



FH
[REDACTED]

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

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/157704

PRELIMINARY RECITALS

Pursuant to a petition filed May 16, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Dane County Department of Human Services in regard to Medical Assistance, a hearing was held on July 09, 2014, at Madison, Wisconsin.

The issue for determination is whether the respondent correctly denied petitioner's Medical Assistance application due to failure to provide 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, Room 651
Madison, Wisconsin 53703

By: Tracy Kok

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

ADMINISTRATIVE LAW JUDGE:

Peter McCombs (telephonically)
Division of Hearings and Appeals

FINDINGS OF FACT

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

2. Petitioner submitted a Federally Facilitated Marketplace (FFM) application, which was forwarded to the respondent on March 25, 2014. The respondent was given 30 days thereafter to provide income verification.
3. The respondent subsequently turned in a blank employment verification form with two paystubs.
4. On April 22, 2014, petitioner reported a change in income, and the application sue date was extended to May 2, 2014.
5. Income verification was not received by May 2, 2014; respondent notified petitioner on May 5, 2014, that his application for Medical Assistance was denied due to failure to verify income.

DISCUSSION

BadgerCare Plus applicants must verify their income within 30 days of the date they applied for benefits, or 10 days from the date the agency requests them to do so, whichever is later. Wis. Admin. Code, § DHS 102.03(3)(a). *BadgerCare Plus Eligibility Handbook*, § 9.2. Medical assistance agencies must deny benefits if a recipient “is able to produce required verifications but refuses or fails to do so.” Wis. Adm. Code § DHS 102.03(1).

At hearing the respondent testified that he would provide the respondent with all necessary application verification documents, which the respondent agreed to receive and review. The respondent presented no good cause for failing to timely provide the requested verifications. As such, based on the record before me, I must find that the respondent properly denied petitioner’s Medical Assistance application.

CONCLUSIONS OF LAW

The respondent correctly denied petitioner’s Medical Assistance application due to petitioner’s failure to provide income verification to the respondent.

THEREFORE, it is

ORDERED

That the petitioner’s appeal is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 21st day of July, 2014.

\sPeter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on July 21, 2014.

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