

State of New Jersey

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES POBox 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

L.K.

PETITIONER,

ADMINISTRATIVE ACTION

V.

FINAL AGENCY DECISION

OCEAN COUNTY BOARD OF

SOCIAL SERVICES.

OAL DKT. NO. HMA 10497-20

RESPONDENT.

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 documents in evidence. No exceptions were filed. Procedurally, the time period for the Agency Head to render a Final Agency Decision is September 1, 2022 in accordance with an order of extension.

This matter arises from the Ocean County Board of Social Services' (OCBSS) October 6, 2020 notice denying Petitioner's Medicaid application for failure to timely provide information necessary to determine eligibility. The only issue presented here is whether the Petitioner timely provided the necessary verifications for OCBSS to make an eligibility

determination. Based upon my review of the record, I hereby ADOPT the findings and conclusions of the Administrative Law Judge (ALJ).

On July 9, 2020, Petitioner, through her designated authorized representative (DAR), Sara Landau of Senior Planning Services, filed a Medicaid application with OCBSS. On July 16, 2020, OCBSS requested information including the contract value of an annuity owned by Petitioner as of February 1, 2020. Petitioner was given until September 3, 2020, to provide the requested information. Petitioner's first attempt to value the annuity occurred on September 30, 2020, twenty-seven (27) days after the deadline, and no information was provided to OCBSS. On October 6, 2020, OCBSS denied Petitioner's application for failure to provide the outstanding documentation.

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 circumstance. N.J.A.C. 10:71-2.2(e). CCBSS as the County Welfare Agency (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 and 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 45 days and Blind and Disabled cases within 90 days. N.J.A.C. 10:71-2.3(a); MedCom No. 10-09, and Fed. Reg. 42 CFR 435.91.

The documentary evidence in the record shows that Petitioner did not provide the requested documentation in connection with her Medicaid application. 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 day of AUGUST 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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