

State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER

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

K.F.,

PETITIONER,

ADMINISTRATIVE ACTION

٧.

FINAL AGENCY DECISION

OAL DKT. NO. HMA 00367-21

OCEAN 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 May 6, 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 March 22, 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 Ocean

County Board of Social Services' (OCBSS) December 7, 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 OCBSS to make an eligibility determination. On October 19, 2020, Petitioner, through his Designated Authorized Representative, filed a Medicaid application with MCBSS. On October 20 and November 2, 2020, OCBSS sent out requests for information that included a copy of Petitioner's completed Qualified Income Trust, documentation verifying whether the client has a security deposit at the facility he resided and the source of at least one deposit. All verifications were due by November 12, 2020. Petitioner provided a partial response but did not provide all the requested

Without this information, OCBSS was unable to complete its eligibility

THEREFORE, it is on this ^{3RD}day of MAY 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.

determination and the denial was appropriate.

Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance

And Health Services