

documentation is not the issue. The only issue presented here is whether the Petitioner timely provided the necessary verifications for Morris 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). HCBSS 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. However, 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 Morris 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).

Additionally, eligibility for medical assistance is governed by regulations adopted in accordance with the authority granted to the Commissioner of the New Jersey Department of Human Services and the Division of Medical Assistance and Health Services. N.J.S.A. 30:4D-7. In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. N.J.A.C. 10:71-4.10. Where Petitioner has filed multiple Medicaid applications, the federal government has directed all fifty states to calculate the look back period based upon the first application for Medicaid.

Centers for Medicare and Medicaid Services, State Medicaid Manual §3258.4(C).

The Initial Decision finds that Petitioner's October 29, 2019 application, which is the subject of Morris County's April 2020 denial, was Petitioner's third Medicaid application. Petitioner's first application was filed at some time in 2018. If accurate, the baseline lookback period would extend back five years from the date of the first application, presumably sometime in 2013. However, this information is not part of the record. Consequently, I hereby REVERSE and REMAND this matter for evidence with regarding the filing date of Petitioner's first application as well as the requests for verifications, responses and outcome letters for all three of Petitioner's Medicaid applications.

THEREFORE, it is on this 23rd day of FEBRUARY, 2021

ORDERED:

That the Initial Decision is hereby REVERSED and that the matter is REMANDED for additional evidence to determine whether Petitioner timely responded to Morris County's requests for verifications necessary to determine eligibility.



Jennifer Langer Jacobs, Director
Division of Medical Assistance
and Health Services