



*State of New Jersey*

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

SARAH ADELMAN  
*Acting Commissioner*

JENNIFER LANGER JACOBS  
*Assistant Commissioner*

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

J.G.,

PETITIONER,

v.

MORRIS COUNTY DEPARTMENT OF :

FAMILY SERVICES, :

RESPONDENTS. :

**ADMINISTRATIVE ACTION**

**ORDER OF RETURN**

**OAL DKT. NO. HMA 02952-21  
ON REMAND (HMA 04827-20)**

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. Respondent filed exceptions. Procedurally, the time period for the Agency Head to file a Final Decision is November 18, 2021 in accordance with and Order of Extension. The Initial Decision was received on August 18, 2021.

This matter arises from the Morris County Department of Family Services' (Morris County) April 27, 2020 denial of Petitioner's third Medicaid application for failure to provide verifications. The issue presented here is whether Petitioner timely provided the verifications requested by Morris County to determine eligibility for benefits. On October 26, 2019, Petitioner, though her son P.G., filed her third Medicaid application with Morris County. Morris County denied Petitioner's previous applications, dated March 12, 2018 and September 26, 2018, for failure to provide verifications necessary to determine eligibility. Neither denial was appealed. On November 15, 2019 and again on January 10, 2020, Morris County requested verifications of transactions including those still at issue: a PNC CD account xx2745, a PNC account xx6985 deposit of \$10,302.39 and a PNC account xx6985 deposit of \$2,000.<sup>1</sup> On April 27, 2020, Morris County determined that Petitioner had failed to provide the requested verifications and denied her Medicaid application.

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). Morris County, 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.

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<sup>1</sup> On February 1, 2019, Morris County requested Petitioner's then representative, Richard Miller, Esq., provide these same verifications in connection with Petitioner's second Medicaid application.

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). In this case, Petitioner's first application for Medicaid was filed on March 12, 2018 resulting in a look back period beginning in March 2013 for Petitioner's first, second and third applications. Accordingly, Morris County requested verifications of transactions dating back to March 2013 including the above referenced September 30, 2013 deposit of \$2,000, February 11, 2014 deposit of \$10,302.39 and October 2, 2013 deposit of \$10,048 from CD xx2745. I FIND that Morris County properly requested this information as it was within the five-year look back period.

Based on the record before me, it appears that Petitioner timely provided information regarding the \$10,302.39 PNC account xx6985 deposit. Morris County previously requested this information on February 1, 2019 in connection with Petitioner's second Medicaid application wherein Morris County acknowledged that the deposit appeared to be from the Department of Veteran's Affairs. Morris County requested an explanation, but only required further documentation if Petitioner was the owner of the policy. On March 1, 2019, Petitioner's representative submitted a response confirming that these were in fact VA benefits received upon her husband's death. Petitioner provided no further documentation at the time as she was the beneficiary, not the policy owner. Additionally, the record shows that on March 22, 2019 Petitioner provided verification that P.G., not Petitioner, was the owner of PNC CD account xx2745 and source of the \$10,048 deposit. Petitioner's subsequent submission of additional documentation for these transactions is not evidence of a failure to timely respond to Morris County's request. I FIND that Petitioner timely provided the above referenced verifications to Morris County.

Finally, I FIND that Petitioner was unable to provide any documentation or explanation with regard to the September 30, 2013 \$2,000 PNC account xx6985 deposit.<sup>2</sup> This seemingly one time eight-year-old deposit should not be a bar to a review of Petitioner's Medicaid eligibility. Thus, based on the unique facts and circumstances of this case, I FIND that Morris County should process Petitioner's application to determine if she is eligible for Medicaid benefits. However, contrary to the Initial Decision, which finds, without any basis, that none of the above referenced funds, including those held in a joint account, were available to Petitioner, or that the funds were not transferred to establish Medicaid eligibility, this Final Agency Decision should not be construed as making any findings regarding Petitioner's eligibility.

THEREFORE, it is on this <sup>5th</sup> day of NOVEMBER 2021,

ORDERED:

That the Initial Decision is hereby REVERSED with regard to the finding that Morris County requested documents outside of the five-year look back period; and

That the Initial Decision is hereby REVERSED with regard to the finding that Petitioner did not have access to the referenced funds, did not transfer the referenced funds, and would have been eligible had Morris County continued to process Petitioner's application; and

That the Initial Decision is hereby REVERSED with regard to the finding of eligibility and the eligibility date of October 29, 2019; and

That this matter is RETURNED to Morris County to determine Petitioner's eligibility in accordance with this Final Agency Decision.



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

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<sup>2</sup> The Initial Decision incorrectly identifies this as a deposit from a 2013 CD. The bank statement identifies this as a branch deposit.