



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Director

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

J.B.,	:	
	:	
PETITIONER,	:	ADMINISTRATIVE ACTION
	:	
v.	:	FINAL AGENCY DECISION
	:	
DIVISION OF MEDICAL ASSISTANCE	:	OAL DKT. NO. HMA 9587-2016
	:	
AND HEALTH SERVICES AND	:	
	:	
CAMDEN 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, the case file and the documents in evidence. Petitioner filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is December 19, 2016 in accordance with N.J.S.A. 52:14B-10 which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of receipt. The Initial Decision was received on November 3, 2016.

This matter concerns the denial of Petitioner's April 2016 application for Medicaid benefits. Niecia Henry from Petitioner's nursing home was named as Petitioner's Designated Authorized Representative (DAR) on April 5, 2016 and filled out the Medicaid application on April 21, 2016.¹ She received a checklist of missing information that included the insurance policies. A revised checklist was issued referencing the insurance policies and Petitioner's DAR was given 15 days or until May 6, 2016 to provide the missing information. P-4. Documents were provided but there was no information on the insurance policies. P-3. Camden County denied the case on June 9, 2016.

The issue below was whether Petitioner timely provided the necessary verifications for Camden County to make an eligibility determination. 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). 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

¹ Petitioner provided another DAR also signed on April 5, 2016 and listing Sam Stern from Future Care as Petitioner's DAR. Neither Mr. Stern or Ms. Henry appeared at the hearing.

within 90 days. N.J.A.C. 10:71-2.3(a); MedCom No. 10-09, and Fed. Reg. 42 CFR § 435.91. 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 Camden County 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). There is simply nothing in the record to demonstrate Petitioner or her DAR asked for, or that there were exceptional circumstances warranting, additional time to provide the requested verifications.

Petitioner, through her DAR, knew that she had to provide information regarding the insurance policies. P-4. When she provided the information in May 2016, she mentioned that she could not provide the requested tax returns as her income did not require that she file them. P-3. Petitioner neither provided nor commented on the requested insurance policies. It appears there was no attempt to retrieve the documents until more than a month after the case was denied. P-1 and P-2.

The Initial Decision determined that Petitioner’s application was properly denied. The ALJ noted that Petitioner’s DAR and the nursing home were well versed in the Medicaid application process and the resource verification requirements. ID at 2-3. Camden County requested specific information about policies related to payments made to two insurance companies. R- 1 at 20 and 21.

In exceptions, Petitioner's argument fails to recognize that her DAR knew what was requested and failed to provide the information. Petitioner's DAR was able to obtain other information regarding her assets and made no claim to Camden that she was unable to provide the insurance policies. Indeed, Petitioner provided no witnesses or testimony at the fair hearing regarding the DAR's actions. Camden County clearly requested information on the insurance policies which Petitioner and her DAR failed to provide until long after the case was denied. Thus, I hereby ADOPT the Initial Decision upholding the denial.

Based on my review of the record and for the reasons set forth above I hereby ADOPT the Initial Decision.

THEREFORE, it is on this ^{15th} day of DECEMBER 2016

ORDERED:

That the Initial Decision is hereby ADOPTED.


Meghan Davey, Director
Division of Medical Assistance
and Health Services