

State of New Jersey

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

CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS Director

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

R.B., PETITIONER, v. FINAL AGENCY DECISION OAL DKT. NO. HMA 04473-20 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 January 28, 2020 in accordance with N.J.A.C. The Initial Decision was received on December 14, 2020.

This matter arises from the Ocean County Board of Social Services' (OCBSS) Febraury 26, 2020 denial of Petitioner's Medicaid application for failure to provide verifications.

The issue presented here is whether Petitioner provided the necessary verifications

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor for the OCBSS to make an eligibility determination. On November 13, 2019, Petitioner, through her representative at Future Care Consultants, filed an application for Medicaid benefits with the OCBSS.<sup>1</sup> On November 15, 2019 and February 13, 2020, OCBSS requested information necessary to determine Petitioner's eligibility. Both notices required Petitioner to provide:

Any and all pertinent verifications of all resources solely or jointly owned (bank accounts, C.D.'s, stocks, bongs, money market, 401K's, IRA's, annuities, trusts, cash surrender value of life insurance policies, etc.) opened or closed in the last 5 years prior to application in addition to the accounts listed above.

This would include the three Direct Express accounts disclosed on Petitioner's application. OCBSs' second notice, dated February 13, 2020 provided more specificity and requested verifications of Petitioner's personal needs account with Crystal Lake and Direct Express accounts. All verifications were due by February 24, 2020. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the February 24, 2020 deadline or the February 26, 2020 denial of benefits. Without this information, OCBSS was unable to complete its eligibility determination and the denial was appropriate.

Based on my review of the record, I concur with the ALJ's findings and hereby ADOPT the Initial Decision.

THEREFORE, it is on this<sup>18th</sup> day of JANUARY 2020,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Jeninfat tadas

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

<sup>&</sup>lt;sup>1</sup> The December 5, 2019 Designated Authorized Representative (DAR) form provided with Petitioner's March 3, 2020 request for a fair hearing appoints Yassi Zweig of Future Care Consultants as Petitioner's representative. I am bothered by Zweig's testimony that as of February 13, 2020 he was no longer in contact with Petitioner and was unable or not permitted to speak with her, which calls in to questions his continued ability to act on Petitioner's behalf. It also raises questions with regard to counsel's representation of Petitioner, which is unclear based on the record.