



**State of New Jersey**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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TRENTON, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

VALERIE HARR  
*Director*

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

F.S.,	:	
	:	
PETITIONER,	:	<b>ADMINISTRATIVE ACTION</b>
	:	
v.	:	<b>FINAL AGENCY DECISION</b>
	:	
DIVISION OF MEDICAL ASSISTANCE	:	<b>OAL DKT. NO. HMA 1924-14</b>
	:	
AND HEALTH 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. Respondent filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is July 25, 2014, 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 June 10, 2014.

This matter concerns Petitioner's application for benefits. He is seeking eligibility under the Community Care Waiver (CCW). That waiver permits the higher income standard of \$2,130 in 2013. Petitioner's application was denied on December 10, 2013 due to excess income. On March 6, 2014, a second denial notice was issued restating the excess income and adding excess resources as a basis for the denial. The waiver has a resource standard of \$2,000.

The Initial Decision upheld the denial of eligibility by finding that Petitioner's gross income was correctly calculated at \$2,188.90, which exceeds the Medicaid limit for the CCW program.<sup>1</sup> In doing so, the ALJ determined that the denial based on Petitioner's available resources was moot. Respondent filed exceptions arguing that the Initial Decision should have addressed the issue of excess resources.<sup>2</sup>

While it not dispositive of Petitioner's available resources, which include two trusts, bank account and a life insurance policy, the Initial Decision's determination regarding income does sustain the ultimate decision that Petitioner is ineligible for benefits. Had Petitioner's income been calculated incorrectly and found to be under the limit, the issue of Petitioner's resources would be appropriate and subject to review in the fair hearing. Those resources will be subject to review should Petitioner reapply for benefits.

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<sup>1</sup> In 2014 the income limit was increased to \$2,163. However, Petitioner's income in 2013 exceeds that limit and, as his Social Security also increased to \$1,372.90, he remains ineligible for benefits. P-4.

<sup>2</sup> Respondent's exceptions state that the Initial Decision misidentified the witnesses and incorrectly listed documents submitted by Respondent as submitted by Petitioner. The witnesses at the hearing can be verified through a transcript should one be prepared. It does appear that the documents listed P-1 through P-10 should have been identified as "R" exhibits.

Thus, for the reasons set forth in the Initial Decision, I hereby ADOPT the Initial Decision.

THEREFORE, it is on this <sup>27<sup>th</sup></sup> day of JULY 2014

ORDERED:

That the Initial Decision is hereby ADOPTED.



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Valerie Harr, Director  
Division of Medical Assistance  
and Health Services