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

A.H.

   PETITIONER,

   v.

CAMDEN COUNTY BOARD OF
SOCIAL SERVICES,

   RESPONDENT.

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ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 08174-20

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 documents in evidence. Petitioner filed Exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is December 18, 2020 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 the agency's receipt. The Initial Decision was received on November 4, 2020.

This matter arises from the Camden County Board of Social Services' (CCBSS) April 28, 2020 notice denying Petitioner's Medicaid application for failure to timely provide

information necessary to determine eligibility. The only issue presented here is whether the Petitioner timely provided the necessary verifications for CCBSS to make an eligibility determination. Based upon my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ).

On May 14, 2019, Petitioner, through her designated authorized representative (DAR), Charlene Collins of Kresson View Center, filed a Medicaid application with CCBSS. On March 3, 2020, CCBSS requested information including verification of a March 3, 2015 check from "Pershing" in the amount of $4,250 payable to Petitioner. Petitioner was given until March 13, 2020 to provide the requested verifications, specifically financial statements from 2013 to present. Petitioner made a partial submission providing statements from July 1, 2013 through September 30, 2013 and January 1, 2014 to October 31, 2014. On April 28, 2020, CCBSS denied Petitioner's application for failure to provide the outstanding documentation.

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). CCBSS as the County Welfare Agency (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). 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. However, 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).

The ALJ found, and I agree, that the record here does not support a finding of exceptional circumstance warranting additional time to provide the requested information. Petitioner's DAR testified that she received numerous documents the night before they were due but did not go through them before submitting them to CCBSS.[1] Aside from this testimony, there is no evidence that Petitioner's DAR subsequently reviewed the information, realized the deficiency and requested additional time to provide the missing verifications. Moreover, although the DAR states in exceptions that Petitioner's daughter was eventually able to obtain the requested bank statements, there is no evidence of these statements in the record.

The documentary evidence in the record shows that Petitioner did not provide the requested documentation in connection with her Medicaid application. Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision

THEREFORE, it is on this 8th day of DECEMBER 2020,

ORDERED:

That the Initial Decision is hereby.

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

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[1] Petitioner's DAR also testified that she was on vacation when the denial notice was mailed and, as a result, did not receive it until May 25, 2020. The significance of this information is unclear as she was on vacation more than a month after the verifications were due and the record shows no attempt to cure the defect.