

State of New Jersey

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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SARAH ADELMAN Commissioner

JENNIFER LANGER JACOBS
Assistant Commissioner

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

J.E.,

PETITIONER,

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DIVISION OF MEDICAL ASSISTANCE:

AND HEALTH SERVICES AND

MORRIS COUNTY OFFICE OF

TEMPORARY ASSISTANCE.

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 08602-2021

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is March 3, 2023, in accordance with an Order of Extension.

This matter arises from the September 15, 2021 denial of Petitioner's Medicaid application due to his failure to provide information that was necessary to determine eligibility. 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).

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).

Here, a Medicaid application was filed on Petitioner's behalf with the Morris County Office of Temporary Assistance (Morris County) on July 8, 2021. By letters dated July 21, 2021 and August 31, 2021, Morris County requested verification of various information related to Petitioner that was necessary to process his application. By letter dated September 15, 2021, Morris County denied Petitioner's application, stating that Petitioner failed to provide the following documentation: (1) a copy of the current face and cash value for the GlaxoSmithKline Life Insurance policy; (2) "[t]he client reported a pension amount of \$949.46 and RSDI in the amount of \$1,804.50 which totals \$2,753.96. The 2021 income limit for MLTSS is \$2,382.00, as a result the client will need a Qualified Income Trust. Please fill out

the attached Qualified Income Trust packet and return it. Please fill out the schedule A with the gross and net amount of the client's pension. Please also add the account number;" (3) two fair market values for Petitioner's Franklin, New Jersey property ("property"); and (4) "monthly bank statements for the Valley National account ending in . . . starting 1/2016 until the account closed 5/11/2020. Please be sure to include any and all deposit images, check images, and withdrawal slips for any transactions over \$2,000.000." R-4.

Petitioner contends that the requested documentation was submitted to Morris County prior to the September 9, 2021 deadline set forth in the August 31, 2021 letter from Morris County. While Morris County contends that some documentation was submitted regarding these requests, it argues that the documentation provided was insufficient. Specifically, Morris County argued that the information Petitioner provided in relation to the GlaxoSmithKline insurance policy did not contain the face value or cash surrender value of the policy. R-6. Moreover, Morris County stated that the Schedule A of the QIT was not fully filled out, only one current fair market in relation to Petitioner's property was provided, while the second was outdated, and Petitioner only provided some statements in relation to the Valley National account, leaving statements from the period of January 1, 2016 through March 5, 2020 outstanding. Ibid.

The Initial Decision determined that while Petitioner's representatives provided documentation in response to Morris County's July 21, 2021 and August 31, 2021 letters, the documentation was not sufficient, appropriately resulting in the denial of Petitioner's application. I concur. Petitioner failed to meet his burden in showing that the documentation that Morris County alleges was outstanding at the time of the denial was submitted to Morris County prior to the September 9, 2021 deadline set forth in the August 31, 2021 letter or prior to the September 15, 2021 denial in this matter. Specifically, no documentation was provided at the hearing showing the date that the outstanding documentation was allegedly submitted to Morris County or what exactly was submitted to Morris County in relation to its requests.

While Petitioner provided an email from Petitioner's son to Morris County detailing documentation in relation to the outstanding requests, the email was dated September 20, 2021 and was in response to receiving the September 15, 2021 denial notice.

Moreover, while it is unclear whether the documentation admitted in the record was the documentation allegedly provided to Morris County prior to the denial, I note that this documentation was not responsive to the outstanding requests. Specifically, the information provided in the record in relation to the GlaxoSmithKline insurance policy included printedout material from an online account summary, including a generic plan description that was not specific to Petitioner's policy. The information provided does not detail the face and cash surrender value of the policy, which was requested by Morris County. Further, no documentation related to the Qualified Income Trust (QIT) was admitted into the record. Therefore, Petitioner has not shown that the QIT documentation was properly completed and provided to Morris County prior to the denial. Next, Petitioner argues that he submitted a comparative market analysis for his property. The documentation admitted into the record does not appear to include the full comparative market analysis referenced by Petitioner nor is it clear whether the listings provided at the hearing in this matter were actually provided to and reviewed by Morris County. Nevertheless, Morris County requested two fair market values for Petitioner's property, not the listing prices of similar properties. The documentation that was admitted into the record does not show the fair market value for Petitioner's property at the time of application at issue in this matter. Lastly, while Petitioner now argues that all of the Valley National Bank statements were provided to Morris County because the account was only open from March 3, 2020 through May 11, 2020, no statements or other documentation was admitted into the record that shows the account information, including the period of time the account was active. It is also unclear whether Petitioner advised Morris County prior to the denial in this matter that statements prior to March 3, 2020 could not be provided, as Petitioner alleges that the account was not opened until that date.

Morris County specifically advised what documentation was necessary in order to process Petitioner's application and determine eligibility. Petitioner, through his representatives, were aware of the verifications and specific documentation required. Sufficient documentation was not provided in response to the verifications requests by the deadlines set forth in Morris County's July 21, 2021 and August 31, 2021 letters, which specifically advised that the failure to provide the requested documentation could result in the denial of Petitioner's application. R-2 and R-3. Without that requested documentation, Morris County was unable to make a determination related to Petitioner's eligibility and appropriately denied Petitioner's application. Petitioner, additionally, failed to request any extensions of time to provide the requested documentation and no exceptional circumstances existed in this matter that would have necessitated such an extension.

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

THEREFORE, it is on this 24th day of FEBRUARY 2023,

ORDERED:

That the Initial Decision is hereby ADOPTED.
Carol A Grant OBO
Jennifer Langer

Jacobs

Digitally signed by Carol A Grant OBO Jennifer Langer Jacobs Date: 2023.02.24 14:50:02 -05'00'

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