



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PO Box 712

TRENTON, NJ 08625-0712

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SARAH ADELMAN
Acting Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

R.O.,

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 01527-2021

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 January 10, 2022, in accordance with an Order of Extension.

This matter arises from the January 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 October 13, 2020, an application for Medicaid benefits was filed on Petitioner's behalf by her Designated Authorized Representative (DAR), Cindy Halpert of JB Elder Planning, with the Monmouth County Division of Social Services (MCDSS). R-1. On December 7, 2020, MCDSS sent a letter to Petitioner's DAR, requesting verification of certain information that was necessary to process the application, including Petitioner's previous residence; copies and cash surrender value of all life insurance policies; copies of account statements for a Wells Fargo bank account, a Fidelity account, a TIAA account, and a Wells

Fargo QIT account; and explanations and copies of checks, paystubs, investment, account statements, cancelled check images, bills invoices, receipts, etc. for specific large sum transactions. R-2. On December 21, 2020, the DAR provided some of the requested verifications to MCDSS, including Petitioner's previous residence, the cash surrender value of a mutual Omaha life insurance policy, Wells Fargo bank account statements from September 9, 2020 through December 8, 2020, some spending verifications, proof that the Fidelity account was closed, and various other account statements. ID at 2.

On December 23, 2020, MCDSS sent a second request for verifications, which requested additional statements for a qualified income trust account, including an explanation as to why the trust was created if Petitioner's income did not exceed the income limit to qualify for benefits; additional account statements for the Wells Fargo bank account and the TIAA account; verification of all gifting, verification of all income for 2020 and 2021, and verification of premium amounts for 2021. R-3. The letter advised that if the requested verifications were not received by January 6, 2021, Petitioner's application would be denied. Ibid. The DAR failed to submit the requested documentation, and on January 7, 2021, MCDSS denied Petitioner's application for failing "to supply corroborating evidence necessary to determine eligibility, as requested in letters dated 12/7/2020 and 12/23/2020." R-4. Petitioner's DAR contends that she completely responded to all items that were requested through the December 7, 2020 verification letter, that the TIAA account's revocable status was explained on the initial application, and the statements requested in the December 23, 2020 letter were just updated quarterly statements. ID at 3.

The Initial Decision in this matter upheld the denial of Petitioner's application, and I concur. While Petitioner's DAR contends that all of the information requested in the December 7, 2020 verification was submitted, no documentation supporting that contention has been provided. In fact, the record supports a finding that the December 23, 2020 verification letter requested verification of specific transactions that were previously

requested through the December 7, 2020 letter. Moreover, regardless of whether Petitioner's DAR complied with the December 7, 2020 requests, it is uncontested that Petitioner's DAR failed to respond to MCDSS's December 23, 2020 verification letter and the specific requests set forth therein. The letter specifically advised that the failure to submit the requested documentation by January 6, 2021 would result on the denial of Petitioner's application. MCDSS determined that the verifications requested in both letters were necessary in order to process Petitioner's application. The failure to provide the requested documentation within the timeframe set forth in the letters appropriately resulted in the denial of Petitioner's application. There is nothing in the record to reflect that the DAR requested an extension of time to provide the requested verifications nor have any exceptional circumstances been presented that would have necessitated an extension of time beyond the time frame provided by MCDSS in this matter.

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 7th day of JANUARY 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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