

State of New Jersey

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

JENNIFER VELEZ Commissioner

VALERIE HARR
Director

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

S.Q.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

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OAL DKT. NO. HMA 04202-14

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

UNION 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 and the entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is September 4, 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 July 21, 2014.

Based upon my review of the record, I hereby ADOPT the Initial Decision in its entirety and incorporate the same herein by reference. The issue presented here is whether Petitioner provided all of the necessary verification for the Union County Board of Social Services to make an eligibility determination prior to the March 17, 2014 denial of benefits. Specifically, the County had requested documentation regarding the source of four deposits into Petitioner's bank account. Unbeknownst to Petitioner's son or the County caseworker, the documentation Petitioner's son had submitted prior to the denial did in fact contain the "missing" information; that is that the deposits came from Certificates of Deposit that Petitioner had cashed in as they became due and then deposited into his bank account.

Since all of the necessary information has been provided, I agree with the ALJ that Union County re-evaluate Petitioner's eligibility as of the November 13, 2013 application date.

THEREFORE, it is on this 21 day of August 2014,

ORDERED:

That the Initial Decision REVERSING the denial of Medicaid benefits and RETURNING the matter to the Union County Board of Social Services for a re-evaluation of Petitioner's Medicaid eligibility is hereby ADOPTED as the Final Decision in this matter.

Valerie J. Harr, Director Division of Medical Assistance

and Health Services