

Petitioner's failure to provide information necessary to determine eligibility. The denial was appealed. The March 13, 2023, and June 8, 2023 hearings were adjourned due to Petitioner's attorney's representation issues.¹ The issue presented here is whether Petitioner provided the necessary verification for the CCBSS to make an eligibility determination.

The Administrative Law Judge (ALJ) found that Petitioner failed to provide the documents requested throughout the application process.

Both the County Welfare Agency (CWA) and the applicant have responsibilities with regard to the application process for aged, blind or disabled applicants. 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). 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 and accurate submission of data; and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2 (c) and (d). The CWA must determine eligibility of an application for the aged in 45 days and for blind and disabled applicants within 90 days. N.J.A.C. 10:71-2.3(a); MedComm No.10-09, and 42 CFR 435.91. Medicaid Communication No. 10-09 states:

If additional verifications are needed and the applicant or their representative does not respond to the worker's request after a time period, as specified by the Agency, an additional request for information must be sent informing the applicant of what documentation is still needed in order to determine their eligibility. This letter will also inform the applicant or their representative that if the information is not received within the specified time period from the receipt of the request, the case will be denied.

¹ Petitioner passed away before the hearing, their attorney needed Petitioner's estate's authorization to serve as Petitioner's DAR.

Here, on October 31, 2022, Petitioner filed a Medicaid application through their attorney and designated authorized representative (DAR) with the CCBSS which was denied on January 19, 2023 for failure to provide requested information. On December 1, 2022, and December 20, 2022, the CCBSS requested that Petitioner provide additional information needed to process the application.² All information was due to the CCBSS by January 3, 2023. Both letters required Petitioner to provide the following information: 1) MetLife account verifications: a) complete entire contact when opened; b) verification of source of funding when opened; c) documentation for all withdrawals in the amount of \$2,000 or more from 10/01/2017 thru closing of MetLife annuity contact number ending in #1849; 2) TD Bank statements for the account numbers ending in #4456 from 02/01/2018 through 03/01/2018 and 04/01/2018 thru 06/01/2018; 3) TD Bank statements for the account number ending in #2896 from 05/05/2018 thru 06/05/2018; 4) documentation for all transactions listed on enclosed CCBCC-Med-Fin-1 for account numbers ending 04/01/2018 thru 06/01/2018; 5) verification of ownership for account number ending in #9374 as funds were deposited from account number ending in #2896; 6) documentation of Colonial Penn Insurance company policy being paid from account number ending #2896; 7) verification for any health insurance premiums being paid. The CCBSS requested verification for all transactions \$2,000 and over and indicated that a personal statement alone is not sufficient verification.

The Initial Decision upholds the denial. The ALJ determined that the CCBSS properly denied Petitioner's application on the ground that Petitioner had failed to provide the requested documents per governing regulations. I agree with the ALJ's decision. Petitioner's attorney received two letters requesting information to process the

² The Initial Decision states that the CCBSS sent the first letter on December 31, 2022, by mistake.

application. All the verifications were due by January 3, 2023. On January 2, 2023, Petitioner's attorney provided a partial response to the CCBSS' request. On January 19, 2023, the CCBSS denied Petitioner's application for failure to provide the requested documentation as set forth in the CCBSS' letters dated December 1, 2022 and December 20, 2022.

During the hearing, Petitioner's attorney did not argue that the CCBSS inappropriately denied Petitioner's Medicaid application. Instead, he testified that he believed he was given additional time to produce the requested information. It is undisputed that Petitioner, through their attorney, did not provide all the information requested on December 1, 2022 which lead to the second request on December 20, 2022. The time frame may be extended when "documented exceptional circumstances arise" preventing the process of the application within the prescribed time limits. N.J.A.C. 10:71-2.3 (c). The regulation does not require the CCBSS to grant an extension beyond the designated time period.

Based on the record before me, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. Petitioner's attorney has presented no evidence that he had provided the requested information to the CCBSS at the time of the denial. Without this information, the CCBSS was unable to complete Petitioner's eligibility determination and the denial was appropriate.

THEREFORE, it is on this 18th day of DECEMBER 2023,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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Jennifer Langer
Jacobs

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Jacobs
Date: 2023.12.18 11:00:11
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Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services