



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Lt. Governor

VALERIE HARR
Director

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

G.C.

PETITIONER,

ADMINISTRATIVE ACTION

v.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE

OAL DKT. NO. HMA 08504-15

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the documents in evidence and Petitioner's exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is November 6, 2015 in accordance with N.J.S.A. 52:14B-10 which requires an Agency Head to adopt, reject or modify the Initial Decision within 45 days of receipt. The Initial Decision was received on September 22, 2015.

Based on my review of the record and the applicable rules, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein. This matter concerns the May 2015 denial of Petitioner's Medicaid application due to the failure to provide requested verifications. On March 26, 2015, Petitioner through her representative filed an application for Medicaid benefits. On that same day, Bergen County Board of Social Services (BCBSS) issued to Petitioner a request for verifications due on April 26, 2015. Petitioner neither provided the requested verifications nor contacted BCBSS with regard to any difficulty or delay in obtaining the verifications. On May 19, 2015, BCBSS denied Petitioner's application for failure to provide verifications. Petitioner appealed the denial and the matter was scheduled for a hearing on June 9, 2015. At Petitioner's request, the matter was adjourned and rescheduled for September 1, 2015. On August 27, 2015, Petitioner's attorney submitted a prehearing statement that included a partial response to BCBSS' request for verifications. Neither Petitioner, nor her Medicaid representative, appeared to testify on her behalf at the September 1, 2015 Office of Administrative Law hearing.

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 circumstance. 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); MedCom No. 10-09, and Fed. Reg. 42 CFR 435.91. 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 BCBSS 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). There is no testimony or documentary evidence that Petitioner made any effort to obtain the necessary documents prior to the denial, let alone communicate to BCBSS any difficulty or delay in obtaining the necessary documents. There is simply nothing in the record to demonstrate exceptional circumstances warranting additional time to provide the requested verifications.

The ALJ found that Petitioner had not demonstrated by a preponderance of credible evidence that she timely provided all verifications necessary for BCBSS to make a determination and that BCBSS' denial was appropriate. In so doing, the ALJ also rejected the arguments raised in Petitioner's brief and exceptions that it was BCBSS' responsibility to obtain any and all documentation necessary to process Petitioner's Medicaid application. I FIND no reason to disturb the ALJ's findings. The specific verifications requested by BCBSS are not addressed by the regulations Petitioner cites and would not be available to BCBSS via the means referenced at 42 CFR §435.945 or 42 CFR §435.948. Nothing in Petitioner's exceptions warrants a change in the Initial Decision.

THEREFORE, it is on this 2 day of NOVEMBER 2015,

ORDERED:

That the Initial Decision is hereby ADOPTED.


Valerie Harr, Director
Division of Medical Assistance
and Health Services

*Chief of Staff
on behalf of
Valerie Harr*