

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER
Lt. Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

SARAH ADELMAN Acting Commissioner

JENNIFER LANGER JACOBS Assistant Commissioner

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

G.F.,

PETITIONER,

V.

**ADMINISTRATIVE ACTION** 

FINAL AGENCY DECISION

OAL DKT. NO. HMA 10484-20

MONMOUTH COUNTY BOARD OF SOCIAL SERVICES.

RESPONDENTS.

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 March 26, 2021 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 February 9, 2021.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. This matter arises from the

Monmouth County Board of Social Services' (MCBSS) October 9, 2020 denial of Petitioner's

Medicaid application for failure to provide verifications. The issue presented here is whether

Petitioner provided the necessary verifications for the MCBSS to make an eligibility

determination. On June 23, 2020, Petitioner, through her representative, filed a Medicaid

application with MCBSS. On September 8 and September 24, 2020, MCBSS requested

Petitioner provide verifications including addresses of current and prior residences within the

look-back period and all resources, such as bank accounts, CDs, stocks, annuities etc. All

verifications were due by October 8, 2020. On October 9, 2020, Petitioner provide a partial

response to the MCBSS' request, including a handwritten accounting unsupported by any

documentation. On October 10, 2020, MCBSS denied Petitioner's application for failure to

provide the requested verifications.

Petitioner's representative did not provide the verifications, nor did the representative

ask for an extension of time to provide said verifications. Without this information, MCBSS

was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this <sup>23rd</sup> day of MARCH 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jennifer Langer Jacobs, Assistant Commissioner

Division of Medical Assistance

And Health Services