



Petitioner has filed six applications for Medicaid benefits with the Mercer County Board of Social Services (MCBSS). Her first application was filed on September 17, 2020. The first five applications were all denied based upon her failure to provide verification of specific information requested by MCBSS, including the failure to provide verification that the property she owns in Puerto Rico was listed for sale at a fair market value. On all of Petitioner's applications, she answered "No" to whether she had a plan of liquidation for any resource. However, the present matter deals with the denial of Petitioner's fifth application for Medicaid, filed on October 28, 2021. J-11.

On November 5, 2021, MCBSS sent a letter that requested verifications of various information, including, but not limited to, direct express statements for March, July, and December 2016-2019, March 2020, and May 2021 through October 31, 2021, with verification of current balance and verification that Petitioner's property in Puerto Rico was listed for sale at fair market value. Ibid. On November 29, 2021, MCBSS issued another request for verifications related to a vehicle registration and a response to a series of unanswered questions. Ibid. The deadline for submission of the requested documentation was December 9, 2021.

On December 9, 2021, MCBSS received a Spanish real estate agreement related to the property in Puerto Rico. However, the submission did not contain the fair market value of the property and the property had not yet been listed for sale. J-15. On December 10, 2021, MCBSS denied Petitioner's application because she failed to verify that the property in Puerto Rico was listed for sale at a fair market value. J-11.

Petitioner did not present a sales agreement to MCBSS, showing that the Puerto Rico property was listed for sale for \$45,000, until January 17, 2022, in connection with Petitioner's sixth Medicaid application. J-15. It was at this time that MCBSS confirmed through internet records that the property had been listed for sale. Ibid.

The Initial Decision upholds the denial and I concur. 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 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).

MCBSS was responsible for determining whether Petitioner's resources exceeded the resource limit to qualify for benefits. N.J.A.C. 10:71-4.1(a). Unless specifically excluded, all resources are considered when determining Medicaid eligibility. N.J.A.C. 10:71-4.1(b). Real property that can be converted to cash for the support and maintenance of an individual is included in the resource determination. However, Medicaid Communication No. 87-26 (effective August 18, 1987) permits CWAs to temporarily exclude the value of a non-liquid resource if the Medicaid applicant or recipient agrees to and cooperates with a plan of liquidation. This would allow the asset to be excluded from the determination for the period

specified in the plan of liquidation or until the liquidation occurs as long as the applicant cooperates with the plan's conditions.


While Petitioner indicated on her application that she owned property in Puerto Rico, she failed to provide any additional details regarding the property in order for MCBSS to determine its value. As a result, MCBSS sought additional details of this asset through its verification letters by requesting documentation showing that the property was listed for sale at a fair market value. While Petitioner provided a real estate agreement to MCBSS by the December 9, 2021 deadline, Petitioner failed to provide any documentation confirming the property's fair market value or that the property was actively listed for sale. Petitioner was aware that she needed to provide this information since September 28, 2020, when MCBSS issued its first verification letter related to Petitioner's first Medicaid application. In fact, Petitioner received at least ten written requests for information in relation to the property in Puerto Rico and Petitioner's previous four Medicaid applications were denied, in part, due to her failure to provide this information. As the value of the property and Petitioner's efforts to sell same were germane to Petitioner's eligibility determination, the documentation related to Petitioner's attempt to sell the property at its fair market value were necessary for MCBSS to process Petitioner's application and to assess the fair market value of the asset. Petitioner's failure to provide the requested documentation regarding her assets appropriately resulted in the denial of her application. Further, and as noted by the ALJ, no extension of time was requested by Petitioner or her DAR in order to provide the requested information and even so, no exceptional circumstances were presented in this matter that would have necessitated an extension of time to provide same, pursuant to N.J.A.C. 10:71-2.3(c).

Thus, for the reasons set forth above and those contained in the Initial Decision, I hereby ADOPT the Initial Decision's conclusion that MCBSS properly denied Petitioner's application.

THEREFORE, it is on this 7th day of FEBRUARY 2023,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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