

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

MEGHAN DAVEY
Director

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

W.M.

PETITIONER.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT, NO. HMA 20504-15

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DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

UNION COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL case file. Both Parties filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is July 28, 2015 in accordance with an Order of Extension. The Initial Decision was received on April 28, 2016.

This matter concerns the April 13, 2015 denial of Petitioner's Medicaid application due to the failure to provide requested verifications and because the available information showed Petitioner exceeded the resource standards for Medicaid. On December 27, 2013, Petitioner's wife, E.M., filed a Medicaid application on his behalf with the Union County Board of Social Services (UCBSS). That day, UCBSS requested Petitioner provide information regarding his bank accounts, pensions and life insurance policies by January 27, 2014. On February 2, 2015, UCBSS again requested information regarding Petitioner's bank accounts; life insurance policies and proof of resource spend down. Petitioner was given ten days to provide the information. On April 7, 2015, UCBSS issued a denial letter for failure to provide verifications and excess resources. On April 13, 2015, UCBSS issued a revised denial letter that listed the missing items. The denial letter provided Petitioner with an additional ten days to provide the missing documentation. On April 17, 2015, Petitioner supplied insufficient information, and on April 28, 2015, UCBSS notified Petitioner that its April 13, 2015 denial would stand.

Eligibility for medical assistance is governed by regulations adopted in accordance with the authority granted to the Commissioner of the New Jersey Department of Human Services and the Division of Medical Assistance and Health Services. N.J.S.A. 30:4D-7. In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. N.J.A.C. 10:71-4.10. County Welfare Agencies (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. 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 UCBSS to grant an extension beyond the designated time period. 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).

In December 2012, Petitioner was admitted to Cranford Health and Extended Care (Cranford Health). In September 2013, E.M. submitted a Long Term Care Resource Assessment Form to UCBSS. On that form, E.M. disclosed financial information including a mutual IRA with Pacific Life valued at \$130,000. Three months later, E.M. submitted an application for Medicaid benefits. The application was silent with regard to the IRA. On December 27, 2013 and again on February 2, 2015, UCBSS requested financial information from E.M., including but not limited proof of spend down of resources. There is no evidence in the record that that Petitioner fully responded to either of these requests. In fact, the April 13, 2015 denial letter indicates that Petitioner failed to provide several items, not just the Pacific Life Mutual IRA. It is unclear why the Initial Decision only focuses on the Pacific Life IRA when the Petitioner was apparently deficient in providing several other pieces of documentation including a Lincoln National Life Insurance Policy, a Prudential Policy and a Sun America Account.

The Initial Decision also addresses subsequent attempts by Shifra Weiss, Medicaid Coordinator for Cranford Rehabilitation, to provide UCBSS with the requested verifications. These submissions were all provided after the denial letter was issued and by an individual not authorized at the time to represent Petitioner. However, the ALJ seems concerned with UCBSS' disregard for

Petitioner's good faith attempts to provide it with the missing verification and the amount of time Petitioner was afforded to produce said verifications.

I too am curious to know why UCBSS waited a year to request additional documentation from E.M. In exceptions, UCBSS notes that it extended the time allowed to submit documentation due to E.M.'s own medical issues. Certainly exceptional circumstances and evidence of Petitioner's cooperation prior to the denial being issued may be cause to extend the designated time period.

N.J.A.C. 10:71-2.3(c). However, despite E.M.'s presence at the hearing, the record below does not explore E.M.'s circumstances or attempts to provide documentation prior to the April 28, 2015 denial.

THEREFORE, it is on this 22 day of JULY 2016,

ORDERED:

That the Initial Decision is hereby REVERSED; and

That the matter is REMANDED to the Office of Administrative Law for testimony from UCBSS and E.M. regarding their communications during the County's review of Petitioner's application, attempts by E.M. to gather or supply information to UCBSS prior to the April 2015 denial, and what if any information was still outstanding at the time of the April 2015 denial.

Meghan Davey, Director Division of Medical Assistance and Health Services



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W.M.,

Petitioner,

ORDER OF EXTENSION

OAL DKT. NO. HMA 20504-15

v.

DMAHS and UCBSS, Respondent.

The initial decision was received by this agency on April 28, 2016; therefore, the 45-day statutory period issuing a final decision expires on June 13, 2016. DMAHS Director Meghan Davey requests a 45-day extension of time for issuing the final decision as she needs additional time to review the Initial Decision, the OAL case file, the law and facts surrounding the matter and documents in this case.

Good cause having been shown, pursuant to *N.J.S.A.* 52:14B-10(c) and *N.J.A.C.* 1:1-18.8, **IT IS ORDERED** that the time limit for issuing the final decision is extended until **July 28, 2016**.

Meghan Davey, Director

Division of Medicaid Assistance and Health Services

DATE: June 10, 2016

Date agency e-mailed proposed order to OAL: June 10, 2016

c: Parties

DATE:6/14/16

Laura Sandara Acting Directors

Laura Sanders, Acting Director and Chief Administrative Law Judge

Date OAL e-mailed executed order to agency: 6/14/16

Date agency mailed executed order to parties: (//////