



which requires an Agency Head to adopt, reject or modify the Initial Decision within 45 days of receipt. The Initial Decision was received on May 31, 2022.

This matter arises from the Union County Board of Social Services' (UCBSS) March 17, 2022 denial of Petitioner's Medicaid application for failure to provide verifications, specifically complete annuity paperwork. On December 29, 2021, Petitioner, through her authorized representative, filed a Medicaid application with the UCBSS. On January 24 and February 18, 2022, UCBSS issued requests for verifications necessary to determine Petitioner's eligibility. The January 24, 2022 notice specifically requested "complete annuity paperwork," among other items. Petitioner was given an extension of time to respond to this request for information. Petitioner provided some, but not all of the information requested. This partial response necessitated the request that followed on February 18, 2022, in which UCBSS requested additional information related to Petitioner's Qualified Income Trust (QIT), funded by Petitioner's annuity. Petitioner did not submit the requested information and did not contact the agency for clarification or an extension of time to provide said verifications.

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). UCBSS 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 MCOTA 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).

At all times relevant to the application process, Petitioner was assisted by Rikki Kirwan of Senior Planning Services, a company specializing in Medicaid applications.<sup>1</sup> Petitioner and her representative knew that Petitioner had multiple annuities and were in the best position, at the earliest possible date, to provide UCBSS with all the information concerning Petitioner's annuities, in particular any annuity that funded the Petitioner's QIT. It is an applicant's duty to candidly and promptly provide their financial information, rather than wait for UCBSS to ask for verification of a specific piece of information, transaction or account. If the goal is to have an eligible individual approved for Medicaid benefits as soon as possible, it seems counterintuitive to withhold information necessary to determine eligibility.

Certainly, the decision to withhold information known by the applicant's experienced Medicaid representative to be necessary to verify Petitioner's QIT and ultimate eligibility would not be characterized as cooperative. This lack of cooperation is highlighted by Petitioner's argument that although she had a complete copy of the annuity, she did not provide it because UCBSS did not specifically name a particular annuity. (R-1). It is further highlighted by Petitioner's decision to send a complete copy of one annuity and only a single page of another, despite having complete copies of both. (R-1). Beyond this, it is puzzling that Petitioner would have submitted a single page for the standard annuity with the Petitioner's application and then assume that the January 2022 request for complete annuity

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<sup>1</sup> On its website, Senior Planning Services notes that it has been in business for ten years and claims to have successfully guided "thousands of individuals through the complex Medicaid process."

paperwork did not refer to said annuity, but to another annuity which had already expired.<sup>2</sup> (R-1). The record contains no documented exceptional circumstance warranting an extension of time beyond the seventy-eight days the application remained open.

THEREFORE, it is on this 1st day of JULY 2022,

ORDERED:

That the Initial Decision is hereby REVERSED.

Carol Grant OBO Jennifer Langer  
Jacobs

Digitally signed by Carol Grant OBO Jennifer  
Langer Jacobs  
Date: 2022.07.01 10:07:37 -04'00'

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

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<sup>2</sup> No one, including Rikki Kirwan, appeared to testify on Petitioner's behalf or provided documentary evidence supporting Petitioner's position.