



transmitted and consolidated at the OAL. Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference.

Petitioner appeals the denial of two Medicaid applications. On April 27, 2020, Petitioner, through her Designated Authorized Representative (DAR) Breindy Bernstein of Future Care Consultants, filed her first Medicaid application with the MCBSS. The application identified income from two pensions and assets in four accounts at two different banks. On August 1, 2020 and August 25, 2020, MCBSS requested that Petitioner provide additional information with regard to these pension and bank accounts by September 4, 2020. On September 2, 2020, Petitioner submitted a partial response; asked for the application to be approved without the need to provide bank statements and requested an extension of time to provide copies of the Petitioner's pension benefit statement. On September 14, 2020, MCBSS denied Petitioner's application for failure to provide the requested information and because Petitioner's resources exceeded the \$2,000 limit.

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). Petitioner's application was held open for 140 days. The record contains no documented exceptional circumstance warranting an extension of time. While Petitioner's DAR claims that the family was having difficulty obtaining bank statements, there is no evidence that Petitioner's family even made an attempt to obtain any of the still

outstanding information.<sup>1</sup> Accordingly, I FIND that MCBSS correctly denied Petitioner's April 27, 2020 application for failing to provide information necessary to determine eligibility.

Moreover, MCBSS compiled a resource snapshot of the Petitioner's known resources as of the month of her Medicaid application. As if April 1, 2020, Petitioner's resources totaled \$8,512.25 which exceeds the \$2,000 resource limit for Medicaid eligibility. As correctly noted by the ALJ, even if the deductions raised by Petitioner were applied, the amount of Petitioner's resources would still exceed the \$2,000 statutory maximum. I FIND that MCBSS correctly determined that Petitioner's resources exceeded the maximum limit pursuant to N.J.A.C. 10:71-4.5(c).

On September 23, 2020, Petitioner, through her DAR Breindy Bernstein, filed another application for Medicaid with the MCBSS. On November 20 and December 7, 2020, MCBSS issued requests for information needed to determine eligibility. Just as in the notices associated with Petitioner's April 2020 application, MCBSS requested verification of Petitioner's unearned income, including a current pension stub, and bank statements from Petitioner's Provident and Two River Bank accounts. Additionally, the notices asked Petitioner to provide clarification with regard to a series of transactions representing transfers of significant funds. On December 21, 2020, Petitioner provided a partial response. However, still outstanding were unexplained transactions, including those on 4/11/2016 for \$10,363 and 04/20/2017 for \$3,000. I FIND that MCBSS correctly denied Petitioner's request for an extension of time and Petitioner's Medicaid application. At the time of the denial, Petitioner had not submitted a complete response, and, again, there is no exceptional circumstance warranting an extension of time. In fact, documentation explaining these

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<sup>1</sup> In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. N.J.A.C. 10:71-4.10. Where Petitioner has filed multiple Medicaid applications, the federal government has directed all fifty states to calculate the look back period based upon the first application for Medicaid. Centers for Medicare and Medicaid Services, State Medicaid Manual §3258.4(C). If the April 2020 Medicaid application was Petitioner's first, then the look-back period would extend to April 2015. However, documentation beyond this date may be required to explain a transaction that occurred during the look-back period. Here, the request for January 2015 bank statements may have been intentional or unintentional. Either way, there is no indication that the only piece of documentation at issue was a January 2015 bank statement. To the contrary, as of the denial notice, bank account and pension statements through 2020 were still outstanding.

transactions was requested as part of the previous eligibility determination, meaning that Petitioner would have had well over 200 days to secure and provide MCBSS with the information.

THEREFORE, it is on this 9th day of JULY 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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