



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services
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 Governor

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 Acting Commissioner

Meghan Davey
 Director

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

C.B. and R.B.

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

OCEAN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

ORDER OF REMAND

OAL DKT. NO. HMA 16338-17
HMA 16341-17

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is April 9, 2018 in accordance with an Order of Extension. The Initial Decision in this matter was received on January 9, 2018.

This matter arises from the Ocean County Board of Social Services (OCBSS) October 19, 2017 denial letter for failure to timely provide information necessary to determine eligibility and excess resources. On August 31, 2017, Petitioners filed applications for Medicaid benefits with the OCBSS. The application itself requests that the applicant provide information regarding their income, vehicles, transfers and health insurance, among other things. On October 4, 2017, OCBSS requested more specific information with regard to these items. Petitioners did not submit the required information, and on October 19, 2017, OCBSS issued a denial notice for failure to provide information. Thereafter, on November 28, 2017, OCBSS issued another request for information to Petitioners asking for the outstanding information.

The ALJ determined that Medicaid Communication 10-09 required OCBSS to issue another request for this information prior to denying Petitioners' Medicaid application. Medicaid Communication 10-09 states:

If additional verifications are needed and the applicant or their representative does not respond to the worker's request after a time period, as specified by the agency, an additional request for information must be sent informing the applicant of what documentation is still needed in order to determine their eligibility. This letter will also inform the applicant or the representative that if the information is not received within the specified time period from the receipt of the request the case will be denied.

The Medicaid application is the first request for information. In this case, the outstanding information was originally requested on the August 31, 2017 application. The October 4, 2017 request, albeit more specific, requested the same information on the application, thereby fulfilling any obligations under Medicaid Communication 10-09. Petitioners had at least two opportunities to supply OCBSS with the requested information and failed to do so. However, it is puzzling why OCBSS issued another request on November 28, 2017 for the outstanding information and some additional

information. There is nothing in the record to indicate whether this request was connected to Petitioner's August 31, 2017 application for Medicaid benefits or a new application for Medicaid benefits. Without this information, it is difficult to discern whether Petitioner's eligibility under the August 31, 2017 application was still under consideration by the OCBSS.


For this reason, this matter is REMANDED to the Office of Administrative Law for additional testimony and documentary evidence regarding the November 28, 2017 request for outstanding information.

THEREFORE, it is on this 4th day of APRIL 2018,

ORDERED:

That the Initial Decision is hereby REVERSED; and

That the matter is REVERSED and REMANDED to the Office of Administrative Law.


Meghan Davey, Director
Division of Medical Assistance
and Health Services