



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Assistant Commissioner

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

M.E.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

MONMOUTH COUNTY DIVISION

OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 06286-2021

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed exceptions in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is February 17, 2022, in accordance with an Order of Extension.

This matter arises from the June 2021 denial of Petitioner's Medicaid application due to her failure to provide information that was necessary to determine eligibility. Based upon

my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ).

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 circumstances. 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 forty-five days and Blind and Disabled cases within ninety days N.J.A.C. 10:71-2.3(a) and 42 CFR § 435.912. The timeframe 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 regulations do not require that the CWA 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. v. DMAHS and Bergen County Board of Social Services, No. A-5911-10 (App. Div. February 22, 2013).

On April 27, 2021, an application for Medicaid benefits was filed on Petitioner's behalf by her power of attorney (POA), C.G., and her attorney, Kevin Cropsey, Esq. of the Milvidskiy Law Group, with the Monmouth County Division of Social Services (MCDSS). R-1. On May 21, 2021, MCDSS sent a letter to Mr. Cropsey, requesting verification of certain information that was necessary to process the application. R-2. The letter advised that the verifications were due by May 31, 2021 and that the failure to provide the requested verifications by that date would result in a denial of Petitioner's application. Ibid. On May 26, 2021, an employee

of Mr. Cropsey's law office contacted MCDSS and requested an extension of time to provide the requested verifications, and she was advised that a second letter would be mailed providing additional time to comply with the requests.

On June 2, 2021, MCDSS sent a second request for verifications to Mr. Cropsey, requesting the same verifications previously requested in the May 21, 2021 letter. R-3. The letter advised that the verifications were due by June 12, 2021 and that failure to provide the verifications by that date would result in the denial of Petitioner's application. Ibid. On June 10, 2021, Mr. Cropsey contacted MCDSS and requested another extension of time, and MCDSS granted the extension until June 22, 2021. ID at 6. On June 21, 2021, Mr. Cropsey provided partial verifications to MCDSS. P-1. As MCDSS deemed that the submission was insufficient, a denial notification letter was sent to Mr. Cropsey on June 28, 2021, specifying eight items, including proof of Petitioner's gross pension income, Schedule A of the revocable family trust, various bank statements for specific accounts, and the source of specific deposits, that were not submitted. R-4.

On July 19, 2021, Mr. Cropsey submitted a letter memorandum that requested that MCDSS reopen and reconsider the denial of Petitioner's application. P-2. Additional documentation and explanations on several items sought by MCDSS were included in this submission. Ibid. On August 27, 2021, Mr. Cropsey submitted a letter with some of the documents that were identified as missing in the June 28, 2021 denial letter. P-3.

The Initial Decision in this matter upheld the denial of Petitioner's application, and I concur. On May 21, 2021 and June 2, 2021, MDCSS requested verification of several items that were deemed necessary in order to determine Petitioner's eligibility for benefits. Both of the letters provided deadlines to comply with the requests and specifically advised that the failure to provide the requested verifications would result in the denial of Petitioner's application. Based upon requests from Petitioner's representatives, MCDSS provided extensions of time to comply with the verification requests and discussed the requested

documentation with Petitioner's representatives on several occasions. ID at 8. The failure to provide the requested documentation within the timeframe set forth by MCDSS appropriately resulted in the denial of Petitioner's application. No exceptional circumstances been presented that would have necessitated any additional extensions of time beyond the extensions already provided by MCDSS in this matter. Moreover, I additionally note that MCDSS was not required to reopen, reconsider, or accept any of the previously requested documentation in relation to Petitioner's April 2021 application after the denial letter was issued. See MedCom No. 10-09 (stating "After the denial letter is sent, no further documentation will be accepted by the Agency. The applicant or their representative will be informed that a new application must be submitted.").

Accordingly, for the reasons set forth above and those contained in the Initial Decision, I hereby ADOPT the Initial Decision's conclusion that MCDSS properly denied Petitioner's application.

THEREFORE, it is on this 11th day of February 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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