



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Governor

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Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

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

R.E.,

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

v.

OAL DKT. NO. HMA 04310-14

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

CAMDEN COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence, the entire contents of the OAL case file, Petitioner's exceptions to the Initial Decision and Respondent's reply. Procedurally, the time period for the Agency Head to file a Final Agency Decision is August 14, 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 the agency's receipt. The initial Decision was received on June 30, 2014.

Based upon my review of the record, I hereby ADOPT the Initial Decision. The issue presented here is whether Petitioner provided the necessary verification for Camden County to make an eligibility determination. Assuming *arguendo* that Petitioner has provided sufficient documentation regarding his daily expenses, his application was nevertheless properly denied for failing to provide the County with a determination from the Social Security Administration regarding his eligibility for social security retirement benefits.

The Federal regulation addressing applications for other benefits specifically states: "[a]s a condition of eligibility, the agency must require applicants and beneficiaries to take all necessary steps to obtain any annuities, pensions, retirement and disability benefits to which they are entitled, unless they can show good cause for not doing so." 42 CFR 435.608(a). (emphasis added). Additionally, DMAHS' regulations addressing income eligibility provide: "[f]or the purposes of this program, income shall be defined as receipt, by the individual, of any property or service which he or she can apply . . . to meet his or her basic needs for food or shelter." N.J.A.C.10:71-5.1(b). The regulation goes on to say that income shall be considered available (and thus included in the eligibility determination) when: ". . . the income becomes payable but is not received due to his/her preference for voluntary deferment." N.J.A.C.10:71-5.1(b)1.ii.

Petitioner was obligated to apply for social security benefits and receive an eligibility determination. Without this documentation, the County was unable

to complete its eligibility determination and the denial was appropriate. As aptly noted in Respondent's exceptions, Petitioner cannot create the unavailability of income and then claim it should not be counted because it is unavailable - - thereby making himself eligible for Medicaid. Ultimately, the decision of whether or not to provide needed documentation is left to Petitioner. However, without it, Medicaid eligibility cannot be established.

THEREFORE, it is on this *5th* day of August 2014,

ORDERED:

That the Initial Decision affirming the denial of benefits is hereby
ADOPTED.



Valerie J. Harr, Director
Division of Medical Assistance
and Health Services