



*State of New Jersey*

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*

SARAH ADELMAN  
*Commissioner*

JENNIFER LANGER JACOBS  
*Assistant Commissioner*

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

C.L.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE :

AND HEALTH SERVICES AND :

SUSSEX COUNTY DIVISION OF :

SOCIAL SERVICES, :

RESPONDENTS. :

**ADMINISTRATIVE ACTION**

**ORDER OF REMAND**

**OAL DKT. NO. HMA 02256-2022**

As Assistant Commissioner for the Division of Medical Assistance and Health Services (DMAHS), I have reviewed the record in this case, including the Initial Decision and the Office of Administrative Law (OAL) case file. No exceptions were filed in this matter. Procedurally, the time period for the Agency Head to render a Final Agency Decision is August 15, 2022, in accordance with an Order of Extension.

This matter arises from the February 17, 2022 denial of Petitioner's Medicaid application due to her failure to provide information that was necessary to determine eligibility.

Both the County Welfare Agency (CWA) and the applicant have responsibilities with regard to the application process. N.J.A.C. 10:71-2.2. Applicants must complete any forms required by the CWA; assist the CWA in securing evidence that corroborates his or her statements; and promptly report any change affecting his or her circumstances. N.J.A.C. 10:71-2.2(e). The CWA exercises direct responsibility in the application process to inform applicants about the process, eligibility requirements, and their right to a fair hearing; receive applications; assist applicants in exploring their eligibility; make known the appropriate resources and services; assure the prompt accurate submission of data; and promptly notify applicants of eligibility or ineligibility. N.J.A.C. 10:71-2.2(c) and (d). CWAs must determine eligibility for Aged cases within forty-five days and Blind and Disabled cases within ninety days N.J.A.C. 10:71-2.3(a) and 42 CFR § 435.912. The timeframe may be extended when documented exceptional circumstances arise preventing the processing of the application within the prescribed time limits. N.J.A.C. 10:71-2.3(c). The regulations do not require that the CWA grant an extension beyond the designated time period when the delay is due to circumstances outside the control of both the applicant and the CWA. At best, an extension is permissible. N.J.A.C. 10:71-2.3; S.D. v. DMAHS and Bergen County Board of Social Services, No. A-5911-10 (App. Div. February 22, 2013).

Petitioner filed an application for Medicaid's Managed Long-Term Services and Supports (MLTSS) program with the Sussex County Division of Social Services (SCDSS) on January 10, 2022. On January 12, 2022, SCDSS sent a letter to Petitioner, requesting verification of certain information that was necessary to process her application. On February 2, 2022, SCDSS issued a second letter seeking the verification of additional information. On February 7, 2022, Petitioner spoke with SCDSS because she sought clarification regarding the verification requests. ID at 3. Petitioner testified that she advised SCDSS that she spoke with her bank and was advised that it would take seven to ten business days to obtain the bank statements requested in the verification letters. Id. at 4. However, Petitioner did not

request an extension of time to provide the documentation. Ibid. SCDSS did not receive the requested documentation by the February 16, 2022 deadline. Accordingly, on February 17, 2022, SCDSS denied Petitioner's application due to her failure to provide the requested verifications. R-1. Petitioner then submitted some of the requested bank statements to SCDSS on February 22, 2022.

The Initial Decision in this matter reversed the denial of Petitioner's application, finding that SCDSS should have provided additional time for Petitioner to submit the requested documentation. However, the Initial Decision only makes references to bank statements that SCDSS requested for four bank accounts either solely or jointly owned by Petitioner as being outstanding at the time of the denial. The record makes no reference or discussion related to any of the other verification requests that UCDSS requested and therefore, it is unclear if Petitioner's application was denied solely based on her failure to provide the requested bank statements or if more documentation was outstanding at the time of the denial.

Accordingly, I hereby REVERSE the Initial Decision and REMAND this matter for additional proceedings and development of the record regarding whether the requested bank statements were the only outstanding items at the time of the denial.

THEREFORE, it is on this 15th day of AUGUST 2022,

ORDERED:

That the Initial Decision is hereby REVERSED and REMANDED, as set forth above.



---

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