



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

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

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

| | | |
|--------------------------------|---|----------------------------------|
| L.K., | : | |
| | : | |
| PETITIONER, | : | ADMINISTRATIVE ACTION |
| | : | |
| v. | : | FINAL AGENCY DECISION |
| | : | |
| DIVISION OF MEDICAL ASSISTANCE | : | OAL DKT. NO. HMA 17513-16 |
| | : | |
| AND HEALTH SERVICES AND | : | |
| | : | |
| CAMDEN COUNTY BOARD OF | : | |
| | : | |
| SOCIAL SERVICES, | : | |
| | : | |
| RESPONDENTS. | : | |

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision and the documents in evidence. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is

August 25, 2017 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 matter was received on July 11, 2017.

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 denial of Petitioner's February 4, 2016 Medicaid application for failing to provide documentation needed to determine eligibility. The rules provide that the application must be processed within 45 days of filing for Aged cases and 90 days for those cases where a disability determination is required for Blind and Disabled applicants. N.J.A.C. 10:71-2.3(a). Under Medicaid Communication No. 10-09, the time frame may be extended when "documented exceptional circumstances arise." For more than six months, the Camden County Board of Social Services (CCBSS) worked with Petitioner's representative to retain all the information necessary to determine eligibility. It is undisputed that the requested documents were not supplied to CCBSS prior to the September 19, 2017 denial. As a result, the ALJ found that Petitioner failed to provide the verifications necessary to determine eligibility.

Furthermore, there is nothing in the state or federal law that either excuses Petitioner from her obligation to obtain documents needed to verify her eligibility or requires CCBSS to obtain documents not available through the Asset Verification System.

THEREFORE, it is on this ^{21st} day of AUGUST 2017,

ORDERED:

That the Initial Decision is hereby ADOPTED.



Meghan Davey, Director
Division of Medical Assistance
and Health Services