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

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In the Matter of

██████████  
██████████  
██████████

DECISION

MQB/151124

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 13, 2013, under Wis. Stat. §49.45(5), and Wis. Admin. Code §HA 3.03(1), to review a decision by the Washington County Department of Social Services in regard to Medical Assistance (MA), a hearing was held on July 31, 2013, at West Bend, Wisconsin.

The issue for determination is whether the agency correctly denied petitioner's request for MA effective February 1, 2013 due to failure to provide proof of information requested by the agency.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

██████████  
██████████  
██████████

Respondent:

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

By: Ken Benedum

Washington County Department of Social Services  
333 E. Washington Street  
Suite 3100  
West Bend, WI 53095

**ADMINISTRATIVE LAW JUDGE:**

Kelly Cochrane  
Division of Hearings and Appeals

### FINDINGS OF FACT

1. Petitioner is a resident of Washington County.
2. On February 28, 2013 petitioner applied for MA, specifically the Qualified Medicare Beneficiary program.
3. On March 1, 2013 the agency issued a Notice of Action and Proof Needed to petitioner. The agency was requesting that petitioner sign the MA application and provide proof of his savings account asset. The requested information was due back to the agency by March 11, 2013. See Exhibit 2.
4. On March 11, 2013 petitioner provided the signed application page to the agency. No information was received regarding the savings account asset by the due date of March 11, 2013.
5. On March 13, 2013 the agency issued a notice of decision to petitioner stating that his MA application was denied because he had not provided the required proof requested by the agency. Exhibit 1.

### DISCUSSION

Medicaid is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD). Medicaid is also known as Medical Assistance, MA, and Title 19. *Medicaid Eligibility Handbook (MEH)*, §1.1.1, available online at <http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm>. As part of the MA eligibility determination, the agency is required to take into account certain assets owned by the petitioner. MEH, §16.1 and 20.3.5. Therefore, the agency properly requested verification of the petitioner's savings account.

The petitioner has primary responsibility for verifying information requested by the agency. *MEH*, §20.5. The petitioner and his friend testified at hearing regarding their efforts to provide the requested verification. The testimony, however, was vague and at times contradictory about when the verification was mailed in. Petitioner's friend also testified that she did not help him with verifying the asset information, but rather the signature page, which was admittedly received by the agency. The *MEH* directs the agency as follows:

Deny or reduce benefits when all of the following are true:

1. The member has the power to produce the verification.
2. The time allowed to produce the verification has passed.
3. The member has been given adequate notice of the verification required.
4. You need the requested verification to determine current eligibility. Do not deny current eligibility because a member does not verify some past circumstance not affecting current eligibility.

MEH, §20.8.3.

Thus, the agency properly issued the Notice of Decision, indicating that the application would be denied due to failure to provide verification documents. Based on the preponderance of the evidence, I must find that the agency acted correctly.

I remind petitioner, as did the agency pursuant to the March 1, 2013 Notice of Action and Proof Needed, that if petitioner has problems providing requested proof in the future, he should contact the agency right away and request assistance. The agency should assist a member in obtaining verification if s/he has difficulty in obtaining it. See *MEH*, §20.5.

**CONCLUSIONS OF LAW**

The agency correctly denied petitioner's request for MA effective February 1, 2013 due to failure to provide proof of information requested by the agency.

**THEREFORE, it is**

**ORDERED**

The petition for review herein be 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 8th day of August, 2013

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\sKelly Cochrane  
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 August 8, 2013.

Washington County Department of Social Services  
Division of Health Care Access and Accountability