

This matter concerns the denial of Petitioner's Medicaid application due to the failure to provide information regarding her assets. Petitioner applied in October 2017 through her attorney. At the time she had been in a nursing home since November 2015. Camden County sought additional information about Petitioner and her husband's resources that they owned during the five year look back period. After providing two notices and granting two extensions of time, Camden County denied the case in April 2018. At the time, there were outstanding verifications still needed as well as new accounts that Petitioner had not previously disclosed. Each of the request letters from Camden noted that if there were deposits or withdrawals from unreported account, Petitioner would need to provide verification of those accounts. R- 2 at 20.

The Initial Decision upholds the denial and I concur. Both the County Welfare Agency (CWA) and the applicant have responsibilities with regard to the application process. N.J.A.C. 10:71-2.2. Applicants must complete any forms required by the CWA; assist the CWA in securing evidence that corroborates his or her statements; and promptly report any change affecting his or her circumstance. N.J.A.C. 10:71-2.2(e). The CWA exercises direct responsibility in the application process to inform applicants about the process, eligibility requirements and their right to a fair hearing; receive applications; assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt accurate submission of data; and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2(c) and (d). CWAs must determine eligibility for Aged cases within 45 days and Blind and Disabled cases within 90 days. N.J.A.C. 10:71-2.3(a); MedCom No. 10-09, and Fed. Reg. 42 CFR § 435.91. The time frame may be extended when "documented exceptional circumstances arise" preventing the processing of the application within the prescribed time limits. N.J.A.C. 10:71-2.3(c).

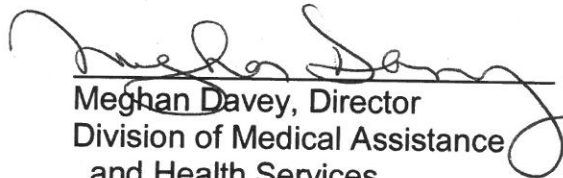
Camden Count requested information from Petitioner's attorney who in turn sought documents from Petitioner's son and Power of Attorney. Each of those requests reminded

Petitioner's representatives that unreported accounts would need to be verified. In addition to not producing information on the reported accounts, additional assets were discovered. Some of the documentation that was finally produced in April 2018 shows that Petitioner had sold real estate and used the proceeds to purchase a "Medicaid annuity" in October 2017. P-1. Neither of these facts was disclosed in the October 2017 application. R-1. The ALJ noted that, despite extensions of time, Petitioner failed to demonstrate that all of the documents requested throughout the application process were produced. Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this 27th day of MARCH 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.


Meghan Davey, Director
Division of Medical Assistance
and Health Services