

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 Assistant Commissioner

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

H.S.,

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

PETITIONER,	:	ADMINISTRATIVE ACTION
V.	:	FINAL AGENCY DECISION
CUMBERLAND COUNTY BOARD OF SOCIAL SERVICES,	:	OAL DKT. NO. HMA 06861-19
RESPONDENT.	:	

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As Assistant Commissioner of 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 entire contents of the OAL case file. Neither Petitioner nor Respondent filed exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to render a Final Agency Decision is December 5, 2019 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 the agency's receipt. The Initial Decision in this case was received on October 21, 2019.

The matter arises regarding the Cumberland County Board of Social Services (CCBSS) May 9, 2019 denial of Medicaid benefits based on the failure to provide

documentation necessary to determine eligibility. 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 denial of Petitioner's February 2019 Medicaid application for failing to provide documentation needed to determine eligibility. On February 5, 2019, Petitioner, through her Designated Authorized Representative (DAR), applied for Medicaid benefits. Over a period of ninety-four days, CCBSS made five requests for information necessary to determine eligibility. On May 3, 2019, Petitioner's DAR indicated that no additional information would be provided. Therefore, on May 9, 2019, CCBSS denied Petitioner's Medicaid application. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the May 9, 2019 denial of benefits. Without this information, CCBSS was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this May of DECEMBER 2019,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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