

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. BOX 712

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Meghan Davey Director

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

L.H.,

PETITIONER.

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE:

OAL DKT. NO. HMA

AND HEALTH SERVICES AND

ESSEX COUNTY BOARD OF

SOCIAL SERVICES.

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision 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 April 2, 2018 in accordance with an Order of Extension. The Initial Decision in this matter was received on January 2, 2018.

This matter arises from the Essex County Board of Social Services (ECBSS) October 7, 2016 denial letter for failure to timely provide information necessary to determine eligibility and excess resources. September 18, 2015, Petitioner, through a social worker at Brookhaven Healthcare Center (Brookhaven), filed an application for Medicaid benefits with the ECBSS. The application itself requests the applicant provide information regarding their benefits, income, burial arrangements, life insurance, and vehicles. On December 17, 2015, ECBSS requested information including bank account #2195. On January 14, 2016, ECBSS requested information including another bank account #3342 and a spousal waiver. On February 17, 2016, ECBSS again requested information regarding account #3342 and the spousal waiver and requested proof of vehicle ownership. ECBSS received an insufficient response from Petitioner with regard to the bank accounts in question and received nothing regarding proof of vehicle ownership until months after the denial was issued. In the Initial Decision, the ALJ held that ECBSS' denial notice was sufficient, but that it failed to timely process or assist Petitioner with his Medicaid application. As a result, the ALJ returned the matter to ECBSS for a determination of eligibility. For the reasons that follow, I hereby ADOPT and MODIFY the Initial Decision.

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. 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). Applicants must provide the CWA with verification requested. N.J.A.C. 10:71-2.2 (e) provides:

As a participant in the application process, an applicant shall:

- Complete, with assistance from the CWA if needed, any forms required by the CWA as a part of the application process;
- 2. Assist the CWA in securing evidence that corroborates his or her statements; and
- 3. Report promptly any change affecting his or her circumstances.

[Emphasis supplied].

N.J.A.C. 10:71-3.1(b) requires the applicant to substantiate her application with corroborative evidence from pertinent sources in support of her application for eligibility.

Here, ECBSS requested several pieces of information from Petitioner. Specifically, ECBSS requested bank statements for several accounts. The personal letters from Petitioner denouncing ownership of these accounts is insufficient evidence of the status or ownership of those accounts. Furthermore, although the ALJ found that the ECBSS had the obligation to assist the Petitioner by obtaining information about his bank accounts through its electronic verification system pursuant to 42 CFR §435.945, New Jersey's Asset Verification System (AVS) system was not implemented until July 2016. Moreover, there is some question as to whether or not the information sought, specifically bank accounts alleged to belong to another, unknown individual, would even be available through the AVS system. Certainly, however, Petitioner would have been able to request that his bank provide a letter confirming that these accounts were not his. The record shows that neither Petitioner, nor his representative, made any attempts to contact the bank for such a letter.

¹ See NJ Family Care 1115 Comprehensive Demonstration Application for Renewal at http://www.nj.gov/humanservices/dmahs/home/NJ_Comprehensive_Waiver_Renewal_for_public_comment.pdf.

However, it is unclear from the testimony whether or not ECBSS accepted Petitioner's personal explanations regarding either or both of these accounts. While the unsupported, personal denunciation of either account by Petitioner is an insufficient response, it does not appear that Petitioner was made aware of this. And, if in fact, ECBSS affirmatively accepted Petitioner's explanation with regard to one account, one might assume that, absent other notification, Petitioner's explanation was accepted with regard to the other account. In its efforts to assist the Petitioner with his Medicaid application, ECBSS should have clarified whether or not Petitioner's response was sufficient.

THEREFORE, it is on this day of APRIL 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED in that the decision of the ECBSS is REVERSED and RETURNED to the County for a determination as to eligibility; and

That the Initial Decision is MODIFIED to reflect that the burden was not on ECBSS to verify Petitioner's account information through the AVS system and that ECBSS' inability to do so was not a failure to assist Petitioner with his Medicaid application in violation of N.J.A.C. 10:71-2.2(c).

Meghan Davey, Director

Division of Medical Assistance

and Health Services