



*State of New Jersey*

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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*Director*

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

M.P.,

PETITIONER,

v.

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

OCEAN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 3894-2016

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this case, including the Initial Decision, the OAL case file and the documents filed below. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Decision is June 12, 2017 in accordance with an Order of Extension.

The matter arises regarding the denial of Petitioner's application for Medicaid benefits. Petitioner has income in the amount of \$1,080.90 a month. He was hospitalized in July 2015 and discharged to a nursing home in August 2015. He was

transferred to another nursing home five days later and then discharged home in November 2015. The nursing home submitted a Medicaid application in late November 2015. That application was denied as Petitioner was never determined to be clinically eligible. Petitioner authorized the nursing home to represent him and a fair hearing was requested.

The Initial Decision held that Petitioner's Medicaid application had been properly denied by Ocean County. Based on my review of the record, I concur with the Initial Decision. The process for determining clinical eligibility is clear in that it is the responsibility of the nursing home to seek a Pre-Admission Screening (PAS). The form to request a PAS is supposed to be submitted within 48 hours of admission to the facility. Here, the nursing home submitted the required form on November 19, 2015; nearly three months after having been admitted and a week and a half after being discharged. ID at 3. The Office of Community Choice Options (OCCO) upon receipt of the form, attempted to reach Petitioner to complete a PAS. Petitioner refused to meet with OCCO staff. The attorney for the nursing home did not produce Petitioner at the fair hearing.

Petitioner's only path to eligibility for Medicaid benefits is under the Long-Term Care Services and Supports (LTSS) program that permits the use of a higher income level - 300 percent of the SSI benefit amount. In order for eligibility to be granted at this higher income level, nursing level of care must be necessary. See 42 CFR § 435.236 and 42 CFR § 435.1005. In order to determine medically necessary services in a nursing home, a pre-admission screening (PAS) is completed by "professional staff designated by the Department, based on a comprehensive needs assessment which

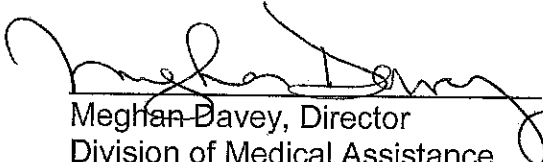
demonstrates that the recipient requires, at a minimum, the basic NF services described in N.J.A.C. 8:85-2.2." N.J.A.C. 8:85-2.1(a). See also, N.J.S.A. 30:4D-17.10, et seq.

The process as set out in the Initial Decision clearly states that the nursing home is responsible for notifying OCCO of Petitioner's admission to the facility and that a PAS needs to be completed. That was not done until after Petitioner left the facility and he refused to cooperate. Thus, I agree that Petitioner's Medicaid application was properly denied.

THEREFORE, it is on this <sup>9th</sup> day of JUNE 2016,

ORDERED:

That the Initial Decision is hereby ADOPTED.

  
Meghan Davey, Director  
Division of Medical Assistance  
and Health Services