



**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**

M.J.,	:	
	:	
PETITIONER,	:	<b>ADMINISTRATIVE ACTION</b>
	:	
v.	:	<b>FINAL AGENCY DECISION</b>
	:	
DIVISION OF MEDICAL ASSISTANCE	:	<b>OAL DKT. NO. HMA 724-14</b>
	:	
AND HEALTH SERVICES AND	:	
	:	
ESSEX 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. No exceptions were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision in this matter is August 21, 2014 in accordance with an Order of Extension.

This matter concerns Petitioner's denial of Medicaid benefits. The initial application was filed on October 7, 2013 by the Petitioner's daughter, L.J. Essex

County denied the case on November 20, 2013 due to a transfer of resources totaling \$72,930 and lack of documentation to verify \$73,000 received by Petitioner. Essex County did not request verifications for any of the transfers in question.

In determining Medicaid eligibility for someone seeking institutionalized benefits, the counties must review five years of financial history. During that time period, a resource cannot be transferred or disposed of for less than fair market value. 42 U.S.C.A. § 1396p(c)(1); see also N.J.A.C. 10:71-4.10(a). If such a transfer occurs, the applicant will be subject to a period of Medicaid ineligibility to be imposed once the person is otherwise eligible for Medicaid benefits. Ibid.; N.J.S.A. 30:4D-3(i)(15)(b). It is Petitioner's burden to overcome the presumption that the transfer was done, even in part, to establish Medicaid. N.J.A.C. 10:71-4.10(j); N.J.A.C. 10:71-4.10(k).

However, the Medicaid regulations clearly state that it is the county welfare agency's responsibility to inform applicants of the eligibility standard for the Medicaid program, to "[a]ssist program applicants in exploring their eligibility for program benefits" and to "[a]ssure the prompt and accurate submission of eligibility data . . . and prompt notification to ineligible persons of the reasons for their ineligibility. N.J.A.C. 10:70-2.1(b)(1), (3) and (5). The record before me raises concerns about the process utilized by Essex County to determine eligibility in this case.

Based upon my review of the record, I hereby ADOPT the conclusions and recommended decision of the Administrative Law Judge in their entirety and I incorporate the same herein by reference. At the very least, a request for

verifications regarding the transactions in question should have been provided to the Petitioner so that she may have had the opportunity to explain the nature of those transactions. Due to the unique facts and circumstances of this case, the matter is returned to Essex County Board of Social Services to determine eligibility. Nothing in this Final Agency Decision should be construed as finding Petitioner eligible for benefits.

THEREFORE, it is on this <sup>25<sup>th</sup></sup> day of July, 2014,

ORDERED:

That the Initial Decision is hereby ADOPTED; and

That the matter is RETURNED to Essex County Board of Social Services so as to determine eligibility.



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Valerie Harr, Director  
Division of Medical Assistance  
and Health Services