

This matter arises from the May 17, 2023 denial of Petitioner's Medicaid application due to the failure to provide information that was necessary to determine eligibility. ¹ The Initial Decision affirmed the denial in this matter. Based upon my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ) holding that Petitioner failed to timely comply with producing evidence to corroborate program eligibility.

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 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

¹ The Initial Decision inadvertently notes that Petitioner applied for benefits under New Jersey MLTSS Program whereas Petitioner submitted an application for the NJ FamilyCare Aged, Blind, Disabled Program.

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 31, 2023 Petitioner's Designated Authorized Representative (DAR) filed a Medicaid application on Petitioner's behalf with the Camden County Board of Social Services (Camden County).² (R-1.) On March 10, 2023, Camden County requested verification of various information related to Petitioner that was necessary to process Petitioner's application. (R-3.) Specifically, Camden County requested that Petitioner provide the following: Clarification on marital status; Clarification on payments made to CVS exceeding \$2,000 for gift cards; clarification on Med-Fin-1 status; and Clarification on four deposits from account 1009 as follows: (1) 3/15/2022 for \$2,000; (2) 10/12/2021 for \$40,000; (3) 10/20/2021 for \$9,820; and (4) 9/7/2021 for \$55,000. The various information was due to Camden County by March 24, 2023. (R-3.) Further, Camden County specifically advised that "Verification is required for all transactions of \$2,000 or more. Any transactions, such as checks/deposits/withdraws and transfers for \$2,000 and over need to be explained and have supporting documentation." (R-3.)

In response to the Request for Information, Petitioner's DAR supplied some documentation and requested an extension which was granted, resulting in a new deadline of April 12, 2023. (R-4). In granting the extension, Camden County also requested nineteen line items for clarification. (R-4.) Thereafter, on April 10, 2023, Petitioner's DAR requested a second extension which was again granted by Camden

² In the Procedural History section, the Initial Decision inadvertently notes a Medicaid denial date of November 18, 2022. The Factual Discussion and Findings section of the Initial Decision properly notes the January 31, 2023 denial date.

County resulting in an extended deadline of May 1, 2023. (R-7.) Thereafter, on May 2, 2023, Petitioner's DAR requested a third extension which was denied. (R-8.) On May 17, 2023 Petitioner's application was denied for failure "to provide requested information required to determine eligibility in a timely manner." (R-9.)

Petitioner's counsel contends that the three of the four deposits from account 1009 at issue were returned for insufficient funds and accordingly should not be questioned in connection with Petitioner's eligibility. Petitioner did not provide information about source of the deposits but states they were fraudulent checks. Further Petitioner's counsel argues on June 1, 2023 efforts to obtain the requested information were undertaken including issuance of a subpoena.

Nevertheless, despite granting a processing time exceeding ninety days and issuing detailed Request for Information that explicitly requested evidence verifying the source of all deposits, the Petitioner did not provide Camden County with adequate information to substantiate their eligibility. Specifically, Petitioner failed to provide information regarding the source and inception of deposits exceeding \$100,000. Notably, Petitioner was granted two extensions of time to provide the requested documentation and no exceptional circumstances existed in this matter that would have necessitated an additional extension. Consequently, the Petitioner's Medicaid application was appropriately denied.

Accordingly, for the reasons set forth above, I hereby ADOPT the Initial Decision and FIND that Camden County's denial of Petitioner's application was appropriate in this matter.

THEREFORE, it is on this 26TH day of FEBRUARY 2024,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Gregory Woods

OBO JLJ

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