

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. BOX 712 TRENTON NJ 08625-0712

PHILIP D. MURPHY
Governor

Carole Johnson Acting Commissioner

Sheila Y. Oliver Lt. Governor

Meghan Davey Director

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

N.S.,

PETITIONER,

ADMINISTRATIVE ACTION

V

FINAL AGENCY DECISION

DIVISION OF MEDICAL ASSISTANCE

OAL DKT, NO. HMA 15604-16

AND HEALTH SERVICES AND

ATLANTIC 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. The Petitioner filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is March 5, 2018 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 receipt. The Initial Decision in this matter was received on January 19, 2018.

This matter arises from the Atlantic County Board of Social Services (ACBSS) September 9, 2016 denial letter for failure to timely provide information necessary to determine eligibility. The issue presented here is whether Petitioner provided the necessary verification for ACBSS to make an eligibility determination. The credible evidence in the record demonstrates that Petitioner failed to provide the needed information prior to the September 9, 2016 denial of benefits. Without this information, the ACBSS was unable to complete its eligibility determination and the denial was appropriate.

Furthermore, federal statute, 42 <u>U.S.C.</u> § 1396r-5(c)(1)(A), provides that an "institutionalized spouse shall not be ineligible by reason of resources determined under paragraph (2) to be available for the cost of care where- . . . (C) the State determines that denial of eligibility would work an undue hardship." 42 <u>U.S.C.</u> § 1396r-5(c)(3). DMAHS does provide for a waiver of the resource assessment in certain instances when there has been a break in the marital ties and the community spouse refuses to cooperate with the resource eligibility determination.

Petitioner applied for Medicaid on May 24, 2016. At the time of application he resided at the Hammonton Center Nursing Facility (Hammonton Center). Petitioner was married to D.S. He resided with her until his admission to the Hammonton Center on August 8, 2015. Petitioner and his wife were not estranged.

There is no evidence in the record to support a finding that there was a break in marital ties between Petitioner and his wife. Nor is there evidence in the record to support that either Petitioner or his family was not in contact with his wife. It appears

that Petitioner and his wife remained married until his passing and were therefore subject to the Medicaid rules for institutionalized spouses.

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 MARCH 2018

ORDERED:

That the Initial Decision is hereby ADOPTED.

Meghan Davey, Director

Division of Medical Assistance

and Health Services