

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Acting Commissioner

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Director

CHRIS CHRISTIE Governor

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

M.W.,

PETITIONER.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

ATLANTIC COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 20663-15

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the case file and the documents in evidence. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is February 19, 2017 in accordance with an Order of Extension. The Initial

Decision was received on November 21, 2016.

This matter concerns the denial of Petitioner's August 10, 2015 application for Medicaid benefits. Petitioner, through her authorized representative, Kathy Bass of Hammonton Center, filed a Medicaid application on her behalf with the Atlantic County Board of Social Services (ACBSS). This was Petitioner's sixth application Medicaid application. All six applications were filed by Petitioner's authorized representative. On August 20, 2015 and October 1, 2015, ACBSS issued requests for verifications, including information regarding Petitioner's bank accounts. On November 6, 2015, ACBSS denied the application for failure to provide information. At the request of Petitioner's representative, ACBSS rescinded the denial and provided Petitioner additional time to provide the requested documentation.

On November 10, 2015, ACBSS issued another request for documentation, giving Petitioner until November 23, 2015 to provide the requested information. Petitioner did not submit the required information and as a result, ACBSS denied Petitioner's application on November 23, 2015.

The issue below was whether Petitioner timely provided the necessary verifications for ACBSS to make an eligibility determination. 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). 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); 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 ACBSS 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). There is simply nothing in the record to demonstrate that there were exceptional circumstances warranting additional time to provide the requested verifications.

As noted by the ALJ, this was Petitioner's sixth Medicaid application. Petitioner was given several opportunities over an eighteen month period to provide the requested information but failed to do so. The credible evidence in the record demonstrates that Petitioner failed to provide the needed information prior to the November 23, 2015 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

Based on my review of the record and for the reasons set forth above, I hereby REVERSE the Initial Decision and reinstate ACBSS' denial.

THEREFORE, it is on this day of FEBRUARY 2017,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Directer

Division of Medical Assistance

and Health Services