

State of New Jersey

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

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor ELIZABETH CONNOLLY
Acting Commissioner

MEGHAN DAVEY Director

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

M.W.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT, NO. HMA 06579

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SOCIAL SERVICES,

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
ATLANTIC COUNTY BOARD OF

RESPONDENTS.

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As Director 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. Procedurally, the time period for the Agency Head to file a Final Agency Decision

is August 29, 2016, 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 was received on July 14, 2016.

This matter arises from the denial of Petitioner's October 2015 Medicaid application for failing to provide documentation needed to determine eligibility. On October 27, 2015, Petitioner applied for Medicaid benefits. On January 4, 2016 and again on March 30, 2016, the Atlantic County Board of Social Services (ACBSS) requested additional verification of Petitioner's assets, specifically information regarding a bank account ending in 6097. Petitioner admittedly has access to this account but has not provided information regarding this account to the ACBSS. On April 19, 2016, ACBSS denied Petitioner's Medicaid application.

The only issue presented here is whether Petitioner provided the necessary verification for ACBSS to make an eligibility determination. The credible evidence in the record indicates that Petitioner failed to provide the needed information prior to the April 19, 2016 denial of benefits. Without this information, the County was unable to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this 22 Mday of JULY 2016

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application was properly denied for failure to provide necessary verification.

Meghan Davey, Director ()
Division of Medical Assistance
and Health Services