FH
[redacted]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[redacted]

DECISION

BCS/152733

PRELIMINARY RECITALS

Pursuant to a petition filed October 11, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Outagamie County Department of Human Services in regard to Medical Assistance, a hearing was held on February 05, 2014, at Appleton, Wisconsin.

The issue for determination is whether the Department erred in its denial of petitioner's application for medical assistance.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:
Petitioner:

[redacted]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Mary Maynard
Outagamie County Department of Human Services
401 S. Elm Street
Appleton, WI 54911-5985

ADMINISTRATIVE LAW JUDGE:
John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [redacted]) is a resident of Outagamie County.
2. Petitioner applied for MA on July 29, 2013. On that application, petitioner claimed that she receives $200 in child support through the state of New York.

3. On August 2, 2013, petitioner underwent an interview with the agency with regard to her application. At that time, petitioner claimed that she did not receive any child support payments.
4. On August 5, 2013, the agency sent a Notice of Proof Needed to petitioner requesting that she submit verification of her claim that she received no child support payments through the state of New York. The deadline for submission to the agency was August 28, 2013.
5. Petitioner did not submit the requested verification.
6. The agency sent a denial notice to petitioner on August 29, 2013.
7. Petitioner appealed.

DISCUSSION

Upon application for BadgerCare, the agency must verify any mandatory items and any questionable items. See BCEH at § 9.1. Income is one of the mandatory items that must be verified. See BCEH at § 9.9. Furthermore, as the child support was reported as $200 on the application but $0 at the interview, it was reasonable for the agency to consider this report questionable. The agency was correct in seeking the verification.

At hearing, petitioner conceded that she did not submit the verification. She claimed that she had not been feeling well. But, the agency must administer the program and must follow the rules by verifying applicant's income. This is not a gray area. If petitioner wants MA, she will need to re-apply and provide the documentation the rules require.

CONCLUSIONS OF LAW

The Department did not err in denying the application because petitioner did not submit necessary verification.

THEREFORE, it is **ORDERED**

That this 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, Room 651, 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 6th day of February, 2014

_____

\sJohn P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals

State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on February 6, 2014.

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