



On March 23, 2020, Petitioner through her Power of Attorney (POA) S.H., submitted a Medicaid application with the Monmouth County Board of Social Services (MCBSS). On August 3, 2020, MCBSS requested verifications necessary to determine eligibility due by August 12, 2020. On August 14, 2020, MCBSS issued a second request for the same verifications due by August 23, 2020. On September 10, 2020, MCBSS made another request for verifications, this time referencing specific bank transactions, due by September 23, 2020. Finally, on September 15, 2020, Petitioner reissued the last request with a new due date of September 29, 2020. MCBSS did not receive the requested information and denied Petitioner's application for failure to provide verifications necessary to determine eligibility. It was subsequently discovered the Petitioner had provided a response to MCBSS on September 25, 2020. Accordingly, MCBSS reviewed the information that was provided and found that verifications were still outstanding. Upon review, these items had not been provided: the month the cash surrender value of the life insurance policy shifted to a negative balance, the source of the \$2,000 TD Bank deposit, proof of the TD Bank balance on April 1, 2020 and Petitioner's spouse's death certificate. On October 6, 2020, MCBSS issued an updated denial letter for failure to provide the still outstanding information.

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). 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. 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. However, 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). 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. N.J.A.C. 10:71-2.3; S.D. vs. DMAHS and Bergen County Board of Social Services, No. A-5911-10 (App. Div. February 22, 2013).

MCBSS made multiple requests for verifications of eligibility, and Petitioner made good faith efforts to timely respond to those requests. The ALJ found that Petitioner timely provided the April TD bank statements and the source of the \$2,000 transfer. The ALJ also found that Petitioner timely provided a response to MCBSS’ request for life insurance policy cash surrender value. I agree that the record supports a finding that Petitioner timely provided the TD bank statements and the cash surrender value of Petitioner’s life insurance policy. I cannot agree, however, that Petitioner’s explanation of the \$2,000 transfer is sufficient to determine eligibility or that Petitioner provided MCBSS with the date the life insurance policy cash surrender value was zeroed out. That said, MCBSS acknowledged it had timely received a response from Petitioner and it corrected the error by evaluating the documentation that had been provided. On October 5, 2020, MCBSS communicated with Petitioner’s POA that she was missing her husband’s death certificate and allowed time to provide the necessary document. In response, Petitioner’s POA provided the missing death certificate later that same day. MCBSS did not communicate to Petitioner that any other pieces of information remained outstanding before it sent out the denial on October 6, 2020. Based on these particular facts and circumstances, it was reasonable for the Petitioner’s POA to expect MCBSS would have communicated any further deficiencies as it had with the death certificate.

The matter transmitted and appropriately before the court is the September 29, 2020 denial of Petitioner's application based on Petitioner's failure to provide documentation. It does not address whether Petitioner met any of the other eligibility requirements, i.e. income, resources, etc. Presumably it could not because the information had not yet been provided and therefore, was not available to them. There is insufficient documentary evidence in the record to support a finding that Petitioner was eligible for benefits based on the information provided by Petitioner. Thus, I FIND that the ALJ incorrectly concluded that Petitioner's application would have been approved. I further FIND that MCBSS should process Petitioner's March 23, 2020 application to determine if she was eligible for Medicaid benefits. This Final Agency Decision should not be construed as making any findings regarding Petitioner's eligibility.

THEREFORE, it is on this <sup>23rd</sup> day of MARCH 2021,

ORDERED:

That the Initial Decision is hereby REVERSED; and

That this matter is returned to the MCBSS to determine Petitioner's eligibility in accordance with this Final Agency Decision.



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Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance  
and Health Services