



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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JENNIFER LANGER JACOBS  
*Assistant Commissioner*

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

T.M.,

PETITIONER,

v.

MORRIS COUNTY OFFICE OF

TEMPORARY ASSISTANCE,

RESPONDENTS.

**ADMINISTRATIVE ACTION**

**FINAL AGENCY DECISION**

**OAL DKT. NO. HMA 01707-20**

As the Assistant Commissioner for the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the contents of the OAL case file. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is November 23, 2020 in accordance with and Order of Extension. The Initial Decision was received on August 26, 2020.

This matter arises from the Morris County Office of Temporary Assistance's

(MCOTA) April 8, 2019 denial of Petitioner's Medicaid application for failure to provide verifications.

The issue presented here is whether Petitioner provided the necessary verifications for the MCOTA to make an eligibility determination. On November 1, 2018, Petitioner applied for Medicaid benefits. The application itself requests that the applicant provide information regarding income, resources, vehicles, transfers and health insurance, among other things. On November 8 and November 26, 2019, MCOTA requested additional information with regard to these items. The information was due by December 23, 2018. On or about December 4, 2018, the Petitioner made a submission to the MCOTA. It is unclear from the documents in evidence exactly what documents the Petitioner provided. Thereafter, on April 8 and 15, 2019, the MCOTA determined that Petitioner failed to provide all the information requested.

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). MCBSS 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 MCBSS 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).

On April 8, 2019, MCOTA issued a denial letter listing the outstanding items needed to determine eligibility. On April 15, 2019, MCOTA issued another letter upholding its original denial. However, there are some discrepancies between the two letters. The second letter omitted some missing items found in the first notice and included some additional missing information, not listed on the first notice. Furthermore, on May 2, 2019, MCOTA issued another request for information, in connection with Petitioner's second Medicaid application. This letter, however, did not request the outstanding information listed in the April 15, 2019 denial. Furthermore, a cursory review of the evidence suggests that the missing information was not requested again in connection with Petitioner's second Medicaid application.<sup>1</sup> Consequently, the documents in evidence do little to clarify what MCOTA had received and when they had received it. Without, this information it is difficult to determine if the Petitioner timely provided the information necessary to determine eligibility.

In addition, the parties seemed to have been communicating with each other through December 2018. It is unclear from the record if all communications ceased between the December 2018 email to Patricia Burke and the April 8, 2019 denial notice. If there is documentation that shows Petitioner's request for additional time to provide the requested information or MCOTA's consent for an extension of time, that should be included as part of the record.

For this reason, this matter is REMANDED to the Office of Administrative Law for additional testimony and documentary evidence regarding what information MCOTA had received from Petitioner when it issued its April 15, 2019 denial letter. Furthermore, if MCOTA did not have any of the information listed in its April 15, 2019 denial letter, when was

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<sup>1</sup> While information was requested with regard to the same bank accounts, the requests did not ask for the same specific information previously required. Rather, it appears that different statements (identified by varying dates) were requested by MCOTA.

it received? If it was not received, why was it not requested in connection with Petitioner's second Medicaid application? Finally, any additional communications between Petitioner and the MCOTA between December 2018 and the April 2019 that shed light on the processing of the application should be included in the record.

THEREFORE, it is on this 10th day of NOVEMBER 2020,

ORDERED:

That the Initial Decision is hereby REVERSED; and

That the matter is REVERSED and REMANDED to the Office of Administrative Law for additional testimony and documentary evidence as stated in the body of this decision.



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