



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

In the Matter of

██████████
██
██
██

DECISION
Case #: MGE - 221598

PRELIMINARY RECITALS

Pursuant to a petition filed on January 16, 2026, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Oconto County Department of Health And Human Services regarding Medical Assistance (MA), a hearing was held on March 3, 2026, by telephone.

The issue for determination is whether the agency correctly denied petitioner's October 31, 2025 application for Medicaid Nursing Home Long-Term Care.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

██████████
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██

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By: Lisa Witak

Oconto County Department of Health And Human Services
501 Park Avenue
Oconto, WI 54153-1612

ADMINISTRATIVE LAW JUDGE:

Jason M. Grace
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of ██████████.

2. On October 31, 2025, the petitioner submitted an application for Medicaid Nursing Home Long-Term Care that requested a 3 month backdate. The petitioner was indicated to be residing at [REDACTED].
3. The agency's Case Comment of November 4, 2025, indicated that the agency was able to verify the petitioner's sole reported income source from social security. Her burial plot was also found to be an exempt asset. It further notes a need for verification of a [REDACTED] and the status of whether her home had been sold and the proceeds from any such sale.
4. On November 5, 2025, notice was issued to the petitioner informing of the need to take additional steps for her Nursing Home Long-Term Care application. She was informed she needed to provide proof of the requested documents by December 1, 2025. She was also informed that if she did not take action or did not provide the proof by the due date her benefits will be denied, decreased, or ended. The notice further informed of the need to provide a statement of her [REDACTED] [REDACTED] for July, August, September, October, and current. She was also directed to provide proof of what happened to her property, how much money was received, and how the money was spent.
5. On December 2, 2025, notice was issued to petitioner informing that her Medicaid application had been denied as she did not complete needed action or send in proof documents. Specifically, proof of Prepaid Debit card ([REDACTED]) and real property.
6. Prior to January 2026, neither the petitioner nor any one on her behalf contacted the agency requesting assistance with the October 2025 MA application or the required verification. Nor was the agency informed of circumstances impacting the petitioner's ability to provide the required verification.
7. On January 16, 2026, an appeal was filed on the petitioner's behalf. It was reported that petitioner was subject to elder abuse in December 2023 and lacked access to the financial information requested.

DISCUSSION

To be eligible for "Elder / Blind / Disabled Medicaid" ("EBD Medicaid"), a category that includes "Nursing Home Long Term Care" (also referred to as "Institutional Medical Assistance"), an unmarried individual must meet certain financial eligibility requirements. The countable asset limit for Institutional Medical Assistance, sometimes referred to as nursing home long term care, is \$2,000 for an unmarried individual. Medicaid Eligibility Handbook (MA Handbook) §§27.5.1 and 39.4.1. Medicaid can be backdated up to three months prior to the date of the application if the applicant would have been eligible for benefits had they applied in that month. MA Handbook §2.8.2.

In this case, the agency denied the petitioner's MA application of October 31, 2025. The reason for denial was the failure to provide verification of assets. Specifically, a bank/debit card and her home. As it relates to her home, the agency was uncertain if it had been sold and, if so, what happened to the proceeds from that sale. Petitioner was provided notice on November 5, 2025 of the need to provide verification, with a deadline of December 1, 2025. The agency was not contacted by the petitioner or anyone on her behalf seeking assistance with the MA application or requested verification. Nor was any information provided that would have informed the agency of any circumstances bearing on the petitioner's ability to provide the requested verification prior to the December 1, 2025 deadline. After the verification was not provided, the agency issued notice on December 2, 2025, that the MA application was denied for failing to provide the requested verification.

Medicaid applicants are required to verify all countable assets. MA Handbook, § 20.3.5. Verification means “to establish the accuracy of verbal or written statements made about a group’s circumstances.” MA Handbook, § 20.1.1. An MA application cannot be denied for failure to provide verification until the later of the 20th day after the requesting verification and the 30th day after the application filing date. MA Handbook, § 20.7.1.1. Verification places the burden on the applicant to affirmatively prove through documentation that she is eligible. MA Handbook, §§ 20.1 and 20.5. Verification may be difficult to gather, and verification rules recognize these difficulties. Thus the agency must assist the applicant in obtaining verification if she has difficulty obtaining it and eligibility cannot be denied when the applicant does not have the ability to produce the verification. MA Handbook, § 20.5. However, the agency must have been informed of the petitioner’s need for assistance or inability to produce the verification.

I understand that petitioner’s position is that she was unable to provide the requested verification. However, she nor anyone on her behalf informed the agency of that fact prior to the deadline for providing the verification. The agency only learned of that after the petitioner filed her appeal in January 2026. Based on the facts in the record before me, I am not able to find any error in the agency’s denial of the October 31, 2025 MA application.

I understood petitioner’s representative to request that I excuse petitioner’s failure to comply with MA verification procedures based on hardship and/or the circumstances set forth in her appeal. See Findings of Fact 7 above. I do not have the authority to modify asset limits or waive MA eligibility requirements, even in cases where good cause or hardship is argued. I am further without authority to base any decision on grounds of equity or fairness. It is the longstanding policy of the DHA that its administrative law judges do not possess equitable powers. See, *Wisconsin Socialist Workers 1976 Campaign Committee v. McCann*, 433 F.Supp 540, 545 (E.D. Wis.1977). See also, *Village of Silver Lake, Wis. v. DOR*, 87 Wis. 2d 463 (Wis. App. 1978). DHA must limit its decisions to the law as set forth in statutes, administrative code provisions, and regulations.

Finally, it was also indicated at hearing that petitioner had a March 2025 MA application denied. The agency representative was not able to find any evidence of an application being submitted at that time. Petitioner and her representatives also did not provide any such proof. An appeal of that denial would also be untimely at this point, depriving DHA of the authority to review any such denial.

CONCLUSIONS OF LAW

The agency correctly denied petitioner’s October 31, 2025 application for Medicaid Nursing Home Long-Term Care for failure to provide verification.

THEREFORE, it is

ORDERED

That petitioner’s appeal is 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, 4822 Madison Yards Way, 5th Floor North, 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.

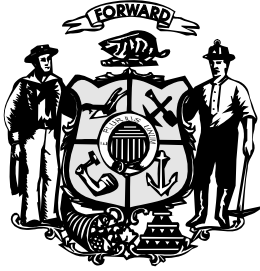
APPEAL TO COURT

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, 201 E. Washington Ave., **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 27th day of March, 2026

\s _____
Jason M. Grace
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 March 27, 2026.

Oconto County Department of Health And Human Services
Division of Health Care Access and Accountability