

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PO Box 712 TRENTON, NJ 08625-0712

CAROLE JOHNSON Commissioner

MEGHAN DAVEY Director

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

T.W.,

PETITIONER.

V.

DIVISION OF MEDICAL ASSISTANCE: AND HEALTH SERVICES AND SOMERSET COUNTY BOARD OF SOCIAL SERVICES.

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 11049-2018

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 December 6, 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 was received on October 22, 2018.

The matter arises regarding the denial of Petitioner's June 2018 application for Medicaid benefits due to excess resources. Petitioner's bank account contains over \$18,000. The resource maximum is \$3,000. Petitioner claimed that the account belonged to a business her husband operated. Petitioner's husband admitted that the bank account contained both business and personal funds. Petitioner has a debit card in her name that permits her access to the account. As such the funds are available to her and the Initial Decision upheld the denial. Based on my review of the record, I hereby ADOPT the Initial Decision.

THEREFORE, it is on this Lay of NOVEMBER 2018,

ORDERED:

That the Initial Decision is hereby ADOPTED.

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