

## Chapter HSS 102

### APPLICATION FOR MEDICAL ASSISTANCE

#### HSS 102.01 Application

**HSS 102.01 Application.** Application for medical assistance shall be made pursuant to s. 49.47 (3) (relating to application criteria for medically indigent persons) and s. 49.19 (1) (b) (relating to application for aid to families with dependent children), Stats., and these rules.

(1) Any person has the right to apply for medical assistance to the county agency in the county in which the person resides, regardless of whether or not it appears the person will be found eligible for participation in the MA program. The county agency shall promptly advise the applicant of the MA program's eligibility requirements.

(2) Each application form shall be signed under oath by the applicant or the applicant's responsible relative, legal guardian or authorized representative, or, where the applicant is incompetent or incapacitated, someone acting responsibly for the applicant, and such signing shall be in the presence of a county agency representative.

(3) As soon as possible, but no later than 30 days from the date the county agency receives a signed application completed to the best of the applicant's ability, the county agency shall conduct a personal interview with the applicant and shall determine the applicant's eligibility for medical assistance. If a delay in processing the application occurs because necessary information cannot be obtained within the time limits, the county agency shall notify the applicant in writing that there is a delay in processing the application, specify the reason for the delay, and inform the applicant of the right to appeal such delay.

(4) Adequate notice shall be sent to applicants and recipients to indicate that assistance has been authorized or that it has been denied or terminated. Such notice shall be communicated in language the individual can comprehend and understand. Under this requirement, adequate notice means a written notice that contains a statement of the action taken, and the reasons for and specific regulations supporting such action, and an explanation of the individual's right to request a hearing.

(5) Any person has the right to reapply for medical assistance. New applications shall be taken whenever a previous application has been denied or withdrawn, or when the county of residency has been changed.

(6) (a) Where an individual has been determined to be eligible, eligibility shall be reconsidered or redetermined:

1. When information previously obtained by the county agency concerning anticipated changes in the individual's situation indicates the need for redetermination; or

2. Promptly, after a report is obtained which indicates changes in the individual's circumstances that may affect the individual's eligibility; or

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3. At least once every 6 months in AFDC-related cases (under this requirement, the first required review of eligibility for an AFDC-related case is due during the sixth month from the county agency's initial decision date. For example, if the decision date for AFDC-related case falls between June 1 and June 30, the first review shall be done during the month of November); or

4. At least once every 12 months from the date of certification, in SSI related cases.

(b) Once a person is determined to be permanently disabled, no further determination needs to be made of that disability, unless the agency becomes aware of information that would affect the determination of permanent disability.

(7) The county agency shall verify information contained in the application only with the applicant's written permission. If the applicant refuses to permit the county agency to verify any needed information, the application shall be automatically denied. The following information shall be verified:

(a) Social security numbers, as required under section HSS 103.06 (3) of this rule.

(b) Any information contained on the application for eligibility, which the county agency deems necessary under the circumstances of each particular case. The standards and methods for determining eligibility shall be consistent with the objectives of the medical assistance program, and shall respect the rights of individuals under the United States Constitution, the social security act, the civil rights act of 1964 and all other relevant provisions of federal and state laws.

(8) Persons inquiring about or applying for medical assistance shall be given the following information by the county agency in written form, and orally as appropriate: coverage; conditions of eligibility; scope of the program and related services available; and applicant and recipient rights and responsibilities. Bulletins or pamphlets specifically developed for this purpose shall be written in simple, understandable terms, publicized, and available in quantity at the county agency. In those instances where there is a substantial non-English-speaking or limited-English-speaking population, the county agency shall take steps as are necessary to communicate fully and effectively with such population in its primary language. The office of civil rights in the department shall provide technical assistance necessary to facilitate compliance with this requirement.

(9) Generally, applications for Wisconsin medical assistance cannot be made by or for a person residing outside the state of Wisconsin, except that a Wisconsin resident who becomes ill or injured when absent from the state, or who is taken outside the state for medical treatment, may apply from the other state. In such instances, application may be made on a Wisconsin application form and witnessed by the public welfare agency in the other state, as a service to the Wisconsin county agency. Eligibility can then be determined by the Wisconsin county agency when the form is returned.

**History:** Cr. Register, December, 1979, No. 288, eff. 2-1-80.