



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION

OAL DKT. NO. HMA 14212-2023N

C.D.

Petitioner,

v.

ESSEX COUNTY BOARD OF
SOCIAL SERVICES

Respondent.

Medicaid Only

Failure to Verify Eligibility Appeal

N.J.A.C. 10:71-2.2 and -2.3

STATEMENT OF THE CASE

Respondent denied petitioner's Medicaid Only application for failure to provide the following evidence of eligibility under N.J.A.C. 10:71-2.2(e):

Statements for the account where petitioner receives his SSA from October 2018 through September 2023.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

I.

- I **FIND** that petitioner or petitioner's representative is **AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has been established.
- I **FIND** that petitioner or petitioner's representative is **NOT AUTHORIZED** to pursue this appeal; therefore, I **CONCLUDE** that standing has not been established.

II.

- I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a), and that no exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); therefore, I **CONCLUDE** that the Medicaid Only application should be **DENIED** under N.J.A.C. 10:71-2.2(e).
- I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a), but that exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); therefore, I **CONCLUDE** that the time limit for verification should be **EXTENDED** under N.J.A.C. 10:71-2.3(c).
- I **FIND** that petitioner did not timely provide all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a); exceptional circumstances exist under N.J.A.C. 10:71-2.3(c); and petitioner has since provided all the required documentation; therefore, I **CONCLUDE** that the Medicaid Only application should be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.
- I **FIND** that petitioner timely provided all the required documentation under N.J.A.C. 10:71-2.2(e) and -2.3(a); therefore, I **CONCLUDE** that the Medicaid Only application should be **PROCESSED** to determine eligibility under N.J.A.C. 10:71.

ADDITIONAL FINDINGS OF FACT/CONCLUSIONS OF LAW

Petitioner is physically and mentally disabled with no family support. On October 18, 2023, petitioner's designated authorized representative signed and submitted his application for MLTSS Medicaid (P-11 through P-27). Among other things, the application noted that petitioner has "no accounts" and was "admitted to Alaris (his current long-term care facility placement) from a psych hospital." (Ibid.) On October 23, 2023, respondent issued a request for information (RFI) seeking the production of: (1) PAS; (2) PNA and payment ledger; and (3) statements for the account where petitioner receives his SSA, from 10/2018 through 09/2023. (P-1 through P-2.)

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Regarding item 3, the RFI directed petitioner to "reach out to the psych hospital for this information." (P-2.) The RFI further directed petitioner to provide the requested information by November 6, 2023. (*Ibid.*) There is no dispute that petitioner timely provided the requested PAS (P-5) or PNA ledger (P-6). It is also undisputed that petitioner has no bank accounts.

On November 6, 2023, Frumy Rosenberg, a Supervisor at Future Care Consultants assisting with petitioner's Medicaid application, also supplied respondent with a statement from Meadowview Psychiatric Hospital (petitioner's prior placement) evidencing the psychiatric facility as the sole payee of petitioner's SSA benefits from May 2023 until his admission to Alaris. (P-4.) Ms. Rosenberg further advised respondent that prior to May 2023, petitioner's social security checks were received at his former placement, Manalapan Manor, which was permanently closed. (P-3.) Notwithstanding her efforts on petitioner's behalf, Ms. Rosenberg was unable to reach a representative of Manalapan Manor and/or obtain a statement from the closed facility verifying that Manalapan Manor was the sole payee of petitioner's social security checks from October 2018 until May 2023.

On November 13, 2023, Charity Achonye, the Essex County family service worker who signed the RFI, received an email from Future Care Consultants inquiring about the status of petitioner's Medicaid application and asking if any additional information was required. (P-7.) Ms. Achonye did not respond to the email.

By letter dated, November 20, 2023, petitioner was advised that his Medicaid application was denied for "failure to provide requested information required to determine eligibility in a timely manner." (P-9 through P-10.) This appeal followed.

Both respondent and petitioner have responsibilities concerning the Medicaid application process. N.J.A.C. 10:71-2.2. If an applicant needs assistance completing the application process, the welfare agency must assist, including advising of an applicant's responsibilities. N.J.A.C. 10:71-2.2(c). Where substantially reliable evidence of eligibility is still lacking at the end of the designated period for determining eligibility (45 days for Aged cases and 90 days for Blind and Disabled cases), in exceptional cases, including where the circumstances are outside the control of the applicant, the application can be continued in pending status. N.J.A.C. 10:71-2.3(c).

Despite not reaching the end of the determination period, respondent denied petitioner's application for failure to provide sufficient verification to satisfy the five-year "look back" period for bank statements/resources. (R-1.) Respondent granted no extensions to accommodate the exceptional circumstances, of which it was made aware, that frustrated petitioner's ability to provide the missing verification from Manalapan Manor. Nor did respondent assist petitioner by responding to his representative's request to advise if additional information was required to process his application and/or by providing

guidance regarding an alternate form of verification that would suffice in the absence of a statement from Manalapan Manor. Thus, I **CONCLUDE** that there were circumstances outside petitioner's control impacting his ability to provide the necessary verification. I further **CONCLUDE** that given petitioner's timely submission of the other requested verifications, and his representative's continued cooperation with respondent, petitioner should have been afforded more time to submit the required eligibility verification and respondent should have assisted with that process. Therefore, I **CONCLUDE** that respondent's denial of petitioner's application for "failure to provide requested information required to determine eligibility" should be **REVERSED** and his October 18, 2023 application reinstated.

ORDER

I **ORDER** that:


- Petitioner's appeal is **DISMISSED** because petitioner has no standing.
- Petitioner is **INELIGIBLE** for Medicaid Only under N.J.A.C. 10:71-2.2(e).
- Respondent must **EXTEND** the time limit for verification under N.J.A.C. 10:71-2.3(c).
- The case be **RETURNED** to respondent for respondent to **PROCESS** the application to determine eligibility under N.J.A.C. 10:71.

I **FILE** this initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**. This recommended decision is deemed adopted as the final agency decision under 42 U.S.C. § 1396a(e)(14)(A) and N.J.S.A. 52:14B-10(f). The **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** cannot reject or modify this decision.

If you disagree with this decision, you have the right to seek judicial review under New Jersey Court Rule 2:2-3 by the Appellate Division, Superior Court of New Jersey, Richard J. Hughes Complex, PO Box 006, Trenton, New Jersey 08625. A request for judicial review must be made within 45 days from the date you receive this decision. If you have any questions about an appeal to the Appellate Division, you may call (609) 815-2950.

03/27/2024

DATE



R. Tali Epstein, ALJ

Date Record Closed: 03/22/2024

Date Filed with Agency: 03/27/2024

Date Sent to Parties: 03/27/2024

APPENDIX

Witnesses

For Petitioner:

Frumy Rosenberg, Supervisor at Future Care Consultants

For Respondent:

Charity Achonye, Family Service Worker-Office of Special Services

Exhibits

For Petitioner:

P-1 through P-2: RFI, dated October 23, 2023 (ICW 10/18/23 application)

P-3: Email, dated November 6, 2023

P-4: Meadowview Statement

P-5: PAS

P-6: PNA Ledger

P-7 through P-8: Email, dated November 13, 2023

P-9 through P10: Denial Letter, dated November 20, 2023

P-11 through P-27: Medicaid Application (MLTSS), dated October 18, 2023

P-28: Alaris Health Invoice

For Respondent:

R-1: Fair Hearing Summary Report

R-2 through R-6: RFI, dated December 5, 2023 (ICW 12/1/23 second application)