

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Acting Commissioner

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Governor

MEGHAN DAVEY
Director

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

A.H.,

PETITIONER.

ADMINISTRATIVE ACTION

V.

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE

OAL DKT. NO. HMA 09245-16

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 October 24, 2016 in accordance with an Order of Extension. This Initial Decision in this matter was received on July 26, 2016.

This matter concerns the April 2016 denial of Petitioner's Medicaid application due to the failure to provide requested verifications. On December 15, 2015, Petitioner's representative, Gitty Schwartz of Future Care Consultants (FCC), filed a Medicaid application on behalf of Petitioner with the Essex County Board of Social Services (ECBSS). The application was blank with respect to Petitioner's bank accounts. On March 17, 2016, ECBSS issued a request for verifications, specifically requesting "bank statements for the account in which Petitioner's Social Security benefits were placed prior to direct deposit to [the] Nursing Facility." Petitioner was given thirty days to provide the information.

On March 30, 2016, Petitioner's representative provided a single bank statement for Petitioner's checking account ending in 9835. On April 6, 2016, Petitioner's representative provided another bank statement which showed a transfer of funds to another account ending in 5645. On April 11, 2016, Petitioner's representative emailed an officer of Petitioner's bank asking whether Petitioner owned the account ending in 5645. On April 29, 2016, ECBSS issued a denial letter for failure to provide information with regard to the account ending in 5645. On May 2, 2016, Petitioner's representative provided November 2015 bank statements for both accounts.

The rules provide that the application must be processed within 45 days of filing. N.J.A.C. 10:71-2.3(a); C.F.R. §435.912. Under Medicaid Communication No. 10-09, the time frame may be extended when "documented exceptional circumstances arise". In cases where an application cannot be completed within

the designated time period, the CWA must be able to demonstrate that the delay resulted from one of the following:

- (1) Circumstances wholly within the applicant's control;
- (2) A determination to afford the applicant...a further opportunity to develop additional evidence of eligibility...;
- (3) An administrative or other emergency that could not reasonably have been avoided; or
- (4) Circumstances wholly outside the control of the applicant and CWA.

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

The ALJ determined that there was an ongoing exchange of information between ECBSS and Petitioner's representative and that ECBSS' three month delay in requesting information should not be held against Petitioner. As a result, the ALJ held that Petitioner should have been afforded additional time to present the required verifications before ECBSS issued a determination. I agree that there was an ongoing exchange of information beginning in March 2016. However, I am unpersuaded that Petitioner's representative was entirely forthcoming during the Medicaid application process.

Petitioner's representative is well versed in the Medicaid application process and either knew or should have known that Petitioner would be required to provide financial information, including five years of bank statements for any and all of her accounts. Yet, when FCC filed the Medicaid application on her behalf, it did not disclose the existence of any bank account despite the fact that the direct deposit of Petitioner's Social Security benefits had been transferred from her bank account to the nursing facility less than three months prior.

Nevertheless, when ECBSS became aware of the existence of a bank account and requested information in its March 17, 2016 letter, Petitioner's representative provided the requested information. Likewise, when ECBSS discovered an additional bank account (ending in 5645), a formal request specifying the information required should have been issued before the County issued its April 25, 2016 denial for failing to provide information in conjunction with that bank account.

Thus, I FIND that ECBSS should process Petitioner's December 15, 2015 application to determine if she was eligible for Medicaid benefits. This Final Agency Decision should not be construed as making any findings regarding Petitioner's eligibility.

THEREFORE, it is on this 2 day of SEPTEMBER 2016,

ORDERED:

That the Initial Decision is hereby ADOPTED; and

That this matter is RETURNED to the Essex County Board of Social Services to determine Petitioner's eligibility in accordance with this Final Agency Decision.

Meghan Davey, Director

Division of Medical Assistance

and Health Services