

matter was previously remanded to clarify the record related to the outstanding verification requests at the time of the denial of Petitioner's Medicaid application, the documents admitted into the record, and to provide copies of the verification request letters issued by the Union County Board of Social Services (UCBSS) in relation to Petitioner's application.

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 circumstances. 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) and 42 CFR § 435.912. 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 regulations do not require that the CWA 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, the extension is permissible. N.J.A.C. 10:71-2.3; S.D. v. DMAHS and Bergen County Board of Social Services, No. A-5911-10 (App. Div. February 22, 2013).

In January 2021, a Medicaid application was filed on Petitioner's behalf with UCBSS. ID at 2. Through letters to Petitioner's counsel dated February 16, 2021 and March 17, 2021, UCBSS requested verification of information related to Petitioner that UCBSS deemed necessary to process Petitioner's application. In addition to other verifications, both letters requested that Petitioner provide "[a] letter from Aetna stating [Petitioner]'s 2020 and 2021

monthly premium,” “02/01/2016 – Closure statements for Morgan Stanley #. . . ,”² and “Good and Services/Contract from Paul Ippolito Summit Memorial Funeral Home.” P-5 and P-11. The February 16, 2021 letter advised that the failure to provide the requested documentation by March 3, 2021 “will result in your application being denied. . . .” P-5. While some of the requested information appears to have been provided to UCBSS at some point prior to the March 17, 2021 letter being issued, Petitioner failed to provide some of the documentation requested by the aforementioned deadline, including the three previously-referenced verifications. Through issuance of its second request for verifications on March 17, 2021, UCBSS advised that the deadline for submission of the outstanding documentation was by April 1, 2021 and the failure to provide the requested documentation “will result in your application being denied. . . .” P-11. By April 1, 2021, Petitioner provided some of the requested documentation. ID at 2 and 4. It is unclear from the record whether Petitioner’s counsel affirmatively requested an extension of time; however, UCBSS allowed Petitioner to submit documentation until April 27, 2021, when UCBSS issued a denial of Petitioner’s application. The April 27, 2021 denial stated that Petitioner’s application was being denied for failing to provide the following verifications:

1. A letter from Aetna stating [Petitioner]’s 2020 and 2021 monthly premium.
2. 02/1/2016 – Closure statements from Morgan Stanley # You provided a closure letter; however you did not provide the statements requested. Please note, the letter you provided does not state the date of closure or amount.
3. Good and Service/Contract from Paul Ippolito Summit Memorial Funeral Home.”

P-1. Petitioner, through her counsel, appealed the denial.

The Initial Decision in this matter upheld the denial, finding that Petitioner did not provide the requested verifications to the agency to consider her application. Specifically,

² The March 17, letter additionally stated, “You provided a closure letter; however you did not provide the statements requested. Please note, the letter you provided does not state the date of closure or amount.” P-11.

the Initial Decision found that Petitioner failed to submit the Morgan Stanley statements and the goods and services contract to UCBSS that were requested in both the February 16, 2021 and March 27, 2021 verifications letter. The Initial Decision also found that Petitioner was unable to obtain and submit information related to her Aetna medical coverage. I concur.

While Petitioner's counsel alleges that she thought that the Morgan Stanley statements were submitted with her January 28, 2021 submission, her counsel was advised subsequently in both the February 16, 2021 and March 17, 2021 letters from UCBSS that the statements had not be received by UCBSS. Yet even though Petitioner was advised on two separate occasions that UCBSS was not in possession of the statements, Petitioner failed to provide same to UCBSS in response to its requests prior to the April 27, 2021 denial of Petitioner's application. In Petitioner's exceptions to the April 13, 2022 Initial Decision in this matter, her counsel stated that "[w]hen it was finally discussed over the phone post-denial that they did not have these particular statements, the statements were immediately produced to the assigned county counsel, who did not share it with the caseworker." As already previously discussed, Petitioner was on notice for at least seventy days prior to the issued denial that UCBSS was not in possession of the requested Morgan Stanley statements. Moreover, UCBSS was not required to accept the statements provided after the denial letter was issued. See MedCom No. 10-09 (stating "After the denial letter is sent, no further documentation will be accepted by the Agency. The applicant or their representative will be informed that a new application must be submitted.").

Petitioner additionally failed to provide a copy of the requested goods and services contract until April 30, 2021, three days after the denial was issued and twenty-nine days after the deadline set forth in the March 17, 2021 verification letter. ID at 2. As already noted, UCBSS was not required to accept these documents after the denial was issued. Lastly, Petitioner additionally failed to provide a letter from Aetna setting for Petitioner's 2020 and 2021 monthly premium amounts. While Petitioner alleges that she was unable to obtain this

documentation from Aetna, Petitioner has not provided any documentation to show that this information was relayed to UCBSS or what attempts were made to obtain the requested documentation prior to the deadline. Moreover, Petitioner has failed to provide any documented reason why any additional extensions of time, above the extensions previously granted by UCBSS, were warranted in this matter. Petitioner's failure to provide the requested documentation by the deadlines set forth by UCBSS appropriately resulted in the denial of her application.

Accordingly, for the reasons set forth above, I hereby ADOPT the Initial Decision and FIND that USBSS's denial of Petitioner's January 2021 application due to her failure to provide requested verifications was appropriate.

THEREFORE, it is on this 9th day of DECEMBER 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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