



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO BOX 712
TRENTON, NJ 08625-0712

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

SARAH ADELMAN
Acting Commissioner
JENNIFER LANGER JACOBS
Assistant Commissioner

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

R.E.,
PETITIONER,
v.
UNION COUNTY BOARD OF
SOCIAL SERVICES AND
RESPONDENTS.
ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 07195-20

As Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is December 8, 2022, in accordance with an Order of Extension. The Initial Decision was received on September 8, 2022.

Based upon my review of the record, I hereby ADOPT the Administrative Law Judge's recommended decision because it is in accordance with the Medicaid regulations governing resource eligibility. This matter arises from the Union County Board of Social Services' (UCBSS) July 20, 2020 denial of Petitioner's January 2019 Medicaid application for excess

resources and failure to provide verifications necessary to determine eligibility.

On January 31, 2019, Petitioner filed her second Medicaid application with the UCBSS. On February 21, 2020 and June 8, 2020, UCBSS asked Petitioner to provide verifications necessary to determine eligibility. Included in those requests was information regarding the ownership and sale of real property in Illinois. This information had also been requested in connection with Petitioner's first Medicaid application.¹ Petitioner did not provide this information by the June 2020 deadline or the July 20, 2020 denial notice. In fact, the information requested was not provided to the UCBSS until January 28, 2021, six months after the denial letter.

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). Atlantic County, 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.

When it was denied, Petitioner's application had been held open for almost a year and a half. The information at issue was also requested in connection with Petitioner's first application, as early as October 2018. Petitioner made no request for an extension of time to provide the requested verifications, and there is nothing in the record to establish

¹ Petitioner's first application was denied, appealed and withdrawn from the Office of Administrative Law.


exceptional circumstances warranting an extension of time. Petitioner was in the best position, at the earliest possible date, to provide UCBSS with all this information. Accordingly, I FIND that UCBSS appropriately denied Petitioner's Medicaid application for failure to timely provide verifications necessary to determine eligibility.

Moreover, while the determination that failure to provide the requested verifications is sufficient to uphold the July 2020 denial, it is worth noting that at the time of denial, Petitioner's resources exceeded the amount required for Medicaid eligibility. Petitioner does not dispute that she was over resources, only that the delay in notifying her of the amount prevented her from meeting the spend-down requirement and qualifying for Medicaid. However, Petitioner was notified of the need to spend down in February 2020. By the July 2020 denial, Petitioner had not taken the steps to meet the spend-down requirement. As the ALJ noted, the spend down was never completed and all requested documents were not provided until well after the July 2020 denial.

THEREFORE, it is on this ^{29th} day of NOVEMBER 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED.



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