



This matter arises from the May 8, 2023 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 Monmouth County Division of Social Services (MCDSS) on March 8, 2023. R-1. By a letter dated April 13, 2023, MCDSS requested verification of various information related to Petitioner that was necessary to process his application. Specifically, at issue, MCDSS requested that Petitioner "provide a legible copy of the check from Manasquan Bank for \$2,911.27 with corroborating verification." R-2. The various information was due to MCDSS by April 27, 2023. R-2. By letter dated May 8, 2023, MCDSS denied Petitioner's application, stating that Petitioner "failed to provide corroborative evidence as requested...Please provide the source of deposits with credible evidence for the bank check deposited for \$2,922.27 at Manasquan Bank." R-3. On May 20, 2023 Petitioner submitted a new Medicaid application which included bank statements from Manasquan bank from 2019 establishing the account owner and source of funds along with a letter from the account owner verifying that the cashier's check was the result of multiple cash gifts from multiple individuals. Petitioner's May 30, 2023 application was approved and he received retroactive benefits through February 2023. Petitioner is requesting Medicaid benefits for January 2023 only.

Through the exception, Petitioner contends that the requested documentation was submitted to MCDSS prior to the April 27, 2023 deadline set forth in the April 13, 2023 MCDSS letter. Specifically, Petitioner provided MCDSS with a legible copy of the check and an email correspondence from Manasquan Bank, Universal Banker Supervisor, stating that "[M.A.] is not a Manasquan/Metuchen Savings Bank Customer. The check in question was given to him by one of our clients." Petitioner, through his DAR, further explained that "This money was given to [M.A.] as a donation when he became ill." While

MCDSS agrees that certain documentation was submitted responsive to MCDSS' requests, it argues that the documentation provided was insufficient. Specifically, MCDSS contends that Petitioner's corroborating evidence did not sufficiently explain the source of the Manasquan Bank check he deposited for \$2,911.27. The Initial Decision upholds the denial concluding the documentation did not contain sufficient corroborating evidence to satisfy the request appropriately resulting in the denial of Petitioner's application. I concur. Notably, the ALJ concluded that it was evident, based on the subsequent submissions, that corroborating evidence was in fact available as initially requested. Additionally, while Petitioner argues through the exceptions that it was difficult to obtain the corroboration, the evidence does not reflect any request for an extension to supply the documents. Moreover, the correspondence from Manasquan Bank does not address whether Petitioner held an account with Manasquan Bank at the time the check was written or provide sufficient information to verify the source of the potential resource.

Without that requested documentation, MCDSS was unable to make a determination related to Petitioner's eligibility and appropriately denied Petitioner's application. Additionally, Petitioner's DAR 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, I hereby ADOPT the Initial Decision and FIND that MCDSS' denial of Petitioner's application was appropriate in this matter.

THEREFORE, it is on this 26<sup>TH</sup> day of DECEMBER 2023,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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OBO Jennifer  
Langer Jacobs

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Jennifer Langer Jacobs  
Date: 2023.12.18  
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Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance and Health Services