



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712  
Trenton, NJ 08625-0712

CHRIS CHRISTIE  
Governor

ELIZABETH CONNOLLY  
Acting Commissioner

KIM GUADAGNO  
Lt. Governor

MEGHAN DAVEY  
Director

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

A.F.

PETITIONER,

ADMINISTRATIVE ACTION

v.

ORDER OF REMAND

OAL DKT. NO. HMA 9620-16

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. Neither Party filed exceptions. Procedurally, the time period for the Agency Head to file a Final Agency Decision is January 3, 2017 in accordance with an Order of Extension. The Initial Decision was received on October 3, 2016.

This matter concerns the April 28, 2016 denial of Petitioner's Medicaid application due to the failure to provide requested verifications and because the available information showed Petitioner exceeded the resource standards for Medicaid. On January 12, 2016, the Morris County Board of Social Services (MCBSS) issued a letter to Petitioner advising her that she was due for a redetermination of eligibility. The required information was due by January 22, 2016. On or about February 10, 2016, Petitioner submitted the completed paperwork. On March 11, 2016, MCBSS issued a request for verification of two life insurance policies: Banner and TransAmerica. Petitioner was given until March 22, 2016 to provide the requested verifications. On April 28, 2016, having not received any response from Petitioner, MCBSS terminated Petitioner's Medicaid benefits.

On or about April 28, 2016, Petitioner's representative wrote a letter<sup>1</sup> to MCBSS claiming that the notice was unclear because there were no life insurance policies on Petitioner's life; because the only life insurance policy named Petitioner as insured, and because the numbers listed on the notice did not match the numbers on the insurance policy.<sup>2</sup> To the contrary, the March 11, 2016 letter specifically identified by name and account number which policies needed verification. Furthermore, while the record contains no information regarding the Banner, the TransAmerica account number did, in fact, match the account number on Petitioner's policy. I FIND that the March 11, 2016 notice issued by MCBSS was very specific and clear in its request.

---

<sup>1</sup> The Initial Decision identifies P-1 as the April 28, 2016 letter from Petitioner's counsel to MCBSS requesting clarification. While signed by Lawrence Berger of Berger & Bernstein, the letter was not printed on firm letterhead or signed by Mr. Berger in his capacity as attorney for Petitioner. However, it should be noted that an attorney from Berger & Bornstein did appear on behalf of Petitioner at the hearing.

<sup>2</sup> It is unclear when this letter was sent to MCBSS. Petitioner's exhibits P-1 and P-2 were admitted into evidence without testimony as neither Petitioner nor anyone else appeared to testify on her behalf.

This is not a situation in which there was an ongoing exchange of information between Petitioner and MCBSS. Petitioner was asked to provide verifications with regard to two very specific requests. If Petitioner was still unsure about what was needed, she could have contacted MCBSS for clarification and an extension of time to provide the documentation. Instead, Petitioner received MCBSS' notice and then waited over a month to contact the County. The credible evidence in the record demonstrates that Petitioner failed to provide the needed information prior to the April 28, 2016 denial of benefits. Without this information, MCBSS was unable to complete its eligibility determination and the denial was appropriate.

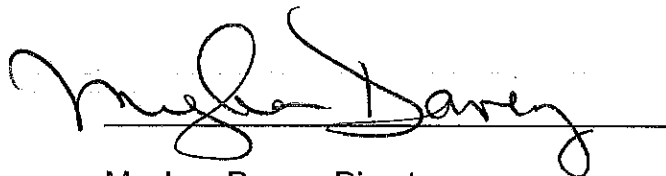
---

THEREFORE, it is on this 9<sup>th</sup> day of DECEMBER 2016,

ORDERED:

That the Initial Decision is hereby REVERSED; and

Petitioner's Medicaid application was properly denied for failure to provide necessary verification.

A handwritten signature in black ink, appearing to read "Meghan Davey", is written over a horizontal line.

Meghan Davey, Director  
Division of Medical Assistance  
and Health Services