



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Director

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

K.B. :
PETITIONER, : ADMINISTRATIVE ACTION
v. : FINAL AGENCY DECISION
DIVISION OF MEDICAL ASSISTANCE : OAL DKT. NO. HMA 12258-15
AND HEALTH SERVICES AND :
CAMDEN 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 and the documents in evidence. Neither Party submitted exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is January 29, 2016 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 December 15, 2015.

This matter arises from the denial of Petitioner's June 5, 2015 Medicaid application for failure to provide documentation needed to determine eligibility. On or about June 5, 2015 Camden County Board of Social Services (CCBSS) issued to Petitioner, through her authorized representative Sharona Clarke, case manager supervisor for Garden State Infectious Disease, a request for verifications which specifically referenced quarterly bank statements from June 1, 2010 to present. The notice provided that Petitioner had until June 23, 2015 to provide the necessary information or her application would be denied. On June 17, 2015, CCBSS received a partial submission which did not include bank statements prior to February 2015. On June 18, 2015, CCBSS issued to Petitioner, again through Clarke, a second request for the verifications, specifically asking for five years of bank statements beginning June 1, 2010. Petitioner was given until July 3, 2015 to provide the missing verifications or be denied. Petitioner did not provide the missing verifications and CCBSS denied her application on July 7, 2015.

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 provided all verifications necessary for CCBSS to make a determination and that CCBSS' denial was appropriate.

The issue below is whether Petitioner timely provided the necessary verification for CCBSS to make an eligibility determination. 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). 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 CCBSS 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).

Here, Petitioner, assisted by her representative, Ms. Clarke, made an appointment to apply for Medicaid. Prior to the appointment CCBSS sent Clarke a letter and checklist identifying those documents needed to determine eligibility.¹ Among the listed items were bank records reflecting transactions that occurred over the five years prior to application. Then, Petitioner was given two opportunities to provide the specific verifications necessary to establish eligibility. Each time, CCBSS' notice contained a deadline by which verifications were due and a warning that failing to timely provide the verifications would result in a denial. Specifically, each notice contained a statement that read, “FAILURE TO PROVIDE THE REQUESTED VERIFICATION WILL CAUSE YOUR CASE TO BE DENIED.” (R-1). Even if, as Petitioner claims, she did not receive the second notice, she was aware that failure to provide the requested verifications by June 23, 2015 would result in denial. Yet, she made only a partial submission without

¹ The Initial Decision found that Petitioner had not seen the May 2015 letter and was unaware bank statements would be needed.(ID at 4). However, Clarke's notes for June 5, 2015 state that she appeared at the scheduled appointment with Petitioner and presented all the requested documentation. (P-1). The record does not present an alternative communication between CCBSS and Petitioner wherein CCBSS requested she present certain documentation at the time of application.

further explanation or indication that she was attempting to obtain additional documentation.²

There is nothing in the record to dispute the fact that CCBSS did not receive the requested verifications by June 23, 2015 or by July 3, 2015. At best Petitioner claims to have provided the documents by facsimile and regular mail on July 28, 2015³, well after the June 23, 2015 due date that she admits to having received. Despite claims that she mailed and faxed the requested five years of bank records, there is no evidence in the record that CCBSS ever received the documents.⁴

Finally, as previously stated, both CCBSS and the Petitioner have responsibilities with regard to the application process. Petitioner is responsible to secure evidence that corroborates her statements and aides in the determination of eligibility, and CCBSS is responsible to, among other things, receive applications; assist applicants in exploring their eligibility; and promptly determine eligibility. N.J.A.C. 10:71-2.2(c) and (d). Petitioner knowingly made an incomplete submission to CCBSS and never made any attempt to follow up or notify CCBSS that she was still attempting to secure records from her bank. In fact, the first documented communication with CCBSS subsequent to her partial submission of documents would have been Petitioner's July 17, 2015 request for an appeal of the denial. It is not the county's obligation, nor is it a reasonable expectation, to chase after applicants who have failed to timely and completely respond

² The Initial Decision and Ms. Clarke's notes state that Clarke attempted to call the CCBSS.(ID at 3, P-1). However, it is unclear from the record whether she attempted to call prior to or after the denial was issued. The record contains no documentary evidence that Petitioner notified CCBSS that she was having difficulty but still trying to obtain the requested bank records.

³ Ms. Clarke testified that she mailed the missing documents on July 28, 2015. She did not testify that she mailed them prior to the July 7, 2015 denial. However, in Petitioner's July 17, 2015 request for fair hearing, Clarke claims to have already mailed and faxed the documentation to CCBSS and states she will resubmit the documents that same day.

⁴ Petitioner did not present a fax confirmation at the hearing, nor did she present as evidence a copy of the documents she sent to CCBSS.

to a request for verifications and made no attempt to communicate with the county regarding the status of their own application.

The credible evidence in the record indicates that Petitioner failed to provide CCBSS with the information needed to establish eligibility prior to the July 7, 2015 denial. Without this information, CCBSS was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this 26th day of JANUARY 2016,

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