

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 45 days and Blind and Disabled cases within 90 days N.J.A.C. 10:71-2.3(a) and 42 CFR § 435.912. 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 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, the 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).

Here, on January 25, 2023, Petitioner through his counsel David B. Nathan, Esq., filed a Medicaid application with MCBSS. On March 3, 2023, MCBSS sent a letter requesting additional information necessary to determine Petitioner's eligibility. More specifically, MCBSS requested: 1) a copy of the John Hancock investment quarterly account statements, 2) proof of a Qualified Income Trust, 3) verifications of current and prior residences, 4) copy of deeds to properties owned, tax statements or HUD-1 form if the property was sold, and explanation of mortgage payments, 5) current pension award letter from Fidelity and Raytheon, 7) bank statements and 8) explanation for certain bank

transactions and verification of ownership. R-7. On March 16, 2023, Petitioner provided some, but not all of the verifications requested by MCBSS. R-8.

On March 23, 2023, MCBSS denied Petitioner's application for "failure to supply corroborating evidence necessary to determine eligibility, as requested at [the] time of application" on January 25, 2023 and by letter dated March 3, 2023.¹ R-7. The denial letter stated the following verifications remained outstanding: 1) complete copy of the schedule A for the Qualified Income Trust (QIT) and 2) statements. R-1. As for the QIT information, the schedule A form provided by Petitioner was blank, which resulted in the QIT being invalidated and rendered Petitioner's income over the income limit. R-6a. The request for "statements" was unclear since MCBSS did not specify which statements remained outstanding. Ibid. However, in its closing summation, MCBSS identified the missing statements as the cash surrender value for the John Hancock policy account #2913 and Fidelity statements for account #1577. R-8.

The Initial Decision determined that Petitioner failed to provide MCBSS with complete information about his assets and income. I concur. Petitioner failed to meet his burden showing the documentation MCBSS alleges remained outstanding at the time of the denial was submitted prior to the March 17, 2023 deadline. Here, MCBSS specifically advised what documentation was necessary to process Petitioner's application and determine eligibility. Without the requested documentation, MCBSS would be unable to make a determination related to Petitioner's eligibility and appropriately denied Petitioner's application.

¹ The Initial Decision notes that Petitioner's counsel filed a second application for Medicaid which corrected all outstanding issues. Petitioner is currently receiving benefits. The approval of the second application has no bearing on the denial of Petitioner's January 25, 2023, application since that application was appropriately denied for failure to timely provide all requested documentation.

MCBSS held open Petitioner's application for 57 days. The Medicaid application is the first point of contact with the receiving agency wherein Petitioner is instructed to provide all financial and relevant documentation. On March 3, 2023, MCBSS sent a letter requesting additional information that had not been provided which was needed to process Petitioner's application for Medicaid. Here, Petitioner was required to provide all requested documentation by the March 17, 2023 deadline. Petitioner, through his counsel, did not fulfill the request made by MCBSS in his March 16, 2023 submission. According to the evidence, Petitioner did make a request for an extension in his March 16, 2023 submission. However, there is nothing in the record that shows counsel reached out to MCBSS prior to his submission date to explain challenges in obtaining the information, or to provide an update about when the documentation would be provided. As such, no exceptional circumstances existed in this matter that would have necessitated such an extension.

Accordingly, for the reasons set forth above and those contained in the Initial Decision, I hereby ADOPT the Initial Decision and FIND that MCBSS's denial of Petitioner's application was appropriate in this matter as Petitioner failed to provide specific information relating to the John Hancock policy account #2913, Fidelity statements account #1577 and exceeded income levels based on the invalidated QIT, which remained outstanding when Petitioner's Medicaid application was denied.

THEREFORE, it is on this 1st day of FEBRUARY 2024,

ORDERED:

That the Initial Decision is hereby ADOPTED.

carol grant OBO

Jennifer Langer Jacobs

Digitally signed by carol grant
OBO Jennifer Langer Jacobs
Date: 2024.01.31 14:46:02 -05'00'

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