whose income is less than 200% of the federal poverty level and who do not have any children under 19 years old. *BadgerCare Plus Eligibility Handbook*, § 43.2. Those receiving benefits and who are not exempt from paying premiums must report any change that causes their income to exceed 133%, 150%, 185%, 200%, 250%, 300%, 350%, or 400% of the federal poverty level. This change must be reported by the 10<sup>th</sup> day of the month following the month that income changed *BadgerCare Plus Handbook*, § 43.8.1.1.1. Once the change of income has been reported, the recipient must verify the income or her benefits will end. *Id.*

The petitioner received FoodShare and BadgerCare Plus Core Plan benefits. Her FoodShare was due for a review, and she reported new employment. In response, on May 6, 2013, the agency requested that she verify that income by May 15, 2013. She had not done so as of June 12, 2013, because she thought the request pertained only to FoodShare, and she knew that her income would make her ineligible for that program. I have reviewed the request. It states "Program(s)" in bold letters on the first page and directly underneath that states: "FoodShare, BadgerCare Plus Core Plan." There is nothing unclear about the request. Moreover, when the petitioner's income changed, she had an obligation to report and verify that income independent of any obligation she had for renewing her FoodShare. Because she failed to verify her income, the agency correctly ended her BadgerCare Plus Core Plan benefits.

### CONCLUSIONS OF LAW

The BadgerCare Plus agency correctly ended the petitioner's BadgerCare Plus Core Plan benefits because she failed to verify her new employment.

**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 30th day of July, 2013

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\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 July 30, 2013.

La Crosse County Department of Human Services  
Division of Health Care Access and Accountability