



FH  
[REDACTED]

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

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCC/153660

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**PRELIMINARY RECITALS**

Pursuant to a petition filed November 25, 2013, under Wis. Stat. § 49.45(5)(a), to review a decision by the Polk County Department of Social Services in regard to Medical Assistance, a hearing was held on January 21, 2014, at Balsam Lake, Wisconsin.

The issue for determination is whether the county agency correctly denied the petitioner's request to continue receiving BadgerCare Plus because he allegedly failed to adequately verify his income.

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, Room 651  
Madison, Wisconsin 53703

By: Nancy Anderson

Polk County Department of Social Services  
100 Polk County Plaza, Suite 50  
Balsam Lake, WI 54810

**ADMINISTRATIVE LAW JUDGE:**

Michael D. O'Brien  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. The petitioner (CARES # [REDACTED]) is a resident of Polk County.
2. The county agency requested that the petitioner verify his self-employment income. Its request did not indicate that he should submit his previous federal income tax return. Nor did it indicate

how many months of income he should provide if he submitted a self-employment reporting form.

- 3. The petitioner submitted one month of self-employment income.
- 4. The county agency ended the petitioner’s BadgerCare Plus Core Plan eligibility on September 30, 2013, because he failed to provide either his 2012 federal tax return or three months of self-employment reporting forms to verify his income.
- 5. The petitioner’s income is within the BadgerCare Plus Core Plan limit.

**DISCUSSION**

Medicaid rules require recipients to verify relevant information, including income and assets. Wis. Admin. Code, § DHS 102.03(3). The county agency requested that the petitioner verify his self-employment income. He returned evidence showing income from his business for one month. The agency ended his benefits on September 30, 2013, because it contends that he should have provided either his 2012 federal tax return or three months of self-employment forms. The agency did not submit the request for verification it sent to the petitioner. However, at the hearing, it reviewed that request and conceded that, as the petitioner testified, it did not ask for his tax return or for three months of self-employment income. Because he provided what was asked of him, the agency should have accepted as adequate the one month he did submit. The worker at the hearing testified that if that month is accepted as adequate verification, the petitioner remains eligible for BadgerCare Plus Core Plan benefits.

**CONCLUSIONS OF LAW**

The petitioner provided adequate verification of his self-employment income.

**THEREFORE, it is**

**ORDERED**

That this matter is remanded to the county agency with instructions that within 10 days of the date of this decision it reinstate the petitioner into the BadgerCare Plus Core Plan retroactive to October 1, 2013.

**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 22nd day of January, 2014

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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 January 22, 2014.

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