

State of New Hersen

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

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor CAROLE JOHNSON Commissioner

JENNIFER LANGER JACOBS Assistant Commissioner

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

P.F.,

PETITIONER,

V.

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES AND HUDSON COUNTY BOARD OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION FINAL AGENCY DECISION

OAL DKT. NO. HMA 10564-19

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 Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is November 15, 2019 in accordance with <u>N.J.S.A.</u> 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 was received on October 1, 2019.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its

entirety and incorporate the same herein by reference. This appeal stems from the Hudson County Board of Social Services' (HCBSS) July 11, 2019 denial of Petitioner's June 2019 Medicaid application for failing to provide documentation needed to determine eligibility. On June 4, 2019, HCBSS sent Petitioner a letter requesting additional information including bank statements, pay stubs, proof of rental payments, and an explanation of transactions. Without this information, Petitioner's bank accounts reflected that his resources exceeded the maximum limit to meet financial eligibility. Petitioner did not supply the information and on July 11, 2019, HCBSS denied Petitioner's application.

The only issue presented here is whether Petitioner provided the necessary verification for HCBSS to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the July 11, 2019 denial of benefits. In fact, as of the day of the hearing, Petitioner was still unable to provide any of the requested documentation. Without this information, HCBSS could not complete its eligibility determination. Consequently, the denial was appropriate.

THEREFORE, it is on this 2° day of NOVEMBER 2019, ORDERED:

That the Initial Decision is hereby ADOPTED.

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