



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

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

G.G.

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

BERGEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

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ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 03834-15

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is June 26, 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 May 13, 2015.

This matter concerns the February 2015 denial of Petitioner's Medicaid application due to the failure to provide requested verifications. On August 29, 2014, Petitioner filed an application for Medicaid benefits. On September 18, 2014, Bergen County Board of Social Services (BCBSS) issued to Petitioner, through her guardian, a request for verifications. On October 27, 2014, BCBSS issued another request for verifications. On February 20, 2015, BCBSS denied Petitioner's application for failure to provide verifications. The denial notice listed information that had been requested and was not provided, as well as, information that Petitioner would need to provide upon reapplication.

Based on my review of the record and the applicable rules, I REVERSE the Initial Decision and FIND that Petitioner has 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.

The rules provide that the application must be processed within 45 days of filing for Aged cases and 90 days for those cases where a disability determination is required for Blind and Disabled applicants. N.J.A.C. 10:71-2.3(a). Under Medicaid Communication No. 10-09, the time frame may be extended when "documented exceptional circumstances arise." The evidence in the record is insufficient to establish the existence of "exceptional circumstances." Petitioner's guardian was on notice as early as September 29, 2014, that it would have to obtain a court order to access Petitioner's out of state bank records. Furthermore, there is nothing in the record to show that Petitioner made any effort to obtain the necessary documents in the six months before the Petitioner's case was closed. Nor is there anything in the record to

show that Petitioner provided any documents in response to BCBSS' request for information.

While it is true that the February 20, 2015 denial notice issued by BCBSS identified new information to be supplied by Petitioner upon reapplication, it is also true that Petitioner had not submitted the information previously requested. By February 20, 2015, almost six months after application, Petitioner had failed to provide BCBSS with a spousal death certificate, information regarding her pension and information regarding her bank accounts. The credible evidence in the record indicates that Petitioner failed to provide BCBSS with the information needed to establish eligibility. Without this information, BCBSS was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this *22nd* day of JUNE 2015,

ORDERED:

That the Initial Decision is hereby REVERSED; and

That Petitioner's August 2014 application remains denied.



Valerie Harr, Director
Division of Medical Assistance
and Health Services