

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services

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STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

B.S.

PETITIONER,	:	ADMINISTRATIVE ACTION
	:	
٧.	:	FINAL AGENCY DECISION
	:	
MONMOUTH COUNTY BOARD OF	:	OAL DKT. NO. HMA 06879-20
SOCIAL SERVICES,	:	
	:	
RESPONDENT.	:	

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As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither party filed Exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is February 4, 2021, in accordance with N.J.S.A. 52:14B-10, which requires an Agency

Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on December 21, 2020.

This matter arises from the Monmouth County Board of Social Services' (MCBSS) June 5, 2020, notice denying Petitioner's Medicaid application for failure to timely provide information necessary to determine eligibility. Based upon my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ).

On September 27, 2019, Petitioner, through her Designated Authorized Representative (DAR) K.S., filed a Medicaid application with MCBSS. On that same day, MCBSS provided Petitioner with a list of verifications necessary to determine Medicaid eligibility. On March 19, 2020, MCBSS issued another request for verifications due April 2, 2020. ON April 24, 2020, Petitioner provided a partial response. On that same day, MCBSS issued another notification seeking clarification with regard to the information provided and providing advice on how to obtain the requested verifications. This notification required the verifications be provided by May 8, 2020. On May 12, 2020, Petitioner again provided a partial response. On May 14, 2020, MCBSS again sent a request for outstanding verifications due May 28, 2020. The notice stated that if the information was not received by said date, the Petitioner's application would be denied. On June 3, 2020, Petitioner provided another partial response to MCBSS' request for outstanding verifications. On June 5, 2020, MCBSS denied the application for failure to provide verifications necessary to determine Medicaid eligibility.

Both the County Welfare Agency (CWA) and the applicant have responsibilities with regard to the application process. <u>N.J.A.C.</u> 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. <u>N.J.A.C.</u> 10:71-2.2(e). MCBSS as the County Welfare Agency (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 and accurate submission of data; and promptly notify applicants of eligibility or ineligibility. <u>N.J.A.C.</u> 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. <u>N.J.A.C.</u> 10:71-2.3(a); MedCom No. 10-09, and Fed. Reg. 42 CFR 435.91. However, the time frame may be extended when "documented exceptional circumstances arise" preventing the processing of the application within the prescribed time limits. <u>N.J.A.C.</u> 10:71-2.3(c). The regulation does not require MCBSS to grant an extension beyond the designated time period when the delay is due to circumstances outside the control of both the applicant and the CWA. At best, an extension is permissible. <u>N.J.A.C.</u> 10:71-2.3; <u>S.D. vs. DMAHS and Bergen</u> <u>County Board of Social Services</u>, No. A-5911-10 (App. Div. February 22, 2013).

The ALJ found, and I agree, that the record here does not support a finding of exceptional circumstance warranting additional time to provide the requested information. Petitioner filed her application on September 27, 2019. It was denied 252 days later on June 5, 2020. Although Petitioner never requested an extension of time, MCBSS gave Petitioner multiple extensions to provide the information requested. In fact, the time to process Petitioner's application extended well beyond the prescribed time limits. K.S.'s testimony that she could not get the records from an institution because her phone call

was not properly transferred does not sufficiently support yet another extension of time to provide outstanding verifications.

The documentary evidence in the record shows that Petitioner did not provide the requested documentation in connection with her Medicaid application. 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 ^{3rd} day of FEBRUARY 2021,

ORDERED:

That the Initial Decision is hereby.

that

Je**nnifer Langer Jacobs**, Assistant Commissioner Division of Medical Assistance And Health Services